

MATERIAL SAFETY DATA SHEET

9/27/2007

MANUFACTURER OR DISTRIBUTOR: **Speedball Art Products Co.**
2301 Speedball Road
Statesville, North Carolina 28677

INFORMATION TELEPHONE NUMBER: **704-838-1475**
EMERGENCY TELEPHONE NUMBER: **1-800-898-7224**

SECTION I - PRODUCT IDENTIFICATION

PRODUCT NAME: **SPEEDBALL PEN CLEANER** PRODUCT NUMBER: **3265**
PRODUCT SIZES: **12 ML; 59.1 ML** BRAND NAME: **SPEEDBALL PEN CLEANER**
PRODUCT CLASS: **CLEANERS**

SECTION II - HAZARDOUS INGREDIENTS

Ingredient	CAS #	PEL/TLV (MG/M#)	Max % Weight	NTP	IARC
None					

SECTION III - PHYSICAL AND CHEMICAL CHARACTERISTICS

BOILING POINT: N/A MELTING POINT: N/A
VAPOR PRESSURE: N/A
SPECIFIC VAPOR DENSITY (AIR=1): N/A SPECIFIC GRAVITY: N/A
SOLUBILITY IN WATER: N/A REACTIVITY IN WATER: NON-REACTIVE
APPEARANCE AND ODOR:

SECTION IV - FIRE AND EXPLOSION INFORMATION

FLASH POINT (METHOD): N/A AUTOIGNITION TEMPERATURE: N/A
EXPLOSION LIMITS IN AIR (% BY VOLUME): NOT EXPLOSIVE
EXTINGUISHING MEDIA: NO SPECIAL MEDIA REQUIRED
FIRE FIGHTING PROCEDURES: NO SPECIAL FIRE FIGHTING PROCEDURES REQUIRED
UNUSUAL FIRE & EXPLOSION HAZARDS: NOT COMBUSTIBLE

SECTION V - PHYSICAL HAZARDS/REACTIVITY

HAZARDOUS POLYMERIZATION PRODUCTS: NONE
STABILITY: STABLE CONDITIONS TO AVOID: NONE
INCOMPATIBILITY (MATERIALS TO AVOID): NONE
HAZARDOUS DECOMPOSITION PRODUCTS: NONE

SECTION VI - HEALTH HAZARD DATA

PERMISSIBLE EXPOSURE LEVEL: SEE SECTION II FOR COMPONENT PEL/TLVs
PRIMARY ROUTES OF ENTRY: INHALATION, INGESTION, EYE, SKIN
EFFECTS AND SYMPTOMS OF ACUTE EXPOSURE: NONE EXPECTED

EFFECTS AND SYMPTOMS OF CHRONIC EXPOSURE: NONE EXPECTED

CARCINOGEN LISTING: NTP: **NO** IARC: **NO** OSHA: **NO**

SEE SECTION II FOR COMPONENTS AFFECTED

MEDICAL CONDITIONS USUALLY AGGRAVATED BY OVER EXPOSURE TO THIS PRODUCT: NONE

FIRST AID MEASURES: NONE REQUIRED. NO ACUTE HEALTH EFFECTS EXPECTED.

SECTION VII - SPILL OR LEAK PROCEDURES

PRECAUTIONS TO BE TAKEN DURING STORAGE AND HANDLING: NO SPECIAL PRECAUTIONS REQUIRED.

STEPS TO BE TAKEN IN CASE A MATERIAL IS SPILLED: NO SPECIAL SPILL PROCEDURES REQUIRED.

WASTE DISPOSAL METHOD: DISPOSE IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS.

SECTION VIII - PROTECTIVE EQUIPMENT/CONTROL MEASURES

RESPIRATORY PROTECTION AND SPECIAL VENTILATION REQUIREMENTS: NONE REQUIRED

OTHER PROTECTIVE EQUIPMENT (GLOVES, GOGGLES, ETC): NONE REQUIRED

WORK/HYGIENE PRACTICES: NONE REQUIRED

SECTION IX - ADDITIONAL INFORMATION AND WARNINGS

NONE REQUIRED

A handwritten signature in black ink, appearing to read 'Woodhall Stopford', is written over a faint, light blue watermark that says 'DUKE'.

Woodhall Stopford
Signed on 09/27/2007
Durham, NC

Form Completed By: **Woodhall Stopford, MD, MSPH**
Last Updated: **9/27/07**