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MATERIAL SAFETY DATA SHEET

MANUFACTURER OR DISTRIBUTOR: General Pencil Company
 3160 Bay Rd.
 PO Box 5311
 Redwood City, CA 94063

INFORMATION TELEPHONE NUMBER: 1-800-537-0734
 EMERGENCY TELEPHONE NUMBER: 1-650-369-4889

SECTION I - PRODUCT IDENTIFICATION

PRODUCT NAME: KISS OFF SPOT REMOVER
 PRODUCT SIZES: 20 GM
 PRODUCT CLASS: DETERGENT CLEANERS

SECTION II - HAZARDOUS INGREDIENTS

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/TLV_s
 PRIMARY ROUTES OF ENTRY: EYE, SKIN, AND INGESTION
 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.

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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

THIS INFORMATION SHEET IS FOR CONSUMER USE OF THE PRODUCT

SECTION X - COLOR INFORMATION

None

Form Completed By: Woodhall Stopford, MD, MSPH
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