

Asbury Carbons, Inc. - Moly Plus Aerosol MSDS

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USA

Phone Number: 908-537-2155

Emergency Phone Number: 800-255-3924

Product: Aerosol Lubricant

(1) Identification

Identity	Moly Plus Aerosol
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(2) Ingredients (Inert and Hazardous)

Isopropyl Alcohol	C.A.S. # 67-63-0 ACGIH TLV: 400 ppm (TWA), 500 ppm (STEL/C) OSHA PEL: 980 mg/M3 (400 ppm) Vapor Pressure (@ 25°C): 31 mm Hg
Dichloromethane (Methylene Chloride)	C.A.S. # 75-09-2 ACGIH TLV - 50 ppm (TWA) OSHA PEL - 25 ppm (TWA), 125 ppm (STEL) Vapor Pressure (@ 25°C): 340 mm Hg
Propane	C.A.S. # 74-98-6 ACGIH TLV - 2500 ppm (TWA) OSHA PEL - 1800 mg/M3 (1000 ppm) Vapor Pressure (@ 25°C): 109 psig
Molybdenum Disulfide	C.A.S. # 1317-33-5 ACGIH TLV - 3 mg/M3 (TWA) OSHA PEL - 5 mg/M3 (TWA) Vapor Pressure (@ 25°C): N/A

(3) Physical Data

Boiling Point	Concentrate: 104 to 181°F (40 to 83°C) Propellant: -43.0 to 7.0°F (-6 to -13°C)
Vapor Pressure	See section 2
Vapor Density	> 1
Solubility in Water	Negligible
pH	N/A
Specific Gravity	Concentrate: 1.32 Propellant: 0.51
Melting Point	N/A
Evaporation Rate	> 1

Appearance	Concentrate: black liquid Propellant: clear, odorless gas
Odor	None

(4) Fire and Explosion Data

Flash Point	Isopropil Alcohol: 53°F (11°C) (TCC) Propane: -156°F (-104°C) (TCC)
Extinguishing Media	Use carbon dioxide (CO ₂), foam, or dry chemical
Special Fire Fighting Procedures	Containers exposed to intense heat from fires should be cooled with water to prevent vapor pressure build-up, which could result in container rupture. Emergency responders should wear self-contained breathing apparatus.
Unusual Fire and Explosion Hazards	Although aerosols of this product are classified as nonflammable under ASTM D 3065-77 Flame Projection Test, this product should not be used or stored near any open flames or ignition sources. Contents under pressure – do not use or store near heat or ignition sources. Containers may burst at temperatures above 130°F.

(5) Health Hazard Data

Routs of Entry	Inhalation, skin
Carcinogenicity	NTP, IARC Monographs, OSHA Regulated
Health Hazards (Acute and Chronic)	
Eye Contact	May cause pain. May cause slight transient irritation with slight transient corneal injury. Vapors may irritate eyes.
Skin Contact	Prolonged contact may cause irritation, deflating of skin.
Inhalation	Minimal anesthetic or narcotic effects may be seen in the range of 500 – 1000ppm; levels over 1000ppm can cause dizziness, drunkenness; concentrations in excess of 10,000ppm can cause cardiac arrhythmias, unconsciousness and death.
Ingestion	If aspirated (liquid enters the lungs), it may be rapidly absorbed through the lungs and result in injury to other body systems.
Chronic Effects	Repeated and prolonged overexposure to solvents may lead to permanent brain and nervous system damage. IARC (in Vol. 71, 1999) reports Dichloromethane as "possibly carcinogenic to humans" (Group 2B). The NTP 9 th Report on Carcinogens lists Dichloromethane as "reasonably anticipated to be a human carcinogen". OSHA Standard 29 CFR 1910.1052 states "Employees exposed to MC [dichloromethane] are at increased risk of developing cancer, adverse effects on the heart, central nervous system and liver, and skin or eye irritation."

Signs and Symptoms of Exposure	Irritation as noted above. Eye watering, headaches, nausea, dizziness and loss of coordination are signs that solvent levels are too high.
Medical Conditions Generally Aggravated by Exposure	Preexisting eye, skin, and respiratory disorders may be aggravated by exposure to this product.
Emergency and First-Aid Procedures	
Eye Contact	Flush eyes with plenty of water for 15 minutes while holding eyelids open. Get medical attention.
Skin Contact	Remove contaminated clothing/shoes. Flush skin with water. Follow by washing with soap and water. If irritation occurs, get medical attention. Do not reuse clothing until cleaned.
Ingestion	Do not induce vomiting. Get medical attention immediately. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into lungs. Do not administer sympathomimetic drugs unless absolutely necessary. No specific antidote.
Inhalation	Remove victim to fresh air and provide oxygen if breathing is difficult. Do not give epinephrine or similar drugs. Give artificial respiration if not breathing. Get medical attention.

Note to Physician

Because rapid absorption may occur through lungs if aspirated and cause systemic effects, the decision of whether to induce vomiting or not should be made by an attending physician. If lavage is performed, suggest endotracheal and/or esophageal control. Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach. Exposure may increase "myocardial irritability". Do not administer sympathomimetic drugs unless absolutely necessary. No specific antidote. Supportive case. Treatment based on judgment of the physician in response to reactions of the patient.

Because of a possible increased risk of eliciting cardiac dysrhythmias, catecholamine drugs, such as epinephrine, should be considered only as a last resort in life threatening emergencies.

(6) Reactivity Data

Conditions to Avoid	Avoid any ignition sources. Avoid excessive heat. Gross contamination with water may cause hydrolysis, which will produce small amounts of hydrochloric acid.
Incompatibility (Materials to Avoid)	Alkali or alkaline earth metals (powdered aluminum, zinc, beryllium, etc.). Amines, possibly sodium, potassium, and magnesium. Oxidizing agents.
Hazardous Decomposition or Byproducts	Hydrochloric acid, very small amounts of phosgene and chlorine, possibly carbonyl halides.
Hazardous Polymerization	Will not occur

(7) Precautions for Safe Handling and Use

Steps to be Taken in Case Material is Released or Spilled	<p>Warning – flammable. Eliminate all ignition sources. Handling equipment must be grounded to prevent sparking.</p> <p>Large Spills: Evacuate the hazard area of unprotected personnel. Wear appropriate respirator and protective clothing. Shut off source of leak only if safe to do so. Dike and contain. If vapor cloud forms, water fog may be used to suppress; contain runoff. Remove with vacuum trucks or pump to storage/salvage vessels. Soak up residue with an absorbent such as clay, sand or other suitable material; place in non-leaking containers for proper disposal. Flush area with water to remove trace residue; dispose of flush solutions as above.</p> <p>Small Spills: Take up with an absorbent material and place in non-leaking containers; seal tightly for proper disposal.</p>
Waste Disposal Method	Consult an expert on disposal of recovered material and ensure conformity to local disposal regulations.
Precautions to Be Taken in Handling and Storing	Do not store above 120°F (48°C). Avoid breathing vapors. Vapors are heavier than air and will collect in low areas. Avoid prolonged contact with skin.
Other Precautions	Static electricity may accumulate and create a fire hazard. Ground fixed equipment. Bond and ground transfer containers and equipment.

(8) Control Measures

Respiratory Protection (Specify Type)	Avoid prolonged or repeated breathing of vapors. If exposure may or does exceed occupational exposure limits (see section II) use a NIOSH-approved respirator to prevent overexposure.
Ventilation	Use ventilation as required to maintain vapor concentrations below TLV.
Eye Protection	Safety glasses or goggles.
Gloves and Other Protective Clothing	Wear solvent-resistant gloves and clothing as required to minimize contact.
Work/Hygienic Practices	Air-dry contaminated clothing in a well-ventilated area, then launder before reusing. Clean spills or overspray promptly – they may present a slippage hazard. Wash thoroughly before eating, drinking, using restroom, smoking, or applying cosmetics.