



CPS COATINGS, INC. MATERIAL SAFETY DATA SHEET

SUPPLIER NOTIFICATION UNDER SECTION 313 OF SARA

Dear CPS Customer,

Pursuant to Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA) and 40 CFR 372, our product, **CPS-26 Yellow Zinc Chromate Alkyd Primer** contains toxic chemicals in quantities subject to the reporting requirements under Section 313 (See below).

Effective January 1, 1989 any persons who sells or otherwise distributes a mixture of trade name product containing toxic chemicals must provide written notice to the recipient with the first shipment in each calendar year. If the recipient repackages or otherwise redistributes this product, a notice indicating that this product is subject to the reporting requirements of Section 313, including the reporting chemical name/category, CAS number and percent by weight, must accompany the shipment. Please note that the Notification letter must be attached and remain attached to the Material Safety Data Sheet.

<u>Contains:</u>	<u>CAS Number</u>	<u>Percent by Weight</u>
Xylene	1330-20-7	20%
VM&P Naphtha	64742-89-8	7%
Mineral Spirits	8052-41-3	18%

NOTE: SEE ATTACHMENT FOR LEADED PIGMENT BREAKDOWN

If you have any questions regarding the notification requirement or any of the above mentioned information, please do not hesitate to contact us at 318-222-6100.

Sincerely,

CPS Coatings



SECTION I - MANUFACTURERS INFORMATION

PRODUCT NAME: CPS-26 Yellow Zinc Chromate Alkyd Primer

MSDS PREPARATION DATE: 8/20/2007

MANUFACTURER: CPS Coatings

624 AIRPORT SHREVEPORT, LA 71107

PRODUCT INFORMATION / EMERGENCY TELEPHONE: (318) 222-6100 / 800-424-9300

While CPS believes that the data herein is accurate & derived from quality sources, this data is not to be taken as a warranty or product liability. It is offered solely for your consideration and personal protection.

SECTION II - HAZARDOUS INGREDIENTS

Ingredients	CAS Number	ACGIH TLV ppm	OSHA PEL ppm	SARA Title, Sec 313
VM&P Naphtha	64742-89-8	300	-	N
Xylene	1330-20-7	100	100	Y
Zinc Chromate	13530-65-9	.01mg/M3	.1mg/M3	Y
Mineral Spirits	8052-41-3	100	100	N

SECTION III - PHYSICAL DATA

Boiling Point: 285° F	Vapor Pressure (mmHg): 77°F. = 23.0
Vap Density (Air =1): Heavier than air	Melting Point (°C): N/A
Specific Gravity: 1.2	Solubility in Water: none
Evaporation Rate: Slower than ether	Appearance and Odor: All Colors – Mild

SECTION IV - FIRE AND EXPLOSION DATA

Flash Point (Method Used): TCC 52°F Flammable Explosion: LEL = 1% UEL 7%

Extinguishing Media: (1) Dry Chemical, (2) CO2, (3) Foam

Special Fire Fighting Procedures: Dry Chemical, Carbon Dioxide, Water Spray or Regular Foam. Full protective equipment including self-contained breathing apparatus should be used. If water is used, fog nozzles are preferable. Water may be used to cool closed containers to prevent pressure buildup due to extreme heat. CAUTION: A straight stream of water will spread fire.

Unusual Fire and Explosion Hazards: Vapor accumulation will flash and/or explode, if ignited. Containers may burst explosively if overheated in fire. Cool with water spray or fog. Empty containers also present fire explosion hazard due to residual vapors. Keep containers tightly do”. During emergency situations, over-exposure to decomposition products may cause a health hazard with no symptoms immediately apparent. Obtain medical attention.



SECTION V - HEALTH HAZARD DATA

See attached Addendum for Lead products.

EFFECTS OF OVEREXPOSURE:

ACUTE: Inhalation - Anesthetic. Irritation of respiratory tract or acute nervous system depression. Overexposure may result in headaches and nausea possibly followed by loss of consciousness. Ingestion: Gastrointestinal irritation including vomiting can occur. Aspiration of material into lungs may result in chemical pneumonitis which can be fatal. Skin contact may result in irritation and absorption through skin. Eye contact will irritate.

CHRONIC: Some reports have associated repeated, prolonged overexposure to solvents with permanent central nervous system changes. Misuse by concentrating and inhaling the contents may be harmful or fatal. See Target Organ Effects Sheet for further information about effects of overexposure and medical conditions generally aggravated by exposure. The Target Organ Effects Sheet is an integral part of this Material Safety Data Sheet: any duplication of the MSDS must include it.

California Proposition 65 requires that warnings be given regarding exposures to chemicals listed by the State as being known to cause cancer, birth defects or other reproductive harm. This product is not intentionally formulated with chemicals that are listed by California as causing the above effects. However, we are informed by the suppliers of some chemical ingredients used in this product that they may contain trace, but detectable, levels of some listed chemicals as impurities. Therefore, trace, but detectable, levels of listed chemicals may be present in this product.

EMERGENCY & FIRST AID PROCEDURES:

Vapor Inhalation - Restore breathing. Remove to fresh air. Keep warm and quiet. Notify a physician.

Eye Contact - Flush IMMEDIATELY with copious amounts of running water for at least 15 minutes. Take to physician for definitive medical treatment. Skin Contact - Clean and wash affected area with water. Consult a physician.

Ingestion - DO NOT INDUCE VOMITING! Call physician Immediately!

TOXICITY - Lead Chromate:

Toxicity Data: 156 mg/kg intraperitoneal-guinea pig; 12 gm/kg oral-mouse LD50; Mutagenic Data (RTECS); Tumorigenic Data (RTECS). Carcinogen Status: Human inadequate evidence, animal sufficient evidence (IARC Group-2B for inorganic lead compounds). Known human carcinogen (NTP): human sufficient evidence, animal sufficient evidence (IARC Group-I for hexavalent chromium compounds). An excess risk for lung and sinonasal cancer has been reported in workers in the chromate production, chromate pigment production and chromium plating industries. Lead chromate and derived pigments have been tested by intrabronchial implantation in rats without producing a significant increase in the incidence of tumors. Lead chromate and derived pigments have also been tested in rats by subcutaneous and intramuscular injection, producing malignant tumors at the site of injection, and in one study, renal carcinomas. A study by intra-pleural administration to rats could not be evaluated. No increase in tumor incidence was observed when lead chromate was administered intramuscularly to mice.

Local Effects: Corrosive - inhalation, skin. irritant - eyes.

Acute Toxicity level: Slightly toxic by ingestion.

Target Effects: Sensitizer - skin; neurotoxin. Poisoning may also affect the central nervous system, gastrointestinal tract, blood and kidney.

SECTION VI - REACTIVITY DATA

STABILITY: Stable

CONDITIONS TO AVOID: Heat, open flames, electrical and static discharge.

INCOMPATIBILITY (materials to avoid): Strong acid, alkalies, and oxidizers.

HAZARDOUS DECOMPOSITION PRODUCTS: Unknown other than CO₂ and possible CO and carbon smoke.

HAZARDOUS POLYMERIZATION: Will not occur.



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SECTION VII - SPILL OR LEAK PROCEDURES

STEPS IF SPILLED: Ventilate area. Remove all possible sources of ignition. Avoid prolonged breathing of vapors. Confine spill with Inert absorbent and clean up with spark-proof tools.

WASTE DISPOSAL- Dispose of in accordance with local, state, and federal regulations. Land fill or incinerate in approved facility by licensed contractor. Do not incinerate in closed container.

SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION: Use NIOSH/MSHA TC23C Chemical / Mechanical type filter system to remove a combination of particles, gas & vapors. Use an air supplied respirator if necessary.

VENTILATION: Use adequate ventilation in volume and pattern to keep TLV's and PEL's (Section II) below recommended levels, and flammable limits in air (Section IV) below the level necessary to produce explosion or fire. General mechanical ventilation should comply with OSHA 1910.94.

PROTECTIVE GLOVES: To prevent prolonged exposure, use rubber gloves. Solvents may be absorbed through the skin.

EYE PROTECTION: Safety glasses or goggles with splash guards or side shields.

OTHER PROTECTIVE EQUIPMENT: Prevent prolonged skin contact to contaminated clothing.

SECTION IX - SPECIAL PRECAUTIONS

HANDLING PRECAUTIONS: Do not store over 120°F. When storing large quantities, store in building designed and protected against flammable liquids. Use static lines when mixing and transferring material. Do not allow material to free fall more than five (5) inches.

OTHER PRECAUTIONS: 'FOR INDUSTRIAL USE ONLY.' DO NOT TAKE INTERNALLY. IF INGESTED, DO NOT INDUCE VOMITING. CONSULT A PHYSICIAN. DO NOT FLAME CUT, WELD, OR BRAZE ON COATED MATERIAL WITHOUT NIOSA/MSHA TC23C RESPIRATOR.

THE INFORMATION CONTAINED HEREIN IS BASED ON TECHNICAL DATA WHICH WE BELIEVE TO BE RELIABLE. HOWEVER, SINCE THE CONDITIONS UNDER WHICH THIS INFORMATION MAY BE APPLIED ARE BEYOND OUR CONTROL, WE CAN ASSUME NO LIABILITY FOR RESULTS OF ITS APPLICATION. THIS INFORMATION SHOULD BE USED ONLY BY PERSONS HAVING SUFFICIENT TECHNICAL SKILL TO MAKE INFORMED JUDGMENTS REGARDING ITS APPLICATION.



LEAD CHROMATE ADDENDUM

HEALTH EFFECTS AND FIRST AID

INHALATION: LEAD CHROMATE - CORROSIVE / NEUROTOXIC / CARCINOGEN

30 mg/M3 immediately dangerous to life and health.

Acute exposure- Particulate inhalation may cause coughing, nausea, metallic taste, and irritation of the respiratory tract. If absorption is sufficient, abdominal pain, leg cramps, muscle weakness, paresthesia, depression, and coma may occur.

Chronic exposure- Frequent and long-term inhalation may cause nose-bleeds, ulceration and perforation of the nasal septum, acute hepatitis, lead poisoning, and lung cancer. Symptoms of lead poisoning include facial pallor, 'lead fine' in the gums, mild jaundice, anemia, excessive lead concentrations in the urine and blood, and peripheral neuropathy. The peripheral nerve affected most frequently is the radial nerve which causes a condition known as "wrist drop". An access risk for lung and sinonasal cancer has been reported in workers in the chromate production, chromate pigment production and chromium plating industries.

First Aid: Remove from exposure area to fresh air immediately. If breathing has stopped, give artificial respiration. Maintain airway and blood pressure and administer oxygen, if available. Keep affected person warm and at rest. Treat symptomatically and supportively. Administration of oxygen amid be performed by qualified personnel. Get medical attention immediately.

Chronic Overexposure to lead impairs the reproductive systems of both men and women. Overexposure to lead may result in decreased sex drive, impotence and sterility in men. Lead can alter the structure of sperm cells raising the risk of birth defects. There is evidence of miscarriage and stillbirth in women whose husbands were exposed to lead or who were exposed to lead themselves. Lead exposure also may result in decreased fertility, and abnormal menstrual cycles in women. The course of pregnancy may be adversely affected by exposure to lead since lead crosses the placental barrier and poses risks to developing fetuses. Children born of parents, either one of whom were exposed to excess lead levels, are more likely to have birth defects, mental retardation, behavioral disorders or die during the First year of childhood.

SKIN CONTACT: LEAD CHROMATE - CORROSIVE / SENSITIZER

Acute exposure- Skin contact may produce skin lesions (chrome ulcers) which are painless but slow to heal, and produce depressed scar tissue.

Chronic exposure- Sensitization dermatitis accompanied by eczema is common.

First Aid: Remove contaminated clothing and shoes immediately. Wash affected area with soap or mild detergent and large amounts of water until no evidence of chemical remains (approximately 15-20 minutes). Get medical attention immediately.

EYE CONTACT: LEAD CHROMATE - IRRITANT

Acute exposure- Particulates in the eye may cause irritation, lacrimation, and conjunctivitis.

Chronic Exposure- Conjunctivitis may occur.

First Aid: Wash eyes immediately with large amounts of water or normal saline, occasionally lifting upper and lower lids, until no evidence of chemical remains (approximately 15-20 minutes). Get medical attention immediately.

INGESTION: LEAD CHROMATE - NEUROTOXIN

Acute exposure- ingestion may cause metallic taste, intense thirst, abdominal pain, vomiting, gastrointestinal disturbances, and shock. Death may result from uremia.

Chronic exposure: Chronic ingestion may cause lead poisoning with facial pallor, a 'lead fine' in the gums, mild jaundice, anemia, an excessive concentration of lead in the urine and blood, and peripheral neuropathy resulting in a condition known as 'wrist drop.

First Aid: Remove by gastric lavage or emesis. Maintain blood pressure and airway. Give oxygen if respiration is depressed. Do not perform gastric ravage or emesis if victim is unconscious. Get medical attention immediately (Dreisbach, Handbook of Poisoning, 12th Ed.)

Administration of gastric ravage or oxygen should be performed by qualified medical personnel.

ANTIDOTE: The following antidotes have been recommended. However, the decision as to whether the severity of poisoning requires administration of any antidote and actual doze required Amid be made by qualified medical personnel.

FOR LEAD POISONING: Initiate urine flow First. Give 10% dextrose in water intravenously, 10-20 ml / kg body weight, over a period of 1-2 hours. If urine flow does not start, give mannitol, 20% solution, 5-10 ml / kg body weight intravenously over 20 minutes. Fluid must be limited to requirements and catherization may be necessary in coma. Daily urine output should be 350-500 mVM2/24 hours. Excessive fluids further increase cerebral Edema. For adults with acute encephalopathy. give dimercaprol, 4 ml / kg, intramuscularly every 4 hours for 30 doses.

Beginning 4 hours later, give calcium disodium edetate at a separate injection site, 12.5 ml / kg intranuiscularly every 4 hours as a 20% solution, with 0.5% procaine added, for a total of 30 doses. If sufficient improvement has not occurred by the fourth day, increase the number of injections by 10 for each drug. For symptomatic adults. the course of dimercaprol and calcium disodium edetate can be shortened or calcium disodium edetate only can be given in a dosage of 50 mg/kg intravenously as 0.5% solution in 5% dextrose in water or normal saline by infusion over not less that 8 hours for not more than 5 days. Follow with penicillamine. 50D-750 mg/day, orally for 1-2 months or until urine lead levels drop below 0.3 mg/24 hours (Dreisbach, Handbook of Poisoning, 12th Ed.). Antidote should be administered by qualified medical personnel.

FOR CHROMIUM POISONING: Use of dimercaprol has been suggested on the basis of Findings in animals. Give 3 ml / kg (or 0.3 mL/10 kg) every 4 hours, intramuscularly for the first 2 days and then 2 mg / kg every 12 hours for a total of 10 days (Dreisbach, Handbook of Poisoning, 12th Ed.) Antidote should be administered by qualified medical personnel.