Material Safety Data Sheet
May be used to comply with
OSHA's Hazard Communication Standard,
29 CFR 1910.1200. Standard must be
consulted for specific requirements.

U.S. Department of Labor
Occupational Safety and Health Administration
(Non-Mandatory Form)
Form Approved
OMB No. 1218-0072

| IDENTITY (As Used on Label and List) SPECTRA® 360 ELECTRODE GEL | Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that. | | | | | |
|---|---|---|---|------------|--|--|
| Section I | | | | | | |
| Manufacturer's Name | Emergency Telephone | Emergency Telephone Number | | | | |
| PARKER LABORATORIES, INC. | | | | | | |
| Address (Number, Street, City, State and ZIP Code) | Telephone Number for Information | | | | | |
| 286 ELDRIDGE ROAD | (973) 276-9500 | | | | | |
| | Date Prepared | | | | | |
| FAIRFIELD, NJ 07004 | | SEPTEMBER 2009 | | | | |
| | | Signature of Preparer (| optional) | | | |
| Section II – Hazardous Ingredients/Ider | ntity Informatio | n | | | | |
| Hazardous Components (Specific Chemical Identity; | OSHA PEL ACGIH TLV | Other Limits | | | | |
| NONE | | | | | | |
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| Section III – Physical/Chemical Charact | teristics | | | | | |
| Boiling Point | N/D | Specific Gravity (H ² O = | Specific Gravity (H ² O = 1) | | | |
| Vapor Pressure (mm Hg.) | N/D | Melting Point | Melting Point | | | |
| Vapor Density (AIR = 1) | N/D | Evaporation Rate (Butyl Acetate = 1) | | | | |
| Solubility in Water SOLUBLE | | | | • | | |
| Appearance and Odor VISCOUS, CLEAR, AQUEOUS GEL: | .; BLUISH GREEN TIN | IT | | | | |
| Section IV – Fire and Explosion Hazard Date | ta | | | | | |
| Flash Point (Method Used) NON-FLAMMABLE | | Flammable Limits N/A | LEL N/A | UEL N/A | | |
| Extinguishing Media USE EXTINGUISHING MEDIA APPR | ROPRIATE FOR SUR | ROUNDING FIRE. | | | | |
| Special Fire Fighting Procedures NONE | | | | | | |
| Unusual Fire and Explosion Hazards | | | | | | |
| NONE | | | | | | |

(Reproduce locally) OSHA 174, Sept. 1985

| Section V - Re | activity Data | | | | | | | | |
|---|---------------------|-------------------------|-----------------------|---------|-----------------|-------------------------|---------------|--|--|
| Stability | Unstable | | Conditions to Avoid | NONE | | | | | |
| | Stable | Х | | | | | | | |
| Incompatibility (M NONE | laterials to Avoid) | | | | | | | | |
| Hazardous Decon | position or Bypro | oducts | N/A | | | | | | |
| Hazardous Polymerization | May Occur | | Conditions to Avoid | NONE | | | | | |
| | Will Not Occur | Х | | | | | | | |
| Section VI – H | ealth Hazard D | Data | | | | | | | |
| Route(s) of Entry: | | Inhalation NO | ? | | Skin?` NO | Ingestion? YES | | | |
| Health Hazards (Acute and Chronic) NONE KNOWN | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Carcinogenicity: | | NTP? NO | | IARC N | lonographs? | OSHA Reg u NO | lated? | | |
| | | | | | | | | | |
| Signs and Symptoms of Exposure NOT APPLICABLE | | | | | | | | | |
| | | | | | | | | | |
| Medical Conditions Generally Aggravated by Exposure NONE KNOWN | | | | | | | | | |
| | | | | | | | | | |
| Emergency and F | irst Aid Procedure | EYES: FL | USH WITH WATER | | | | | | |
| | | | | | | | | | |
| Section VII - P | recautions for | r Safe Hand | dling and Use | | | | | | |
| Steps to Be Taken in Case Material Is Released or Spilled CAUTION: SLIPPERY IF SPILLED ON FLOOR. MIX WITH SWEEPING COMPOUND: | | | | | | | | | |
| MOP AREA WITH WATER. | | | | | | | | | |
| | | | | | | | | | |
| Waste Disposal M | ethod | FOLLOW A | ALL FEDERAL, STATE AN | D LOCAL | REGULATIONS FOR | NON-HAZARDOUS WA | STE DISPOSAL. | | |
| | | | | | | | | | |
| Precautions to Be Taken in Handling and Storing NO SPECIAL PRECAUTIONS REQUIRED | | | | | | | | | |
| | | | | | | | | | |
| Other Precautions | SLIPPE | ERY IF SPILLE | ED ON FLOOR | | | | | | |
| Section VIII – (| Control Measu | ıres | | | | | | | |
| Respiratory Prote | | | NOT APPLICABLE | | | | | | |
| Ventilation | Local Exhaust | | N/A | | Special | N/A | | | |
| | Mechanical (Ger | | J/A | | Other | N/A | | | |
| Protective Gloves | | | N/A | Eye Pr | otection | N/A | | | |
| Other Protective (| | | √A | ,,,,, | | | | | |
| Work/Hygienic Pra | | | w | | | | | | |
| ygicilic Flo | | | | | | | | | |