

S.S. White Technologies, Inc.

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Material Safety Data Sheet

Product Identification	<u>S.S. White Product Name:</u> AccuCUT 50 <u>Blend #:</u> 8 <u>Chemical Name:</u> Silicon Carbide <u>Molecular Formula:</u> SiC	<u>Chemical Family:</u> Refractory Carbide <u>Synonyms:</u> Carborundum, Crystolon <u>CAS No.(s):</u> 409-21-2 (Silicon Carbide); 14808-60-7 (SiO₂) <u>NFPA Codes (Ratings):</u> Flammability - 0, Health - 1, Hazard - , Reactivity - 0
Hazardous Ingredients	<u>Materials or Components:</u> Silicon Carbide SiC Contains less than 1% crystalline silica <u>Hazardous Data (TLV, LD50, LC50, ETC.):</u> TLV (ACGIH) 10 mg/M³; Not a carcinogen	<u>%WW</u> 98+
Shipping Information	Standard Truck	
Physical Properties	<u>Boiling Point:</u> Sublimates <u>Melting Point:</u> Dissociates @ 2300° C <u>Freezing Point:</u> N/A <u>Molecular Weight(Calculated):</u> NAIF <u>Specific Gravity (H₂O+1):</u> 3.2 @ ambient <u>Vapor Pressure (mm hg):</u> NAIF	<u>Vapor Density (air = 1):</u> NAIF <u>Solubility in Water:</u> Insoluble <u>% Volatiles by Volume:</u> NAIF <u>Evaporation Rate:</u> NAIF Ether=1 Water=1 Butylacetate=1 <u>Appearance and Color:</u> Granular, black or green, no odor <u>Other:</u> NAIF
Fire and Explosion Data	<u>Flash Point:</u> Test Method; NAIF <u>Flammable Limits:</u> N/A <u>Auto-ignition temperature:</u> N/A <u>Extinguishing media:</u> <input type="checkbox"/> Water Spray <input type="checkbox"/> Water Fog <input type="checkbox"/> Water Stream <input type="checkbox"/> CO ₂ <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Alcohol foam <input type="checkbox"/> Foam <input type="checkbox"/> Earth or sand <input checked="" type="checkbox"/> N/A	<u>Special Fire Fighting Procedures:</u> <input type="checkbox"/> Do not enter building <input type="checkbox"/> Allow fire to burn <input type="checkbox"/> Water may cause frothing <input type="checkbox"/> Do not use water <input type="checkbox"/> Use self-contained breathing apparatus <input checked="" type="checkbox"/> None <u>Unusual Fire and Explosion Hazards:</u> <input type="checkbox"/> Dust explosion hazard <input type="checkbox"/> Sensitive to shock <input type="checkbox"/> Contamination <input type="checkbox"/> Temperature (Specify _____) <input checked="" type="checkbox"/> None
Reactivity Data	<u>Stability:</u> 4 Stable <input type="checkbox"/> Unstable <u>Conditions Contributing to Instability:</u> <input type="checkbox"/> Thermal decomposition <input type="checkbox"/> Photo degradation <input type="checkbox"/> Polymerization <input type="checkbox"/> Contamination <u>Incompatibility (Avoid contact with):</u> <input type="checkbox"/> Strong acids <input type="checkbox"/> Strong alkalis <input type="checkbox"/> Strong oxidizers <input type="checkbox"/> Other (specify)	<u>Hazardous Decomposition Products (Thermal and otherwise-list):</u> NAIF <u>Conditions to Avoid:</u> <input checked="" type="checkbox"/> NAIF <input type="checkbox"/> Heat <input type="checkbox"/> Open flames <input type="checkbox"/> Sparks <input type="checkbox"/> Ignition sources <input type="checkbox"/> Other (Specify _____)
Spill or Leak	<u>Steps To Be Taken If Material Is Released Or Spilled:</u> <input type="checkbox"/> Flush With Water <input type="checkbox"/> Absorb with Sand <input type="checkbox"/> Neutralize or inert material <input checked="" type="checkbox"/> Sweep or Scoop up and remove <input type="checkbox"/> Keep upwind evacuate enclosure <input type="checkbox"/> Dispose of immediately <input type="checkbox"/> Other (specify _____)	<u>Waste Disposal Method - consult federal, state, or local authorities for proper procedures.</u> Standard landfill methods consistent with applicable federal, state, and local laws.
Toxicity	<u>Oral (acute):</u> No adverse effects, but ingestion is not recommended. Obtain first aid or medical assistance as needed. <u>Dermal (acute):</u> Not absorbed through skin; may cause abrasion. <u>Inhalation (acute):</u> May cause coughing, shortness of breath. Remove to fresh air; apply artificial respiration as needed. Obtain first aid or medical assistance as needed.	<u>Eye (Dust) :</u> may irritate eyes, Wash with large amounts of water, obtain first aid or medical assistance, if needed. <u>Chronic, Subchronic, Etc.:</u> Inhalation- may affect breathing capacity <u>Other Potential Health Risks:</u> Not Known
Effects of Exposure	<u>Permissible Exposure Limit (specify if TLV/TWA or Ceiling [c]):</u> ACGIH 19 86 10 mg/M <u>Other:</u> OSHA 19 86 15 mg/M³ <u>Irritation:</u> <input type="checkbox"/> Skin, Severe <input checked="" type="checkbox"/> Skin, Moderate <input type="checkbox"/> Eye, Severe <input checked="" type="checkbox"/> Eye, Moderate <input type="checkbox"/> Eye, Mild(transient) <u>Corrosively:</u> <input type="checkbox"/> Skin, 4hours (DOT) <input type="checkbox"/> Skin, 24 hours (CPSC)	<u>Sensitization:</u> <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory <input type="checkbox"/> Allergen <input checked="" type="checkbox"/> NAIF <u>Inhalation Effects:</u> <input type="checkbox"/> Narcotic effect <input type="checkbox"/> Cyanosis <input type="checkbox"/> Asphyxiant <input checked="" type="checkbox"/> See lung effects <u>Lung Effects:</u> <input checked="" type="checkbox"/> Acute, may cause coughing, shortness of breath <input checked="" type="checkbox"/> Chronic, may affect breathing capacity

	<input type="checkbox"/> Eye, May cause blindness <input checked="" type="checkbox"/> NAIF	<u>Other:</u> <input type="checkbox"/> Repeated contact skin defatter <input type="checkbox"/> Other (specify _____) <input checked="" type="checkbox"/> None Known
Emergency First Aid	<u>Ingestion:</u> <input type="checkbox"/> Induce vomiting <input 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: _____) <u>Inhalation:</u> <input checked="" type="checkbox"/> Remove to fresh air <input checked="" type="checkbox"/> If not breathing, give artificial respiration <input type="checkbox"/> Give oxygen <input checked="" type="checkbox"/> Get medical attention <input type="checkbox"/> Other (specify _____)	<u>Dermal:</u> <input checked="" type="checkbox"/> Flush with soap and water <input type="checkbox"/> Get medical attention <input type="checkbox"/> Contaminated clothing, remove and launder <input type="checkbox"/> Contaminated shoes, destroy <input type="checkbox"/> Other (specify _____) <u>Eye Contact:</u> <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 _____)
Special Protection Information	<u>Ventilation Requirements - Always maintain exposure below permissible exposure limits:</u> <input type="checkbox"/> Consult an industrial hygienist or environmental health specialist <input checked="" type="checkbox"/> Local exhaust <input checked="" type="checkbox"/> Use with adequate ventilation <input type="checkbox"/> Check for air contaminant and oxygen deficiency <input checked="" type="checkbox"/> Other (specify See OSHA 29CFR1910.94 and 29CFR1910.1000) <u>Eye:</u> <input type="checkbox"/> Face shield and goggles <input type="checkbox"/> Safety glasses <input checked="" type="checkbox"/> Goggles	<u>Hand (glove type):</u> <input type="checkbox"/> Butyl rubber <input type="checkbox"/> Polyvinyl alcohol <input type="checkbox"/> Polyvinyl chloride <input type="checkbox"/> Neoprene <input type="checkbox"/> Natural rubber <input type="checkbox"/> Polyethylene <input checked="" type="checkbox"/> Other(specify: as desired by the user) <u>Respirator Type- use only NIOSH approved equipment:</u> <input type="checkbox"/> Self-contained <input type="checkbox"/> Supplied air <input type="checkbox"/> Can or cartridge gas or vapor <input checked="" type="checkbox"/> Filter- dust, fume, mist <input type="checkbox"/> Other(specify _____) <u>Other Protective Equipment:</u> <input type="checkbox"/> Rubber boots <input type="checkbox"/> Apron <input type="checkbox"/> Other(specify _____) <input checked="" type="checkbox"/> NAIF
Special Precautions	<u>Precautionary Measures:</u> <input type="checkbox"/> Wash thoroughly after handling <input type="checkbox"/> Do not get in eyes, on skin or clothing <input type="checkbox"/> Do not breathe dust, vapor, mist, gas <input type="checkbox"/> Keep container closed <input type="checkbox"/> Keep away from heat, sparks, open flame <input type="checkbox"/> Store in tightly closed containers <input type="checkbox"/> Do not store near combustibles <input type="checkbox"/> Keep from contact with clothing and other combustible material <input type="checkbox"/> Empty container may contain hazardous residues <input type="checkbox"/> Use explosion proof equipment <input type="checkbox"/> Other(specify _____) <input checked="" type="checkbox"/> NAIF	Other Handling and Storage Conditions: None, registered under Toxic Substances Control Act, (Title 40 CFR Part 7 10)
Prepared By: Carolyn Ketcham	Date: September 28, 2003	
Please Note: "The above information is accurate to the best of our knowledge. However, since data, safety standards, and government regulations are subject to change and the conditions of handling and use, or misuse, are beyond our control. S.S. White makes no warranty, either express or implied, with respect to the completeness or continuing accuracy of the information contained herein. S.S. White disclaims all liability for reliance thereon." **** NAIF - (NE) No applicable information found. *** N/A - Not applicable.		