

MATERIAL SAFETY DATA SHEET

08/18/2005

MANUFACTURER OR DISTRIBUTOR: **Ohio Ceramic Supply, Inc.**
PO BOX 630
KENT, OH 44240

INFORMATION TELEPHONE NUMBER: **330-296-3815**
EMERGENCY TELEPHONE NUMBER: **216-296-3815**

SECTION I - PRODUCT IDENTIFICATION

PRODUCT NAME: **JOHN'S SLIP** PRODUCT NUMBER: **JOHNS SLIP**
PRODUCT SIZES: **500+ GAL** BRAND NAME: **JOHN'S SLIP**
PRODUCT CLASS: **CERAMIC CASTING SLIP**

SECTION II - HAZARDOUS INGREDIENTS

<u>Ingredient</u>	<u>CAS #</u>	<u>PEL/TLV</u> <u>(MG/M#)</u>	<u>Max</u> <u>%Weight</u>	<u>NTP</u>	<u>IARC</u>
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: NOOSHA: 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

THIS INFORMATION SHEET IS FOR THE CONSUMER USE OF THIS PRODUCT ONLY.



Form Completed By: Woodhall Stopford, MD, MSPH
Last Updated: 07/28/2005