Product ID:MOBILTEMP 1 MSDS Date:01/01/1987 FSC:9150 NIIN:01-052-4893 MSDS Number: CDJRV === Responsible Party === Company Name: MOBIL OIL CORP Address:3225 GALLONS ROAD City:FAIRFAX State:VA ZIP:22037-0001 Country:US Info Phone Num:800-662-4525/800-227-0707 X3265 Emergency Phone Num:609-737-4411/CHEMTREC 800-424-9300 Preparer's Name: MOBIL OIL CORPORATION CAGE:3U728 === Contrac tor Identification === **Company Name: BALKAMP INC** Address:2601 S HOLT ROAD Box:City:INDIANAPOLIS State:IN ZIP:46241 Country:US Phone:317-244-7241 CAGE:70842 Company Name: MOBIL OIL CORP, NORTH AMERICAS MARKETING AND REFINING Address:3225 GALLOWS ROAD Box:City:FAIRFAX State:VA ZIP:22037 Country:US Phone:800-662-4525/856-224-4644 CAGE:3U728 Company Name:NAPA, A DIVISION OF LINCOLN AUTOMOTIVE Address:ONE LINCOLN WAY Box:City:ST. LOUIS State:MO ZIP:63120-1578 Country:US Phone:414-255-5520 CAGE:050Q3

Ingred Name:REFINED MINERAL OILS Fraction by Wt: >90% Other REC Limits:NONE RECOMMENDED

Ingred Name:ADDITIVES AND/OR OTHER INGREDIENTS Fraction by Wt: 5G/KG.FACTURER. Routes of Entry: Inhalation:NO Skin:YES Ingestion:NO Reports of Carcinogenicity:NTP:NO IARC:NO OSHA:NO Health Hazards Acute and Chronic:INHAL:HARMFUL CONCENTRATIONS OF MISTS &/OR VAP ARE UNLIKELY TO BE ENCOUNTERED THROUGH ANY CUSTOMARY OR REASONABLY FORESEEABLE HNDLG/USE/MISUSE OF PRODUCT. Effects of Overexposure:NOT EXPECTED TO BE A PROBLEM. Medical Cond Aggravated by Exposure:NONE SPECIFIED BY MANUFACTURER.

First Aid:EYE:FLUSH W/WATER.SKIN:WASH AREAS W/SOAP/WATER.INHAL:NOT EXPECTED TO BE A PROBLEM.INGEST:NOT EXPECTED TO BE A PROBLEM.HOWEVER IF GREATER THAN 1/2 LITER(PT)INGESTED IMMED GIVE 1 TO 2 GLASSES OF WATER A ND CALL PHYSICIAN/HOSP EMERG ROOM/POISON

CONTROL CENTER FOR ASSISTANCE.DO NTO INDUCE VOMIT OR GIVE ANYTHING BY MOUTH TO UNCONSC PERSON.

Flash Point Method:COC Flash Point:>400F,>204C Autoignition Temp:Autoignition Temp Text:NP Lower Limits:NE Upper Limits:NE Extinguishing Media:CARBON DIOXIDE, FOAM, DRY CHEMICAL, WATER FOG. Fire Fighting Procedures:FIREFIGHTERS MUST USE SELF-CONTAINED BREATHING APPARATUS. Unusual Fire/Explosion Hazard:NONE.

Spill Release Procedures:REPORT SPILLS AS REQUIRED TO APPROPRIATE AUTHROTIES.REPORT TO COASAT GUARD 800-424-8802 SPILLS ENTERING WATERWAY.SCRAPE UP/REMOVE.DISPO OF @APPROPRIATE WASTE DISPO FAICLITY IAW CURRENT APPLICABLE LAWS /REGS/PROD CHARACTERISTICS @DISPO TIME.

Neutralizing Agent:NONE SPECIFIED BY MANUFACTURER.

Handling and Storage Precautions:HNDLG:NO SPECIAL PRECAUTIONS REQUIRED. Other Precautions:NONE SPECIFIED BY MANUFACTURER.

Respiratory Protection:NO SPECIAL REQMTS UNDER ORDINARY CONDITIONS OF USE & WITH ADEQUATE VENTILATION.

Ventilation:NO SPEICAL REQMTS UNDER ORDINARY CONDITONS OF USE AND WITH ADEQUATE VENTILATION.

Protective Gloves:NO SPECIAL EQPMT REQUIRED.

Eye Protection: NO SPECIAL EQPMT REQUIRED.

Other Protective Equipment:NONE SPECIFIED BY MANUFACTURER.

Work Hygienic Practices: GOOD PERSONAL HYGIENE PRACTICES SHOULD ALWAYS BE FOLLOWED.

Supplemental Safety and Health

HCC:V6 Boiling Pt:B.P. Text:>600F,>316C Melt/Freeze Pt:M.P/F.P Text:NA Decomp Temp:Decomp Text:NP Vapor Pres: