4. PART NUMBER	NSN/LSI	N		
4. PART NUMBER 5. ITEM NAME				
5. ITEM NAME				
5. ITEM NAME				
6. HAZARDS (1) ACUTE	(Immediate)			(2)
(X all that apply) NONE	SLIGHT	MODERATE	SEV ERE	(Delayed)
a. HEALTH				
b. CONTACT				
c. FIRE				
d. REACTIVITY 7. SPECIFIC HAZARDS AN				
8. PROTECT (X all that apply)	/ES	SKIN	RES	PIRATORY
	-	SKIN	RES	PIRATORY
(X all that apply)	NY NAME			PIRATORY
(X all that apply) EY 9. CONTACT a. COMPA	NY NAME			PIRATORY
(X all that apply) EY 9. CONTACT a. COMPA	NY NAME	, ZIP Code, C	Country)	PIRATORY
(X all that apply) EN 9. CONTACT a. COMPA b. ADDRESS (Street, P.O. Box,	City, State,	, ZIP Code, C lude Area Cc	Country) Dode)	PIRATORY