SECTION 1 - Identification

PRODUCT IDENTITY: Household Cleanser

PRODUCT NUMBER: F-JS-230

CORNHUSKER STATE INDUSTRIES
800 PIONEERS BLVD
LINCOLN, NEBRASKA 68502
PHONE: 800-348-7537 or 402-471-4597

Emergency Phone Number
CHEMTREC
1-800-424-9300

Recommended Use: Multi-Purpose Cleaner.
Restrictions on Use: None known.

SECTION 2 – Hazard(s) Identification

Physical Hazards:	Not classified.	
Health Hazards:	Acute toxicity, oral	Category 4
	Skin corrosion/irritation	Category 2
	Serious eye damage/eye irritation	Category 1
	Carcinogen	Category 1A
Environmental hazards:	Hazardous to the aquatic environment, acute hazard	Category 2
	Hazardous to the aquatic environment, long-term hazard	Category 3

OSHA defined hazards: Combustible dust

Label Elements

Signal Word: Danger

Hazard statement: Harmful if swallowed. Causes severe skin irritation. Causes serious eye damage. May form combustible dust concentration in air. Causes damage to lungs, kidneys, through prolonged or repeated exposure. May cause cancer by prolonged or repeated inhalation.

Prevention: Keep away from heat/sparks/open flames/hot surfaces. No smoking. Keep container tightly closed. Ground/bond container and receiving equipment. Wash thoroughly after handling. Do not eat, drink or smoke when using this product. Wear protective gloves. Wear eye/face and respiratory protection. Prevent dust accumulation to minimize explosion hazard. Observe good industrial hygiene practices. Do not breathe dust. Obtain special instructions before use. Do not handle until all safety instructions have been read and understood. If exposed or concerned: Get medical attention.

Response:
IF SWALLOWED: Call a poison center/doctor if you feel unwell. Rinse mouth.
IF ON SKIN: Wash with plenty of water. If skin irritation occurs: Get medical advice/attention. Take off contaminated clothing and wash before reusue.
IF INHALED: Remove person to fresh air and keep comfortable for breathing.
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a **POISON CENTER** or doctor.
IN CASE OF FIRE: Use appropriate media to extinguish.

Storage: Store away from incompatible materials. Store locked up.

Disposal: Dispose of contents/container in accordance with local/regional/national/international regulations.

Hazard(s) not otherwise classified (HNOC): Toxic to aquatic life with long lasting effects. Increased risk of systemic autoimmune disease (scleroderma, rheumatoid arthritis, and systemic lupus erythematosus) through prolonged or repeated inhalation. Increased risk of tuberculosis through prolonged or repeated inhalation. Smoking increases the risk of lung function impairment and chronic obstructive pulmonary disease COPD through prolonged or repeated inhalation.

SECTION 3 – Composition/ Information on Ingredients

Mixtures

Chemical	Common name and synonyms	CAS number	%
Sodium Carbonate		497-19-8	6 - 7
Benzenesulfonic Acid, Mono-C10-16-alkyl Derivs., Sodium Salts		68081-81-2	3 - 4
Sodium Sulfate		7757-82-6	6 - 7
Silicon Dioxide (quartz)		14808-60-7	82 - 83
Other components below reportable levels			1 - < 2

** Contains 1% or greater respirable crystalline silica which is classified as STOT RE 1*

SECTION 4 – First–aid Measures

Inhalation: Move to fresh air. Call a physician if symptoms develop or persist.

Skin Contact: Remove contaminated clothing. Wash with plenty of soap and water. If skin irritation occurs: Get medical advice/attention. Wash contaminated clothing before reuse.

Eye Contact: Do not rub eyes. Immediately flush eyes with plenty of water for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.

Ingestion: Rinse mouth. If vomiting occurs, keep head low so that stomach content doesn't get into the lungs. Get medical advice/attention if you feel unwell.

Most Important Symptoms/ Effects, Acute and Delayed: Dry chronic cough, sputum production, shortness of breath, wheezing, and reduced pulmonary function. Severe eye irritation. Symptoms may include stinging, tearing, redness, swelling, and blurred vision. Permanent eye damage including blindness could result. Dusts may irritate the respiratory tract, skin and eyes. Skin irritation. May cause redness and pain.

Indication of Immediate Medical Attention and Special Treatment Needed, if necessary: Symptoms of pulmonary impairment, such as shortness of breath, coughing wheezing. Provide general supportive measures and treat symptomatically. Keep victim warm. Keep victim under observation. Symptoms may be delayed.

General Information: Ensure that medical personal are aware of the material(s) involved, and take precautions to protect themselves. Show this safety data sheet to the doctor in attendance.

SECTION 5 – Fire-Fighting Measures

Suitable & Unsuitable Extinguishing Media: Water fog. Foam. Dry chemical powder. Carbon dioxide (CO2). Apply extinguishing media carefully to avoid creating airborne dust.

Unsuitable extinguishing media: Do not use water jet as an extinguisher, as this will spread the fire.

Specific hazards arising from the chemical: Explosion hazard: Avoid generating dust; fine dust dispersed in air in sufficient concentrations and in the presence of an ignition source is a potential dust explosion hazard. During fire, gases hazardous to health may be formed.

Special protective equipment and precautions for firefighters: Self-contained breathing apparatus and full protective clothing must be worn in case of fire.

Fire-fighting equipment/instructions: In case of fire and/or explosion do not breathe fumes. Move containers from fire area if you can do so without risk.

Specific methods: Use standard firefighting procedures and consider the hazards of the other involved materials.

General fire hazards: May form combustible dust concentrations in air.

SECTION 6 – Accidental Release Measures

Personal precautions, Protective equipment & emergency procedures: Use only non-sparking tools. Keep unnecessary personnel away. Keep people away from and upwind of spill/leak. Dust deposits should not allowed to accumulate on surfaces, as these may form an explosive mixture if they are released into the atmosphere in sufficient concentration. Wear appropriate protective equipment and clothing during clean-up. Use a NIOSH/MSHA approved respirator if there is a risk of exposure to dust/fume at levels exceeding the exposure limits. Do not touch damaged containers or spilled material unless wearing appropriate protective clothing. Ensure adequate ventilation. Local authorities should be advised if significant spillages cannot be contained. For personal protection, see section 8 of the SDS.

Methods and materials for containment and clean up: Should not be released into the environment.
Eliminate all ignition sources (no smoking, flares, sparks, or flames in immediate area). Take precautionary measures against static discharge. Use only non-sparking tools. Avoid dispersal of dust in the air (i.e., clearing dust surfaces with compressed air). Stop the flow of material, if this is without risk. Absorb in vermiculite, dry sand or earth and place into containers. Collect dust using a vacuum cleaner equipped with HEPA filter.

Large Spills: Wet down with water and dike for later disposal. Shovel the material into waste container. Prevent product from entering drains. Following product recovery, flush area with water.

Small Spills: Sweep up or vacuum up spillage and collect in suitable container for disposal. Wipe up with absorbent material (e.g. cloth, fleece). Clean surface thoroughly to remove residual contamination.

Never return spills to original containers for re-use.

Environmental precautions: Avoid release to the environment. Prevent further leakage or spillage if safe to do so. Avoid discharge into drains, water courses or onto the ground. Inform appropriate managerial or supervisory personnel of all environmental releases.

SECTION 7 – HANDLING & STORAGE

Precautions for safe handling: Minimize dust generation and accumulation. Do not breathe dust. Avoid significant deposits of material, especially on horizontal surfaces, which may become airborne and form combustible dust clouds and may contribute to secondary explosions. Routine housekeeping should be instituted to ensure that dusts do not accumulate on surfaces. Dry powders can build static electricity charges when subjected to the friction of transfer and mixing operations. Provide adequate precautions, such as electrical grounding and bonding, or inert atmospheres. Keep away from heat/sparks/open flames/hot surfaces. No smoking. Explosion-proof general and local exhaust ventilation. Do not get this material in contact with eyes. Avoid contact with eyes, skin, and clothing. Do not taste or swallow. When using, do not eat, drink or smoke. Wear appropriate personal protective equipment. Wash hands thoroughly after handling. Avoid release to the environment. Observe good industrial hygiene practices.

Conditions for safe storage, including any incompatibilities: Keep container tightly closed in a dry, cool and well-ventilated place. Store away from incompatible materials (see section 10 of the SDS).

SECTION 8 – Exposure Controls/Personal Protection

Exposure limits:
OSHA PEL 8-hour time weighted average for respirable quartz expressed as millions of particles per cubic foot of air, based on impinge samples counted by light-field techniques:

$$\frac{250}{(\%SiO_2+5)}$$

The percentage of crystalline silica in the formula is the amount determined from aiborne samples, except in those instances in which other methods have been shown to be applicable. OSHA PEL 8-hour time weighted average for respirable quartz expressed as milligrams per cubic meter:

$$\frac{10\ mg/m^3}{(\%SiO_2+2)}$$

Both concentration and percent quartz for the application of this limit are to be determined from the fraction passing a size-selector with the following characteristics:

Aerodynamic diameter (unit density sphere)	**Percent passing selector**
2	90
2.5	75
3.5	50
5	25
10	0

OSHA PEL 8-hour time weighted average for Quartz total dust expressed as milligrams per cubic meter

$$\frac{30\ mg/m^3}{(\%SiO_2+2)}$$

On September 12, 2013, OSHA published a preliminary quantitative risk assessment concluding that the available evidence indicates that employees exposed to respirable crystalline silica well below the current PELs are at increased risk of lung cancer mortality and silicosis.

ACGIH TLV 8-hour time weighted average for respirable α-quartz and cristobalite 0.025 mg/m^3
NIOSH REL up to 10-hour time weighted average for respirable quartz ca 0.05 mg/m^3

Appropriate engineering controls: Explosion-proof general and local exhaust ventilation. Good general ventilation (typically 10 air changes per hour) should be used. Ventilation rates should be matched to conditions. If applicable, use process enclosures, local exhaust ventilation, or other engineering controls to maintain airborne levels below recommended exposure limits. If exposures limits have not been established, maintain airborne levels to an acceptable level. Eye wash facilities and emergency shower must be available when handling this product.

Individual protection measures, such as personal protective equipment

Eye/face protection: Wear safety glasses with side shields (or goggles) and face shield.

Skin protection:

Hand protection	Wear appropriate chemical resistant gloves. Suitable gloves can be recommended by the supplier.
Other	Wear appropriate chemical resistant clothing.

Respiratory protection: If engineering controls do not maintain airborne concentrations below recommended exposure limits (where applicable) or to an acceptable level (in countries where exposure limits have not been established), an approval respirator must be worn. Use a NIOSH/MSHA approved respirator if there is a risk of exposure to dust/fume at levels exceeding the exposure limits.

Thermal hazards: Wear appropriate thermal protective clothing, when necessary.

General hygiene considerations: When using, do not eat, drink or smoke. Always observe good personal hygiene measures, such as washing after handling the material and before drinking, and/or smoking. Routinely wash work clothing and protective equipment to remove contaminates.

SECTION 9 – Physical and Chemical Properties

Appearance: Solid.
Physical state: Solid.
Form: Powder. Flakes.
Color: White.
Odor: Slight Soapy. Mild Chlorine-like.
Odor threshold: Not available
pH: Not determined.
Melting point/freezing Point: Not determined.
Initial boiling point and boiling range: Not available.
Flash point: Not available.
Evaporation Rate: Not available.
Flammability (solid, gas): Not available.
Upper/lower flammability or explosive limits
Flammability limit- lower (%): Not available.
Flammability limit-upper (%): Not available.
Explosive limit- lower (%): Not available.
Explosive limit-upper (%): Not available.
Vapor pressure: Not available.
Vapor density: Not available.
Relative density: Not available.
Solubility(ies)
Solubility (water): 18% w/w @ 25°C estimated
Partition coefficient: Not available.
(n-octanol/water)
Auto-ignition temperature: Not available.
Decomposition temperature: Not available.
Viscosity: Not available
Other information
Density: Not available.

SECTION 10 – Stability & Reactivity

Reactivity: The product is stable and non-reactive under normal conditions of use, storage and transport.
Chemical stability: Material is stable under normal conditions.
Possibility of hazardous reactions: No dangerous reaction know under conditions of normal use.
Conditions to Avoid: Keep away from heat, sparks and open flames. Minimize dust generation and accumulation. Contact with incompatible materials.
Incompatible materials: Strong oxidizing agents.
Hazardous decomposition products: No hazardous decomposition products are known.

SECTION-11 - TOXICOLICAL Information

Likely Routes of Exposure: The relevant route for occupational exposure is by inhalation.
Ingestion: Harmful if swallowed.
Inhalation: Dust may irritate respiratory system.
Skin contact: Causes skin irritation.
Eye contact: Causes serious eye damage

Symptoms related to the physical, chemical and toxicological characteristics: Dry chronic cough, sputum production, shortness of breath, wheezing, and reduced pulmonary function. Severe eye irritation. Dusts may irritate the respiratory tract, skin and eyes. Symptoms may include stinging, tearing, redness, swelling, and blurred vision. Permanent eye damage including blindness could result. Skin irritation. May cause redness and pain.

Delayed and immediate effects and also chronic effects from short and long-term exposure

Short-term Exposure:

Acute silicosis can occur within a few weeks to months after inhalation exposure to extremely high levels of respirable crystalline silica. Acute silicosis causes decreased lung function and can result in heart disease secondary to the lung disease: heart failure and cor pumonale. Death from acute silicosis can occur within months to a few years of disease onset, and persons with acute silicosis are at high risk of contracting other lung diseases including tuberculosis, atypical mycobacterial infections, and fungal superinfections. Quantitative information on the level of exposure that causes acute silicosis is not available, but available information indicates those levels are far in excess of permissible exposure limits. Animal studies also suggest that pulmonary reactions of rats to short-duration exposure to freshly fractured silica mimic those seen in acute silicosis in humans.

Accelerated silicosis results from exposure to high levels of airborne respirable crystalline silica, and usually occurs within 2 to 10 years of initial exposure. Accelerated silicosis causes decreased lung function and can result in heart disease secondary to the lung disease. Accelerated silicosis has a rapid, severe course and persons with this condition are at high risk of contracting other lung diseases including tuberculosis, atypical mycobacterial infections, fungal superinfections, and lung cancer. Quantitative information on the level of exposure that causes accelerated silicosis is not available, but available information indicates those levels are substantially in excess of permissible exposure limits.

Long-term Exposure:
Chronic silicosis generally occurs after 10 years or more of inhalation exposure to respirable crystalline silica t levels below those associated with acute and accelerated silicosis. Chronic silicosis in most cases is a slowly progressive disease resulting in decreased lung function and can result in heart disease secondary to the lung disease. Its affects are disabling and may lead to death. Persons with chronic silicosis are at high risk of contracting other lung diseases including tuberculosis, atypical mycobacterial infections, fungal superinfections, and lung cancer. On September 12, 2013 OSHA published a preliminary quantitative risk assessment concluding that the available evidence indicates that employees exposed to respirable crystalline silica well below the current PELs are at increased risk of lung cancer mortality and silicosis.

Chronic obstructive pulmonary disease, COPD, including chronic bronchitis and emphysema, occurs in silica-exposed workers, including those who do not develop silicosis. Respirable crystalline silica exposure and smoking may be synergistic for lung cancer, that is, there is some evidence that the combined effect of exposure to respirable crystalline silica and smoking may be greater than additive.

Respirable crystalline silica is recognized by OSHA, NTP and IARC as a cause of lung cancer. Respirable crystalline silica is an independent risk factor from smoking for lung cancer. Respirable crystalline silica exposure and smoking may be synergistic for lung cancer, that is, there is some evidence that the combined effect of exposure to respirable crystalline silica and smoking may be greater than additive.

There is substantial evidence suggesting an association between exposure to inhaled respirable crystalline silica and increased risks of renal (kidney) and systemic autoimmune disease (scleroderma, rheumatoid arthritis, and systemic lupus erythematosus).

Information on toxicological effects:
Acute toxicity: Harmful if swallowed. Crystalline silica is not acutely toxic. Reliable numerical measures of chronic toxicity do not exist.

Product	Species	Test Results
Sodium Carbonate (CAS 497-19-8)		
Acute		
Dermal		
LD50	Rat	> 2000 mg/kg
Oral		
LD50	Rat	1080 mg/kg
Benzenesulfonic Acid, Mono-C10-16-alkyl Derivs., Sodium Salts (CAS 68081-81-2)		
Acute		
Dermal		
LD50	Rat	> 2000 mg/kg
Oral		
LD50	Rat	1080 mg/kg
Sodium Sulfate (CAS7757-82-6)		
Acute		
Inhalation		
LC50	Rat	> 2.4 mg/l, 4 h
Oral		
LD50	Rat	> 2000 mg/kg

SECTION 12 – ECOLOGICAL INFORMATION

N/A

SECTION 13 – DISPOSAL CONSIDERATIONS

N/A

SECTION 14 – TRANSPORT INFORMATION

N/A

SECTION 15 – REGULATORY INFORMATION

N/A

SECTION 16 – OTHER INFORMATION

Issue Date: 7-12-2016

Disclaimer: The information in the sheet was written based on the best knowledge and experience currently available. The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text. The information given is designed only as guidance for safe handling, use, processing, storage, transportation, disposal and release.