

CONFIDENTIAL

| MATERIAL SAFETY DATA SHEET | | | ADDRESS: Steel Shield Technologies, Inc. 3351 Industrial Blvd Bethel Park, PA 15102 | |
|-----------------------------------|--|--|--|---|
| PRODUCT IDENTIFICATION | Product Name Lithi-Shield EP #2 Grease | Code No. LSG-EP2 | Emergency Phone Number (s) Business: (412) 479-0024 Other: (412) 831-3823 – Fax | |
| | Chemical Name Lithium Hydroxy-Stearate Lubricating Grease | | Date: November 16, 2006 | |
| | Synonyms #2 EP Lithium Complex | | Chemical Family Hydrocarbon | |
| INGREDIENTS | MATERIALS OR COMPONENTS | % W | CAS NUMBER | CARCINOGEN OSHA OR IARC |
| | Lithium Hydroxy-Stearate (Soap) | 10 | | |
| | Mineral Oil | 80 | | |
| | Zinc Oxide | 5 | | |
| | Steel Shield EPA | 5 | | |
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| SHIP INFO. | Non Restricted | | | |
| PHYSICAL PROPERTIES | Boiling Point / Range °C >700 °F | Melting Point °C N/A °F | Freezing Point N/A °C °F | Molecular Weight (Calculated) N/A |
| | Specific Gravity (H2O=1) @ 0.88 / 16 °C | Vapor Pressure (mm Hg) N/A @ | °C °F | Vapor Density (Air=1) N/A |
| | Solubility in H2O Nil | % Volatiles By Volume 0 | Evaporation Rate N/A | <input type="checkbox"/> Ether=1 <input type="checkbox"/> Water=1 <input type="checkbox"/> Butylacetate=1 |
| | Appearance and Odor Light Amber - Bland | Other | | |
| FIRE AND EXPLOSION DATA | Flash Point °C 495°F | Test Method D-92 | Flammable Limits Lower % Upper % | Autoignition Temperature/Fire Point °C 550°F |
| | EXTINGUISHING MEDIA <input type="checkbox"/> Water-Spray <input checked="" type="checkbox"/> Water-Fog <input type="checkbox"/> Water-Stream <input checked="" type="checkbox"/> CO2 <input checked="" type="checkbox"/> Dry Chemical <input type="checkbox"/> Alcohol Foam <input checked="" type="checkbox"/> Foam <input checked="" type="checkbox"/> Earth or Sand | | | |
| | SPECIAL FIRE FIGHTING PROCEDURES <input type="checkbox"/> Do Not Enter Building <input type="checkbox"/> Allow Fire To Burn <input checked="" type="checkbox"/> Water May Cause Frothing <input type="checkbox"/> Do Not Use Water | | | |
| | UNUSUAL FIRE AND EXPLOSION HAZARDS <input type="checkbox"/> Dust Explosion Hazard <input type="checkbox"/> Sensitive To Shock <input type="checkbox"/> Contamination <input type="checkbox"/> Temperature <input type="checkbox"/> Other (Specify): None | | | |
| REACTIVITY DATA | STABILITY <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable | CONDITIONS CONTRIBUTING TO INSTABILITY <input type="checkbox"/> Thermal Decomposition <input type="checkbox"/> Photo Degradation <input type="checkbox"/> Polymerization <input type="checkbox"/> Contamination | | |
| | INCOMPATIBILITY – AVOID CONTACT WITH <input type="checkbox"/> Strong Acids <input type="checkbox"/> Strong Alkalis <input checked="" type="checkbox"/> Strong Oxidizers <input type="checkbox"/> Other (Specify): | | | |
| | HAZARDOUS DECOMPOSITION PRODUCTS – THERMAL AND OTHER (LIST) Oxides of Carbon, Sulfur and Nitrogen if burned. | | | |
| | CONDITIONS TO AVOID <input type="checkbox"/> Heat <input checked="" type="checkbox"/> Open Flames <input type="checkbox"/> Sparks <input type="checkbox"/> Ignition Sources <input type="checkbox"/> Other (Specify): | | | |
| SPILL OR LEAK | STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED <input type="checkbox"/> Flush With Water <input checked="" type="checkbox"/> Absorb With Sand Or Inert Material <input type="checkbox"/> Neutralize <input checked="" type="checkbox"/> Sweep Or Scoop Up And Remove <input type="checkbox"/> Keep Upwind. Evacuate Enclosed Spaces <input type="checkbox"/> Prevent Spread Or Spill <input type="checkbox"/> Dispose of Immediately <input type="checkbox"/> Other (Specify): | | | |
| | WASTE DISPOSAL METHOD – CONSULT FEDERAL, STATE, OR LOCAL AUTHORITIES FOR PROPER DISPOSAL PROCEDURES Incinerate | | | |

Before using product, read and follow directions and precautions on product label and bulletins.

CONTINUED ON REVERSE SIDE

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|---|---|---|--|-----------------|-------------|--------------|--|-----------------|-------------|--------------|
| TOXICITY | CONDITIONS TO AVOID Excessive skin contact | | | | | | | | | |
| | PRIMARY ROUTES OF ENTRY <input type="checkbox"/> INHALATION <input checked="" type="checkbox"/> SKIN CONTACT <input type="checkbox"/> OTHER (SPECIFY): | | | | | | | | | |
| | Products of this type have been used for years with no known ill effects. This product contains no carcinogens or mutagens as defined by OSHA or IARC. All components are listed on the TSCA, and EINECS Inventories. This Product contains no controlled substance under WHMIS. SARA Title III, Section 313, Reportable Quantities: <table style="width:100%; border:none;"> <tr> <td style="width:33%;"><u>Compound</u></td> <td style="width:15%;"><u>CAS#</u></td> <td style="width:15%;"><u>% Wt.</u></td> <td style="width:33%;">WHMIS Ingredient Disclosure, Reportable Quantities:</td> </tr> <tr> <td><u>Compound</u></td> <td><u>CAS#</u></td> <td><u>% Wt.</u></td> <td><u>Compound</u> <u>CAS#</u> <u>% Wt.</u></td> </tr> </table> | | | <u>Compound</u> | <u>CAS#</u> | <u>% Wt.</u> | WHMIS Ingredient Disclosure, Reportable Quantities: | <u>Compound</u> | <u>CAS#</u> | <u>% Wt.</u> |
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| HEALTH HAZARD INFORMATION | EFFECTS OF EXPOSURE | PERMISSIBLE EXPOSURE LIMIT (SPECIFY IF TLV/TWA OR CEILING ©) | | | | | | | | |
| | | ACGIH 20 hrs. TWA OSHA 2004 None Established | | | | | | | | |
| | | IRRITATION | | | | | | | | |
| | | <input checked="" type="checkbox"/> SKIN <input type="checkbox"/> SEVERE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> MILD (TRANSIENT) | | | | | | | | |
| | | <input checked="" type="checkbox"/> EYE <input type="checkbox"/> SEVERE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> MILD (TRANSIENT) | | | | | | | | |
| | CORROSIVITY | | | | | | | | | |
| | <input type="checkbox"/> SKIN <input type="checkbox"/> 4 HRS. (DOT) <input type="checkbox"/> 24 HRS. (CPSC) | | | | | | | | | |
| | <input type="checkbox"/> EYE <input type="checkbox"/> MAY CAUSE BLINDNESS <input checked="" type="checkbox"/> NOT CORROSIVE | | | | | | | | | |
| | SENSITIZATION | | | | | | | | | |
| | <input type="checkbox"/> SKIN <input type="checkbox"/> RESPIRATORY <input checked="" type="checkbox"/> NONE <input type="checkbox"/> INHALATION EFFECTS N/A | | | | | | | | | |
| <input type="checkbox"/> NARCOTIC EFFECT <input type="checkbox"/> CYANOSIS <input type="checkbox"/> ASPHYXIANT | | | | | | | | | | |
| LUNG EFFECTS (SPECIFY) | | | | | | | | | | |
| N/A | | | | | | | | | | |
| OTHER (SPECIFY) | | | | | | | | | | |
| <input type="checkbox"/> REPEATED CONTACT-SKIN DEFATTER <input type="checkbox"/> OTHER (SPECIFY): None | | | | | | | | | | |
| EMERGENCY FIRST AID | INGESTION | | | | | | | | | |
| | <input type="checkbox"/> INDUCE VOMITING <input checked="" type="checkbox"/> DO NOT INDUCE VOMITING <input type="checkbox"/> GIVE PLENTY OF WATER <input checked="" type="checkbox"/> GET MEDICAL ATTENTION <input type="checkbox"/> OTHER (SPECIFY): | | | | | | | | | |
| | DERMAL | | | | | | | | | |
| | <input checked="" type="checkbox"/> FLUSH WITH SOAP AND WATER <input type="checkbox"/> GET MEDICAL ATTENTION <input checked="" type="checkbox"/> CONTAMINATED CLOTHING – REMOVE AND LAUNDR | | | | | | | | | |
| | <input type="checkbox"/> CONTAMINATED SHOES – DESTROY <input type="checkbox"/> OTHER (SPECIFY): | | | | | | | | | |
| EYE CONTACT | | | | | | | | | | |
| <input checked="" type="checkbox"/> FLUSH WITH PLENTY OF WATER FOR AT LEAST 15 MIN. <input checked="" type="checkbox"/> GET MEDICAL ATTENTION <input type="checkbox"/> OTHER (SPECIFY): | | | | | | | | | | |
| INHALATION | | | | | | | | | | |
| <input type="checkbox"/> REMOVE TO FRESH AIR <input type="checkbox"/> IF NOT BREATHING, GIVE ARTIFICIAL RESPIRATION <input type="checkbox"/> GIVE OXYGEN | | | | | | | | | | |
| <input type="checkbox"/> GET MEDICAL ATTENTION <input type="checkbox"/> OTHER (SPECIFY): N/A | | | | | | | | | | |
| SPECIAL PROTECTION INFORMATION | VENTILATION REQUIREMENTS – <i>Always maintain exposure below permissible exposure limits</i> | | | | | | | | | |
| | <input type="checkbox"/> CONSULT AN INDUSTRIAL HYGIENIST OR ENVIRONMENTAL HEALTH SPECIALIST <input type="checkbox"/> LOCAL EXHAUST | | | | | | | | | |
| | <input checked="" type="checkbox"/> USE WITH ADEQUATE VENTILATION <input type="checkbox"/> CHECK FOR AIR CONTAMINANT AND OXYGEN DEFICIENCY <input type="checkbox"/> OTHER (SPECIFY): | | | | | | | | | |
| | EYE SHIELD | | | | | | | | | |
| | <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> HAND (GLOVE TYPE) <input type="checkbox"/> BUTYL RUBBER <input checked="" type="checkbox"/> POLYVINYL ALCOHOL <input type="checkbox"/> OTHER (SPECIFY): | | | | | | | | | |
| <input checked="" type="checkbox"/> SAFETY GLASSES <input type="checkbox"/> GOGGLES <input type="checkbox"/> POLYVINYL CHLORIDE <input checked="" type="checkbox"/> NEOPRENE <input type="checkbox"/> NATURAL RUBBER <input checked="" type="checkbox"/> POLY-ETHYLENE | | | | | | | | | | |
| RESPIRATOR TYPE – <i>Use only NIOSH / MESA approved equipment</i> | | | | | | | | | | |
| <input type="checkbox"/> SELF-CONTAINED <input type="checkbox"/> SUPPLIED AIR <input type="checkbox"/> CAN OR CARTRIDGE GAS OR VAPOR <input type="checkbox"/> FILTER-DUST, FUME, MIST | | | | | | | | | | |
| <input type="checkbox"/> OTHER (SPECIFY): N/A | | | | | | | | | | |
| OTHER PROTECTIVE EQUIPMENT | | | | | | | | | | |
| <input type="checkbox"/> RUBBER BOOTS <input type="checkbox"/> APRON <input type="checkbox"/> OTHER (SPECIFY): None | | | | | | | | | | |
| SPECIAL PRECAUTIONS | PRECAUTIONARY NOTES | | | | | | | | | |
| | <input checked="" type="checkbox"/> WASH THOROUGHLY AFTER HANDLING <input checked="" type="checkbox"/> DO NOT GET IN EYES OR ON CLOTHING <input type="checkbox"/> DO NOT BREATHE DUST, VAPOR, MIST, GAS <input type="checkbox"/> KEEP CONTAINER CLOSED <input checked="" type="checkbox"/> KEEP AWAY FROM SPARKS, AND OPEN FLAMES <input type="checkbox"/> STORE IN TIGHTLY CLOSED CONTAINER | | | | | | | | | |
| | <input type="checkbox"/> DO NOT STORE NEAR COMBUSTIBLES <input type="checkbox"/> KEEP FROM CONTACT WITH CLOTHING AND OTHER COMBUSTIBLE MATERIALS <input type="checkbox"/> EMPTY CONTAINER MAY CONTAIN HAZARDOUS RESIDUE <input type="checkbox"/> USE EXPLOSION PROOF EQUIPMENT <input type="checkbox"/> OTHER (SPECIFY): | | | | | | | | | |
| OTHER HANDLING AND STORAGE CONDITIONS None | | | | | | | | | | |
| PREPARED BY | | DATE | ADDRESS | PHONE | | | | | | |
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