

VI. EMERGENCY AND FIRST AID PROCEDURES	
IRADIATION	Remove from contaminated area, if continued respiratory discomfort - consult physician.
INGESTION	Consult physician.
SKIN:	Wash with soap and water.
EYES:	Flush with copious amounts of H ₂ O, consult physician.
VII. INDUSTRIAL HYGIENE CONTROL MEASURES	
VENTILATION	Mechanical -adequate.
RESPIRATORY PROTECTION	Dust mask.
PROTECTIVE GLOVES	Rubber or plastic.
EYE PROTECTION	Goggles.
OTHER PROTECTIVE EQUIPMENT	None/eye bath
RECOMMENDED MONITORING PROCEDURES	ENVIRONMENTAL SURVEILLANCE: MEDICAL SURVEILLANCE:
VIII. ENVIRONMENTAL PROTECTION INFORMATION	
STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED	absorb with sand/vermiculite.
WASTE DISPOSAL METHOD	Comply with local, state and federal regulations
ENVIRONMENTAL HAZARDS	NA

IX. SPECIAL PRECAUTIONS			
HANDLING PRECAUTIONS	Transfer material to a separate dish or plate for each patient, discarding unused portion to avoid cross-contamination.		
STORAGE PRECAUTIONS	Avoid excessive heat.		
X. DOT SHIPPING REQUIREMENTS			
SHIPPING NAME	NA	IDENTIFICATION NUMBER	NA
HAZARD CLASS	NA	LABEL(S) REQUIRED	NA

PRODUCT HAZARD WARNING LABEL

*Federal law (USA) prohibits dispensing without a prescription.
 Contra-indications: Should NOT be used in patients with a history of hypersensitivity to ester - type local anesthetics.
 Precautions: Avoid application to severely traumatized mucosal areas which are infected or areas of the posterior pharynx that might obtund protective reflexes. Local anesthetics should be used with caution in patients with drug sensitivity to ester type anesthetics (procaine, benzocaine, or tetracaine).