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MATERIAL SAFETY DATA SHEET

09/10/2002

Rec'd 9-11-03

MANUFACTURER OR DISTRIBUTOR: General Pencil Company
3160 Bay Rd.
P.O. Box 5311
Redwood City, CA 94063

INFORMATION TELEPHONE NUMBER: 1-800-537-0734
EMERGENCY TELEPHONE NUMBER: 650-369-4889

SECTION I - PRODUCT IDENTIFICATION

PRODUCT NAME: FACTIS ERASERS
PRODUCT SIZES: 4 CM, 6 CM, TRIANGULAR, OVAL.
PRODUCT CLASS: ERASERS
PRODUCT NUMBER: ERASERS
BRAND NAME: FACTIS ERASERS

SECTION II - HAZARDOUS INGREDIENTS

Ingredient	CAS #	PEL/TLV (MG/M#)	Max %Weight	NTP	IARC
None					

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PRODUCT: ERASERS

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SECTION III - PHYSICAL AND CHEMICAL CHARACTERISTICS

BOILING POINT: N/A
VAPOR PRESSURE: N/A
SPECIFIC VAPOR DENSITY (AIR=1): N/A
SOLUBILITY IN WATER: N/A
APPEARANCE AND ODOR:
MELTING POINT: N/A
SPECIFIC GRAVITY: N/A
REACTIVITY IN WATER: NON-REACTIVE

SECTION IV - FIRE AND EXPLOSION INFORMATION

FLASH POINT (METHOD): N/A
EXPLOSION LIMITS IN AIR (% BY VOLUME): NOT EXPLOSIVE
EXTINGUISHING MEDIA: NO SPECIAL MEDIA REQUIRED
FIRE FIGHTING PROCEDURES: NO SPECIAL FIRE FIGHTING PROCEDURES REQUIRED
UNUSUAL FIRE & EXPLOSION HAZARDS: NOT COMBUSTIBLE
AUTOIGNITION TEMPERATURE: N/A

SECTION V - PHYSICAL HAZARDS/REACTIVITY

HAZARDOUS POLYMERIZATION PRODUCTS: NONE
STABILITY: STABLE CONDITIONS TO AVOID: NONE
INCOMPATIBILITY (MATERIALS TO AVOID): NONE
HAZARDOUS DECOMPOSITION PRODUCTS: NONE

SECTION VI - HEALTH HAZARD DATA

PERMISSIBLE EXPOSURE LEVEL: SEE SECTION II FOR COMPONENT PEL/TLV
PRIMARY ROUTES OF ENTRY: EYE, SKIN, INGESTION
EFFECTS AND SYMPTOMS OF ACUTE EXPOSURE: NONE EXPECTED
EFFECTS AND SYMPTOMS OF CHRONIC EXPOSURE: NONE EXPECTED
CARCINOGEN LISTING: NTP: NO IARC: NO OSHA: NO
SEE SECTION II FOR COMPONENTS AFFECTED
MEDICAL CONDITIONS USUALLY AGGRAVATED BY OVER EXPOSURE TO THIS PRODUCT: NONE
FIRST AID MEASURES: NONE REQUIRED. NO ACUTE HEALTH EFFECTS EXPECTED.

SECTION VII - SPILL OR LEAK PROCEDURES

PRECAUTIONS TO BE TAKEN DURING STORAGE AND HANDLING: .Not for use by children.
STEPS TO BE TAKEN IN CASE A MATERIAL IS SPILLED: NO SPECIAL SPILL PROCEDURES REQUIRED.
WASTE DISPOSAL METHOD: DISPOSE IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS.

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SECTION VIII - PROTECTIVE EQUIPMENT/CONTROL MEASURES

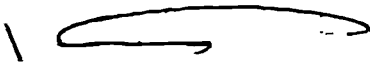
RESPIRATORY PROTECTION AND SPECIAL VENTILATION REQUIREMENTS: NONE REQUIRED

OTHER PROTECTIVE EQUIPMENT (GLOVES, GOGGLES, ETC): NONE REQUIRED

WORK/HYGIENE PRACTICES: NONE REQUIRED

SECTION IX - ADDITIONAL INFORMATION AND WARNINGS

THIS INFORMATION SHEET IS FOR THE CONSUMER USE OF THIS PRODUCT ONLY.



Form Completed By: Woodhall Stopford, MD, MSPH
Last Updated: 01/17/2002

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