| MANUFACTURER'S CODE:                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                |                                                                 |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------|
| MANUFACTURER'S NAME:                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMERGENCY TELEPHONE:                                                                                                                                                          |                                                                                                                |                                                                 |                         |
| EARTHLY BODY, INC.,                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 818-466-5647<br>TELEPHONE NUMBER FOR INFORMATION:                                                                                                                             |                                                                                                                |                                                                 |                         |
| 21900 Plummer Street                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 855-745-3948                                                                                                                                                                  |                                                                                                                |                                                                 |                         |
| CHATSWORTH, CA 91311                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAX NUMBER: 818-717-9334                                                                                                                                                      |                                                                                                                |                                                                 |                         |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date Prepared :                                                                                                                                                               |                                                                                                                | 15-Feb-1                                                        | 16                      |
| SECTION 2. HAZARDS IDENT                                                                                                                                                                                                                                                                              | FICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                                                                                |                                                                 |                         |
| I. EMERGENCY OVERVIEW:                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                |                                                                 |                         |
| TYPE OF HAZARD:                                                                                                                                                                                                                                                                                       | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                |                                                                 |                         |
| APPEARANCE:                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                |                                                                 |                         |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                |                                                                 |                         |
| II. POTENTIAL HEALTH EFFEC                                                                                                                                                                                                                                                                            | TS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                |                                                                 |                         |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | sensitive skin.                                                                                                                                                               |                                                                                                                |                                                                 |                         |
| CHRONIC EFFECTS /<br>Chronic effects and me                                                                                                                                                                                                                                                           | if swallowed. May ca<br>AND MEDICAL CON<br>edical conditions aggr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               | <b>D BY OVEREX</b><br>to this product                                                                          | have been r                                                     | not                     |
| INGESTION: Harmful<br>CHRONIC EFFECTS A<br>Chronic effects and me                                                                                                                                                                                                                                     | if swallowed. May ca<br>AND MEDICAL CON<br>edical conditions aggr<br>sary exposure to this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | itation.<br>ause gastrointestinal irri<br><b>DITIONS AGGRAVATE</b><br>avated by overexposure                                                                                  | <b>D BY OVEREX</b><br>to this product                                                                          | have been r                                                     | not                     |
| INGESTION: Harmful<br>CHRONIC EFFECTS /<br>Chronic effects and me<br>established. Unnecess<br>SECTION 3. COMPOSITION/II<br>The identity of individual compone<br>secret. The product(s) does not co<br>and /or WHMIS under the HPA. He<br>this mixture presents the following                         | if swallowed. May ca<br>AND MEDICAL CON<br>edical conditions aggre-<br>sary exposure to this<br>NFORMATION<br>hts of this mixture is per-<br>ntain ingredients con<br>powever, based on the<br>health hazard(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | itation.<br>ause gastrointestinal irri<br><b>DITIONS AGGRAVATE</b><br>avated by overexposure<br>product or any chemica<br>proprietary information a<br>sidered hazardous as c | D BY OVEREX<br>to this product<br>should be avoid<br>and regarded to l<br>efined by OSHA<br>pation of containe | have been r<br>ded.<br>De a trade<br>, 29CFR 19<br>ed ingredien | 10.1200<br>Its present, |
| INGESTION: Harmful<br>CHRONIC EFFECTS A<br>Chronic effects and me<br>established. Unnecess<br>SECTION 3. COMPOSITION/II<br>The identity of individual compone<br>secret. The product(s) does not co<br>and /or WHMIS under the HPA. He<br>this mixture presents the following<br>HAZARDOUS COMPONENTS | if swallowed. May ca<br>AND MEDICAL CON<br>edical conditions aggre-<br>sary exposure to this<br>NFORMATION<br>hts of this mixture is performed in the second<br>mathematical contents on the second | itation.<br>ause gastrointestinal irri<br>DITIONS AGGRAVATE<br>avated by overexposure<br>product or any chemica<br>oroprietary information a<br>sidered hazardous as c        | D BY OVEREX<br>to this product<br>should be avoid<br>and regarded to<br>efined by OSHA                         | have been r<br>ded.<br>De a trade<br>, 29CFR 19<br>ed ingredien | 10.1200                 |

# SAFETY DATA SHEET (SDS)

| MANUFACTURER'S NAME: EARTHLY BODY, INC., 21900 Plummer Street CHATSWORTH CA 91311                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INFORMATION/EMERGENCY NO. 818-466-5647                                                                                                                                       |
| NAME OF PRODUCTS: EARTHLY BODY SHOWER GEL Guavalava                                                                                                                          |
|                                                                                                                                                                              |
| SECTION 4. FIRST AID MEASURES:                                                                                                                                               |
| INHALATION: Not applicable.                                                                                                                                                  |
| <b>SKIN:</b> If irritation is experienced, wash exposed area thoroughly with water. If irritation persists, get medical assistance.                                          |
| EYES: Flush with plenty of water for 15 minutes, if irritation persists, get medical assistance.                                                                             |
| <b>INGESTION:</b> Do not induce vomiting, drink 3-4 glasses of water. Get prompt medical attention.                                                                          |
| SECTION 5. FIRE FIGHTING MEASURES:                                                                                                                                           |
| FLAMMABILITY CLASSIFICATION: not flammable FLASH POINT: not applicable                                                                                                       |
| <b>EXTINGUISHING MEDIA:</b> Foam, CO <sub>2</sub> , water fog, sand/earth.                                                                                                   |
| UNUSUAL FIRE AND EXPLOSION HAZARDS: Not applicable.                                                                                                                          |
| <b>SPECIAL FIRE FIGHTING PROCEDURES:</b> Must wear NIOSH approved self-contained breathing apparatus and protective clothing. Cool fire exposed container with water spray.  |
| SECTION 6. ACCIDENTAL RELEASE MEASURES:                                                                                                                                      |
| STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: Caution! Floor may become slippery. Absorb spilled material with inert material such as sawdust, sand or earth.   |
| <b>DISPOSAL METHOD:</b> Sweep up and dispose of in accordance with Federal, State and local regulations.                                                                     |
| SECTION 7. HANDLING AND STORAGE:                                                                                                                                             |
| USAGE PRECAUTIONS: Use as directed.                                                                                                                                          |
| <b>STORAGE PRECAUTIONS:</b> Protect containers against physical damage. Keep closed until used. Store in a dry place at ambient temperatures. Keep out of reach of children. |
| OTHER PRECAUTION: N/A                                                                                                                                                        |

# SAFETY DATA SHEET (SDS)

| MANUFACTURER'S NAME: EARTHLY BODY, INC., 21900 Plummer Street CHATSWORTH CA 91311                                   |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| INFORMATION/EMERGENCY NO. 818-466-5647<br>NAME OF PRODUCTS: EARTHLY BODY SHOWER GEL Guavalava                       |  |  |  |  |  |
|                                                                                                                     |  |  |  |  |  |
| SECTION 8. EXPOSURE CONTROLS AND PERSONAL PROTECTION:                                                               |  |  |  |  |  |
| ENGINEERING CONTROL: Not required.                                                                                  |  |  |  |  |  |
| RESPIRATION PROTECTION: Not applicable.                                                                             |  |  |  |  |  |
| PROTECTIVE GLOVES: Not required.                                                                                    |  |  |  |  |  |
| EYE AND FACE PROTECTION: Not required.                                                                              |  |  |  |  |  |
| <b>HYGIENIC WORK PRACTICES:</b> No special practices noted. No eating or drinking while working with this material. |  |  |  |  |  |
| SECTION 9. PHYSICAL AND CHEMICAL PROPERTIES:                                                                        |  |  |  |  |  |
| BOILING RANGE: VAPOR DENSITY: <u>X</u> HEAVIERLIGHTER THAN AIR                                                      |  |  |  |  |  |
| Not determined.<br>EVAPORATION RATE:FASTER X SLOWER, THAN ETHER                                                     |  |  |  |  |  |
| APPEARANCE: TRANSLUCENT, SEMI VISCOUS LIQUID                                                                        |  |  |  |  |  |
| ODOR/TASTE: CHARACTERISTIC                                                                                          |  |  |  |  |  |
| SOLUBILITY IN WATER: SOLUBLE                                                                                        |  |  |  |  |  |
| <b>pH (range):</b> 6.00 - 7.00                                                                                      |  |  |  |  |  |
| Specific Gravity: 1.01 +/- 0.05                                                                                     |  |  |  |  |  |
| VISCOSITY (range): 8,000-14,000cps RVT (#5@10, 25*C)                                                                |  |  |  |  |  |
| SECTION 10. STABILITY AND REACTIVITY:                                                                               |  |  |  |  |  |
| STABILITY:UNSTABLEXSTABLE                                                                                           |  |  |  |  |  |
| <b>INCOMPATIBILITY (MATERIALS TO AVOID):</b> Strong acids and oxidizing agents.                                     |  |  |  |  |  |
| HAZARDOUS DECOMPOSITION PRODUCTS: None                                                                              |  |  |  |  |  |
| HAZARDOUS POLYMERIZATION: MAY OCCUR X WILL NOT OCCUR                                                                |  |  |  |  |  |
| CONDITIONS TO AVOID: Extreme temperatures.                                                                          |  |  |  |  |  |

### SAFETY DATA SHEET (SDS)

MANUFACTURER'S NAME:EARTHLY BODY, INC., 21900 Plummer Street CHATSWORTH CA 91311INFORMATION/EMERGENCY NO.818-466-5647NAME OF PRODUCTS:EARTHLY BODY SHOWER GEL Guavalava

#### SECTION 11. TOXICOLOGICAL INFORMATION:

HEALTH WARNING: Not applicable.

#### SECTION 12. ECOLOGICAL INFORMATION:

Avoid uncontrolled release of this material.

#### SECTION 13. DISPOSAL CONSIDERATIONS:

**WASTE DISPOSAL METHOD:** Collect and dispose of in accordance with Federal, State and local laws and regulations. This product is not classified as an equitable hazardous waste.

#### SECTION 14. TRANSPORT INFORMATION:

**DOT CLASSIFICATION:** Not regulated.

#### SECTION 15. REGULATORY INFORMATION:

**TSCA:** Not applicable.

SARA, Title III, Section 313 (40CFR 372):

California Proposition 65: not applicable

# SECTION 16. OTHER INFORMATION:

N/A

REVISION :

#### DISCLAIMER:

The information contained in this Safety Data Sheet is furnished without warranty of any kind, expressed or implied. Information in this Data Sheet has been assembled by the manufacturer based on it's own studies and on the work of others, and is believed to be correct as of the date issued. However, no warranty of any kind is expressed or implied as to the accuracy, completeness, or adequacy of the information obtained herein. The manufacturer shall not be liable, regardless of fault, to the vendee, the vendee's employees, or anyone for any direct, special or consequential damages arising out of or in connection with the accuracy, completeness, or adequacy of the information herein. It is intended to assist in the normal safe usage of the product.

Not applicable.