Ultimate Design

1. PRODUCT AND COMPANY INFORMATION

Manufacturer's Name Ultimate Systems, LTD.

1430 North Main Street

Delphos, OH 45833

Emergency Telephone Numbers 419-692-3005

Telephone Number for Information 419-692-3005

Chemical Name Not Applicable

Product Name Ultimate Design

Product Use Description Rubber Flooring

Date Prepared October 2009

2. HAZARDOUS INGREDIENTS / IDENTITY INFORMATION

HAZARDOUS COMPONENTS

Specific Chemical Identity Other Limits

Common Names CAS No. **OSHA PEL ACGIH TLV** Recommended Percent %

None

3. PHYSICAL / CHEMICAL CHARACTERISTICS

Boiling Point N/A Specific Gravity $(H_20 = 1)$

Vapor Pressure (mm Hg) N/A **Melting Point** N/A

Vapor Density (Air = 1) N/A Evaporation Rate $(H_20 = 1)$ N/A

Solubility in Water N/A

Appearance and Odor Black with Slight Odor

4. FIRE AND EXPLOSION HAZARD DATA

Flash Point (Method Used) N/A Flammable Limits N/A

> LEL UEL N/A N/A

0.9

Water, CO₂, Dry Chemical **Extinguishing Media**

and Foam

Special Fire Fighting Procedures Wear Respirator To Avoid

Smoke Inhalation

Unusual Fire and Explosion Hazards None

Material Safety Data Sheet

Ultimate Design

5. REACTIVITY DATA

Stability Stable

Conditions To Avoid None Known
Incompatibility (Materials To Avoid) None Known

Hazardous Decomposition or Byproducts CO₂, CO, Nitrogenous Compounds

Hazardous Polymerization Will Not Occur

Conditions To Avoid None Known

6. HEALTH HAZARD DATA

Route(s) of Entry Inhalation: None Skin: None Ingestion: Call Physician

Health Hazards (Acute and Chronic) None

Carcinogenicity NTP: N/A IARC Monographs: N/A OSHA Regulated: N/A

Signs and Symptoms of Exposure None

Medical Conditions Generally None

Aggravated by Exposure

Emergency and First Aid Procedures Ingestion: Call Physician

7. PRECAUTIONS FOR SAFE HANDLING AND USE

Steps To Be Taken In Case Material

is Released or Spilled

None

Waste Disposal Method Non-Hazardous Waste

Precautions to Be Taken in Handling

and Storing

None

Other Precautions None

8. CONTROL MEASURES

Respiratory Protection (Specify Type) None

Ventilation Local Exhaust N/A Special N/A

Mechanical N/A Other N/A

Protective Gloves N/A

Eye Protection N/A

Other Protective Clothing or Equipment N/A

Work/Hygienic Practices N/A