

Material Safety Data Sheet.
 May be used to comply with
 OSHA'S Hazard Communication Standard,
 29 CFR 1910.1200. Standard must be
 consulted for specific requirements.



CHR. HANSEN'S LABORATORY, INC.

2016 W. MAPLE ST. • MILWAUKEE, WI 53214-4583 • 414 / 475-3220 • FAX 414 / 259-9399

IDENTITY OF SUBSTANCE (As Used on Label and List)
 Nonhygroscopic Whey
 CHEMICAL NAME

Note: Blank spaces are not permitted, if any item is not applicable, or no information is available, the space must be marked to indicate that.

Section I

| | |
|---|---|
| Manufacturer's Name Various suppliers | Emergency Telephone Number (414) 476-3630 |
| Address (Number, Street, City, State, and ZIP Code) | Telephone Number for Information (414) 476-3630 |
| | Date Prepared September 1, 1987 |
| | Signature of Preparer (optional) <i>M. C. Amundson</i> |

Section II — Hazardous Ingredients/Identity Information

IS THIS PRODUCT HAZARDOUS IN THIS CONCENTRATION UNDER 29 CFR PART 1910.1200? YES NO

IF YES, CHECK HEALTH HAZARD —

| | | | |
|-------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> CARCINOGEN | <input type="checkbox"/> HIGHLY TOXIC | <input checked="" type="checkbox"/> SENSITIZER | <input type="checkbox"/> TARGET ORGAN EFFECT |
| <input type="checkbox"/> CORROSIVE | <input type="checkbox"/> IRRITANT | <input type="checkbox"/> TOXIC | |

OR, CHECK PHYSICAL HAZARD —

| | | |
|---|--|------------------------------------|
| <input type="checkbox"/> COMBUSTIBLE LIQUID | <input type="checkbox"/> COMPRESSED GAS | <input type="checkbox"/> EXPLOSIVE |
| <input type="checkbox"/> FLAMMABLE | <input type="checkbox"/> ORGANIC PEROXIDE | <input type="checkbox"/> OXIDIZER |
| <input type="checkbox"/> PYROPHORIC | <input type="checkbox"/> UNSTABLE (REACTIVE) OR WATER-REACTIVE | |

| Hazardous Components (Specific Chemical Identity; Common Name(s)) | OSHA PEL | ACGIH TLV | Other Limits Recommended | % (optional) |
|---|----------|-----------|--------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section III — Physical/Chemical Characteristics

| | | | |
|-------------------------|----|---|----|
| Boiling Point | NA | Specific Gravity (H ₂ O = 1) | NA |
| Vapor Pressure (mm Hg.) | NA | Melting Point | NA |
| Vapor Density (AIR = 1) | NA | Evaporation Rate (Butyl Acetate = 1) | NA |

Solubility in Water: Very soluble

Appearance and Odor: White, dairy-smelling powder

Section IV — Fire and Explosion Hazard Data

| | | | | |
|------------------------------------|------|------------------|--------|--------|
| Flash Point (Method Used) | NA | Flammable Limits | LEL NA | UEL NA |
| Extinguishing Media | NA | | | |
| Special Fire Fighting Procedures | NA | | | |
| Unusual Fire and Explosion Hazards | None | | | |

| | | | |
|-----------|----------|---|---------------------|
| Stability | Unstable | | Conditions to Avoid |
| | Stable | X | |

Incompatibility (Materials to Avoid)

Hazardous Decomposition or Byproducts

| | | | |
|--------------------------|----------------|---|---------------------|
| Hazardous Polymerization | May Occur | | Conditions to Avoid |
| | Will Not Occur | X | |

Section VI — Health Hazard Data Based on specific concentration as sold

Route(s) of Entry: Inhalation? None established Skin? None Ingestion?

Health Hazards (Acute and Chronic)
 As with all foreign proteins, there is the potential of allergenic sensitization through inhalation.

Carcinogenicity: NTP? IARC Monographs? OSHA Regulated?

Signs and Symptoms of Exposure

Medical Conditions Generally Aggravated by Exposure

Emergency and First Aid Procedures

Eye contact: Flush eyes with large amounts of water for 15 minutes.

Section VII — Precautions for Safe Handling and Use

Steps to Be Taken in Case Material is Released or Spilled
 Spillage should be vacuumed up or moistened with water and removed.

Waste Disposal Method
 Landfill the collected material in closed containers in accordance with applicable State, Federal, and local regulations.

Precautions to Be Taken in Handling and Storing

Other Precautions

Section VIII — Control Measures Specify whether one or more controls are necessary (alone or in combinations)

Respiratory Protection (Specify Type) None required under normal conditions of use. OSHA/NIOSH approved dust/mist respirators are recommended under conditions which will generate dust.

Is respiratory protection necessary unnecessary if ventilation identified below is used?

| | | |
|--|---|---|
| Ventilation | Local Exhaust | Special |
| | Mechanical (General) mechanical dilution ventilation | Other |
| Protective Gloves | <input type="checkbox"/> Yes (Specify type) <input checked="" type="checkbox"/> No | Eye Protection <input checked="" type="checkbox"/> Yes (Specify type) <input type="checkbox"/> No safety glasses/goggles |
| Other Protective Clothing or Equipment | | Hygienic Practices |

Is protective clothing necessary unnecessary if other control measures are used?