MATERIAL SAFETY DATA SHEET RED CROCUS MARTIS

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1. Identification of the substance/preparation and the company/undertaking

2. Composition/information on ingredients

CAS NUMBER: 1309-37-1

CHEMICAL NAME OF THE SUBSTANCE: Red Iron Oxide

CHEMICAL FAMILY: Inorganic Metal Oxide

3. Hazards Identicivation

Hazard Classification: Health 1

Flammability 0

Reactivity 0

INGREDIENT NAME

CAS NUMBER

PERCENT

EXPOSURE LIMITS

Iron Oxide

1309-37-1

96-99%

ACGIH TLV: 5 mg/M³TWA OSHA STEL: 10 ppm (Iron Oxide Fume as Fe)

SARA TITLE III: SECTION 313 SUPPLIER NOTIFICATION

This product does not contain toxic chemicals subject to the reporting requirements of section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 and of 40 CFR 372.

4. Physical Properties

Appearance and Odor - Reddish Brown Powder - No odor Specific Gravity (H₂O=1) - 4.95 - 5.1 Solubility in Water - Insoluble

5. Fire and Explosion Hazard Data

FIRE AND EXPLOSION HAZARD: None

LIMITS: LEL %: N/A

LEL %: N.A

FLASH POINT: Not flammable EXTINGUISHING MEDIA: As appropriate for surrounding combustibles. Does not burn or support combustion. No fire or explosion hazard. SPECIAL FIRE FIGHTING PROCEDURES: Firefighters should wear self-contained breathing apparatus.

6. Reactivity Data

Material is stable - Hazardous polymerization will not occur.

Chemical incompatibilities: None known

Hazardous Decomposition Products: Will not occur.

7. Health Hazard Data

Summary of Health Risks and symptoms of exposure: Skin contact may cause mechanical irritation due to the abrasion.

Eye contact will result in no specific effects other than general particulate irritation in the eye. Not absorbed by the body. Excessive exposure above the TLV can give mild pulmonary irritation.

Target organs: Lungs

Primary entry route(s): Inhalation, ingestion, skin and eye contact.

Acute effects: Inhalation of the dust may cause mechanical irritation to the respiratory tract. Skin and eye contact may cause a mechanical abrasion irritation.

Chronic effect(s): Long term overexposure to silica causes silicosis, a form of pulmonary fibrosis. Continued exposure to silica can lead to cardiopulmonary impairment.

FIRST AID:

Eye Contact: Flush thoroughly with plenty of water for at least 15 minutes. Get medical help if irritation persists.

Skin Contact: Wash from skin with mild soap and water.

Inhalation: Remove to fresh air. Get medical help for any breathing difficulty.

Ingestion: If conscious, give large quantities of water to induce vomiting. Get medical attention.

Crystalline silica which may be present in quantities greater than 0.1% has been reviewed by IARC. IARC found limited evidence for carcinogenicity of crystalline silica in humans and sufficient evidence in experimental animals.

8. Spill, Leak and disposal procedures

Spill/Leak procedures: Those involved in clean-up of spills should use respiratory protection for airborne dust. Vacuum or scoop up spilled material for recovery of disposal, avoiding dusting conditions and using good ventilation. Wetting the spill with a water spray may help to keep the airborne dust levels down.

Waste management/Disposal: Refer to any local, State or Federal regulations for specific disposal information. Pursuant to 40 CFR part 261 of the Resource Conservation and Recovery Act (RCRA) regulations currently in effect, discarded Iron Oxide would not be classified as a hazardous waste.

9. Special Protection Information:

Personal Protective equipment:

Goggles: Safety glasses with side shields or dust tight goggles.

Gloves: Leather or rubber gloves.

Respirator: If exposure limits are exceeded, an appropriate NIOSH approved dust respirator should be used.

Workplace considerations:

Ventilation: Provide adequate exhaust ventilation to meet TLV requirements in the workplace. An exhaust filter system may be required to avoid

environmental contamination.

Safety stations:

An eyewash station should be available to the area of use.

10. Special Precautions

Other precautions: Good industrial hygiene practice requires that employee exposure be maintained below the recommended TLV. This is preferably achieved through the provision of adequate ventilation where necessary. Where dust cannot be controlled in this way, personal respiratory protection should be employed.

DOT Class: Not regulated