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.: 203608
(to be assigned by Haskell Personnel)

1. Chemical Abstracts nomenclature: NA

Chemical Abstracts Registry No.: NA

2. Other name(s): LEAD CONTAMINATED SOIL
AEC-10-1

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): 585 ppm
LEAD IN SOIL

6. Purity NA % (a) Impurities present:

7. Physical characteristics:
(a) Color: (b) Form: (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: <0.1% (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?_____

10. Special handling instructions and/or toxicity information: AS PER MSDS.

11. Will this test substance be used in a product subject to State, Federal or International approval? NO Please List Agency(ies) _____

12. Name of person completing form and date completed:
HANAN QUANTOUS Oct 1/1993
Cost Center/Location: _____

13. Name of person having knowledge of chemical properties of the test substance:
T. BINGMAN Phone No.: 8-571-7761
Cost Center/Location: CHEMICALS

14. Test Substance Submitted By: T. BINGMAN Phone No.: 8-571-7761
Cost Center/Location: CHEMICALS

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

- 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 underlilning.)
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