

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



# MATERIAL SAFETY DATA SHEET

ADDRESS:  
Muscle Products Corp.  
752 Kilgore Road  
Jackson Center, PA 16133  
U.S.A.

<b>PRODUCT IDENTIFICATION</b>	PRODUCT NAME: Muscle-Cut Extra Strength			EMERGENCY PHONE NO(S): CHEMTREC 24-HOURS 800-424-9300 OR 703-527-3887	
	CHEMICAL NAME:				
	SYNONYMS: Cutting Oil			CHEMICAL FAMILY: Hydrocarbon	
<b>INGREDIENTS</b>	MATERIALS OR COMPONENTS		% W	CAS NUMBER	CARCINOGEN OSHA OR IARC
	Mineral oil		70-90	64742-52-5	No
	Lubrizol 5340		5-10	*	No
	Sulfurized ester		< 5.0	83488-05-5	No
	Polyisobutylene		< 2.0	9003-27-4	No
	Amine phosphate		< 2.0	141808-04-0	No
	* Lubrizol Corp. Wickliffe, OH 44092				
<b>SHIPPING INFORMATION</b>	Not Restricted Classification: Lubricating Oil, Class 65 Hazard Class: Nonhazardous Packing Group: NA				
<b>PHYSICAL PROPERTIES</b>	BOILING POINT/RANGE UNDILUTED °C > 700 °F		MELTING POINT °C °F	FREEZING POINT °C -10 °F	MOLECULAR WEIGHT (CALCULATED) NA
	SPECIFIC GRAVITY (H <sub>2</sub> O = 1) 0.90 @ 15.6 °C		VAPOR PRESSURE (mm Hg) NA °C °F		VAPOR DENSITY (AIR = 1) NA
	SOLUBILITY IN H <sub>2</sub> O Nil		% VOLATILES BY VOLUME NA		EVAPORATION RATE NA <input type="checkbox"/> Ether = 1 <input type="checkbox"/> Water = 1 <input type="checkbox"/> Butyl acetate = 1
	APPEARANCE & ODOR Dark fluid, slight sulfur odor			OTHER	
<b>FIRE &amp; EXPLOSION DATA</b>	FLASH POINT UNDILUTED & TEST METHOD °C 340 °F D-92		FLAMMABLE LIMITS LOWER % UPPER %		AUTOIGNITION/FIREPOINT UNDILUTED °C > 390 °F
	EXTINGUISHING MEDIA <input type="checkbox"/> Water Spray <input checked="" type="checkbox"/> Water fog <input type="checkbox"/> Water stream <input checked="" type="checkbox"/> CO <sub>2</sub> <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 <input type="checkbox"/> Other (specify):				
	UNUSUAL FIRE & 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				
<b>REACTIVITY DATA</b>	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) CO & CO <sub>2</sub> if incomplete combustion.				
	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):				

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<b>SPILL OR LEAK</b>	<b>STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED</b> <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 & remove <input type="checkbox"/> Keep upwind; evacuate enclosed spaces <input checked="" type="checkbox"/> Prevent spread of spill <input type="checkbox"/> Dispose of immediately <input type="checkbox"/> Other (specify):					
	<b>WASTE DISPOSAL METHOD</b> – Consult federal, state, or local authorities for proper disposal procedures. <b>All disposals must comply with federal, state and local regulations.</b>					
<b>TOXICITY INFORMATION</b>	<b>CONDITIONS TO AVOID</b> <b>Excessive contact &amp; vapor misting</b>					
	<b>PRIMARY ROUTES OF ENTRY</b> <input checked="" type="checkbox"/> Inhalation <input checked="" type="checkbox"/> Skin contact <input type="checkbox"/> Other (specify):					
This product contains the following toxic chemicals subject to the reporting requirements of Section 313 of the Emergency Planning & Community Right-to-Know Act of 1986 (40 CFR 372): <table style="width:100%; border:none;"> <tr> <td style="border:none;"><u>CAS#</u></td> <td style="border:none;"><u>CHEMICAL NAME</u></td> <td style="border:none;"><u>PERCENT BY WEIGHT</u></td> </tr> </table> This product has been used for years with no known ill effects. It contains no known carcinogens or mutagens as defined by OSHA or IARC.				<u>CAS#</u>	<u>CHEMICAL NAME</u>	<u>PERCENT BY WEIGHT</u>
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<b>HEALTH HAZARD INFORMATION</b>	<b>RATINGS</b>	<b>HMIS</b> Health ..... 0 Flammability ..... 1 Physical Hazard ... 0 PPE ..... B	<b>NFPA</b> Health ..... 0 Flammability .... 1 Reactivity ..... 0 Special ..... 0			
	<b>EFFECTS OF EXPOSURE</b>	<b>PERMISSIBLE EXPOSURE LIMIT (Specify if TLV/TWA or Ceiling [c])</b> <b>ACGIH 20</b>	<b>OSHA PEL 2003</b>	<b>OTHER</b> <b>5 mg/m3</b>		
		<b>IRRITATION</b> <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)				
		<b>CORROSIVITY</b> <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				
		<b>SENSITIZATION</b> <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory <input checked="" type="checkbox"/> None		<b>INHALATION EFFECTS</b> <input type="checkbox"/> Narcotic effect <input type="checkbox"/> Cyanosis <input type="checkbox"/> Asphyxiant		
		<b>LUNG EFFECTS (specify):</b> <b>Unknown</b>				
		<b>OTHER (specify):</b> <input type="checkbox"/> Repeated contact-skin defatter <input type="checkbox"/> Other (specify): <b>None</b>				
	<b>EMERGENCY FIRST AID</b>	<b>INGESTION</b> <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):				
		<b>DERMAL</b> <input checked="" type="checkbox"/> Flush with soap & water <input type="checkbox"/> Get medical attention <input checked="" type="checkbox"/> Contaminated clothing-remove & launder <input type="checkbox"/> Contaminated shoes-destroy <input type="checkbox"/> Other (specify):				
		<b>EYE CONTACT</b> <input checked="" type="checkbox"/> Flush with plenty of water for at least 15 minutes <input checked="" type="checkbox"/> Get medical attention <input type="checkbox"/> Other (specify):				
<b>INHALATION</b> <input checked="" type="checkbox"/> Remove to fresh air <input checked="" type="checkbox"/> If not breathing, give artificial respiration <input checked="" type="checkbox"/> Give oxygen <input checked="" type="checkbox"/> Get medical attention <input type="checkbox"/> Other (specify):						

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<b>SPECIAL PROTECTION INFORMATION</b>	<b>VENTILATION REQUIREMENTS – Always maintain exposure below permissible exposure limits</b> <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 contamination & oxygen deficiency <input type="checkbox"/> Other (specify):			
	<b>EYE</b> <input type="checkbox"/> Face shield <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Other:		<b>HAND (Glove Type)</b> <input type="checkbox"/> Polyvinyl chloride <input checked="" type="checkbox"/> Neoprene <input type="checkbox"/> Natural rubber <input type="checkbox"/> Polyethylene <input checked="" type="checkbox"/> Butyl rubber <input type="checkbox"/> Polyvinyl alcohol <input type="checkbox"/> Other (specify):	
	<b>RESPIRATOR TYPE – Use only NIOSH/MESA approved equipment</b> <input type="checkbox"/> Self-contained <input type="checkbox"/> Supplied air <input type="checkbox"/> Can or cartridge gas or vapor <input checked="" type="checkbox"/> Filter-dust, fume, mist <input type="checkbox"/> Other (specify):			
	<b>OTHER PROTECTIVE EQUIPMENT</b> <input type="checkbox"/> Rubber boots <input type="checkbox"/> Apron <input type="checkbox"/> Other (specify): <b>None usually</b>			
<b>SPECIAL PRECAUTIONS</b>	<b>PRECAUTIONARY NOTES</b> <input checked="" type="checkbox"/> Wash thoroughly after handling <input checked="" type="checkbox"/> Do not get in eyes or on clothing <input checked="" type="checkbox"/> Do not breathe dust, vapor, mist, gas <input checked="" type="checkbox"/> Keep container closed <input checked="" type="checkbox"/> Keep away from sparks & open flames <input type="checkbox"/> Store in tightly closed containers <input type="checkbox"/> Do not store near combustibles <input type="checkbox"/> Keep from contact with clothing & other combustible materials <input type="checkbox"/> Empty container may contain hazardous residues <input type="checkbox"/> Use explosion-proof equipment <input type="checkbox"/> Other (specify):			
	<b>OTHER HANDLING AND STORAGE CONDITIONS</b> <b>Use usual, good hygienic practices.</b>			
<b>PREPARED BY:</b> Amy Dent		<b>DATE:</b> 9-8-05	<b>REV. NO.</b> 2	<b>PHONE:</b> 814-786-0166
<b>PLEASE NOTE:</b> The information and recommendations contained herein are based upon data believed to be correct. However, since data, safety standards and government regulations are subject to change, and the conditions of handling and use, or misuse, are beyond our control, Muscle Products Corp. makes no warranty, either express or implied, with respect to the information contained herein and disclaims all liability for reliance thereon. User should satisfy himself/herself that he/she has all current data relevant to the particular use.				