

9-SECTION MSDS CHECKLIST

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

Product Name: Pure Edible Silver Leaf

Missing or incorrect information

[WHMIS Class(es)]:

[] Optional Information



INFORMATION TO BE DISCLOSED ON AN MSDS					COMMENTS
1. Hazardous Ingredients (specific)					
Hazardous Ingredients	.	CAS#	12	LC	3
q Not Applicable					
q					
q					
q					
q					
2. Preparation Information					
q Name and phone number of the preparer	Cornucaupia Gold Leaf Manufacturing Inc (941-342-1817)				
q Date of preparation	2013 - Present				
3. Product Information					
q Manufacturer's name, street address, city, state, Zip Code, emergency telephone number	Cornucaupia Gold Leaf Manufacturing, Inc. 513 Interstate Ct. Sarasota, FL United States (941) 342-1817				
q Supplier identifier, supplier's street address, city, province, postal code and emergency telephone number	None				
q Product identifier	Pure Edible Silver				
q Product use	Garnish				
4. Physical Data					
q Physical state (gas, liquid, solid or other – specify)	Solid				
q Odour and appearance	Not Applicable				
q Odour threshold (ppm)	Not Applicable				
q Specific gravity	Not Applicable				
q Vapour density (air = 1)	Not Applicable				
q Vapour pressure (mmHg)	Not Applicable				
q Evaporation rate	Not Applicable				
q Boiling point (°C)	Not Applicable				
q Freezing point (°C)	Not Applicable				
q pH (specify value)	Neutral				
q Coefficient of water/oil distribution	Not Applicable				



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5. Fire or Explosion Hazard		COMMENTS
<input type="checkbox"/> Conditions of flammability		Not Applicable
<input type="checkbox"/> Means of extinction		Not Applicable
<input type="checkbox"/> Flashpoint (°C) and methods of determination (open cup or closed cup)		Not Applicable
<input type="checkbox"/> Upper flammable limit (% by volume)		Not Applicable
<input type="checkbox"/> Lower flammable limit (% by volume)		Not Applicable
<input type="checkbox"/> Autoignition temperature (°C)		Not Applicable
<input type="checkbox"/> Hazardous combustion products		Not Applicable
<input type="checkbox"/> Explosion data – sensitivity to mechanical impact		Not Applicable
<input type="checkbox"/> Explosion data – sensitivity to static discharge		Not Applicable
6. Reactivity Data		
<input type="checkbox"/> Conditions under which the product is chemically unstable		None
<input type="checkbox"/> Name of any substance or class of substance with which the product is incompatible		None
<input type="checkbox"/> Conditions of reactivity		None
<input type="checkbox"/> Hazardous decomposition products		None
7. Toxicological Properties		
Route of entry: <input type="checkbox"/> skin contact Yes <input type="checkbox"/> skin absorption No <input type="checkbox"/> eye contact No <input type="checkbox"/> inhalation No <input type="checkbox"/> ingestion Yes		May cause irritation if contact is made with eyes May cause irritation if inhaled
<input type="checkbox"/> Effects of acute exposure to product		None
<input type="checkbox"/> Effects of chronic exposure to product		None
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 <input type="checkbox"/> IARC (1, 2A or 2B) <input type="checkbox"/> ACGIH (A1, A2 or A3)	None
<input type="checkbox"/> Reproductive toxicity	None
<input type="checkbox"/> Teratogenicity	None
<input type="checkbox"/> Mutagenicity	None
<input type="checkbox"/> Name of toxicologically synergistic products	None
8. Preventive Measures	
Specific personal protective equipment: <input type="checkbox"/> Respirator <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Clothing <input type="checkbox"/> Other	None Required
Specific engineering controls to be used <input type="checkbox"/> General <input type="checkbox"/> Local exhaust <input type="checkbox"/> Other (specify)	Not Applicable
<input type="checkbox"/> Procedures to be followed in case of leak or spill	Not Applicable
<input type="checkbox"/> Waste disposal	Any
<input type="checkbox"/> Handling procedures and equipment	None Required
<input type="checkbox"/> Storage requirement	None Required
<input type="checkbox"/> Special shipping information <input type="checkbox"/> PIN	Not Applicable
9. First Aid Measures	
Specific First Aid Measures <input type="checkbox"/> Inhalation	Contact Health care Professional if irritation occurs
<input type="checkbox"/> Eye Contact	Contact Health care Professional if irritation occurs
<input type="checkbox"/> Skin Contact	None
<input type="checkbox"/> Ingestion	None