

9-SECTION MSDS CHECKLIST

Review of 54 Items Required by Controlled Products Regulations (Schedule I)

Product Name: _____

Missing or incorrect information [WHMIS Class(es)]:

Optional Information



INFORMATION TO BE DISCLOSED ON AN MSDS					COMMENTS
1. Hazardous Ingredients (specific)					
Hazardous Ingredients	%	CAS#	LD ₅₀	LC ₅₀	
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
2. Preparation Information					
<input type="checkbox"/> Name and phone number of the preparer					
<input type="checkbox"/> Date of preparation					
3. Product Information					
<input type="checkbox"/> Manufacturer's name, street address, city, province, postal code, emergency telephone number					
<input type="checkbox"/> Supplier identifier, supplier's street address, city, province, postal code and emergency telephone number					
<input type="checkbox"/> Product identifier					
<input type="checkbox"/> Product use					
4. Physical Data					
<input type="checkbox"/> Physical state (gas, liquid, solid or other – specify)					
<input type="checkbox"/> Odour and appearance					
<input type="checkbox"/> Odour threshold (ppm)					
<input type="checkbox"/> Specific gravity					
<input type="checkbox"/> Vapour density (air = 1)					
<input type="checkbox"/> Vapour pressure (mmHg)					
<input type="checkbox"/> Evaporation rate					
<input type="checkbox"/> Boiling point (°C)					
<input type="checkbox"/> Freezing point (°C)					
<input type="checkbox"/> pH (specify value)					
<input type="checkbox"/> Coefficient of water/oil distribution					

5. Fire or Explosion Hazard		COMMENTS
<input type="checkbox"/> Conditions of flammability		
<input type="checkbox"/> Means of extinction		
<input type="checkbox"/> Flashpoint (°C) and methods of determination (open cup or closed cup)		
<input type="checkbox"/> Upper flammable limit (% by volume)		
<input type="checkbox"/> Lower flammable limit (% by volume)		
<input type="checkbox"/> Autoignition temperature (°C)		
<input type="checkbox"/> Hazardous combustion products		
<input type="checkbox"/> Explosion data – sensitivity to mechanical impact		
<input type="checkbox"/> Explosion data – sensitivity to static discharge		
6. Reactivity Data		
<input type="checkbox"/> Conditions under which the product is chemically unstable		
<input type="checkbox"/> Name of any substance or class of substance with which the product is incompatible		
<input type="checkbox"/> Conditions of reactivity		
<input type="checkbox"/> Hazardous decomposition products		
7. Toxicological Properties		
Route of entry:		
<input type="checkbox"/> skin contact <input type="checkbox"/> skin absorption <input type="checkbox"/> eye contact <input type="checkbox"/> inhalation <input type="checkbox"/> ingestion		
<input type="checkbox"/> Effects of acute exposure to product		
<input type="checkbox"/> Effects of chronic exposure to product		
Exposure limits	Value (Date)	
<input type="checkbox"/> ACGIH		
<input type="checkbox"/> OSHA		
<input type="checkbox"/> Other		
<input type="checkbox"/> Irritancy of product		
<input type="checkbox"/> Sensitization of product		

Toxicological Properties continued...	COMMENTS
<input type="checkbox"/> Carcinogenicity <ul style="list-style-type: none"> <input type="checkbox"/> IARC (1, 2A or 2B) <input type="checkbox"/> ACGIH (A1, A2 or A3) 	
<input type="checkbox"/> Reproductive toxicity	
<input type="checkbox"/> Teratogenicity	
<input type="checkbox"/> Mutagenicity	
<input type="checkbox"/> Name of toxicologically synergistic products	
8. Preventive Measures	
Specific personal protective equipment: <ul style="list-style-type: none"> <input type="checkbox"/> Respirator <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Clothing <input type="checkbox"/> Other 	
Specific engineering controls to be used <ul style="list-style-type: none"> <input type="checkbox"/> General <input type="checkbox"/> Local exhaust <input type="checkbox"/> Other (specify) 	
<input type="checkbox"/> Procedures to be followed in case of leak or spill	
<input type="checkbox"/> Waste disposal	
<input type="checkbox"/> Handling procedures and equipment	
<input type="checkbox"/> Storage requirement	
<input type="checkbox"/> Special shipping information <ul style="list-style-type: none"> <input type="checkbox"/> PIN 	
9. First Aid Measures	
Specific First Aid Measures <input type="checkbox"/> Inhalation	
<input type="checkbox"/> Eye Contact	
<input type="checkbox"/> Skin Contact	
<input type="checkbox"/> Ingestion	