

TO: INFORMATION SECTION

PLEASE DESTROY ALL OLD FORMS

HASKELL LABORATORY TEST SUBSTANCE EVALUATION FORM

- i. Fill out a test substance evaluation form as completely as possible for each test substance submitted
- ii. If a test substance is being submitted for mutagenicity testing, pay special attention to Sections 6, 8 and 9.
- iii. Unless otherwise requested, test substances will be returned to submitter within six months after the final report is written.

Haskell No.: 20659
(to be assigned by Haskell Personnel)

1. Chemical Abstracts nomenclature: NA

Chemical Abstracts Registry No.: NA

2. Other name(s): Lead Contaminated Soil
Fort Madison

3. Cost Center identification code and/or lot number: _____

4. Structural formula: NA

(a) Molecular weight NA

5. Composition of mixtures by % (include all additives and solvents): _____

500 ppm Lead

6. Purity NA % (a) Impurities present: _____

7. Physical characteristics:

(a) Color: BROWN (b) Form: SOIL (c) m.p.: _____

(d) b.p. at 760 mm Hg.: _____ (e) Density: _____ (f) pH: _____

(g) Vapor pressure at 25 degrees C: _____ 37 degrees C: _____ (h) Vapor density _____

UNKNOWN (attach curve if available)

(i) Maximum process temp. _____ in presence/absence of air. (delete one)

- Estimated
8. Solubility: <0.1% 0.1% - 1% 1% - 10% or >10% (w/v)
- (a) Water: _____ (b) Dimethylsulfoxide: _____ (c) Ethanol: _____
(d) Acetone: _____ (e) Vegetable Oil: _____ (f) Dimethylformamide: _____

9. Reactivity:

- (a) Will there be any significant reaction with water? NO
If so, would the half-life be: <10 min., 10 min.-1 hr., 1 hr.-24 hrs., >24 hrs.
(b) Will there be any significant reaction expected with either the solvents specified in (8) or sugars or amino acids? NO

10. Special handling instructions and/or toxicity information: See MSDS
- _____
- _____
- _____

11. Will this test substance be used in a product subject to State, Federal or International approval? yes Please List Agency(ies) EPA

12. Name of person completing form and date completed:

Hanan Ghantous May 25 / 1994
Cost Center/Location: 19-H-1

13. Name of person having knowledge of chemical properties of the test substance:

TIM BINGMAN Phone No.: (412) 262-9110
Cost Center/Location: chemicals

14. Test Substance Submitted By: T. Bingham Phone No.: (412) 262-9110
Cost Center/Location: _____

15. General Ledger & Sub-Account Cost Code: _____ or MR: 9905

- FOR SHIPPING PURPOSES ONLY -
U.S. DEPT. OF TRANSPORTATION HAZARD CLASSIFICATION FOR SHIPPING, LABELING, AND PACKAGING
HAZARDOUS MATERIAL* NO YES (IF YES, COMPLETE CLASSIFICATION BELOW.)
(Check PRIMARY hazard applicable and identify all other hazards by underlining.)

Explosive Class A B C

Etiologic Agent _____
Organic Peroxide _____
Radioactive Material _____
Poisonous Gas, Class A _____
Poisonous Liquid, Class A _____
Flammable Gas _____
Nonflammable Gas _____
Flammable Liquid _____
If flash point is below 100°F**

Oxidizer _____
Flammable Sol. _____
Corrosive Material (Liquid) _____
Poisonous Liquid, Class B _____
Poisonous Solid, Class B _____
Corrosive Material (Solid) _____
Irritating Material _____
Combustible Liquid _____
Other Regulated Material A B C D E

* As defined in 49 CFR part 173.

** Flash point - Tag C.C. F.

Rev. 5/18/84