

# MATERIAL SAFETY DATA SHEET

ADDRESS: Steel Shield Technologies, Inc.  
3351 Industrial Blvd  
Bethel Park, PA 15102

PRODUCT IDENTIFICATION

Product Name  
**Weapon-Shield EP #1 Grease**

Code No.  
**WSG-EP1**

Chemical Name  
**Lithium Hydroxy-Stearate Lubricating Grease**

Synonyms  
**#1 EP Lithium Complex**

Emergency Phone Number (s)  
Business: (412) 479-0024  
Other: (412) 831-3823 – Fax

Date:  
**March 21, 2009**

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		
Cinnamon Scent			

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  Ether=1  Water=1  Butylacetate=1

Appearance and Odor  
Light Amber - Bland

Other

FIRE AND EXPLOSION DATA

Flash Point  
°C 464°F

Test Method  
D-92

Flammable Limits  
Lower % Upper %

Autoignition Temperature/Fire Point  
°C 500°F

EXTINGUISHING MEDIA  
 Water-Spray  Water-Fog  Water-Stream  CO2  Dry Chemical  Alcohol Foam  Foam  Earth or Sand

SPECIAL FIRE FIGHTING PROCEDURES  
 Do Not Enter Building  Allow Fire To Burn  Water May Cause Frothing  Do Not Use Water

UNUSUAL FIRE AND EXPLOSION HAZARDS  
 Dust Explosion Hazard  Sensitive To Shock  Contamination  Temperature  Other (Specify): None

REACTIVITY DATA

STABILITY  
 Stable  Unstable

CONDITIONS CONTRIBUTING TO INSTABILITY  
 Thermal Decomposition  Photo Degradation  Polymerization  Contamination

INCOMPATIBILITY – AVOID CONTACT WITH  
 Strong Acids  Strong Alkalis  Strong Oxidizers  Other (Specify):

HAZARDOUS DECOMPOSITION PRODUCTS – THERMAL AND OTHER (LIST)  
Oxides of Carbon, Sulfur and Nitrogen if burned.

CONDITIONS TO AVOID  
 Heat  Open Flames  Sparks  Ignition Sources  Other (Specify):

SPILL OR LEAK

STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED  
 Flush With Water  Absorb With Sand Or Inert Material  Neutralize  Sweep Or Scoop Up And Remove  
 Keep Upwind. Evacuate Enclosed Spaces  Prevent Spread Or Spill  Dispose of Immediately  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.

X I C I 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.					
		<b>SARA Title III, Section 313, Reportable Quantities:</b>			<b>WHMIS Ingredient Disclosure, Reportable Quantities:</b>		
		Compound None	CAS# NA	% Wt. NA	Compound None	CAS# NA	% Wt. NA
HEALTH HAZARD INFORMATION	EFFECTS OF EXPOSURE	PERMISSIBLE EXPOSURE LIMIT (SPECIFY IF TLV/TWA OR CEILING ©) OTHER:					
		ACGIH 20____			OSHA 2004 <b>None Established</b>		
		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			INHALATION EFFECTS N/A <input type="checkbox"/> NARCOTIC EFFECT <input type="checkbox"/> CYANOSIS <input type="checkbox"/> ASPHYXIAN		
		LUNG EFFECTS (SPECIFY) <b>N/A</b>					
	OTHER (SPECIFY) <input type="checkbox"/> REPEATED CONTACT-SKIN DEFATTER <input type="checkbox"/> OTHER (SPECIFY): <b>None</b>						
	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): <b>N/A</b>							
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):							
SPECIAL PROTECTION INFORMATION	EYE SHIELD <input checked="" type="checkbox"/> SAFETY GLASSES <input type="checkbox"/> GOGGLES		FACE SHIELD <input type="checkbox"/> FACE SHIELD		HAND (GLOVE TYPE) <input type="checkbox"/> BUTYL RUBBER <input checked="" type="checkbox"/> POLYVINYL ALCOHOL <input type="checkbox"/> OTHER (SPECIFY): <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): <b>N/A</b>						
	OTHER PROTECTIVE EQUIPMENT <input type="checkbox"/> RUBBER BOOTS <input type="checkbox"/> APRON <input type="checkbox"/> OTHER (SPECIFY): <b>None</b>						
	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 <b>None</b>							
PREPARED BY <b>GCF</b>		DATE <b>3-21-2009</b>	ADDRESS <b>3351 Industrial Blvd. Bethel Park PA 15102</b>			PHONE <b>800-390-1535</b>	
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