Material Safety Data Sheet May be used to comply with

May be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Standard must be Consulted for specific requirements.

U.S. Department of Labor Occupational Safety and Health Administration

Occupational Safety and Health Administration (Non-Mandatory Form) Form Approved OMB No. 1218-0072

| IDENTITY (As Used on Label and List) Tattoo Paint No. RD-4 | Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that. | | | | |
|--|---|----------------------------------|--------------|-----------------------------|-------------|
| Tuiloo Tuini No. KD-4 | must be i | must be marked to indicate that. | | | |
| Section I | • | | | | |
| Manufacturer's Name | | | | ne Number | |
| Dynamic Color Co. | (954) | 462- | 0261 | | |
| Address (Number, Street, City, State, and ZIP Code) | | | | for Information | |
| P.O. Box 21083 | (954) | 462- | 0261 | | |
| Ft. Lauderdale | | | | | |
| Florida | Date Prepared 4-12-01 | | | | |
| 33335 | Signature of Preparer (optional) | | | | |
| Section II - Hazard Ingredients/Identity Information | 1 | | | | |
| Hazardous Components (Specific Chemical Identity Common Name(s)) | ; OSHA PEL | | ACGIH TLV | Other Limits Recommended | %(optional) |
| Napthol Red (CAS# 36968-27-1) | NA | | NA | NA | 10% |
| Acrylic Resin (TSRN00195201005-5102P) | NA | | NA | NA | 5% |
| Isopropyl Alcohol (CAS# 67-63-0) | 400pp | m | NA | NA | 10% |
| (pH = 8.50 neat) | | | | | |
| NA | | | | | |
| Page 1 | | | | | |

| Boiling Point (d | eg.C.) | 91 Specific Gravity (H ₂ 0 = 1) | | | | | 0.94 | |
|--|--|--|--|---------------------|-------------------------------|---|-------------|-----|
| Vapor Pressure | (mm Hg.) | 50 Melting Point (deg.C.) | | | | | Ca. 0 | |
| Vapor Density (A | AIR = 1) | Ca. 2 | Ca. 2 Evaporation Rate (Butyl Acetate = 1) | | | | <1 | |
| Solubility in Wa Dispersible in | ter all proportions. | * | | | | | | |
| Appearance and | | int odor. | | | | | | |
| Section IV – Fire | | | ata | | | | | |
| | ash Point (Method Used) Flammable Limits | | | | UEL NA | | | |
| Extinguishing M NA | ledia | | | | | , | | |
| Special Fire Figl NA | nting Procedures | S | | | | | | |
| NA | | | | | | | | |
| Unusual Fire and | d Explosion Haz | ards | | | | | | |
| NA | | | | | | | | |
| Reproduce local Section V – Reac Stability | | | | | OSF Conditions to Av NA | | 4, Sept. 19 | 985 |
| Stability | Stable | X | | | Oxidizing agents NA | | | |
| Incompatibility (| (Materials to Avo | oid) | | | 1 112 | | | |
| Hazardous Deco NA | mposition or By | products | | | | | | |
| Hazardous Polymerization | May Occur | | | Conditions to Avoid | | | | |
| | Will Not Occur | X | | | NA | | | |
| Section VI – Hea | lth Hazard Data | 1 | | | | | | |
| Route(s) of Entr | y Inhalat | ion? Ye | s | Skin? | Yes | I | ngestion? | Yes |
| Health Hazards Acute: None Chronic: Unk | e known for the | ŕ | or resi | n. | | | | |
| Page 2 | | | | | | | | |

| Carcinogenicity: | NTP? No | IARC Monographs? No | OSHA Regulated? NA |
|---|-----------------------------|---|-----------------------|
| Signs and Symptoms | of Exposure | • | • |
| None | | | |
| Medical Conditions G | Generally Aggravated by | Exposure | |
| None known. | | | |
| Emergency and First | Aid Procedures | | |
| For eye exposure, f For inhalation, no i | | s of water. duce vomiting and seek medical he | lp. |
| | ons for Safe Handling an | | |
| Steps to Be Taken in | Case Material is Released | d or Spilled | |
| Absorb liquid with | paper towels or other abs | sorbent material. | |
| Waste Disposal Meth | od | | |
| Dispose of material | in accordance with local | state and federal regulations | |
| Steps to Be Taken in | Handling and Storing | | |
| | osure, use neoprene or ru | quired but safety glasses should be bber gloves. | used. |
| Other Precautions | | | |
| | are involved, use safety sl | nower and eyewash fountain. | |
| Page 3 | | | |

Section VIII- Control Measures

| Respiratory Protection | on (Specify Type) | | |
|-------------------------------|--|-----------------|--|
| None required with | normal handling. | | |
| Ventilation None required. | Local Exhaust None required. | Special None | |
| | Mechanical (<i>General</i>) None required. | Other None | |
| | | | |
| Protective Gloves | | Eye Protection | |
| None required | | Yes | |
| Other Protective Clo | thing or Equipment (Specify T | ype) | |
| Generally not requ | ired. | | |
| Work/Hygienic Pract | tices | | |
| Normal care and c | leanliness. | | |
| Page 4 *IIS | GPO 1986-491 _ 529/4 | | |

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