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) POLYSONIC® ULTRASOUND LOTION | 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 | Emergency Telephone Number | | | | | |
| PARKER LABORATORIES, INC. | | | | | | | |
| Address (Number, Street, City, State and ZIP Code) | | Telephone Number for Information | | | | | |
| 286 ELDRIDGE ROAD | (973) 276-9500 | | | | | | |
| 200 225111502 110715 | | Date Prepared | | | | | |
| FAIRFIELD, NJ 07004 | SEPTEMBER 2009 | | | | | | |
| | Signature of Preparer (optional) | | | | | | |
| Section II – Hazardous Ingredients/Identit | y Information | | | | | | |
| Hazardous Components (Specific Chemical Identity; Cor | Other Limits DSHA PEL ACGIH TLV Recommended % | | | % (optional) | | | |
| NONE | | | | | | | |
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| | | | | | | | |
| Section III – Physical/Chemical Character | istics | | | | | | |
| Boiling Point | N/A | Specific Gravity (H ² O = 1) | | 0.99 | | | |
| Vapor Pressure (mm Hg.) | N/A | Melting Poir | Melting Point | | | | |
| Vapor Density (AIR = 1) | N1/A | | Evaporation Rate | | N/A | | |
| Solubility in Water | N/A | (Butyl Acet | ate = 1) | | N/A | | |
| DISPERSIBLE | | | | | | | |
| Appearance and Odor THICK, WHITE, SCENTED LOTION | | | | | | | |
| Section IV – Fire and Explosion Hazard Data | | | | | | | |
| Flash Point (Method Used) NON-FLAMMABLE | | Flammable Limits | A | LEL N/A | UEL N/A | | |
| Extinguishing Media USE EXTINGUISHING MEDIA APPROF | DRIATE FOR SURB | | | 1 | | | |
| Special Fire Fighting Procedures NONE | NATE I ON SOUN | JONDING FIRE. | | | | | |
| | | | | | | | |
| Unusual Fire and Explosion Hazards NONE | | | | | | | |
| | | | | | | | |

(Reproduce locally) OSHA 174, Sept. 1985

| Section V - Re | activity Data | | | | | | | | |
|--|-------------------------|-------------------------------|-----------------------|-----------|------------------|------------|--------------------------------|--|--|
| Stability | Unstable | | Conditions to Avoid | NONE | | | | | |
| | Stable | X | | | | | | | |
| Incompatibility (M NONE | laterials to Avoid) | | | | | | | | |
| Hazardous Decom | nposition or Bypro | oducts | N/A | | | | | | |
| Hazardous Polymerization | May Occur | | Conditions to Avoid | NONE | | | | | |
| 1 Olymenzation | Will Not Occur | Х | | | | | | | |
| Section VI - H | ealth Hazard D | Data | | | | | | | |
| Route(s) of Entry: | | Inhalation ^a NO | ? | | Skin?` NO | | ngestion? YES | | |
| Health Hazards (A | Acute and Chronic NO |) ONE KNOWN | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Carcinogenicity: | | NTP? NO | | IARC N | lonographs?) | (| OSHA Regulated? NO | | |
| | | | | | | | | | |
| Signs and Sympto | oms of Exposure | NOT APPL | ICABLE | | | | | | |
| | | | | | | | | | |
| Medical Condition Generally Aggrava | | NONE | | | | | | | |
| | | | | | | | | | |
| Emergency and First Aid Procedures EYES: FLUSH WITH WATER | | | | | | | | | |
| | | | | | | | | | |
| Section VII - P | recautions for | r Safe Hand | dling and Use | | | | | | |
| Steps to Be Taker | n in Case Material | Is Released of | | PERY IF S | PILLED ON FLOOR. | MIX WITH S | SWEEPING COMPOUND: | | |
| | | | MOP AREA WITH | H WATER. | | | | | |
| | | | | | | | | | |
| Waste Disposal M | ethod | FOLLOW A | ALL FEDERAL, STATE AN | D LOCAL | REGULATIONS FOR | R NON-HAZA | RDOUS WASTE DISPOSAL. | | |
| | | | | | | | | | |
| Precautions to Be | Taken in Handlin | g and Storing | DO NO | T STORE | ABOVE 135°F. | | | | |
| | | | | | | | | | |
| Other Precautions | SLIPPE | RY IF SPILLE | ED ON FLOOR | | | | | | |
| | | | | | | | | | |
| Section VIII – (| Control Measu | ires | | | | | | | |
| Respiratory Prote | ction (Specify Typ | pe) N | NOT APPLICABLE | | | | | | |
| Ventilation | Local Exhaust | N | N/A | | Special | N/A | | | |
| | Mechanical (Ger | neral) N | N/A | | Other | N/A | | | |
| Protective Gloves | | | N/A | Eye Pr | otection | N/A | | | |
| Other Protective C | Clothing or Equip | ment N | N/A | | | | | | |
| Work/Hygienic Practices N/A N/D - NOT DETERMINED | | | | Page 2 | | | U.S.G.P.O.: 1986-491-529/45775 | | |