

MATERIAL SAFETY DATA SHEET

01/22/2001

MANUFACTURER OR DISTRIBUTOR: Charles Leonard, Inc.
79-11 Cooper Avenue
Glendale, NY 11385

INFORMATION TELEPHONE NUMBER: 718-894-4851
EMERGENCY TELEPHONE NUMBER: 718-894-4851

SECTION I - PRODUCT IDENTIFICATION

PRODUCT NAME: STAMP PAD INKS
PRODUCT SIZES: NG
PRODUCT CLASS: STAMP PAD INK

PRODUCT NUMBER: STAMP-INKS
BRAND NAME: STAMP PAD INKS

SECTION II - HAZARDOUS INGREDIENTS

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

SECTION III - PHYSICAL AND CHEMICAL CHARACTERISTICS

BOILING POINT: N/A

MELTING POINT: N/A

VAPOR PRESSURE: N/A

SPECIFIC VAPOR DENSITY (AIR=1): N/A

SPECIFIC GRAVITY: N/A

SOLUBILITY IN WATER: N/A

REACTIVITY IN WATER: NON-REACTIVE

APPEARANCE AND ODOR:

SECTION IV - FIRE AND EXPLOSION INFORMATION

FLASH POINT (METHOD): N/A

AUTOIGNITION TEMPERATURE: 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

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/TLVs

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: NO SPECIAL PRECAUTIONS REQUIRED.

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

SECTION IX - ADDITIONAL INFORMATION AND WARNINGS

NONE REQUIRED

A handwritten signature in black ink, consisting of a stylized 'W' followed by a flourish.

Form Completed By:: Woodhall Stopford, MD, MSPH
Last Updated:: 01/12/2001