50133, 50139 Plastic Bonder Syringe - Part A
Griffiths Equipment Limited

Chemwatch Hazard Alert Code: **2**

Chemwatch: **5436-63**
Version No: **3.1.1.1**
Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Issue Date: **18/11/2020**
Print Date: **18/11/2020**
S.GHS.NZL.EN

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	50133, 50139 Plastic Bonder Syringe - Part A
Synonyms	50133, 50139
Other means of identification	Not Available

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

Relevant identified uses	Adhesives. Use according to manufacturer's directions.

Details of the supplier of the safety data sheet

Registered company name	**Griffiths Equipment Limited**
Address	19 Bell Ave, Mount Wellington Auckland 1060 New Zealand
Telephone	+64 9 525 4575
Fax	Not Available
Website	www.griffithsequipment.co.nz
Email	sales@griffithsequipment.co.nz

Emergency telephone number

Association / Organisation	**NZ NATIONAL POISONS CENTRE**
Emergency telephone numbers	0800 POISON or 0800 764-766
Other emergency telephone numbers	International: +64 3 479-7227

SECTION 2 Hazards identification

Classification of the substance or mixture

Classification [1]	Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2, Skin Sensitizer Category 1, Respiratory Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - repeated exposure Category 2
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*
Determined by Chemwatch using GHS/HSNO criteria	6.1D (inhalation), 6.1E (respiratory), 6.3A, 6.4A, 6.5A (respiratory), 6.5B (contact), 6.9B

Label elements

Hazard pictogram(s)	
Signal word	**Danger**

Hazard statement(s)

H332	Harmful if inhaled.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H317	May cause an allergic skin reaction.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.

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H335	May cause respiratory irritation.
H373	May cause damage to organs through prolonged or repeated exposure.

Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P321	Specific treatment (see advice on this label).
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
101-68-8	30-40	4,4'-diphenylmethane diisocyanate (MDI)
9048-57-1	20-25	MDI, propoxylated
14807-96-6	10-15	talc
1318-02-1	10-15	zeolites
25686-28-6	5-15	MDI homopolymer
68611-44-9	1-5	silica amorphous
108-32-7	0.5-2.5	propylene carbonate

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Wash out immediately with fresh 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. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	For thermal burns: ▸ Decontaminate area around burn. ▸ Consider the use of cold packs and topical antibiotics. For first-degree burns (affecting top layer of skin) ▸ Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides. ▸ Use compresses if running water is not available. ▸ Cover with sterile non-adhesive bandage or clean cloth. ▸ Do NOT apply butter or ointments; this may cause infection. ▸ Give over-the counter pain relievers if pain increases or swelling, redness, fever occur. For second-degree burns (affecting top two layers of skin) ▸ Cool the burn by immerse in cold running water for 10-15 minutes. ▸ Use compresses if running water is not available. ▸ Do NOT apply ice as this may lower body temperature and cause further damage. ▸ Do NOT break blisters or apply butter or ointments; this may cause infection. ▸ Protect burn by cover loosely with sterile, nonstick bandage and secure in place with gauze or tape. To prevent shock: (unless the person has a head, neck, or leg injury, or it would cause discomfort): ▸ Lay the person flat.

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	▸ Elevate feet about 12 inches. ▸ Elevate burn area above heart level, if possible. ▸ Cover the person with coat or blanket. ▸ Seek medical assistance. For third-degree burns Seek immediate medical or emergency assistance. In the mean time: ▸ Protect burn area cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that will not leave lint in wound. ▸ Separate burned toes and fingers with dry, sterile dressings. ▸ Do not soak burn in water or apply ointments or butter; this may cause infection. ▸ To prevent shock see above. ▸ For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway. ▸ Have a person with a facial burn sit up. ▸ Check pulse and breathing to monitor for shock until emergency help arrives. If skin contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ 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. Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.
Ingestion	▸ 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. ▸ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.
For sub-chronic and chronic exposures to isocyanates:

- This material may be a potent pulmonary sensitiser which causes bronchospasm even in patients without prior airway hyperreactivity.
- Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
- Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
- Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.
- Some cross-sensitivity occurs between different isocyanates.
- Noncardiogenic pulmonary oedema and bronchospasm are the most serious consequences of exposure. Markedly symptomatic patients should receive oxygen, ventilatory support and an intravenous line.
- Treatment for asthma includes inhaled sympathomimetics (epinephrine [adrenalin], terbutaline) and steroids.
- Activated charcoal (1 g/kg) and a cathartic (sorbitol, magnesium citrate) may be useful for ingestion.
- Mydriatics, systemic analgesics and topical antibiotics (Sulamyd) may be used for corneal abrasions.
- There is no effective therapy for sensitised workers.

[Ellenhorn and Barceloux; Medical Toxicology]
NOTE: Isocyanates cause airway restriction in naive individuals with the degree of response dependant on the concentration and duration of exposure. They induce smooth muscle contraction which leads to bronchoconstrictive episodes. Acute changes in lung function, such as decreased FEV1, may not represent sensitivity.
[Karol & Jin, Frontiers in Molecular Toxicology, pp 56-61, 1992]
Personnel who work with isocyanates, isocyanate prepolymers or polyisocyanates should have a pre-placement medical examination and periodic examinations thereafter, including a pulmonary function test. Anyone with a medical history of chronic respiratory disease, asthmatic or bronchial attacks, indications of allergic responses, recurrent eczema or sensitisation conditions of the skin should not handle or work with isocyanates. Anyone who develops chronic respiratory distress when working with isocyanates should be removed from exposure and examined by a physician. Further exposure must be avoided if a sensitivity to isocyanates or polyisocyanates has developed.

SECTION 5 Firefighting measures

Extinguishing media

- Small quantities of water in contact with hot liquid may react violently with generation of a large volume of rapidly expanding hot sticky semi-solid foam.
- Presents additional hazard when fire fighting in a confined space.
- Cooling with flooding quantities of water reduces this risk.
- Water spray or fog may cause frothing and should be used in large quantities.
- 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

Advice for firefighters

Fire Fighting	▸ 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 water delivered as a fine spray to control fire and cool adjacent area. ▸ Avoid spraying water onto liquid pools. ▸ **DO NOT** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location.

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	▸ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	Polyurethane polymer is a combustible material which may be ignited if exposed to an open flame. Decomposition from fire can produce significant amounts of carbon monoxide and hydrogen cyanide, in addition to nitrogen oxides, isocyanates, and other toxic products. Because of the flammability of the material, it may to be treated with flame retardants , almost all of which are considered harmful. - Combustible. - Moderate fire hazard when exposed to heat or flame. - When heated to high temperatures decomposes rapidly generating vapour which pressures and may then rupture containers with release of flammable and highly toxic isocyanate vapour. - Burns with acrid black smoke and poisonous fumes. - Due to reaction with water producing CO2-gas, a hazardous build-up of pressure could result if contaminated containers are re-sealed. - Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NOx and carbon monoxide. Combustion products include: carbon dioxide (CO_2) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NOx) silicon dioxide (SiO_2) other pyrolysis products typical of burning organic material. May emit corrosive fumes. When heated at high temperatures many isocyanates decompose rapidly generating a vapour which pressurises containers, possibly to the point of rupture. Release of toxic and/or flammable isocyanate vapours may then occur

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	▸ Remove all ignition sources. ▸ 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. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	▸ Liquid Isocyanates and high isocyanate vapour concentrations will penetrate seals on self contained breathing apparatus - SCBA should be used inside encapsulating suit where this exposure may occur. For isocyanate spills of less than 40 litres (2 m2): ▸ Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible. ▸ Notify supervision and others as necessary. ▸ Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots). ▸ Control source of leakage (where applicable). ▸ Dike the spill to prevent spreading and to contain additions of decontaminating solution. ▸ Prevent the material from entering drains. ▸ Estimate spill pool volume or area. ▸ Absorb and decontaminate. - Completely cover the spill with wet sand, wet earth, vermiculite or other similar absorbent. - Add neutraliser (for suitable formulations: see below) to the adsorbent materials (equal to that of estimated spill pool volume). Intensify contact between spill, absorbent and neutraliser by carefully mixing with a rake and allow to react for 15 minutes ▸ Shovel absorbent/decontaminant solution mixture into a steel drum. ▸ Decontaminate surface. - Pour an equal amount of neutraliser solution over contaminated surface. - Scrub area with a stiff bristle brush, using moderate pressure. - Completely cover decontaminant with vermiculite or other similar absorbent. - After 5 minutes, shovel absorbent/decontamination solution mixture into the same steel drum used above. ▸ Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat decontaminate procedure immediately above ▸ Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for incineration. ▸ Decontaminate and remove personal protective equipment. ▸ Return to normal operation. ▸ Conduct accident investigation and consider measures to prevent reoccurrence. **Decontamination:** Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation ("neutralising fluid"). Isocyanates and polyisocyanates are generally not miscible with water. Liquid surfactants are necessary to allow better dispersion of isocyanate and neutralising fluids/ preparations. Alkaline neutralisers react faster than water/surfactant mixtures alone. Typically, such a preparation may consist of: Sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of {ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v}. Let stand for 24 hours Three commonly used neutralising fluids each exhibit advantages in different situations. **Formulation A** : liquid surfactant 0.2-2% sodium carbonate 5-10% water to 100% **Formulation B** liquid surfactant 0.2-2% concentrated ammonia 3-8% water to 100% **Formulation C**

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	ethanol, isopropanol or butanol 50% concentrated ammonia 5% water to 100% After application of any of these formulae, let stand for 24 hours. Formulation B reacts faster than Formulation A. However, ammonia-based neutralisers should be used only under well-ventilated conditions to avoid overexposure to ammonia or if members of the emergency team wear suitable respiratory protection. Formulation C is especially suitable for cleaning of equipment from unreacted isocyanate and neutralizing under freezing conditions. Regard has to be taken to the flammability of the alcoholic solution. ▸ Avoid contamination with water, alkalies and detergent solutions. ▸ Material reacts with water and generates gas, pressurises containers with even drum rupture resulting. ▸ **DO NOT** reseal container if contamination is suspected. ▸ Open all containers with care. Moderate hazard. ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ **DO NOT** allow clothing wet with material to stay in contact with skin ▸ Overheating of ethoxylates/ alkoxylates in air should be avoided. When some ethoxylates are heated vigorously in the presence of air or oxygen, at temperatures exceeding 160 C, they may undergo exothermic oxidative degeneration resulting in self-heating and autoignition. ▸ Nitrogen blanketing will minimise the potential for ethoxylate oxidation. Prolonged storage in the presence of air or oxygen may cause product degradation. Oxidation is not expected when stored under a nitrogen atmosphere. Inert gas blanket and breathing system needed to maintain color stability. Use dry inert gas having at least -40 C dew point. ▸ Trace quantities of ethylene oxide may be present in the material. Although these may accumulate in the headspace of storage and transport vessels, concentrations are not expected to exceed levels which might produce a flammability or worker exposure hazard. ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ Prevent concentration in hollows and sumps. ▸ **DO NOT** enter confined spaces until atmosphere has been checked. ▸ Avoid smoking, naked lights or ignition sources. ▸ Avoid contact with incompatible materials. ▸ When handling, **DO NOT** eat, drink or smoke. ▸ Keep containers securely sealed when not in use. ▸ Avoid physical damage to containers. ▸ Always wash hands with soap and water after handling. ▸ Work clothes should be laundered separately. ▸ Use good occupational work practice. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS. ▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	Consider storage under inert gas. Ethoxylates/ alkoxylates react slowly with air or oxygen and may generate potentially sensitising intermediates (haptens).. Storage under heated conditions in the presence of air or oxygen increases reaction rate. For example, after storing at 95 F/ 35 C for 30 days in the presence of air, there is measurable oxidation of the ethoxylate. Lower temperatures will allow for longer storage time and higher temperatures will shorten the storage time if stored under an air or oxygen atmosphere. for commercial quantities of isocyanates: · Isocyanates should be stored in adequately bunded areas. Nothing else should be kept within the same bunding. Pre-polymers need not be segregated. Drums of isocyanates should be stored under cover, out of direct sunlight, protected from rain, protected from physical damage and well away from moisture, acids and alkalis. · Where isocyanates are stored at elevated temperatures to prevent solidifying, adequate controls should be installed to prevent the high temperatures and precautions against fire should be taken. · Where stored in tanks, the more reactive isocyanates should be blanketed with a non-reactive gas such as nitrogen and equipped with absorptive type breather valve (to prevent vapour emissions).. · Transfer systems for isocyanates in bulk storage should be fully enclosed and use pump or vacuum systems. Warning signs, in appropriate languages, should be posted where necessary. · Areas in which polyurethane foam products are stored should be supplied with good general ventilation. Residual amounts of unreacted isocyanate may be present in the finished foam, resulting in hazardous atmospheric concentrations. · Ideal storage temperature range is dependent on the specific polymer due to viscosity and melting point differences between the polymers. Use 25 deg C (77 deg F) to 30 deg C (86 deg F) as a guideline to most liquid isocyanates for optimum storage temperature. If some isocyanates are stored at or below a temperature of 25 deg C (77 deg F), crystallization and settling of the isocyanate may occur. Storage in a cold warehouse can cause crystals to form. These crystals can settle to the bottom of the container. If crystals do form, they can be melted easily with moderate heat. It is suggested that a container the size of a drum be warmed for 16-24 hours at sufficient temperature to melt the crystals. When the crystals are melted, the container should be agitated by rolling or stirring, until the contents are homogenous. Since heated isocyanate will generate vapors more rapidly than product stored at 25 deg C (77 deg F), be sure to follow the precautions under the Personal Protection. ▸ Store in original containers. ▸ Keep containers securely sealed.

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	▸ No smoking, naked lights or ignition sources. ▸ 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. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	For ethoxylates suitable containers include carbon steel coated with baked phenolic. Any moisture may cause rusting of carbon steel. If product is moisture free, uncoated carbon steel tanks may be used. ▸ Polyethylene or polypropylene container. ▸ Packing as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Metals such as aluminium, copper alloys, iron, zinc. Amines and ammonia. Fluorides. Water and humid air. ▸ Avoid reaction with oxidising agents, bases and strong reducing agents. ▸ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	4,4'-diphenylmethane diisocyanate (MDI)	Diphenylmethane diisocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	4,4'-diphenylmethane diisocyanate (MDI)	MDI	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	4,4'-diphenylmethane diisocyanate (MDI)	Methylene bisphenyl isocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	talc	Talc (containing no asbestos fibres) respirable dust	2 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	talc	Soapstone respirable dust	3 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	silica amorphous	Silica fume respirable dust	2 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	silica amorphous	Silica-Amorphous: Precipitated silica	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	silica amorphous	Silica-Amorphous: Silica gel	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	silica amorphous	Silica gel (Silica-Amorphous)	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	silica amorphous	Precipitated silica (Silica-Amorphous)	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	silica amorphous	Silica-Amorphous: Diatomaceous earth (not calcined)	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	silica amorphous	Silica fused respirable dust	0.2 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
4,4'-diphenylmethane diisocyanate (MDI)	Methylene diphenyl diisocyanate; (Diphenylmethane diisocyanate; MDI)	0.45 mg/m3	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	Methylenebis(isocyanato-benzene), 1,1'-; (Diphenyl methane diisocyanate)	29 mg/m3	40 mg/m3	240 mg/m3
zeolites	Zeolites, NaA	30 mg/m3	330 mg/m3	2,000 mg/m3
zeolites	Zeolites, NaX	30 mg/m3	330 mg/m3	2,000 mg/m3
silica amorphous	Silica gel, amorphous synthetic	18 mg/m3	200 mg/m3	1,200 mg/m3
silica amorphous	Silica, amorphous fumed	18 mg/m3	100 mg/m3	630 mg/m3
silica amorphous	Siloxanes and silicones, dimethyl, reaction products with silica; (Hydrophobic silicon dioxide, amorphous)	120 mg/m3	1,300 mg/m3	7,900 mg/m3
silica amorphous	Silica, amorphous fume	45 mg/m3	500 mg/m3	3,000 mg/m3
silica amorphous	Silica amorphous hydrated	18 mg/m3	740 mg/m3	4,500 mg/m3
propylene carbonate	Propylene carbonate, 1,2-	34 mg/m3	370 mg/m3	2,200 mg/m3

Ingredient	Original IDLH	Revised IDLH

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Ingredient	Original IDLH	Revised IDLH
4,4'-diphenylmethane diisocyanate (MDI)	75 mg/m3	Not Available
MDI, propoxylated	Not Available	Not Available
talc	1,000 mg/m3	Not Available
zeolites	Not Available	Not Available
MDI homopolymer	Not Available	Not Available
silica amorphous	3,000 mg/m3	Not Available
propylene carbonate	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
MDI, propoxylated	E	≤ 0.1 ppm
MDI homopolymer	E	≤ 0.1 ppm
propylene carbonate	E	≤ 0.1 ppm
Notes:	*Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.*	

Exposure controls

Appropriate engineering controls

- All processes in which isocyanates are used should be enclosed wherever possible.
- Total enclosure, accompanied by good general ventilation, should be used to keep atmospheric concentrations below the relevant exposure standards.
- If total enclosure of the process is not feasible, local exhaust ventilation may be necessary. Local exhaust ventilation is essential where lower molecular weight isocyanates (such as TDI or HDI) is used or where isocyanate or polyurethane is sprayed.
- Where other isocyanates or pre-polymers are used and aerosol formation cannot occur, local exhaust ventilation may not be necessary if the atmospheric concentration can be kept below the relevant exposure standards.
- Where local exhaust ventilation is installed, exhaust vapours should not be vented to the exterior in such a manner as to create a hazard.

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.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
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. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.

- Spraying of material or material in admixture with other components must be carried out in conditions conforming to local state regulations (AS/NZS 4114, UNI EN 12215:2010, ANSI/AIHA Z9.3–2007 or national equivalent).
- Local exhaust ventilation with full face positive-pressure air supplied breathing apparatus (hood or helmet type) is required.
- Spraying should be performed in a spray booth fitted with an effective exhaust system which complies with local environmental legislation.
- The spray booth area must be isolated from unprotected personnel whilst spraying is in progress and until all spraying mist has cleared.

NOTE: Isocyanate vapours will not be adequately absorbed by organic vapour respirators. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

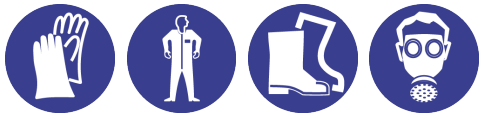
Type of Contaminant:	Air Speed:
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min.) for extraction of solvents generated by spraying at a point 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Personal protection



Eye and face protection

- Safety glasses with side shields.
- Chemical goggles.
- 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. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

Skin protection

See Hand protection below

Continued...

Hands/feet protection	**NOTE:** ▸ 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. 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. 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. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. ▸ Do NOT wear natural rubber (latex gloves). ▸ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves. ▸ Protective gloves and overalls should be worn as specified in the appropriate national standard. ▸ Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated. ▸ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates ▸ **DO NOT** use skin cream unless necessary and then use only minimum amount. ▸ Isocyanate vapour may be absorbed into skin cream and this increases hazard.
Body protection	See Other protection below
Other protection	All employees working with isocyanates must be informed of the hazards from exposure to the contaminant and the precautions necessary to prevent damage to their health. They should be made aware of the need to carry out their work so that as little contamination as possible is produced, and of the importance of the proper use of all safeguards against exposure to themselves and their fellow workers. Adequate training, both in the proper execution of the task and in the use of all associated engineering controls, as well as of any personal protective equipment, is essential. Employees exposed to contamination hazards should be educated in the need for, and proper use of, facilities, clothing and equipment and thereby maintain a high standard of personal cleanliness. Special attention should be given to ensuring that all personnel understand instructions, especially newly recruited employees and those with local-language difficulties, where they are known. ▸ Overalls. ▸ P.V.C apron. ▸ Barrier cream. ▸ Skin cleansing cream. ▸ Eye wash unit.

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:
50133, 50139 Plastic Bonder Syringe - Part A

Material	CPI
PE/EVAL/PE	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 A-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	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-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 =

Continued...

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.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

For spraying or operations which might generate aerosols:
Full face respirator with supplied air.

- In certain circumstances, personal protection of the individual employee is necessary. Personal protective devices should be regarded as being supplementary to substitution and engineering control and should not be used in preference to them as they do nothing to eliminate the hazard.
- However, in some situations, minimising exposure to isocyanates by enclosure and ventilation is not possible, and occupational exposure standards may be exceeded, particularly during on-site mixing of paints, spray-painting, foaming and maintenance of machine and ventilation systems. In these situations, air-line respirators or self-contained breathing apparatus complying with the appropriate nationals standard must be used.
- Organic vapour respirators with particulate pre- filters and powered, air-purifying respirators are NOT suitable.
- Personal protective equipment must be appropriately selected, individually fitted and workers trained in their correct use and maintenance. Personal protective equipment must be regularly checked and maintained to ensure that the worker is being protected.
- Air- line respirators or self-contained breathing apparatus complying with the appropriate national standard should be used during the clean-up of spills and the repair or clean-up of contaminated equipment and similar situations which cause emergency exposures to hazardous atmospheric concentrations of isocyanate.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Beige viscous liquid; does not mix with water.

Physical state	Liquid	**Relative density (Water = 1)**	1.288
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	20000
Initial boiling point and boiling range (°C)	>200	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	>100 (CC)	**Taste**	Not Available
Evaporation rate	<1 (BuAC = 1)	**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)	<1	**Gas group**	Not Available
Solubility in water	Immiscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	>1	**VOC g/L**	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	- 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

Continued...

Information on toxicological effects

Inhaled	There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. The vapour/mist may be highly irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning for several hours after exposure. Sensitized people can react to very low doses, and should not be allowed to work in situations allowing exposure to this material. Continued exposure of sensitised persons may lead to possible long term respiratory impairment. Inhalation hazard is increased at higher temperatures. Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.
Ingestion	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. There is strong evidence to suggest that this material can cause, if swallowed once, very serious, irreversible damage of organs. High molecular weight material; on single acute exposure would be expected to pass through gastrointestinal tract with little change / absorption. Occasionally accumulation of the solid material within the alimentary tract may result in formation of a bezoar (concretion), producing discomfort.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. There is strong evidence to suggest that this material, on a single contact with skin, can cause very serious, irreversible damage of organs. Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Open cuts, abraded or irritated skin should not be exposed to this material 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.
Eye	This material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure.
Chronic	There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. This product contains a polymer with a functional group considered to be of high concern. Isothiocyanates may cause hypersensitivity of the skin and airways. Fully reacted polyurethane polymer is chemically inert. No exposure limits have been established in the U.S. by OSHA (Occupational Safety and Health Administration) or ACGIH (American Conference of Governmental Industrial Hygienists). It is not regulated by OSHA for carcinogenicity. Liquid resin blends containing residual isocyanates may contain hazardous or regulated components. Isocyanates are known skin and respiratory sensitizers. Additionally, amines, glycols, and phosphate present in spray polyurethane foams present risks. The oral administration of polyurethane particles at 5 and 10 mg/kg/day for 10 days generated an inflammation response in mice. There was increased visceral fat accumulation in the treated mice in all groups (2, 5, 10 mg/kg/d) compared to controls. The lungs of mice in the 5 and 10 mg/kg/day groups showed inflammation, and inflammatory infiltrate was observed in all treatment groups. Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates. The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components. This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces. The faecal excretion in these animals was considered entirely due to ingestion of radioactivity from grooming and ingestion of deposited material from the nasopharangeal region via the mucociliary escalator, i.e. not following systemic absorption. The faecal radioactivity was tentatively identified as mixed molecular weight polyureas derived from MDI. Diamine was not present. Thus, for MDI and diisocyanates in general the oral gavage dosing route is inappropriate for toxicological studies and risk assessment. It is expected that oral gavage dosing will result in a similar outcome to that produced by TDI or MDI, that is (1) reaction with stomach contents and (2) polymerization to solid polyureas. ▸ Reaction with stomach contents is very plausibly described in case reports of accidental ingestion of polymeric MDI based glue in domestic animals. Extensive polymerization and CO2 liberation resulting in an expansion of the gastric content is described in the stomach, without apparent acute chemical toxicity ▸ Polyurea formation in organic and aqueous phases has been described. In this generally accepted chemistry of hydrolysis of an isocyanate the initially produced carbamate decarboxylates to an amine which. The amine, as a reactive intermediate, then reacts very readily with the present isocyanate to produce a solid and inert polyurea. This urea formation acts as a pH buffer in the stomach, thus promoting transformation of the diisocyanate into polyurea, even under the acidic conditions. At the resorbtive tissues in the small intestine, these high molecular reaction products are likely to be of very low bioavailability, which is substantiated by the absence of systemic toxicity in acute oral bioassays with rats at the OECD limit dose (LC50>2 g/kg bw). The respiratory tract may be regarded as the main entry for systemically available isocyanates as evidenced following MDI.exposures. A detailed summary on urinary, plasma and in vitro metabolite studies is provided below. Taken together, all available studies provide convincing evidence that MDI-protein adduct and MDI-metabolite formation proceeds: ▸ via formation of a labile isocyanate glutathione (GSH)-adduct, ▸ then transfer to a more stable adduct with larger proteins, and ▸ without formation of free MDA. MDA reported as a metabolite is actually formed by analytical workup procedures (strong acid or base hydrolysis) and is not an identified metabolite in urine or blood Animal testing shows that polymeric MDI can damage the nasal cavities and lungs, causing inflammation.and increased cell growth. Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia.

50133, 50139 Plastic Bonder Syringe - Part A	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

4,4'-diphenylmethane diisocyanate (MDI)	**TOXICITY**	**IRRITATION**
	~100 mg/kg[2]	Dermal Sensitiser *
	~298 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]

Continued...

	0.13 mg/kg[2]	Skin (rabbit): 500 mg /24 hours
	Dermal (rabbit) LD50: >6200 mg/kg[2]	Skin: adverse effect observed (irritating)[1]
	Inhalation (rat) LC50: 0.178 mg/l[2]	
	Oral (mouse) LD50: 2200 mg/kg[2]	
	Oral (rat) LD50: 9200 mg/kg[2]	

MDI, propoxylated	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

talc	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: >5000 mg/kg[1]	Eye: no adverse effect observed (not irritating)[1]
		Skin (human): 0.3 mg/3d-I mild
		Skin: no adverse effect observed (not irritating)[1]

zeolites	**TOXICITY**	**IRRITATION**
	>4.575 mg/l/1hr[2]	Not Available
	Dermal (rabbit) LD50: >2000 mg/kg[2]	
	Oral (rat) LD50: >27000 mg/kg[2]	
	Oral (rat) LD50: >5110 mg/kg[2]	
	Oral (rat) LD50: 5000 mg/kg[2]	

MDI homopolymer	**TOXICITY**	**IRRITATION**
	Not Available	Eye: no adverse effect observed (not irritating)[1]
		Skin: adverse effect observed (irritating)[1]

silica amorphous	**TOXICITY**	**IRRITATION**
	>5110 mg/kg[2]	Eye (rabbit): non-irritating *
	Dermal (rabbit) LD50: >5000 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
	Inhalation (rat) LC50: >0.139 mg/l/14h**[Grace][2]	Skin (rabbit): non-irritating *
	Oral (rat) LD50: >15000 mg/kg[2]	Skin: no adverse effect observed (not irritating)[1]
	Oral (rat) LD50: >5000 mg/kg[1]	
	Oral (rat) LD50: 3160 mg/kg[2]	

propylene carbonate	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >5000 mg/kg[2]	Eye (rabbit): 60 mg - moderate
	Oral (rat) LD50: >5000 mg/kg[2]	Eye: adverse effect observed (irritating)[1]
		Skin (human): 100 mg/3d-I moderate
		Skin (rabbit): 500 mg moderate
		Skin: no adverse effect observed (not irritating)[1]

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*

4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate Aromatic and aliphatic diisocyanates may cause airway toxicity and skin sensitization. Monomers and prepolymers exhibit similar respiratory effect. Of the several members of diisocyanates tested on experimental animals by inhalation and oral exposure, some caused cancer while others produced a harmless outcome. This group of compounds has therefore been classified as cancer-causing.
MDI, PROPOXYLATED	Polyethers (such as ethoxylated surfactants and polyethylene glycols) are highly susceptible to being oxidized in the air. They then form complex mixtures of oxidation products. Animal testing reveals that whole the pure, non-oxidised surfactant is non-sensitizing, many of the oxidation products are sensitisers. The oxidization products also cause irritation.
TALC	The overuse of talc in nursing infants has resulted in respiratory damage causing fluid in the lungs and lung inflammation which may lead to death within hours of inhalation. Long-term exposure can also cause a variety of respiratory symptoms.
ZEOLITES	Inhalation (-) LC50: >18.3 mg/l/1hr for sodium aluminosilicate, zeolite A: Skin (rabbit): non-irritating Eye (rabbit): slight [Grace]
MDI HOMOPOLYMER	as polymethylene polyphenyl isocyanate
SILICA AMORPHOUS	Reports indicate high/prolonged exposures to amorphous silicas induced lung fibrosis in experimental animals; in some experiments these effects were reversible. [PATTYS] For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated

Continued...

	via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification. Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser. Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact. Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure. Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m3 to 150 mg/m3. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m3. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m3. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL. Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected. For Synthetic Amorphous Silica (SAS) Repeated dose toxicity Oral (rat), 2 weeks to 6 months, no significant treatment-related adverse effects at doses of up to 8% silica in the diet. Inhalation (rat), 13 weeks, Lowest Observed Effect Level (LOEL) =1.3 mg/m3 based on mild reversible effects in the lungs. Inhalation (rat), 90 days, LOEL = 1 mg/m3 based on reversible effects in the lungs and effects in the nasal cavity. For silane treated synthetic amorphous silica: Repeated dose toxicity: oral (rat), 28-d, diet, no significant treatment-related adverse effects at the doses tested. There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.
PROPYLENE CARBONATE	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. for propylene carbonate: Numerous adequate and reliable acute toxicity tests are available on propylene carbonate. Oral and dermal tests meet OECD and EPA test guidelines. Propylene carbonate is practically nontoxic following acute exposures; the oral LD50 is >.5000 mg/kg and the dermal LD50 is >3000 mg/kg. No further testing is recommended. Subchronic studies (13- 14 weeks) of propylene carbonate by inhalation (aerosol) and oral (gavage) routes were conducted in rats according to current guidelines. The oral study indicated low systemic toxicity from propylene carbonate (NOAEL = 5000 mg/kg/day). In the inhalation study, no systemic toxicity was seen at concentrations up to 1000 mg/m"; however, there was periocular irritation and swelling in a few males at 500 and 1000 mg/m3. A dermal carcinogenicity study in mice did not indicate tumorigenic potential or systemic toxicity from 2 years of exposure to propylene carbonate. No further testing is recommended. There is a negative Ames in vitro mutagenicity assay of propylene carbonate. A single intraperitoneal injection of 1666 mg/kg propylene carbonate did not induce an increase in micronuclei when examined after 30,48 and 72 hours. The mutagenicity battery is satisfactorily filled; no further mutagenicity testing is recommended. Gavage administration of propylene carbonate to pregnant rats days 6-15 of gestation resulted in systemic toxicity at doses of 3000 and 5000 mg/kg/day, including mortality (not seen in 13 week study of non-pregnant rats). The NOAEL for maternal toxicity was 1000 mg/kg/day. This indicates that pregnant rats are more susceptible to propylene carbonate than are non-pregnant rats. There were no significant differences in live litter size, average fetal weight, percentage of males, or malformed fetuses. No studies of the effect of propylene carbonate on reproduction are available. However, no adverse effects on testis, ovaries, or accessory sex organs were noted in rats following oral or inhalation of propylene carbonate for 13 weeks. Therefore, reproductive effects from propylene carbonate are unlikely
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & MDI, PROPOXYLATED & MDI HOMOPOLYMER	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. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia.
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & MDI, PROPOXYLATED & TALC & MDI HOMOPOLYMER	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & PROPYLENE CARBONATE	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & TALC & MDI HOMOPOLYMER & SILICA AMORPHOUS	The substance is classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.
MDI, PROPOXYLATED & TALC	No significant acute toxicological data identified in literature search.

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Acute Toxicity	✔	**Carcinogenicity**	✘
Skin Irritation/Corrosion	✔	**Reproductivity**	✘
Serious Eye Damage/Irritation	✔	**STOT - Single Exposure**	✔
Respiratory or Skin sensitisation	✔	**STOT - Repeated Exposure**	✔
Mutagenicity	✘	**Aspiration Hazard**	✘

Legend: ✘ *– Data either not available or does not fill the criteria for classification*
✔ *– Data available to make classification*

SECTION 12 Ecological information

Toxicity

50133, 50139 Plastic Bonder Syringe - Part A

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

4,4'-diphenylmethane diisocyanate (MDI)

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	>0.500mg/L	6
EC50	72	Algae or other aquatic plants	>1-640mg/L	2
NOEL	72	Algae or other aquatic plants	1-640mg/L	2

MDI, propoxylated

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

talc

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	89-581.016mg/L	2
EC50	96	Algae or other aquatic plants	7-202.7mg/L	2
NOEC	720	Crustacea	1-459.798mg/L	2

zeolites

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	1000mg/L	1
EC50	48	Crustacea	100-1800mg/L	1
EC50	96	Algae or other aquatic plants	18mg/L	1
EC10	96	Algae or other aquatic plants	4.9mg/L	1
NOEC	432	Algae or other aquatic plants	1mg/L	1

MDI homopolymer

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	>1-mg/L	2
EC50	72	Algae or other aquatic plants	>1-640mg/L	2
NOEL	72	Algae or other aquatic plants	1-640mg/L	2

silica amorphous

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	1-33.016mg/L	2
EC50	72	Algae or other aquatic plants	440mg/L	1
NOEC	720	Crustacea	34.223mg/L	2

propylene carbonate

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	>1-mg/L	2
EC50	48	Crustacea	>1-mg/L	2
EC50	72	Algae or other aquatic plants	>500mg/L	1
EC0	24	Crustacea	=500mg/L	1
NOEC	96	Fish	1-mg/L	2

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - 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*

For high molecular weight synthetic polymers: (according to the Sustainable Futures (SF) program (U.S. EPA 2005b; U.S. EPA 2012c) polymer assessment guidance.)
High MW polymers are expected:
· to have low vapour pressure and are not expected to undergo volatilization .
· to adsorb strongly to soil and sediment
· to be non-biodegradable (not anticipated to be assimilated by microorganisms.- therefore, biodegradation is not expected to be an important removal process. However many exceptions exist
High MW polymers are not expected to undergo removal by other degradative processes under environmental conditions
for polyisocyanates:
Polyisocyanates are not readily biodegradable. However, due to other elimination mechanisms (hydrolysis, adsorption), long retention times in water are not to be expected. The resulting polyurea is more or less inert and, due to its molecular size, not bioavailable. Within the limits of water solubility, polyisocyanates have a low to moderate toxicity for aquatic

Continued...

organisms.
For Isocyanate Monomers:
Environmental Fate: Isocyanates, (di- and polyfunctional isocyanates), are commonly used to make various polymers, such as polyurethanes. Polyurethanes find significant application in the manufacture of rigid and flexible foams. They are also used in the production of adhesives, elastomers, and coatings.
Atmospheric Fate: These substances are not expected to be removed from the air via precipitation washout or dry deposition.
Terrestrial Fate: These substances are expected to sorb strongly to soil. Migration to groundwater and surface waters is not expected to occur.
Aquatic Fate: Breakdown by water, (hydrolysis), is the primary fate mechanism for the majority of commercial isocyanate monomers, however; the low solubility of these substances will generally lessen the effectiveness of hydrolysis as a fate pathway. But hydrolysis should be considered one of the two major fate processes for the isocyanates. These substances strongly sorb to suspended particulates in water. In the absence of hydrolysis, sorption to solids, (e.g., sludge and sediments), will be the primary mechanism of removal. Biological breakdown is minimal for most compounds and evaporation is negligible. Evaporation from surface water is expected to take years. In wastewater treatment this process is not expected to be significant. Isocyanates will react with water producing carbon dioxide and forming a solid mass, which is insoluble.
Biodegradation: Breakdown of these substances in oxygenated and low oxygen environments is not expected to occur. Most of the substances take several months to degrade. Degradation of the hydrolysis products will occur at varying rates.
Ecotoxicity: These substances are not expected to accumulate/biomagnify in the environment. These substances are toxic if inhaled. These substances are harmful to aquatic organisms and may cause long-term adverse effects in the aquatic environment.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
4,4'-diphenylmethane diisocyanate (MDI)	LOW (Half-life = 1 days)	LOW (Half-life = 0.24 days)
silica amorphous	LOW	LOW
propylene carbonate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
4,4'-diphenylmethane diisocyanate (MDI)	LOW (BCF = 15)
silica amorphous	LOW (LogKOW = 0.5294)
propylene carbonate	LOW (LogKOW = -0.41)

Mobility in soil

Ingredient	Mobility
4,4'-diphenylmethane diisocyanate (MDI)	LOW (KOC = 376200)
silica amorphous	LOW (KOC = 23.74)
propylene carbonate	LOW (KOC = 14.85)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ 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. 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. A Hierarchy of Controls seems to be common - the user should investigate: ▸ Reduction ▸ Reuse ▸ Recycling ▸ Disposal (if all else fails) 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. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. ▸ **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. ▸ **DO NOT** recycle spilled material. ▸ Consult State Land Waste Management Authority for disposal. ▸ Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary decontaminant prior to disposal. ▸ **DO NOT** seal or stopper drums being decontaminated as CO2 gas is generated and may pressurise containers. ▸ Puncture containers to prevent re-use. ▸ Bury or incinerate residues at an approved site.

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been

Continued...

appropriately treated and removed may be recycled.
The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.
Only dispose to the environment if a tolerable exposure limit has been set for the substance.
Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (UN): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR002670	Surface Coatings and Colourants (Subsidiary Hazard) Group Standard 2017

4,4'-diphenylmethane diisocyanate (MDI) is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

MDI, propoxylated is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

talc is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B : Possibly carcinogenic to humans
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

zeolites is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
New Zealand Inventory of Chemicals (NZIoC)

MDI homopolymer is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

silica amorphous is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)
New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

propylene carbonate is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)

Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantity (Closed Containers)	Quantity (Open Containers)
Not Applicable	Not Applicable	Not Applicable

Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities
Not Applicable	Not Applicable

Continued...

Refer Group Standards for further information

Tracking Requirements

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC	Yes
Australia - Non-Industrial Use	No (4,4'-diphenylmethane diisocyanate (MDI); MDI, propoxylated; talc; zeolites; MDI homopolymer; silica amorphous; propylene carbonate)
Canada - DSL	Yes
Canada - NDSL	No (4,4'-diphenylmethane diisocyanate (MDI); MDI, propoxylated; talc; MDI homopolymer; propylene carbonate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (MDI, propoxylated; zeolites)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (MDI, propoxylated; MDI homopolymer)
Vietnam - NCI	Yes
Russia - ARIPS	No (MDI, propoxylated)
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 Other information

Revision Date	18/11/2020
Initial Date	16/11/2020

SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	16/11/2020	Fire Fighter (fire/explosion hazard), Fire Fighter (fire fighting)
3.1.1.1	18/11/2020	Chronic Health, Classification, Name

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

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
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

50139 Plastic Bonder Black Syringe - Part B
Griffiths Equipment Limited

Chemwatch Hazard Alert Code: **4**

Chemwatch: **5436-65**
Version No: **3.1.1.1**
Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Issue Date: **18/11/2020**
Print Date: **18/11/2020**
S.GHS.NZL.EN

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	50139 Plastic Bonder Black Syringe - Part B
Synonyms	50139
Other means of identification	Not Available

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

Relevant identified uses	Adhesive. Use according to manufacturer's directions.

Details of the supplier of the safety data sheet

Registered company name	**Griffiths Equipment Limited**
Address	19 Bell Ave, Mount Wellington Auckland 1060 New Zealand
Telephone	+64 9 525 4575
Fax	Not Available
Website	www.griffithsequipment.co.nz
Email	sales@griffithsequipment.co.nz

Emergency telephone number

Association / Organisation	**NZ NATIONAL POISONS CENTRE**
Emergency telephone numbers	0800 POISON or 0800 764-766
Other emergency telephone numbers	International: +64 3 479-7227

SECTION 2 Hazards identification

Classification of the substance or mixture

Classification [1]	Reproductive Toxicity Category 2
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*
Determined by Chemwatch using GHS/HSNO criteria	6.8B

Label elements

Hazard pictogram(s)	
Signal word	**Warning**

Hazard statement(s)

H361	Suspected of damaging fertility or the unborn child.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

Page 1 continued...

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.

Precautionary statement(s) Storage

P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
25723-16-4	35-40	trimethylolpropane propoxylated
14807-96-6	25-30	talc
71011-26-2	15-30	tallow dimethylbenzylammonium chloride/ hectorite
9082-00-2	15-27	glycerol, ethoxylated, propoxylated
68909-20-6	1-5	silica amorphous, fumed, hydrophobic
1318-02-1	0.5-1.5	zeolites
1333-86-4	0.1-1	carbon black
25791-96-2	0.5-1	polypropylene glycol glyceryl ether
110-85-0	0.1-0.5	piperazine
280-57-9	0.1-0.5	triethylenediamine

SECTION 4 First aid measures

Description of first aid measures

Eye Contact

If this product comes in contact with the eyes:
- Wash out immediately with fresh 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.
- Seek medical attention without delay; if pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

Skin Contact

If skin contact occurs:
- Immediately remove all contaminated clothing, including footwear.
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

For thermal burns:
- Decontaminate area around burn.
- Consider the use of cold packs and topical antibiotics.

For first-degree burns (affecting top layer of skin)
- Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides.
- Use compresses if running water is not available.
- Cover with sterile non-adhesive bandage or clean cloth.
- Do NOT apply butter or ointments; this may cause infection.
- Give over-the counter pain relievers if pain increases or swelling, redness, fever occur.

For second-degree burns (affecting top two layers of skin)
- Cool the burn by immerse in cold running water for 10-15 minutes.
- Use compresses if running water is not available.
- Do NOT apply ice as this may lower body temperature and cause further damage.
- Do NOT break blisters or apply butter or ointments; this may cause infection.
- Protect burn by cover loosely with sterile, nonstick bandage and secure in place with gauze or tape.

To prevent shock: (unless the person has a head, neck, or leg injury, or it would cause discomfort):
- Lay the person flat.
- Elevate feet about 12 inches.
- Elevate burn area above heart level, if possible.
- Cover the person with coat or blanket.
- Seek medical assistance.

For third-degree burns
Seek immediate medical or emergency assistance.
In the mean time:
- Protect burn area cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that will not leave lint in wound.
- Separate burned toes and fingers with dry, sterile dressings.
- Do not soak burn in water or apply ointments or butter; this may cause infection.
- To prevent shock see above.
- For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway.
- Have a person with a facial burn sit up.
- Check pulse and breathing to monitor for shock until emergency help arrives.

Inhalation

- 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.

Continued...

	▸ 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.
Ingestion	▸ 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. ▸ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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

Advice for firefighters

Fire Fighting	▸ 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 water delivered as a fine spray to control fire and cool adjacent area. ▸ Avoid spraying water onto liquid pools. ▸ **DO NOT** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	▸ 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. ▸ Mists containing combustible materials may be explosive. Combustion products include: carbon dioxide (CO_2) aldehydes nitrogen oxides (NOx) silicon dioxide (SiO_2) other pyrolysis products typical of burning organic material. May emit clouds of acrid smoke May emit poisonous fumes. May emit corrosive fumes.

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	▸ Remove all ignition sources. ▸ 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. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	Moderate hazard. ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains.

Continued...

	▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ **DO NOT** allow clothing wet with material to stay in contact with skin ▸ Overheating of ethoxylates/ alkoxylates in air should be avoided. When some ethoxylates are heated vigorously in the presence of air or oxygen, at temperatures exceeding 160 C, they may undergo exothermic oxidative degeneration resulting in self-heating and autoignition. ▸ Nitrogen blanketing will minimise the potential for ethoxylate oxidation. Prolonged storage in the presence of air or oxygen may cause product degradation. Oxidation is not expected when stored under a nitrogen atmosphere. Inert gas blanket and breathing system needed to maintain color stability. Use dry inert gas having at least -40 C dew point. ▸ Trace quantities of ethylene oxide may be present in the material. Although these may accumulate in the headspace of storage and transport vessels, concentrations are not expected to exceed levels which might produce a flammability or worker exposure hazard. ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ Prevent concentration in hollows and sumps. ▸ **DO NOT** enter confined spaces until atmosphere has been checked. ▸ Avoid smoking, naked lights or ignition sources. ▸ Avoid contact with incompatible materials. ▸ When handling, **DO NOT** eat, drink or smoke. ▸ Keep containers securely sealed when not in use. ▸ Avoid physical damage to containers. ▸ Always wash hands with soap and water after handling. ▸ Work clothes should be laundered separately. ▸ Use good occupational work practice. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS. ▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	Ethoxylates/ alkoxylates react slowly with air or oxygen and may generate potentially sensitising intermediates (haptens).. Storage under heated conditions in the presence of air or oxygen increases reaction rate. For example, after storing at 95 F/ 35 C for 30 days in the presence of air, there is measurable oxidation of the ethoxylate. Lower temperatures will allow for longer storage time and higher temperatures will shorten the storage time if stored under an air or oxygen atmosphere. ▸ Store in original containers. ▸ Keep containers securely sealed. ▸ No smoking, naked lights or ignition sources. ▸ 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. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	For ethoxylates suitable containers include carbon steel coated with baked phenolic. Any moisture may cause rusting of carbon steel. If product is moisture free, uncoated carbon steel tanks may be used. ▸ Polyethylene or polypropylene container. ▸ Packing as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Isocyanates. Phosphorous compounds. ▸ Avoid reaction with oxidising agents, bases and strong reducing agents. ▸ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	talc	Soapstone respirable dust	3 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	talc	Talc (containing no asbestos fibres) respirable dust	2 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	carbon black	Carbon black	3 mg/m3	Not Available	Not Available	6.7B-Suspected carcinogen

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
glycerol, ethoxylated, propoxylated	Polyglycol 15-200; (Oxirane, 2-methyl-, polymer with oxirane, ether with 1,2,3-propanetriol (3:1); Calthane NF and ND "B")	30 mg/m3	330 mg/m3	2,000 mg/m3
zeolites	Zeolites, NaA	30 mg/m3	330 mg/m3	2,000 mg/m3
zeolites	Zeolites, NaX	30 mg/m3	330 mg/m3	2,000 mg/m3
carbon black	Carbon black	9 mg/m3	99 mg/m3	590 mg/m3

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Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
piperazine	Piperazine	0.09 ppm	8.9 ppm	54 ppm
triethylenediamine	Diazabicyclo(2,2,2)octane, 1,4-	5.1 mg/m3	56 mg/m3	340 mg/m3

Ingredient	Original IDLH	Revised IDLH
trimethylolpropane propoxylated	Not Available	Not Available
talc	1,000 mg/m3	Not Available
tallow dimethylbenzylammonium chloride/ hectorite	Not Available	Not Available
glycerol, ethoxylated, propoxylated	Not Available	Not Available
silica amorphous, fumed, hydrophobic	Not Available	Not Available
zeolites	Not Available	Not Available
carbon black	1,750 mg/m3	Not Available
polypropylene glycol glyceryl ether	Not Available	Not Available
piperazine	Not Available	Not Available
triethylenediamine	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
piperazine	E	≤ 0.01 mg/m³
triethylenediamine	E	≤ 0.01 mg/m³
Notes:	*Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.*	

Exposure controls

Appropriate engineering controls

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.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
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. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.
An approved self contained breathing apparatus (SCBA) may be required in some situations.
Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Personal protection

Continued...

Eye and face protection	▸ Safety glasses with side shields. ▸ Chemical goggles. ▸ 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. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	▸ Wear chemical protective gloves, e.g. PVC. ▸ Wear safety footwear or safety gumboots, e.g. Rubber **NOTE:** ▸ 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. 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. 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. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ P.V.C apron. ▸ Barrier cream. ▸ Skin cleansing cream. ▸ Eye wash unit.

Respiratory protection

Type AK-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	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-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)

If inhalation risk above the TLV exists, wear approved dust respirator.
Use respirators with protection factors appropriate for the exposure level.
- Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- 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

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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.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Liquid.

Physical state	Liquid	**Relative density (Water = 1)**	1.222
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	16000-30000 @ 25C
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	>200	**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	Not Available	**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	▸ 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	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Not normally a hazard due to non-volatile nature of product Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	Open cuts, abraded or irritated skin should not be exposed to this material 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. There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons.
Eye	There is some evidence to suggest that this material can cause eye irritation and damage in some persons.
Chronic	There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment. Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Harmful: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. Ample evidence from experiments exists that there is a suspicion this material directly reduces fertility. Based on experience with animal studies, exposure to the material may result in toxic effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother. Prolonged or repeated skin contact may cause degreasing, followed by drying, cracking and skin inflammation. Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss.

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	As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity). Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed. Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

50139 Plastic Bonder Black Syringe - Part B	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

trimethylolpropane propoxylated	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: >2500 mg/kg[1]	Eye (rabbit): non-irritant OECD 405*
		Eye: no adverse effect observed (not irritating)[1]
		Skin (rabbit): non-irritant OECD 404*
		Skin: no adverse effect observed (not irritating)[1]

talc	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: >5000 mg/kg[1]	Eye: no adverse effect observed (not irritating)[1]
		Skin (human): 0.3 mg/3d-I mild
		Skin: no adverse effect observed (not irritating)[1]

tallow dimethylbenzylammonium chloride/ hectorite	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: >20000 mg/kg[2]	Non-irritant (skin)

glycerol, ethoxylated, propoxylated	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >5000 mg/kg[2]	Not Available
	Oral (rat) LD50: >10000 mg/kg[2]	

silica amorphous, fumed, hydrophobic	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: >5000 mg/kg[2]	Eye (rabbit): none
		Skin (rabbit): none [Degussa]

zeolites	**TOXICITY**	**IRRITATION**
	>4.575 mg/l/1hr[2]	Not Available
	Dermal (rabbit) LD50: >2000 mg/kg[2]	
	Oral (rat) LD50: >27000 mg/kg[2]	
	Oral (rat) LD50: >5110 mg/kg[2]	
	Oral (rat) LD50: 5000 mg/kg[2]	

carbon black	**TOXICITY**	**IRRITATION**
	4 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
	7 mg/kg[2]	Skin: no adverse effect observed (not irritating)[1]
	Oral (rat) LD50: >15400 mg/kg[2]	

polypropylene glycol glyceryl ether	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >20000 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
	Inhalation (rat) LC50: >200 mg/l/h*[2]	Eye: non-irritant *
	Oral (rat) LD50: 2830 mg/kg[2]	Skin (rabbit): 500 mg (open)-mild
		Skin: no adverse effect observed (not irritating)[1]

piperazine	**TOXICITY**	**IRRITATION**
	~125 mg/kg[2]	Eye (rabbit): 0.25 mg/24h SEVERE
	Dermal (rabbit) LD50: 4000 mg/kg[2]	Eye (rabbit): 0.75 mg SEVERE
	Inhalation (mouse) LC50: 2.7 mg/l/2H[2]	Skin (rabbit): 500 mg open mild
	Oral (mouse) LD50: 11200 mg/kg[2]	
	Oral (rat) LD50: 1900 mg/kg[2]	

triethylenediamine	**TOXICITY**	**IRRITATION**
	>320-400 mg/kg[2]	Eye (rabbit): 25 mg - moderate
	Oral (rat) LD50: 1400 mg/kg[2]	Eye: adverse effect observed (irritating)[1]
		Skin (rabbit): 25 mg (open)-mild

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	Skin: adverse effect observed (irritating)[1]
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*

TRIMETHYLOLPROPANE PROPOXYLATED	Sensitization: Mouse Local Lymph Node Assay (LLNA)/mouse: Non-sensitizing. (OECD Guideline 429) * BASF MSDS
TALC	The overuse of talc in nursing infants has resulted in respiratory damage causing fluid in the lungs and lung inflammation which may lead to death within hours of inhalation. Long-term exposure can also cause a variety of respiratory symptoms. The substance is classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.
TALLOW DIMETHYLBENZYLAMMONIUM CHLORIDE/ HECTORITE	For organoclay Acute toxicity: Organoclay compounds are not expected to be absorbed significantly by mouth or through the skin. They are not irritating to the skin and cause only minimal eye irritation in humans. Animal testing has suggested low toxicity via inhalation or by mouth. Repeat-dose toxicity: Animal testing showed that repeated exposure to organoclay compounds may cause decreased levels of calcium and chloride in the blood, and increased weight of the adrenal gland. Genetic toxicity: Available results from testing regarding genetic toxicity has been negative. Carcinogenicity: There is no data available regarding the cancer-causing potential of these materials. However, bentonite, which is often present as an impurity, is considered to cause cancer in humans (Group 1 according to IARC). Developmental and reproductive toxicity: The compound was not found to cause birth defects, and there was no reproductive toxicity found at any level.
GLYCEROL, ETHOXYLATED, PROPOXYLATED	Polyethers (such as ethoxylated surfactants and polyethylene glycols) are highly susceptible to being oxidized in the air. They then form complex mixtures of oxidation products. Animal testing reveals that whole the pure, non-oxidised surfactant is non-sensitizing, many of the oxidation products are sensitisers. The oxidization products also cause irritation.
SILICA AMORPHOUS, FUMED, HYDROPHOBIC	For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification. Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser. Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact. Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure. Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m3 to 150 mg/m3. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m3. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m3. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL. Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected. For Synthetic Amorphous Silica (SAS) Repeated dose toxicity Oral (rat), 2 weeks to 6 months, no significant treatment-related adverse effects at doses of up to 8% silica in the diet. Inhalation (rat), 13 weeks, Lowest Observed Effect Level (LOEL) =1.3 mg/m3 based on mild reversible effects in the lungs. Inhalation (rat), 90 days, LOEL = 1 mg/m3 based on reversible effects in the lungs and effects in the nasal cavity. For silane treated synthetic amorphous silica: Repeated dose toxicity: oral (rat), 28-d, diet, no significant treatment-related adverse effects at the doses tested. There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.
ZEOLITES	Inhalation (-) LC50: >18.3 mg/l/1hr for sodium aluminosilicate, zeolite A: Skin (rabbit): non-irritating Eye (rabbit): slight [Grace]
CARBON BLACK	Inhalation (rat) TCLo: 50 mg/m3/6h/90D-I Nil reported **WARNING:** This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.
POLYPROPYLENE GLYCOL GLYCERYL ETHER	Data for Niax Polyol L-56 Data for Niax Polyol LG-168 * BASF Multranol 9175 SDS
PIPERAZINE	for piperazine: Exposure to piperazine and its salts has clearly been demonstrated to cause asthma in occupational settings. No NOAEL can be estimated for respiratory sensitisation (asthma). Although the LD50 levels indicate a relatively low level of oral acute toxicity (LD50 1-5 g/kg bw), signs of neurotoxicity may appear in humans after exposure to lower doses. Based on exposure levels of up to 3.4 mg/kg/day piperazine base and a LOAEL of 110 mg/kg, there is no concern for acute toxicity In pigs, piperazine is readily absorbed from the gastrointestinal tract, and the major part of the resorbed compound is excreted as unchanged piperazine during the first 48 hours. The principal route of excretion of piperazine and its metabolites is via urine, with a minor fraction recovered from faeces (16%). In humans the kinetics of the uptake and excretion of piperazine and its metabolites with urine appear to be roughly similar to that in the pig, and the nature and extent of conversion to metabolites has not been determined. Piperazine has demonstrated a low acute toxicity (LD50 = 1-5 g/kg bw) by the oral, dermal, and subcutaneous route of administration to rodents,

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	whereas adequate inhalation toxicity data have not been found. However, there are findings of EEG (electroencephalogram) changes in 37% of 89 children administrated 90-130 mg/kg piperazine (two doses during one day), corroborated by a proposed GABA (gamma-aminobutyric acid) receptor agonism exerted by piperazine. Since clinical symptoms of neurotoxicity may occur after exposure to higher doses, a LOAEL of 110 mg/kg piperazine base for acute neurotoxicity in humans after acute exposure is proposed. Piperazine, as concentrated aqueous solution, has strongly irritating properties with regard to skin, and should be regarded as corrosive with respect to the eye. Exposure to piperazine and it salts has been demonstrated to cause allergic dermatitis as well as respiratory sensitisation in humans. As shown by the LLNA, piperazine has a sensitising potential in animals. Although piperazine is clearly sensitising, no NOAEL can be set for this effect from the present database. A NOAEL of 25 mg/kg/day of piperazine for liver toxicity in the beagle dog has been chosen after repeated exposure. A LOAEL of 30 mg/kg/day of piperazine for neurotoxicity is proposed based on documentation of (rare cases) of neurotoxicity from human clinical practice. Neurotoxicity also appears in other species (e.g., rabbits, dogs, cats, tigers, and horses), but not in rodents. For reproductive effects of piperazine, there is a NOAEL of 125 mg/kg/day for effects on fertility, i.e., reduced pregnancy index, decreased number of implantation sites, and decreased litter sizes in rats. The teratogenic properties have been investigated in rats and rabbits in adequate studies. In rabbit, such effects may be elicited at a dose level that is also toxic to the dam. The LOAEL is 94 mg/kg/day, and the NOAEL 42 mg/kg/day piperazine base (maternal and embryotoxic). In the rat study, there were decreases in body weight of both dams and offspring at the top dose (2,100 mg/kg/day piperazine base), but there were no signs of any malformations. The genotoxic properties have been investigated both *in vitro* (in the Ames test, in a nonstandard study on Saccharomyces cervisiae and in Chinese hamster ovary cells) and *in vivo*, in a micronuclei assay on mice, all with negative results. There are no solid indications of a carcinogenic effect of piperazine, neither in animal studies, nor from the investigation on humans. In view of lack of genotoxic action, it appears unlikely that piperazine poses a carcinogenic risk. There seems to be an additional cancer risk due to the formation of N-mononitrosopiperazine (NPZ) from piperazine. It is possible to calculate a hypothetical additional cancer risk posed by NPZ after exposure to piperazine, but the calculation would depend on several assumptions. We conclude that there seems to be an additional cancer risk due to the formation of NPZ from piperazine, and although it is difficult to estimate, it is probably small. Ethyleneamines are very reactive and can cause chemical burns, skin rashes and asthma-like symptoms. It is readily absorbed through the skin and may cause eye blindness and irreparable damage. As such, they require careful handling. In general, the low-molecular weight polyamines have been positive in the Ames assay (for genetic damage); however, this is probably due to their ability to chelate copper. 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. **NOTE:** Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA. for hexahydrate [RTECS No.: TM 0850000]
TRIETHYLENEDIAMINE	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
TALC & PIPERAZINE & TRIETHYLENEDIAMINE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
TALC & CARBON BLACK	No significant acute toxicological data identified in literature search.
POLYPROPYLENE GLYCOL GLYCERYL ETHER & PIPERAZINE & TRIETHYLENEDIAMINE	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.
PIPERAZINE & TRIETHYLENEDIAMINE	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. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

Acute Toxicity	✗	**Carcinogenicity**	✗
Skin Irritation/Corrosion	✗	**Reproductivity**	✓
Serious Eye Damage/Irritation	✗	**STOT - Single Exposure**	✗
Respiratory or Skin sensitisation	✗	**STOT - Repeated Exposure**	✗
Mutagenicity	✗	**Aspiration Hazard**	✗

Legend: ✗ *– Data either not available or does not fill the criteria for classification*
✓ *– Data available to make classification*

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
50139 Plastic Bonder Black Syringe - Part B	Not Available	Not Available	Not Available	Not Available	Not Available

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trimethylolpropane propoxylated

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	>100mg/L	2
EC50	48	Crustacea	1-590mg/L	2
EC50	72	Algae or other aquatic plants	84mg/L	2
EC10	72	Algae or other aquatic plants	45mg/L	2
NOEC	48	Crustacea	1-mg/L	2

talc

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	89-581.016mg/L	2
EC50	96	Algae or other aquatic plants	7-202.7mg/L	2
NOEC	720	Crustacea	1-459.798mg/L	2

tallow dimethylbenzylammonium chloride/ hectorite

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

glycerol, ethoxylated, propoxylated

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

silica amorphous, fumed, hydrophobic

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

zeolites

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	1000mg/L	1
EC50	48	Crustacea	100-1800mg/L	1
EC50	96	Algae or other aquatic plants	18mg/L	1
EC10	96	Algae or other aquatic plants	4.9mg/L	1
NOEC	432	Algae or other aquatic plants	1mg/L	1

carbon black

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	>100mg/L	2
EC50	48	Crustacea	>100mg/L	2
EC50	72	Algae or other aquatic plants	>10-mg/L	2
EC10	72	Algae or other aquatic plants	>10-mg/L	2
NOEC	96	Fish	>=1-mg/L	2

polypropylene glycol glyceryl ether

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	>1-mg/L	2
EC50	48	Crustacea	>100mg/L	2
EC50	72	Algae or other aquatic plants	>100mg/L	2
EC0	72	Algae or other aquatic plants	>=100mg/L	2
NOEC	504	Crustacea	>=10mg/L	2

piperazine

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	>1-800mg/L	2
EC50	48	Crustacea	21mg/L	2
NOEC	72	Algae or other aquatic plants	>1-mg/L	2

triethylenediamine

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	>1-mg/L	2
EC50	48	Crustacea	>100mg/L	2
EC50	72	Algae or other aquatic plants	110mg/L	2
EC10	72	Algae or other aquatic plants	56mg/L	2
NOEC	72	Algae or other aquatic plants	46mg/L	2

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - 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*

For high molecular weight synthetic polymers: (according to the Sustainable Futures (SF) program (U.S. EPA 2005b; U.S. EPA 2012c) polymer assessment guidance.)
High MW polymers are expected:

- to have low vapour pressure and are not expected to undergo volatilization .
- to adsorb strongly to soil and sediment
- to be non-biodegradable (not anticipated to be assimilated by microorganisms.- therefore, biodegradation is not expected to be an important removal process. However many

Continued...

exceptions exist
High MW polymers are not expected to undergo removal by other degradative processes under environmental conditions
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
piperazine	LOW	LOW
triethylenediamine	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
polypropylene glycol glyceryl ether	LOW (BCF = 7)
piperazine	LOW (BCF = 3.9)
triethylenediamine	LOW (BCF = 13)

Mobility in soil

Ingredient	Mobility
piperazine	LOW (KOC = 52.71)
triethylenediamine	LOW (KOC = 95.14)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ 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. 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. A Hierarchy of Controls seems to be common - the user should investigate: ▸ Reduction ▸ Reuse ▸ Recycling ▸ Disposal (if all else fails) 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. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. ▸ **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 or consult manufacturer for recycling options. ▸ Consult State Land Waste Authority for disposal. ▸ Bury or incinerate residue at an approved site. ▸ Recycle containers if possible, or dispose of in an authorised landfill.

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.
The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.
Only dispose to the environment if a tolerable exposure limit has been set for the substance.
Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (UN): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

Not Applicable

Continued...

SECTION 15 Regulatory information

Safety, health and environmental regulations / legislation specific for the substance or mixture

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR002670	Surface Coatings and Colourants (Subsidiary Hazard) Group Standard 2017

trimethylolpropane propoxylated is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

talc is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B : Possibly carcinogenic to humans
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

tallow dimethylbenzylammonium chloride/ hectorite is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

glycerol, ethoxylated, propoxylated is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

silica amorphous, fumed, hydrophobic is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

zeolites is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
New Zealand Inventory of Chemicals (NZIoC)

carbon black is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B : Possibly carcinogenic to humans
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)
New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

polypropylene glycol glyceryl ether is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)

piperazine is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)

triethylenediamine is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)

Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantity (Closed Containers)	Quantity (Open Containers)
Not Applicable	Not Applicable	Not Applicable

Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

Tracking Requirements

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC	Yes
Australia - Non-Industrial Use	No (trimethylolpropane propoxylated; talc; tallow dimethylbenzylammonium chloride/ hectorite; glycerol, ethoxylated, propoxylated; silica amorphous, fumed, hydrophobic; zeolites; carbon black; polypropylene glycol glyceryl ether; piperazine; triethylenediamine)

Continued...

National Inventory	Status
Canada - DSL	Yes
Canada - NDSL	No (trimethylolpropane propoxylated; talc; tallow dimethylbenzylammonium chloride/ hectorite; glycerol, ethoxylated, propoxylated; silica amorphous, fumed, hydrophobic; carbon black; polypropylene glycol glyceryl ether; piperazine; triethylenediamine)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (glycerol, ethoxylated, propoxylated)
Japan - ENCS	No (tallow dimethylbenzylammonium chloride/ hectorite; glycerol, ethoxylated, propoxylated; silica amorphous, fumed, hydrophobic; zeolites)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (trimethylolpropane propoxylated; silica amorphous, fumed, hydrophobic; polypropylene glycol glyceryl ether)
Vietnam - NCI	Yes
Russia - ARIPS	No (tallow dimethylbenzylammonium chloride/ hectorite; silica amorphous, fumed, hydrophobic)
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 Other information

Revision Date	18/11/2020
Initial Date	16/11/2020

SDS Version Summary

Version	Issue Date	Sections Updated
3.1.1.1	18/11/2020	Classification

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

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
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

end of SDS