

MATERIAL SAFETY DATA SHEET — 9 Sections

SECTION 1 — PRODUCT INFORMATION

Product Identifier				WHMIS Classification (<i>optional</i>)	
Product Use					
Manufacturer's Name			Supplier's Name		
Street Address			Street Address		
City		Province	City		Province
Postal Code	Emergency Telephone		Postal Code	Emergency Telephone	

SECTION 2 — HAZARDOUS INGREDIENTS

Hazardous Ingredients (<i>specific</i>)	%	CAS Number	LD ₅₀ of Ingredient (<i>specify species and route</i>)	LC ₅₀ of Ingredient (<i>specify species</i>)

SECTION 3 — PHYSICAL DATA

Physical State	Odour and Appearance		Odour Threshold (ppm)
Specific Gravity	Vapour Density (air = 1)	Vapour Pressure (mmHg)	Evaporation Rate
Boiling Point (°C)	Freezing Point (°C)	pH	Coefficient of Water/Oil Distribution

SECTION 4 — FIRE AND EXPLOSION DATA

Flammability <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under which conditions?		
Means of Extinction			
Flashpoint (°C) and Method	Upper Flammable Limit (% by volume)		Lower Flammable Limit (% by volume)
Autoignition Temperature (°C)	Explosion Data — Sensitivity to Impact		Explosion Data — Sensitivity to Static Discharge
Hazardous Combustion Products			

SECTION 5 — REACTIVITY DATA

Chemical Stability <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, under which conditions?		
Incompatibility with Other Substances <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which ones?		
Reactivity, and under what conditions?			
Hazardous Decomposition Products			

Product Identifier

SECTION 6 – TOXICOLOGICAL PROPERTIES

Route of Entry		<input type="checkbox"/> Skin Contact	<input type="checkbox"/> Skin Absorption	<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Ingestion
Effects of Acute Exposure to Product						
Effects of Chronic Exposure to Product						
Exposure Limits (value, source, date)				Irritancy (if yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sensitization (if yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				Carcinogenicity (if yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reproductive Toxicity (if yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				Teratogenicity (if yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutagenicity (if yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				Synergistic Products (if yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 7 – PREVENTIVE MEASURES

Personal Protective Equipment		<input type="checkbox"/> Gloves	<input type="checkbox"/> Respirator	<input type="checkbox"/> Eye	<input type="checkbox"/> Footwear	<input type="checkbox"/> Clothing	<input type="checkbox"/> Other
If checked, specify type							
Engineering Controls (specify, such as ventilation, enclosed process)							
Leak and Spill Procedure							
Waste Disposal							
Handling Procedures and Equipment							
Storage Requirements							
Special Shipping Information						PIN	

SECTION 8 – FIRST AID MEASURES

Inhalation
Ingestion
Skin Contact
Eye Contact

SECTION 9 – PREPARATION INFORMATION

Prepared by (Group, Department, etc.)	Telephone Number	Preparation Date
---------------------------------------	------------------	------------------