5. ITEM NAME
6. HAZARDS (X all that apply) (1) ACUTE (Immediate) (2) NONE SLIGHT MODERATE SEVERE (Delayed)
(X all that apply) NONE SLIGHT MODERATE SEVERE (Delayed)
6. HAZARDS (X all that apply) (1) ACUTE (Immediate) (2) NONE SLIGHT MODERATE SEVERE (Delayed)
(X all that apply) NONE SLIGHT MODERATE SEVERE (Delayed)
(X all that apply) NONE SLIGHT MODERATE SEVERE (Delayed)
b. CONTACT
c. FIRE
d. REACTIVITY 7. SPECIFIC HAZARDS AND PRECAUTIONS (Including target organ
8. PROTECT (X all that apply) EYES SKIN RESPIRATORY
(X all that apply) EYES SKIN RESPIRATORY
(X all that apply) EYES SKIN RESPIRATORY   9. CONTACT a. COMPANY NAME
(X all that apply) EYES SKIN RESPIRATORY   9. CONTACT a. COMPANY NAME
(X all that apply)   EYES   SKIN   RESPIRATORY     9. CONTACT   a. COMPANY NAME     b. ADDRESS (Street, P.O. Box, City, State, ZIP Code, Country)