

		<b>MATERIAL SAFETY DATA SHEET</b>			ADDRESS: 1350 East Glendale Ave Sparks, NV 89431		
<b>PRODUCT IDENTIFICATION</b>	PRODUCT NAME	<b>G-Rod Grease #800</b>		Code No.	<b>02194</b>		
	CHEMICAL NAME	<b>Barium Stearate Grease</b>				Emergency Phone Number(s)  Business: (800) 800-8444 Fax : (775) 355-8775	
	SYNONYMS	<b>Barium Grease</b>				Date Sent:  Chemical Family <b>Hydrocarbon</b>	
<b>INGREDIENTS</b>	MATERIALS OR COMPONENTS			%W	CAS NUMBER	CARCINOGEN OSHA OR IARC	
	Barium Tallow Fatty Acid Complex			20-30	68201-19-4	No	
	Mineral Oil			70-80	64742-52-5	No	
<b>SHIPPING INFORMATION</b>	<b>Not Restricted</b>						
<b>PHYSICAL PROPERTIES</b>	Boiling Point/Range °C      700 °F		Melting Point °C      400      °F		Freezing Point °C      0      °F		
	Molecular weight (Calculated) <b>NA</b>		Specific Gravity (H <sub>2</sub> O=1) 0.90 @ / 16 °C		Vapor Pressure (mm Hg) NA °C      °F		
	Vapor Density (Air=1) NA		Solubility in H <sub>2</sub> O Nil		% Volatiles by Volume 0		
	Evaporation Rate NA		Appearance and Odor Fibrous Semi-Solid-Bland		Ether = 1 <input type="checkbox"/> Water = 1 <input type="checkbox"/> Butylacetate =1 <input type="checkbox"/>		
<b>FIRE AND EXPLOSION DATA</b>	Flash Point °C      350      °F		Test Method D-92		Flammable Limits Lower NA      %      Upper      %		
	Autoignition Temperature/Fire Point °C      390      °F		EXTINGUISHING MEDIA				
	Water-spray <input type="checkbox"/>		Water-fog <input checked="" type="checkbox"/>		Water-stream <input type="checkbox"/>		
	CO <sub>2</sub> <input checked="" type="checkbox"/>		Dry chemical <input checked="" type="checkbox"/>		Alcohol foam <input type="checkbox"/>		
	Foam <input checked="" type="checkbox"/>		Earth or sand <input checked="" type="checkbox"/>				
SPECIAL FIRE FIGHTING PROCEDURES		Do not enter Building <input type="checkbox"/>					
Allow fire to burn <input type="checkbox"/>		Water may cause frothing <input checked="" type="checkbox"/>		Do not use water <input type="checkbox"/>			
UNUSUAL FIRE AND EXPLOSION HAZARDS		Dust explosion Hazard <input type="checkbox"/>					
Sensitive to shock <input type="checkbox"/>		Contamination <input type="checkbox"/>		Temperature <input type="checkbox"/>			
Other (Specify): <input type="checkbox"/>		<b>None</b>					
<b>REACTIVITY DATA</b>	STABILITY		CONDITIONS CONTRIBUTING TO INSTABILITY				
	Stable <input checked="" type="checkbox"/>		Unstable <input type="checkbox"/>		Thermal decomposition <input type="checkbox"/>		
	Photo degradation <input type="checkbox"/>		Polymerization <input type="checkbox"/>		Contamination <input type="checkbox"/>		
	INCOMPATIBILITY – Avoid contact with		Strong Acids <input type="checkbox"/>				
	Strong Alkalis <input type="checkbox"/>		Strong Oxidizers <input checked="" type="checkbox"/>		Other (Specify): <input type="checkbox"/>		
HAZARDOUS DECOMPOSITION PRODUCTS – THERMAL AND OTHER (list) <b>CO &amp; CO<sub>2</sub> IF INCOMPLETE COMBUSTION.</b>							
CONDITIONS TO AVOID							
Heat <input type="checkbox"/>		Open Flames <input checked="" type="checkbox"/>		Sparks <input type="checkbox"/>			
Ignition sources <input type="checkbox"/>		Other (specify): <input type="checkbox"/>					
<b>SPILL OR LEAK</b>	STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED						
	Flush with Water <input type="checkbox"/>		Absorb with sand or inert material <input checked="" type="checkbox"/>		Neutralize <input type="checkbox"/>		
Sweep or scoop up and remove <input checked="" 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) <input type="checkbox"/>					
WASTE DISPOSAL METHOD – 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>	CONDITIONS TO AVOID	<b>None Known</b>					
	PRIMARY ROUTES OF ENTRY	<input type="checkbox"/> INHALATION <input checked="" type="checkbox"/> SKIN CONTACT <input type="checkbox"/> OTHER (Specify)					
	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.						
	This product contains the following toxic chemicals subject to the reporting requirements of Section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 (40 CFR 372):						
<table style="width:100%; border: none;"> <tr> <td style="width: 30%;"><u>CAS#</u></td> <td style="width: 40%;"><u>Chemical Name</u></td> <td style="width: 30%;"><u>Percent by Weight</u></td> </tr> <tr> <td>68210-19-4</td> <td>Barium Tallow Fatty Acid Complex</td> <td>25-28</td> </tr> </table>		<u>CAS#</u>	<u>Chemical Name</u>	<u>Percent by Weight</u>	68210-19-4	Barium Tallow Fatty Acid Complex	25-28
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68210-19-4	Barium Tallow Fatty Acid Complex	25-28					

<b>HEALTH HAZARD INFORMATION</b>	<b>NFPA Rating</b>	Health.....0	<b>NFPA HAZARD RATING CODES</b>		
		Flammability.....1	Least.....0	High.....3	
	Reactivity.....0	Slight.....1	Extreme.....4		
	Protective Equipment.....B	Moderate.....2			
	<b>Effects of Exposure</b>	PERMISSIBLE EXPOSURE LIMIT (Specify if TLV/TWA or Ceiling [c])			
		<b>ACGIH</b> 20		<b>5mg/m<sup>3</sup> For Mineral Oil</b>	
		<b>OSHA</b> 20			
		IRRITATION	<input checked="" type="checkbox"/> Skin	<input type="checkbox"/> Severe	<input type="checkbox"/> Moderate
			<input checked="" type="checkbox"/> Eye	<input type="checkbox"/> Severe	<input type="checkbox"/> Moderate
			<input checked="" type="checkbox"/> Mild (Transient)		
		<input checked="" type="checkbox"/> Mild (Transient)			
CORROSITIVITY		<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>Emergency First Aid</b>	SENSITIZATION				
	<input type="checkbox"/> Skin	<input type="checkbox"/> Respiratory	<input checked="" type="checkbox"/> None		
	INHALATION EFFECTS				
	<input type="checkbox"/> Narcotic effect	<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Asphyxiant		
	LUNG EFFECTS (Specify):				
	<b>NA</b>				
OTHER (Specify):					
<input type="checkbox"/> Repeated contact-skin defatter <input type="checkbox"/> Other (Specify) <b>NA</b>					
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 & launder	<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 minutes	<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>NA</b>		

<b>SPECIAL PROTECTION INFORMATION</b>	VENTILATION REQUIREMENTS - Always maintain exposure below permissible exposure limits			
	<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 and oxygen deficiency
	Other (Specify):			
	EYE			
	<input checked="" type="checkbox"/> Safety glasses	<input type="checkbox"/> Face Shield	HAND (GLOVE TYPE)	
<input type="checkbox"/> Goggles	<input type="checkbox"/> Polyvinyl chloride <input checked="" type="checkbox"/> Neoprene <input type="checkbox"/> Natural rubber <input type="checkbox"/> Butyl Rubber <input type="checkbox"/> Polyvinyl alcohol <input checked="" type="checkbox"/> Polyethylene <input checked="" type="checkbox"/> Other (Specify): <b>Nitrile</b>			
RESPIRATOR TYPE - Use only NIOSH / MESA approved equipment				
<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>NA</b>	
OTHER PROTECTIVE EQUIPMENT				
<input type="checkbox"/> Rubber boots	<input type="checkbox"/> Apron	<input type="checkbox"/> Other (specify): <b>None Normally Required</b>		

<b>SPECIAL PRECAUTIONS</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 checked="" type="checkbox"/> Keep container closed <input checked="" type="checkbox"/> Keep away from sparks, and open flames <input type="checkbox"/> store in tightly closed
<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 residues	<input type="checkbox"/> Use explosion proof equipment <input type="checkbox"/> Other (Specify):	
Other handling and storage conditions				
<b>Normal Precautions Common to Good Manufacturing Practices Should be Followed</b>				

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