

FOR CHEMICAL EMERGENCY
 Spill, Leak, Fire, Exposure or Accident
CALL INFOTRAC - Day or Night
800-535-5053
OSHA'S HAZARDOUS MATERIALS CALL COLLECT 1-800-535-5053

Flush eyes for 15 minutes with water. Wash skin with soap and water. Move to fresh air. Induce vomiting.

Section VII - Precautions for Safe Handling and Use

Steps to Be Taken in Case Material is Released or Spilled
 For high vapor concentration, evacuate area, eliminate all sources of ignition, absorb spills with inert material, transfer to a suitable container for disposal.

Waste Disposal Method
 Do not dispose into sewer or drain, incinerate liquid in proper equipment. Dispose in accordance with all local, state and federal regulations.

Precautions to Be Taken in Handling and Storing
 Store in a cool, dry place away from any sources of heat or ignition.

Other Precautions
 Always use in accordance to the packaged directions.

Section VIII - Control Measures

Respiratory Protection (Specify Type) When vapors exceed 10ppm, a self contained breathing apparatus is recommended.

| | | | |
|-------------|---|---------|------|
| Ventilation | Local Exhaust Concentration below 100 ppm | Special | None |
| | Mechanical (General) | Other | None |

Protective Gloves
 Impervious, Neoprene type

Other Protective Clothing or Equipment
 Eye Protection
 Safety goggles

Work/Hygienic Practices
 Eyewash

Always practice good, personal hygiene.

* U.S.G.P.O.: 1986 - 491 - 529/45775



U.S. Department of Labor
 Occupational Safety and Health
 Administration
 (Non-Mandatory Form)
 Form Approved
 OMB No. 1218-0072

Material Safety Data Sheet

May be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Standard must be consulted for specific requirements.

IDENTITY (As Used on Label and List)
CLEARSPILINT

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

Section I

| | |
|---|--|
| Manufacturer's Name Astron Dental Corporation | Emergency Telephone Number 800-535-5053 |
| Address (Number, Street, City, State, and ZIP Code) 815 Oakwood Road | Telephone Number for Information 800-323-4144 |
| Unit G | Date Prepared 10/06/10 |
| Lake Zurich, IL 60047-6704 | Signature of Preparer (optional) |

Section II - Hazardous Ingredients/Identity Information

| | | | | |
|---|----------|-----------|--------------------------|--------------|
| Hazardous Components (Specific Chemical Identity; Common Name(s)) | OSHA PEL | ACGIH TLV | Other Limits Recommended | % (optional) |
| Liquid Component: Modified Ethyl Metacrylate Monomer | | | | |
| Powder Component: Modified Ethyl Methacrylate Polymer | | | | |

