

 Battenfield		Myers Order Nos. 46508, 46509, 46510 MATERIAL SAFETY DATA SHEET			ADDRESS: 1174 Erie Avenue, Box 728 North Tonawanda, NY 14120	
PRODUCT IDENTIFICATION	PRODUCT NAME		Code No.		Emergency Phone Number(s) Business: (716) 695-2100 Fax: (716) 695-0367 Date Sent:	
	CHEMICAL NAME		10,493 A&B			
	Lubricating Grease				Chemical Family Hydrocarbon	
SYNONYMS						
INGREDIENTS	MATERIALS OR COMPONENTS		%W	CAS NUMBER		CARCINOGEN OSHA OR IARC
	Calcium Stearate		12-22	1592-23-0		No
	Mineral Oil		70-90	64742-52-5		No
	Graphite		1-5	7782-42-5		No
SHIPPING INFORMATION	Not Restricted					
PHYSICAL PROPERTIES	Boiling Point/Range °C 700 °F		Melting Point °C 200 °F		Freezing Point °C 0 °F	
	Molecular weight (Calculated) NA		Specific Gravity (H ₂ O=1) 0.91 @ / 16 °C		Vapor Pressure (mm Hg) NA °C °F	
	Vapor Density (Air=1) NA		Solubility in H ₂ O Nil		% Volatiles by Volume 0	
	Evaporation Rate NA		<input type="checkbox"/> Either = 1 <input type="checkbox"/> Water = 1 <input type="checkbox"/> Butylacetate =1			
Appearance and Odor Dark Gray Semi-Solid-Bland		Other				
FIRE AND EXPLOSION DATA	Flash Point °C 360 °F		Test Method D-92		Flammable Limits Lower NA % Upper %	
	Autoignition Temperature/Fire Point °C 400 °F		EXTINGUISHING MEDIA			
	<input type="checkbox"/> Water-spray <input checked="" type="checkbox"/> Water-fog <input type="checkbox"/> Water-stream <input checked="" type="checkbox"/> CO ₂ <input checked="" type="checkbox"/> Dry chemical <input type="checkbox"/> Alcohol foam <input checked="" type="checkbox"/> Foam <input checked="" type="checkbox"/> Earth or sand					
	SPECIAL FIRE FIGHTING PROCEDURES					
<input type="checkbox"/> Do not enter Building <input type="checkbox"/> Allow fire to burn <input checked="" type="checkbox"/> Water may cause frothing <input type="checkbox"/> Do not use water						
UNUSUAL FIRE AND EXPLOSION HAZARDS						
<input type="checkbox"/> Dust explosion Hazard <input type="checkbox"/> Sensitive to shock <input type="checkbox"/> Contamination <input type="checkbox"/> Temperature <input type="checkbox"/> Other (Specify): None						
REACTIVITY DATA	STABILITY		CONDITIONS CONTRIBUTING TO INSTABILITY			
	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable		<input type="checkbox"/> Thermal decomposition <input type="checkbox"/> Photo degradation <input type="checkbox"/> Polymerization <input type="checkbox"/> Contamination			
	INCOMPATIBILITY – Avoid contact with					
	<input type="checkbox"/> Strong Acids <input type="checkbox"/> Strong Alkalis <input checked="" type="checkbox"/> Strong Oxidizers <input type="checkbox"/> Other (Specify):					
HAZARDOUS DECOMPOSITION PRODUCTS – THERMAL AND OTHER (list)						
CO & CO ₂ IF INCOMPLETE COMBUSTION.						
CONDITIONS TO AVOID						
<input type="checkbox"/> Heat <input checked="" type="checkbox"/> Open Flames <input type="checkbox"/> Sparks <input type="checkbox"/> Ignition sources <input type="checkbox"/> Other (specify):						
SPILL OR LEAK	STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED					
	<input type="checkbox"/> Flush with Water <input checked="" type="checkbox"/> Absorb with sand or inert material <input type="checkbox"/> Neutralize <input checked="" type="checkbox"/> Sweep or scoop up and remove <input type="checkbox"/> Keep upwind Evacuate enclosed spaces. <input type="checkbox"/> Prevent Spread or spill					
WASTE DISPOSAL METHOD – Consult federal, state, or local authorities for proper disposal procedures.						
ALL DISPOSALS MUST COMPLY WITH FEDERAL, STATE AND LOCAL REGULATIONS.						



TOXICITY INFORMATION	CONDITIONS TO AVOID <div style="text-align: center;">None Known</div>		
	PRIMARY ROUTES OF ENTRY <input type="checkbox"/> INHALATION <input checked="" type="checkbox"/> SKIN CONTACT <input type="checkbox"/> OTHER (Specify)		
	This product has been used for years with no known ill effects. It contains no known carcinogens or mutagens as defined by OSHA or IARC.		
	This product contains the following toxic chemicals subject to the reporting requirements of Section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 (40 CFR 372): <div style="display: flex; justify-content: space-between;"> CAS# Chemical Name Percent by Weight </div>		
HEALTH HAZARD INFORMATION	NFPA Rating	Health 0 Flammability 1 Reactivity 0 Protective Equipment B	
		NFPA HAZARD RATING CODES <div style="display: flex; justify-content: space-between;"> <div> Least 0 Slight 1 Moderate 2 </div> <div> High 3 Extreme 4 </div> </div>	
	Effects of Exposure	PERMISSIBLE EXPOSURE LIMIT (Specify if TLV/TWA or Ceiling [c]) <div style="display: flex; justify-content: space-between;"> ACGIH 20 5MG/M³ For Mineral Oil OSHA 20 </div>	
		IRRITATION <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/> Eye </div> <div> <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Mild (Transient) </div> </div>	
		CORROSITIVITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Skin <input type="checkbox"/> Eye </div> <div> <input type="checkbox"/> 4 hrs. (DOT) <input checked="" type="checkbox"/> May cause blindness <input type="checkbox"/> 24 hrs (CPSC) <input checked="" type="checkbox"/> Not Corrosive </div> </div>	
		SENSITIZATION <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory <input checked="" type="checkbox"/> None	
		INHALATION EFFECTS <input type="checkbox"/> Narcotic effect <input type="checkbox"/> Cyanosis <input type="checkbox"/> Asphyxiant	
		LUNG EFFECTS (Specify): <div style="text-align: center;">NA</div>	
		OTHER (Specify): <input type="checkbox"/> Repeated contact-skin defatter <input type="checkbox"/> Other (Specify) NA	
		EMERGENCY FIRST AID <div style="display: flex;"> <div style="flex: 1;"> INGESTION <input type="checkbox"/> Induce vomiting <input checked="" type="checkbox"/> DO NOT induce vomiting <input type="checkbox"/> Give plenty of water <input checked="" type="checkbox"/> Get medical attention <input type="checkbox"/> Other (Specify): </div> <div style="flex: 1;"> DERMAL <input checked="" type="checkbox"/> Flush with soap and water <input type="checkbox"/> Get medical attention <input checked="" type="checkbox"/> Contaminated clothing-remove & launder <input type="checkbox"/> Contaminated shoes - destroy <input type="checkbox"/> Other (Specify) </div> </div>	
EYE CONTACT <input checked="" type="checkbox"/> Flush with plenty of water for at least 15 minutes <input checked="" type="checkbox"/> Get medical attention <input type="checkbox"/> Other (Specify):			
INHALATION <input type="checkbox"/> Remove to fresh air <input type="checkbox"/> If not breathing give artificial respiration <input type="checkbox"/> Give oxygen <input type="checkbox"/> Get medical attention <input type="checkbox"/> Other (Specify): NA			
SPECIAL PROTECTION INFORMATION	VENTILATION REQUIREMENTS - Always maintain exposure below permissible exposure limits <input type="checkbox"/> Consult an industrial hygienist or environmental health specialist <input type="checkbox"/> Local exhaust <input checked="" type="checkbox"/> Use with adequate ventilation <input type="checkbox"/> Check for air contamination and oxygen deficiency <input type="checkbox"/> Other (Specify):		
	EYE <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Face Shield <input type="checkbox"/> Goggles		
	HAND (GLOVE TYPE) <input type="checkbox"/> Polyvinyl chloride <input checked="" type="checkbox"/> Neoprene <input type="checkbox"/> Butyl Rubber <input type="checkbox"/> Polyvinyl alcohol <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Natural rubber <input checked="" type="checkbox"/> Polyethylene		
	RESPIRATOR TYPE - Use only NIOSH / MESA approved equipment <input type="checkbox"/> Self-contained <input type="checkbox"/> Supplied air <input type="checkbox"/> Can or cartridge gas or vapor <input type="checkbox"/> Filter-dust, fume, mist <input type="checkbox"/> Other (Specify): NA		
SPECIAL PRECAUTIONS	OTHER PROTECTIVE EQUIPMENT <input type="checkbox"/> Rubber boots <input type="checkbox"/> Apron <input type="checkbox"/> Other (specify): None		
	PRECAUTIONARY NOTES <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Wash Thoroughly after handling <input type="checkbox"/> Do not store near Combustibles </div> <div> <input checked="" type="checkbox"/> Do not get in eyes, or on clothing <input type="checkbox"/> Keep from contact with clothing and other combustible materials </div> <div> <input type="checkbox"/> Do not breathe dust, vapor, mist, gas <input type="checkbox"/> Empty container may contain hazardous residues </div> <div> <input checked="" type="checkbox"/> Keep container closed <input type="checkbox"/> Use explosion proof equipment </div> <div> <input checked="" type="checkbox"/> Keep away from sparks, and open flames <input type="checkbox"/> Other (Specify): </div> <div> <input type="checkbox"/> store in tightly closed containers </div> </div>		
	Other handling and storage conditions <div style="text-align: center;">No Special Conditions</div>		
Prepared by Date Address Phone Tony Wenzler 4/12 1174 Erie Ave., Box 728, N. Tonawanda, NY 14120 (716) 695-2100			
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