

#23835

pg. 1

MATERIAL SAFETY DATA SHEET

MANUFACTURER OR DISTRIBUTOR: Polyform Products Co.  
PO BOX 2119

SCHILLER PARK IL 60176

INFORMATION TELEPHONE NUMBER: 708-678-4836

SECTION I PRODUCT IDENTIFICATION

PRODUCT NAME: SCULPEY PRODUCT NO. 11232

PRODUCT SIZES: 908 GM, 3,632 GM, 10,896 GM

PRODUCT CLASS: SCULPTURE MATERIAL

SECTION II - HAZARDOUS INGREDIENTS

INGREDIENT	CAS#	PEL/TLV (MG/M3)	MAX %WEIGHT NTP IARC
one			

SECTION III - PHYSICAL AND CHEMICAL CHARACTERISTICS

OILING POINT: N/A	MELTING POINT: N/A
VAPOR PRESSURE: N/A	SPECIFIC GRAVITY: N/A
SPECIFIC VAPOR DENSITY (AIR=1): N/A	REACTIVITY IN WATER: NON-REACTIVE
SOLUBILITY IN WATER: N/A	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

23835

23835 pg. 2

COMPANY: Polyform Products Co. PRODUCT: 11232  
BRAND NAME: SCULPEY

----- SECTION VI - HEALTH HAZARD DATA -----

PERMISSIBLE EXPOSURE LEVEL: SEE SECTION II FOR COMPONENT PEL/TLVs

PRIMARY ROUTES OF ENTRY: EYE, SKIN

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.

----- 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

Form Completed by: Woodhall Stopford, MD, MSPH  
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