



ENVIRO PRIME PW PART B

Waterproofing Technologies Pty Ltd

Version No:1.1

Safety Data Sheet according to WHS and ADG requirements

Hazard Alert Code: 3

Issue Date: 12/12/2019

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S.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	ENVIRO PRIME PW PART B
Synonyms	Not Available
Proper shipping name	ISOPHORONEDIAMINE
Other means of identification	Not Available

Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses	Potable water primer
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Details of the supplier of the safety data sheet

Registered company name	Waterproofing Technologies Pty Ltd
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Fax	+61 (0)2 8595 8660
Website	www.envirosystems.com.au
Email	sales@envirosystems.com.au

Emergency telephone number

Association / Organisation	Waterproofing Technologies Pty Ltd
Emergency telephone numbers	+61 (0)2 8595 8699
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

HAZARDOUS CHEMICAL. DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

Poisons Schedule	S5
Classification [1]	Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 1B, Skin Sensitizer Category 1, Serious Eye Damage Category 1, Acute Aquatic Hazard Category 3, Chronic Aquatic Hazard Category 3
Legend:	1. Classification drawn from HSIS ; 2. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

GHS label elements	
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SIGNAL WORD **DANGER**

Hazard statement(s)

H302	Harmful if swallowed.
H312	Harmful in contact with skin.

Continued...

H332	Harmful if inhaled.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read label before use.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER or doctor/physician.
P363	Wash contaminated clothing before reuse.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
69-72-7	7-10	<u>salicylic acid</u>
100-51-6	20-25	<u>benzyl alcohol</u>
2855-13-2	50-75	<u>isophorone diamine</u>

SECTION 4 FIRST AID MEASURES**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay. ▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▶ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. <p>This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)</p>
Ingestion	<ul style="list-style-type: none"> ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

- ▶ Observe the patient carefully.
- ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- ▶ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

For acute or short-term repeated exposures to highly alkaline materials:

- ▶ Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- ▶ Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- ▶ Oxygen is given as indicated.
- ▶ The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- ▶ Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- ▶ Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used.

Supportive care involves the following:

- ▶ Withhold oral feedings initially.
- ▶ If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- ▶ Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- ▶ Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- ▶ Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

Clinical experience of benzyl alcohol poisoning is generally confined to premature neonates in receipt of preserved intravenous salines.

- ▶ Metabolic acidosis, bradycardia, skin breakdown, hypotonia, hepatorenal failure, hypotension and cardiovascular collapse are characteristic.
- ▶ High urine benzoate and hippuric acid as well as elevated serum benzoic acid levels are found.
- ▶ The so-called 'gaspings syndrome' describes the progressive neurological deterioration of poisoned neonates.
- ▶ Management is essentially supportive.

for salicylate intoxication:

- ▶ Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. **Do not give ipecac after charcoal.**
- ▶ Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- ▶ Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- ▶ Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- ▶ In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- ▶ Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- ▶ Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- ▶ Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- ▶ Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- ▶ For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

- ▶ Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[GOSSELIN, et al.: *Clinical Toxicology of Commercial Products*]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to 'uncoupling of oxidative phosphorylation' which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

HyperTox 3.0 <https://www.ozemail.com.au/-ouad/SALI0001.HTA>

for non-steroidal anti-inflammatories (NSAIDs)

- ▶ Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.
- ▶ Patients should be managed by symptomatic and supportive care following a NSAIDs overdose.
- ▶ There are no specific antidotes.
- ▶ Emesis and/or activated charcoal (60 to 100 grams in adults, 1 to 2 g/kg in children), and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose).
- ▶ Forced diuresis, alkalinisation of urine, hemodialysis, or haemoperfusion may not be useful due to high protein binding.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- ▶ Foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.
- ▶ Water spray or fog - Large fires only.

Special hazards arising from the substrate or mixture

Fire Incompatibility	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use fire fighting procedures suitable for surrounding area. ▶ Do not approach containers suspected to be hot.
Fire/Explosion Hazard	<p>.....</p> <ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. <p>Combustion products include: carbon dioxide (CO₂) aldehydes nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material.</p> <p>Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions. May emit corrosive fumes.</p> <p>WARNING: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.</p>
HAZCHEM	2X

SECTION 6 ACCIDENTAL RELEASE MEASURES**Personal precautions, protective equipment and emergency procedures**

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. ▶ Check regularly for spills and leaks. ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with sand, earth, inert material or vermiculite. ▶ Wipe up.
Major Spills	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Consider evacuation (or protect in place).

Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 HANDLING AND STORAGE**Precautions for safe handling**

Safe handling	<p>Contains low boiling substance: Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately.</p> <ul style="list-style-type: none"> ▶ Check for bulging containers. ▶ Vent periodically ▶ Always release caps or seals slowly to ensure slow dissipation of vapours ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Avoid contact with moisture. ▶ Avoid contact with incompatible materials. ▶ DO NOT allow clothing wet with material to stay in contact with skin
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ DO NOT store near acids, or oxidising agents

- ▶ No smoking, naked lights, heat or ignition sources.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Glass container is suitable for laboratory quantities ▶ DO NOT use aluminium or galvanised containers ▶ Lined metal can, lined metal pail/ can. ▶ Plastic pail. ▶ Polyliner drum. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks. <p>For low viscosity materials</p> <ul style="list-style-type: none"> ▶ Drums and jerricans must be of the non-removable head type. ▶ Where a can is to be used as an inner package, the can must have a screwed enclosure. <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> ▶ Removable head packaging; ▶ Cans with friction closures and ▶ low pressure tubes and cartridges <p>may be used.</p> <p>-</p> <p>Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.</p>
Storage incompatibility	<p>Benzyl alcohol:</p> <ul style="list-style-type: none"> ▶ may froth in contact with water ▶ slowly oxidises in air, oxygen forming benzaldehyde ▶ is incompatible with mineral acids, caustics, aliphatic amines, isocyanates ▶ reacts violently with strong oxidisers, and explosively with sulfuric acid at elevated temperatures ▶ corrodes aluminium at high temperatures ▶ is incompatible with aluminium, iron, steel ▶ attacks some nonfluorinated plastics; may attack, extract and dissolve polypropylene <p>Benzyl alcohol contaminated with 1.4% hydrogen bromide and 1.2% of dissolved iron(II) polymerises exothermically above 100 deg. C.</p> <p>Salicylic acid</p> <ul style="list-style-type: none"> ▶ reacts with strong oxidisers, organic nitrites (such as ethyl nitrite), iodine, iron salts, lead diacetate ▶ is incompatible with sulfuric acid, alkalis, ammonia, aliphatic amines, alkanolamines, isocyanates, alkylene oxides, epichlorohydrin ▶ Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air. ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ Avoid contact with copper, aluminium and their alloys. ▶ Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Not Available


EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
benzyl alcohol	Benzyl alcohol	30 ppm	52 ppm	740 ppm

Ingredient	Original IDLH	Revised IDLH
salicylic acid	Not Available	Not Available
benzyl alcohol	Not Available	Not Available
isophorone diamine	Not Available	Not Available

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard 'physically' away from the worker and ventilation that strategically 'adds' and 'removes' air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly.</p> <p>For potent pharmacological agents:</p> <p>Powders</p> <p>To prevent contamination and overexposure, no open handling of powder should be allowed.</p> <ul style="list-style-type: none"> ▶ Powder handling operations are to be done in a powders weighing hood, a glove box, or other equivalent ventilated containment system. ▶ In situations where these ventilated containment hoods have not been installed, a non-ventilated enclosed containment hood should be used. ▶ Pending changes resulting from additional air monitoring data, up to 300 mg can be handled outside of an enclosure provided that no grinding, crushing or other dust-generating process occurs. ▶ An air-purifying respirator should be worn by all personnel in the immediate area in cases where non-ventilated containment is used, where significant amounts of material (e.g., more than 2 grams) are used, or where the material may become airborne (as through grinding, etc.). <p>CARE: Use of a quantity of this material in confined space or poorly ventilated area, where rapid build up of concentrated atmosphere may occur, could require increased ventilation and/or protective gear</p>
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Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Chemical goggles. ▶ Full face shield may be required for supplementary but never for primary protection of eyes. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber ▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. <p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ PVC Apron. ▶ PVC protective suit may be required if exposure severe. ▶ Eyewash unit. ▶ Ensure there is ready access to a safety shower.
Thermal hazards	Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

'Forsberg Clothing Performance Index'.

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

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Material	CPI
BUTYL	A
VITON	A

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as 'feel' or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

Type K-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the 'Exposure Standard' (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	K-AUS P2	-	K-PAPR-AUS / Class 1 P2
up to 50 x ES	-	K-AUS / Class 1 P2	-
up to 100 x ES	-	K-2 P2	K-PAPR-2 P2 ^

^ - Full-face

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO₂), G = Agricultural chemicals, K = Ammonia(NH₃), Hg =Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content. The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.

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SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Yellow liquid		
Physical state	Liquid	Relative density (Water = 1)	0.98
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	11	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available

Continued...

Initial boiling point and boiling range (°C)	>200	Molecular weight (g/mol)	Not Available
Flash point (°C)	>150	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Partly miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects




Inhaled	<p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of benzyl alcohol may affect breathing (causing depression and paralysis of breathing and lower blood pressure). The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.</p>
Ingestion	<p>Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. High oral doses of salicylates, such as aspirin, may cause a mild burning pain in the throat and stomach, causing vomiting. This is followed (within hours) by deep, rapid breathing, tiredness, nausea and further vomiting, thirst and diarrhoea.</p> <p>Ingestion of large doses of benzyl alcohol may cause abdominal pain, nausea, vomiting, diarrhea. It may affect behavior/central nervous system and cause headache, somnolence, excitement, dizziness, ataxia, coma, convulsions, and other symptoms of central nervous system depression.</p> <p>Exposure to excessive amounts of benzyl alcohol has been associated with toxicity (hypotension, metabolic acidosis), particularly in neonates, and an increased incidence of kernicterus (a neurological condition that occurs in severe jaundice), particularly in small preterm infants. There have been rare reports of deaths, primarily in preterm infants, associated with exposure to excessive amounts of benzyl alcohol. The amount of benzyl alcohol from medications is usually considered negligible compared to that received in flush solutions containing benzyl alcohol.</p>
Skin Contact	<p>Skin contact with the material may be harmful; systemic effects may result following absorption. The material can produce chemical burns following direct contact with the skin.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	<p>The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. If applied to the eyes, this material causes severe eye damage.</p>
Chronic	<p>Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue.</p> <p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk.</p> <p>Prolonged or repeated exposure to benzyl alcohol may cause allergic contact dermatitis.</p> <p>Prolonged or repeated ingestion may affect behavior/central nervous system with symptoms similar to acute ingestion. It may also affect the liver, kidneys, cardiovascular system, and metabolism (weight loss).</p> <p>Animal studies have shown this compound to cause lung, liver, kidney and CNS disorders. Studies in animals have shown evidence of teratogenicity in the chick embryo.</p> <p>There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population.</p>

ENVIRO PRIME PW PART B	TOXICITY	IRRITATION
	Not Available	Not Available
salicylic acid	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg - SEVERE
	Oral (rat) LD50: 200-2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24h - mild

Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

<p>SALICYLIC ACID</p>	<p>For certain benzyl derivatives: The members of this group are rapidly absorbed through the gastrointestinal tract, metabolised primarily in the liver, and excreted primarily in the urine either unchanged or as conjugates of benzoic acid derivatives. At high dose levels, gut micro-organisms may act to produce minor amounts of breakdown products. However, no adverse effects have been reported even at repeated high doses. Similarly, no effects were observed on reproduction, foetal development and tumour potential. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. Member or analogue of a group of hydroxy and alkoxy-substituted benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances. All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The structural features common to all members of the group is a primary oxygenated functional group bonded directly to a benzene ring.</p>
<p>BENZYL ALCOHOL</p>	<p>Unlike benzylic alcohols, the beta-hydroxyl group of the members of benzyl alkyl alcohols contributes to break down reactions but do not undergo phase II metabolic activation. Though structurally similar to cancer causing ethyl benzene, phenethyl alcohol is only of negligible concern due to limited similarity in their pattern of activity. For benzoates: Benzyl alcohol, benzoic acid and its sodium and potassium salt have a common metabolic and excretion pathway. All but benzyl alcohol are considered to be unharmed and of low acute toxicity. They may cause slight irritation by oral, dermal or inhalation exposure except sodium benzoate which doesn't irritate the skin. Studies showed increased mortality, reduced weight gain, liver and kidney effects at higher doses, also, lesions of the brains, thymus and skeletal muscles may occur with benzyl alcohol. However, they do not cause cancer, genetic or reproductive toxicity. Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and conjugal contact dermatitis occur. Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A prohaptens is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems. A prohaptens is a chemical that itself is non- or low-sensitising but that is transformed into a hapten in the skin (bioactivation) usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prohaptens or as a prohaptens, or both, because air oxidation and bioactivation can often give the same product (geraniol is an example). Member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances. All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The substances in this group: <ul style="list-style-type: none"> - contain a benzene ring substituted with a reactive primary oxygenated functional group can be hydrolysed to such a functional group - the major pathway of metabolic detoxification involves hydrolysis and oxidation to yield the corresponding benzoic acid derivative which is excreted either as the free acid or the glycine conjugate - they show a consistent pattern of toxicity in both short- and long-term studies and - they exhibit no evidence of genotoxicity in standardised batteries of in vitro and in vivo assays. Thearyl alkyl alcohol (AAA) fragrance ingredients are a diverse group of chemical structures with similar metabolic and toxicity profiles. The AAA fragrances demonstrate low acute and subchronic dermal and oral toxicity. At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin. The potential for eye irritation is minimal. With the exception of benzyl alcohol and to a lesser extent phenethyl and 2-phenoxyethyl AAA alcohols, human sensitization studies, diagnostic patch tests and human induction studies, indicate that AAA fragrance ingredients generally have no or low sensitization potential.</p>
<p>ISOPHORONE DIAMINE</p>	<p>Isophorone diamine is a strong skin irritant, corrosive with repeated application. Frequent occupational exposure may lead to the development of allergic skin inflammation. There could be damage to the smell organ, throat and lungs following inhalational exposure. Reduced kidney weight can result. No effects on reproduction gene alteration and cancer formation have been observed. The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function.</p>
<p>SALICYLIC ACID & ISOPHORONE DIAMINE</p>	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance.</p>
<p>SALICYLIC ACID & BENZYL ALCOHOL & ISOPHORONE DIAMINE</p>	<p>The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.</p>
<p>BENZYL ALCOHOL & ISOPHORONE DIAMINE</p>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important.</p>

<p>Acute Toxicity</p>	<p>✓</p>	<p>Carcinogenicity</p>	<p>⊗</p>
<p>Skin Irritation/Corrosion</p>	<p>✓</p>	<p>Reproductivity</p>	<p>⊗</p>
<p>Serious Eye Damage/Irritation</p>	<p>✓</p>	<p>STOT - Single Exposure</p>	<p>⊗</p>
<p>Respiratory or Skin sensitisation</p>	<p>✓</p>	<p>STOT - Repeated Exposure</p>	<p>⊗</p>
<p>Mutagenicity</p>	<p>⊗</p>	<p>Aspiration Hazard</p>	<p>⊗</p>

Legend:  - Data available but does not fill the criteria for classification
 - Data required to make classification available
 - Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
salicylic acid	LC50	96	Fish	144.354mg/L	3
salicylic acid	EC50	48	Crustacea	870mg/L	4
salicylic acid	EC50	96	Algae or other aquatic plants	420.600mg/L	3
salicylic acid	BCF	96	Algae or other aquatic plants	<50mg/L	4
salicylic acid	EC03	168	Algae or other aquatic plants	=21mg/L	4
salicylic acid	NOEC	504	Crustacea	10mg/L	2
benzyl alcohol	LC50	96	Fish	10mg/L	4
benzyl alcohol	EC03	168	Algae or other aquatic plants	=16mg/L	4
isophorone diamine	LC50	96	Fish	54.352mg/L	3
isophorone diamine	EC50	48	Crustacea	17.4mg/L	4
isophorone diamine	EC50	96	Algae or other aquatic plants	7.221mg/L	3
isophorone diamine	EC10	72	Algae or other aquatic plants	=3.1mg/L	1
isophorone diamine	NOEC	72	Algae or other aquatic plants	=1.5mg/L	1

Legend:

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high watermark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

For salicylic acid:

log Kow : 0.35-2.26

BOD5: 0.95,41%

COD : 1.58,100%

ThOD : 1.623

BOD = 141%, 5 days

Environmental fate:

Due to the chemical structure of salicylic acid volatilisation and bioconcentration are not expected to be important environmental fate processes. Biodegradation is expected to be the dominant removal mechanism of salicylic acid from soil and water. It may also undergo photochemical degradation in sunlit environmental media.

In air, it is expected to exist in both the vapor and particulate phase. Vapor phase reaction with photochemically produced hydroxyl radicals may be important (estimated half-life of 1.2 days). Removal by wet and dry deposition can also occur.

For isophorone diamine:

Persistence/Biodegradability: 42% (DOC, OECD 303A) * 8.0% (DOC, Die away test -9/69/EEC)*

* [Morton]

Environmental Fate:

Isophorone diamine has a melting point of 10 C, it mixes with water and has a vapour pressure of 0.02 hPa at 20C. The measured log Kow is 0.99 (23 C). The pKa of approximately 10.4 characterises the substance as a moderate base.

Models calculate the main target compartment for isophorone diamine to be water (99.8%), followed by sediment and soil (both 0.08%). Isophorone diamine exhibits very low volatility from surface waters. The sorption potential to soil or sediment organic matter is expected to be moderate.

Prevent, by any means available, spillage from entering drains or water courses.

For benzyl alcohol: log Kow : 1.1 Koc : <5henry's atm=" m3=" ol=" 3.91e-07 bod=" 5=" 1.55-1.6,33-62% cod=" := " 96% thod=" := " 2.519 bcf=" := ">

Bioaccumulation: Not significant

Anaerobic Effects: Significant degradation.

Effects on algae and plankton: Inhibits degradation of glucose

Degradation Biological: Significant processes

Abiotic: RxnOH*, no photochem

Ecotoxicity: Fish LC50 (48 h): fathead minnow 770 mg/l; (72 h): 480 mg/l; (96 h): 460 mg/l. Fish LC50 (96 h): fathead minnow 10 ppm, bluegill sunfish 15 ppm; tidewater silverside fish 15 ppm.

Products of Biodegradation: Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise, but these are less toxic than the product itself.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
salicylic acid	LOW	LOW
benzyl alcohol	LOW	LOW
isophorone diamine	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
salicylic acid	MEDIUM (BCF = 1000)
benzyl alcohol	LOW (LogKOW = 1.1)
isophorone diamine	LOW (BCF = 3.4)

Mobility in soil

Ingredient	Mobility
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salicylic acid	LOW (KOC = 23.96)
benzyl alcohol	LOW (KOC = 15.66)
isophorone diamine	LOW (KOC = 340.4)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible. ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▶ Treat and neutralise at an approved treatment plant. ▶ Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material). ▶ Decontaminate empty containers.
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SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO
HAZCHEM	2X

Land transport (ADG)

UN number	2289	
UN proper shipping name	ISOPHORONEDIAMINE	
Transport hazard class(es)	Class	8
	Subrisk	Not Applicable
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Limited quantity	5 L

Air transport (ICAO-IATA / DGR)

UN number	2289	
UN proper shipping name	Isophoronediamine	
Transport hazard class(es)	ICAO/IATA Class	8
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	8L
Packing group	III	
Environmental hazard	Not Applicable	

Special precautions for user	Special provisions	A803
	Cargo Only Packing Instructions	856
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	852
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y841
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

UN number	2289	
UN proper shipping name	ISOPHORONEDIAMINE	
Transport hazard class(es)	IMDG Class	8
	IMDG Subrisk	Not Applicable
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	EMS Number	F-A, S-B
	Special provisions	Not Applicable
	Limited Quantities	5 L

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

SECTION 15 REGULATORY INFORMATION**Safety, health and environmental regulations / legislation specific for the substance or mixture****SALICYLIC ACID(69-72-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Substances Information System - Consolidated Lists Australia Inventory of Chemical Substances (AICS)

BENZYL ALCOHOL(100-51-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists Australia Inventory of Chemical Substances (AICS)

ISOPHORONE DIAMINE(2855-13-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION**Other information**

Classification of the preparation and its individual components has drawn on official and authoritative sources.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

PC – TWA: Permissible Concentration-Time Weighted Average

PC – STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

Continued...

TEEL: Temporary Emergency Exposure Limit,
IDLH: Immediately Dangerous to Life or Health Concentrations
OSF: Odour Safety Factor
NOAEL: No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index