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: N A

Chemical Abstracts Registry No.: N A

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

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

4. Structural formula: N A

(a) Molecular weight N A

5. Composition of mixtures by % (include all additives and solvents): 500 ppm Lead

6. Purity N A % (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)

8. Estimated 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:
Haman 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. Bingman 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		Oxidizer	
Organic Peroxide		Flammable Sol.	
Radioactive Material		Corrosive Material (Liquid)	
Poisonous Gas, Class A		Poisonous Liquid, Class B	
Poisonous Liquid, Class A		Poisonous Solid, Class B	
Flammable Gas		Corrosive Material (Solid)	
Nonflammable Gas		Irritating Material	
Flammable Liquid		Combustible Liquid	
If flash point is below 100°F)**		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