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	MATERIAL SAFETY DATA	A SHEET	Page 01 of 07
CAN500 QT N/REB 5 GR 21309	B0/CG		
1. CHEMICAL PRODUCT ANI	COMPANY IDENTIFICATI	CON	
Product Name: Item No.: Product Type:	CAN500 QT N/REB 5 21309 Cyanoacrylate ester		
2. COMPOSITION, INFORM			
Turunadi autor		٥.	
Ingredients	CAS No.	20	
Ethyl cyanoacrylate Poly (methyl methacrylate HYDROQUINONE	7085-85-0 9011-14-7 123-31-9	90-95 5-10 0.1-1	
Ingredients which have	e exposure limits		
Exposure Limits (TWA) Ingredients	ACGIH (TLV)	OSHA (PEL)	OTHER
Ethyl cyanoacrylate HYDROQUINONE	0.2 ppm TWA 2 mg/m3 TWA	None 2 mg/m3 TWA	None 2 mg/m3 TWA 4 mg/m3 STEL
Exposure Limits (STEL) Ingredients	ACGIH (TLV)	OSHA (PEL)	
3. HAZARDS IDENTIFICATI	ION		
Toxicity:	Skin contact may cause burns. Bonds skin rapidly and strongly. Skin and eye irritant. Estimated oral LD50 more than 5000mg/kg. Estimated dermal LD 50 more than 2000 mg/kg.		
Primary Routes of Entry: Signs and Symptoms	None known		
of Exposure:	Vapor is irritating to eyes and mucous membranes above TLV. Prolonged and repeated overexposure to vapors may produce symptoms of non-allergic asthma in sensitive individuals.		
Existing Conditions Aggravated by Exposure:	None known		
	Literature Referenced Farget Organ and Other	Health Effects	Carcinogen NTP IARC OSHA

Ethyl cyanoacrylate	ALG IRR RES	NO	NO	NO
Poly (methyl methacrylate)	IRR	NO	N/A	NO

LOCTITE CORPORATION 08/08/00 ROCKY HILL, CONNECTICUT 06067 EMERGENCY PHONE: (860) 571-5100 MATERIAL SAFETY DATA SHEET Page 02 of 07 Product Name: CAN500 QT N/REB 5 GR BO/CG Item No.: 21309 3. HAZARDS IDENTIFICATION (continued) HYDROQUINONE AC3 BLO BNM CNS EYE IMM IRR LIV NO N/A NO MUT SKI THY \_\_\_\_\_ Abbreviations N/A Not Applicable AC3 ACGIH animal carcinogen. ALG Allergen BLO Blood CNS Central nervous system BNM Bone Marrow EYE Eyes IMM Immune system LIV Liver IRR Irritant MUT Mutagen **RES Respiratory** SKI Skin THY Thyroid 4. FIRST AID MEASURES Ingestion: Ingestion is not likely. See supplemental page for emergency procedures. Inhalation: Remove to fresh air. If symptoms persist, obtain medical attention. Soak in warm water. See supplemental page for Skin Contact: emergency procedures.

Eye Contact: Flush with water. See supplemental page for emergency procedures.

# 5. FIRE FIGHTING MEASURES

Flash Point:	150 - 200 <sup>-</sup> F	Method:	Tag Closed	Cup
Recommended				
Extinguishing Agents:	Carbon dioxide, foam, dry	chemical		
Special Firefighting				
Procedures:	Not available			
Hazardous Products formed				
by Fire or Thermal Decomp	Irritating organic vapors			

Unusual Fire or Explosion Hazards:	None		
Explosive Limits: (% by volume in air)Lower (% by volume in air)Upper			
6. ACCIDENTAL RELEASE ME	ASURES		
Steps to be taken in case of spill or leak:	Flood with water to polymerize. Soak up with an inert absorbent.		
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7. HANDLING AND STORAGE			
Safe Storage: (Contact Loctite Customer Handling:	Store at or below 75 <sup>-</sup> F Service 1-800-243-4874 for shelf life information) Avoid contact with skin and eyes. Avoid breathing vapor.		
8. EXPOSURE CONTROLS, PERSONAL PROTECTION			
Eyes: Skin:	Safety glasses or goggles. Nitrile or polyethylene gloves and aprons. Do not use cotton.		
Ventilation:	See supplemental page for additional information. Positive down-draft exhaust ventilation should be provided to maintain vapor concentration below TLV		
Respiratory	Not available		
	See Section 2 for Exposure Limits.		
9. PHYSICAL AND CHEMICAL			
Appearance: Odor: Boiling Point: pH:	Clear liquid Sharp, irritating More than 300 <sup>-</sup> F Does not apply		
Solubility in Water: Specific Gravity Volatile Organic Compound (EPA Method 24)	Polymerized by water 1.05 Not available		

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Vapor Pressure:	Less than 0.2 mm
Vapor Density:	Approximately 3
Evaporation Rate	
(Ether = 1)	Not available

10. STABILITY AND REACTIVITY

Stability:	Stable
Hazardous Polymerization:	Will not occur
Incompatibility:	Polymerized by contact with water, alcohols,
	amines, alkalies.
Conditions to Avoid:	Not available
Hazardous Decomposition	
Products (non-thermal):	None

11. TOXICOLOGICAL INFORMATION

See Section 3.

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Division: Identification Number:	Unrestricted (Not more than 450 liters) Combustible liquid (More than 450 liters) None (Not more than 450 liters); NA 1993 (More than 450 liters)
Marine Pollutant: IATA	None
Proper Shipping Name:	Unrestricted (Not more than one pint); Aviation regulated liquid, n.o.s., (Cyanoacrylate Ester) (More than one pint)
Class or Division:	Unrestricted (Not more than one pint); Class 9 (More than one pint)
UN or ID Number:	None (Not more than one pint) UN 3334 (More than one pint)
15. REGULATORY INFORMATIO	N
CA Proposition 65:	No California Proposition 65 chemicals are known to be present.
16. OTHER INFORMATION	
Estimated NFPA(R) Code: Health Hazard: Fire Hazard: Reactivity Hazard: Specific Hazard:	2 2 1 Does not apply
Specific hazara.	bees not apply
Estimated HMIS(R) Code: Health Hazard: Flammability Hazard:	2 2
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Product Name: Item No.:	CAN500 QT N/REB 5 GR BO/CG 21309
16. OTHER INFORMATION	(continued)
Reactivity Hazards: Personal Protection:	1 See Section 8.
NFPA is a registered HMIS is a registered	
Prepared By:	Stephen Repetto
Title: Company:	Research Chemist- Safety,Health&Regulatory Affairs Loctite Corp., 1001 Tr Br Cr, Rocky Hill CT 06067

(24hr.) Phone:	(860) 571-5100		
Revision Date:	January 26, 1999	Revision:	0005

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# INFORMATION FOR FIRST AID AND CASUALTY ON TREATMENT FOR ADHESION OF HUMAN SKIN TO ITSELF IF CAUSED BY CYANOACRYLATE ADHESIVES

Cyanoacrylate adhesive is a very fast setting and strong adhesive. It bonds human tissue including skin in seconds. Experience has shown that accidents due to cyanoacrylates are handled best by passive, nonsurgical first aid. Treatment of specific types of accidents are given below.

#### SKIN CONTACT

Remove excess adhesive. Soak in warm, soapy water. The adhesive will come loose from the skin in several hours. Cured adhesive does not present a health hazard even when bonded to the skin.

Avoid contact with clothes, fabrics, rags, or tissue. Contact with these materials may cause polymerization. The polymerization of large amounts of adhesive will generate heat causing smoke, skin burns, and strong, irritating vapors. Wear nitrile or polyethylene gloves and apron when handling large amounts of adhesive.

#### SKIN ADHESION

First immerse the bonded surfaces in warm, soapy water. Peel or roll the surfaces apart with the aid of a blunt edge, e.g. a spatula or a teaspoon handle; then remove adhesive from the skin with soap and water. Do not try to pull surfaces apart with a direct opposing action.

## EYELID TO EYELID OR EYEBALL ADHESION

In the event that eyelids are stuck together or bonded to the eyeball, wash thoroughly with warm water and apply a gauze patch. The eye will open without further action, typically in 1-4 days. There will be no residual damage. Do not try to open the eyes by manipulation.

## ADHESIVE ON THE EYEBALL

Cyanoacrylate introduced into the eyes will attach itself to the eye protein and will disassociate from it over intermittent periods, generally covering several hours. This will cause periods of weeping until clearance is achieved. During the period of contamination, double vision may be experienced together with a lachrymatory effect, and it is important to understand the cause and realize that disassociation will normally occur within a matter of hours, even with gross contamination.

#### MOUTH

If lips are accidentally stuck together, apply lots of warm water to the lips and encourage maximum wetting and pressure from saliva inside the mouth. Peel or roll lips apart. Do not try to pull the lips

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with direct opposing action.

It is almost impossible to swallow cyanoacrylate. The adhesive solidifies and adheres in the mouth. Saliva will lift the adhesive in one half to two days. In case a lump forms in the mouth, position the patient to prevent ingestion of the lump when it detaches.

### BURNS

Cyanoacrylates give off heat on solidification. In rare cases a large drop will increase in temperature enough to cause a burn. Burns should be treated normally after the lump of cyanoacrylate is released from the tissue as described above.

#### SURGERY

It should never be necessary to use such a drastic method to separate accidentally bonded skin.



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