



MATERIAL SAFETY DATA SHEET

SECTION I

EMERGENCY TELEPHONE NUMBER(S)

1-248-548-0040

IDENTITY : **EZ Groom The Answer**

INGREDIENTS/CHEMICAL NAME: **DI Water, Dimethyl Siloxane, Quaternium 76 Hydrolyzed Collagen, Dimethicone Copolyol, Dimethyl Ammonium Chloride, Quaternium 14, Dimethiconol, Sodium Hydroxymethylglycinate, Fragrance.**

SECTION II - HAZARDOUS INGREDIENTS/IDENTITY INFORMATION

HAZARDOUS INGREDIENTS AS DEFINED BY OSHA, 29 CFR 1910. 1200

CHEMICAL NAME: N/A

COMMON NAME : **The Answer**

CAS NO. N/A

ACGIH TLV

OTHER LIMITS RECOMMENDED: N/A

This product is considered non-hazardous per the OSHA communication standard

SECTION III - PHYSICAL/CHEMICAL CHARACTERISTICS

BOILING POINT (° F) **212**

SPECIFIC GRAVITY (H₂O = 1) **1.0-1.1**

VAPOR PRESSURE (mm Hg) **N/A**

PERCENT VOLATILE BY VOLUME (%) **N/A**

VAPOR DENSITY (AIR = 1) **N/A**

EVAPORATION RATE (nBuOAc = 1) **N/A**

SOLUBILITY IN WATER **100%**

APPEARANCE AND ODOR **Opaque and Unscented**

SECTION IV - FLAMMABILITY AND REACTIVITY

FLASH POINT (METHOD USED)

> 212 F (closed cup)

EXPLOSIVE LIMIT

N/A

LEL

N/A

UEL

EXTINGUISHING MEDIA: **Will not sustain combustion**

SPECIAL FIRE FIGHTING PROCEDURES: **N/A**

UNUSUAL FIRE HAZARDS: **None**

STABILITY **STABLE**

CONDITIONS TO AVOID: **None**

HAZARDOUS DECOMPOSITION PRODUCTS: **None**

HAZARDOUS POLYMERIZATION WILL NOT OCCUR

SECTION V - HEALTH AND SAFETY DATA



ROUTES OF ENTRY: **Oral, Eye**

HEALTH HAZARDS (ACUTE AND CHRONIC) : **None**

SIGNS AND SYMPTOMS OF EXPOSURE: **None**

MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE: **None**

EMERGENCY AND FIRST AID PROCEDURES: **Flush with water if prolonged eye exposure occurs.**

OTHER:

SECTION VI - PRECAUTIONS FOR SAFE HANDLING AND USE

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING: **No special precautions**

OTHER PRECAUTIONS:

STEPS TO BE TAKEN IN CASE IS RELEASED OR SPILLED: **Mop up, flush down drain with excess water**

WASTE DISPOSAL METHOD: **Non hazardous waste**

SECTION VII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify Type): **None required with normal use**
VENTILATION

LOCAL EXHAUST: **None required with normal use**

MECHANICAL (General): **Acceptable** SPECIAL : **None**

OTHER :

EYE PROTECTION : **None required with normal use**

PROTECTIVE GLOVES : **None required with normal use**

OTHER PROTECTIVE EQUIPMENT : **None required with normal use**

*N.A. - NOT APPLICABLE

*N.K. - NOT KNOWN