



RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

RS Components

Chemwatch Hazard Alert Code: 3

Chemwatch: 5411-68
Version No: 2.1.1.1
Safety Data Sheet according to HSNO Regulations

Issue Date: 15/07/2020
Print Date: 03/09/2020
L.GHS.NZL.EN

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

Product Identifier

Product name	RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)
Synonyms	811-2760; 811-2772; 811-2776; 811-2782; 811-2785; 811-2788
Other means of identification	Not Available

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

Relevant identified uses	Casting resin. Use according to manufacturer's directions.
--------------------------	---

Details of the supplier of the safety data sheet

Registered company name	RS Components
Address	PO Box 12-127 Penrose, Auckland New Zealand
Telephone	+64 27 4747122
Fax	+64 9 579 1700
Website	www.nz.rs-online.com
Email	Not Available

Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+61 2 9186 1132
Other emergency telephone numbers	+64 800 700 112

Once connected and if the message is not in your preferred language then please dial 01

SECTION 2 Hazards identification

Classification of the substance or mixture

Classification [1]	Skin Corrosion/Irritation Category 2, Eye Irritation 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	6.3A, 6.4A

Label elements

Hazard pictogram(s)	
Signal word	Warning

Hazard statement(s)

H315	Causes skin irritation.
H319	Causes serious eye irritation.

Precautionary statement(s) Prevention

**RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785,
#811-2788 (NZ)**

P280	Wear protective gloves/protective clothing/eye protection/face protection.
-------------	--

Precautionary statement(s) Response

P321	Specific treatment (see advice on this label).
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 Composition / information on ingredients**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
8001-79-4	50-65	<u>castor oil</u>
25322-69-4	10-25	<u>polypropylene glycol</u>
25791-96-2	5-15	<u>polypropylene glycol glyceryl ether</u>
Not Available	1-10	polyesterpolyol
1318-02-1	1-10	<u>zeolites</u>
Not Available	0.1-1	grey pigment
Not Available	0.1-1	polymeric carbodiimide
64742-95-6	0.1-1	<u>naphtha petroleum, light aromatic solvent</u>
64742-47-8	0.1-1	<u>distillates, petroleum, light, hydrotreated</u>

SECTION 4 First aid measures**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ 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	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ 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. <p>For thermal burns:</p> <ul style="list-style-type: none"> ▶ Decontaminate area around burn. ▶ Consider the use of cold packs and topical antibiotics. <p>For first-degree burns (affecting top layer of skin)</p> <ul style="list-style-type: none"> ▶ 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. <p>For second-degree burns (affecting top two layers of skin)</p> <ul style="list-style-type: none"> ▶ 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. <p>To prevent shock: (unless the person has a head, neck, or leg injury, or it would cause discomfort):</p> <ul style="list-style-type: none"> ▶ 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. <p>For third-degree burns Seek immediate medical or emergency assistance.</p> <p>In the mean time:</p> <ul style="list-style-type: none"> ▶ 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.

RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay.
Ingestion	<ul style="list-style-type: none"> ▶ 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. ▶ Avoid giving milk or oils. ▶ Avoid giving alcohol.

Indication of any immediate medical attention and special treatment needed

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.

for stimulants:

Treatment and Management.

A specific antidote does not exist for acute stimulant intoxication. Activated charcoal should be prescribed in a case of acute overdose. Otherwise the treatment should target specific signs and symptoms such as hypertension, agitation, seizures, and hyperthermia. Rapid supportive treatment may reduce mortality.

Supportive therapy

Acute intoxication usually presents with increased sensitivity to sensorial stimuli and paranoia. As such, decreasing the patient's level of stimulation (keep voice low, dim lights, minimise touch) and working with the patient's paranoid state (reduce eye contact, respect personal space, do not approach from behind) is important.

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

Decontamination with gastric lavage may be appropriate in cases of recent ingestion.

Monitor vital signs and hydrate with intravenous fluids.

Withdrawal related insomnia may be treated with trazodone (75-200 mg), hydroxyzine (25-50 mg), or diphenhydramine (50-100 mg) at bedtime.

Benzodiazepines should be avoided unless the patient is also in detox from alcohol/benzodiazepines/opiates.

Neuroleptics may be used for the symptomatic treatment of psychosis.

Physical restraints may be required in certain cases.

Common withdrawal symptoms may include dysphoria, anxiety, and irritability, decreased energy (manifested as reported fatigue, psychomotor retardation and hypersomnia), hyperphagia, decreased concentration, and paranoia. The withdrawal symptoms are uncomfortable but not life threatening; consequently, no current recommendations for a stimulant-detoxification regimen are available.

Stimulant withdrawal dysphoria is common and does not in itself represent an indication for an antidepressant. However, a thorough assessment (including consideration of an antidepressant) is recommended for persistent (longer than a week) depressive symptoms at a level of moderate or severe or associated with suicidal ideation/attempts.

Medscape

Treat symptomatically.

- ▶ Polyethylene glycols are generally poorly absorbed orally and are mostly unchanged by the kidney.
- ▶ Dermal absorption can occur across damaged skin (e.g. through burns) leading to increased osmolality, anion gap metabolic acidosis, elevated calcium, low ionised calcium, CNS depression and renal failure.
- ▶ Treatment consists of supportive care.

[Ellenhorn and Barceloux: Medical Toxicology]

SECTION 5 Firefighting measures

Extinguishing media

- ▶ Alcohol stable foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.

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	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). <p>Combustion products include: carbon dioxide (CO₂) acrolein nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p> <p>CARE: Water in contact with hot liquid may cause foaming and a steam explosion with wide scattering of hot oil and possible severe burns. Foaming may cause overflow of containers and may result in possible fire.</p>

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> Slippery when spilt. ▶ 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.
Major Spills	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by all means available, spillage from entering drains or water courses. Slippery when spilt.

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

SECTION 7 Handling and storage**Precautions for safe handling**

Safe handling	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ 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.
Other information	<p>Consider storage under inert gas. Refrigerated storage normally required. Ethoxylates/ alkoxyates 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.</p> <ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ No smoking, naked lights or ignition sources. ▶ Store in a cool, dry, well-ventilated area.

Conditions for safe storage, including any incompatibilities

Suitable container	<p>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.</p> <ul style="list-style-type: none"> ▶ Glass container is suitable for laboratory quantities ▶ DO NOT use aluminium or galvanised containers ▶ Polyethylene or polypropylene container. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<ul style="list-style-type: none"> ▶ 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)	distillates, petroleum, light, hydrotreated	Oil mist, mineral	5 mg/m3	10 mg/m3	Not Available	om-Sampled by a method that does not collect vapour.

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
polypropylene glycol	Polypropylene glycols	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
naphtha petroleum, light aromatic solvent	Naphtha (coal tar); includes solvent naphtha, petroleum (64742-88-7), naphtha (petroleum) light aliphatic, rubber solvent (64742-89-8), heavey catalytic cracked (64741-54-4), light straight run (64741-46-4), heavy aliphatic solvent (64742-96-7), high flash aromatic and aromatic solvent naphtha (64742-95-6)	1,200 mg/m3	6,700 mg/m3	40,000 mg/m3
distillates, petroleum, light, hydrotreated	Mineral oil, heavy or light; (paraffin oil; Deobase, deodorized; heavy paraffinic; heavy naphthenic); distillates; includes 64741-53-3, 64741-88-4, 8042-47-5, 8012-95-1; 64742-54-7	140 mg/m3	1,500 mg/m3	8,900 mg/m3

RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

Ingredient	Original IDLH	Revised IDLH
castor oil	Not Available	Not Available
polypropylene glycol	Not Available	Not Available
polypropylene glycol glyceryl ether	Not Available	Not Available
zeolites	Not Available	Not Available
naphtha petroleum, light aromatic solvent	Not Available	Not Available
distillates, petroleum, light, hydrotreated	2,500 mg/m3	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
castor oil	E	≤ 0.1 ppm
naphtha petroleum, light aromatic solvent	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.

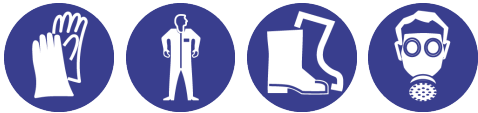
MATERIAL DATA

NOTE H: Special requirements exist in relation to classification and labelling of this substance. This note applies to certain coal- and oil -derived substances and to certain entries for groups of substances in Annex VI. European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

NOTE P: The classification as a carcinogen need not apply if it can be shown that the substance contains less than 0.01% w/w benzene (EINECS No 200-753-7). Note E shall also apply when the substance is classified as a carcinogen. This note applies only to certain complex oil-derived substances in Annex VI.

European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

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.
Personal protection	
Eye and face protection	No special equipment for minor exposure i.e. when handling small quantities. OTHERWISE: <ul style="list-style-type: none"> Safety glasses with side shields. 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.
Skin protection	See Hand protection below
Hands/feet protection	No special equipment needed when handling small quantities. OTHERWISE: Wear general protective gloves, e.g. light weight rubber gloves.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> Overalls. P.V.C apron. Barrier cream. Skin cleansing cream.

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:

RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

Material	CPI
NEOPRENE	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)

RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

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 = 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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Grey liquid with a castor oil odour; does not mix with water.		
Physical state	Liquid	Relative density (Water = 1)	0.99-1.02
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	1500-1700
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 Applicable
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	Not Applicable

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of
----------------	---

**RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785,
#811-2788 (NZ)**

	<p>individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in arrhythmias and hypotension. Inhalation hazard is increased at higher temperatures.</p>						
<p align="center">Ingestion</p>	<p>Castor oil is considered minimally toxic when administered orally to humans; the estimated lethal oral dose is 1-2 pints of undiluted oil (Gosselin et al., 1976). As a purgative, castor oil is ingested as a bolus. Since this would lead to higher concentrations of ricinoleic acid in the gastrointestinal tract than would occur with dietary exposure, it is not surprising that in an occupational setting there is no indications of loose or wet faeces.</p> <p>The toxic effects of glycols (dihydric alcohols), following ingestion are similar to those of alcohol, with depression of the central nervous system (CNS), nausea, vomiting and degenerative changes in liver and kidney.</p> <p>Constant use of purgatives/laxatives may decrease the sensitivity of the intestinal mucosa causing a diminished response to normal stimuli. The redevelopment of a normal habit is thus prevented.</p> <p>Adverse effects associated with the administration of central nervous system stimulants include dyspnea, coughing, bronchospasm, and laryngospasm.</p> <p>At low levels persons may demonstrate elevated mood, activity, and alertness. However, at toxic levels, irritability, insomnia, and agitation predominate. Seizures may occur as well and occur more commonly and at lower serum levels in cases of chronic overdose.</p> <p>Fatty acid esters are relatively non-toxic in rats. Large doses of 20-60 gm/kg are lethal in rats.</p> <p>JECFA established an acceptable daily intake (ADI) of 0-25 mg/kg bw for polyglyceryl esters of fatty acids having an average chain length of up to 3 glycerol units and an ADI of 0-7.5 mg/kg bw for polyglyceryl esters of interesterified ricinoleic acid.</p> <p>In the EU, the esters are listed as food additives at concentrations between 5000 and 10,000 mg/kg in certain foods, and up to 7% free glycerol/polyglycerol is allowed (i.e., 700 mg/kg).</p> <p>Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Accidental ingestion of the material may be damaging to the health of the individual.</p>						
<p align="center">Skin Contact</p>	<p>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</p> <p>Daily application of 0.5 ml of castor oil to the skin of adult female albino rabbits produced mild irritant reactions, including slight erythema and edema, acanthosis and disorganization of the basal layer, and slight inflammation of the dermis (Rantuccio et al., 1981)</p> <p>Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p> <p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p>						
<p align="center">Eye</p>	<p>Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals. Repeated or prolonged eye contact may cause inflammation (similar to windburn) characterised by a temporary redness of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>						
<p align="center">Chronic</p>	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.</p> <p>Glyceryl triesters (triglycerides), following ingestion, are metabolised to monoglycerides, free fatty acids and glycerol, all of which are absorbed in the intestinal mucosa and undergo further metabolism. Medium chain triglycerides (C8-C10) appear to have relatively rapid metabolism and elimination from blood and tissues compared to long chain triglycerides (C16-C18). Little or no acute, subchronic or chronic oral toxicity was seen in animal studies unless levels approached a significant percentage of calorific intake. Subcutaneous injections of tricaprilyn in rats over a five-week period caused granulomatous reaction characterised by oil deposits surrounded by macrophages.</p> <p>Prolonged use of purgatives/ laxatives may produce watery diarrhoea with excessive loss of water and electrolytes (particularly potassium), muscular weakness and weight loss. Changes in intestinal musculature associated with malabsorption, and dilation of the bowel, similar to ulcerative colitis and to megacolon may also result. Cardiac and renal symptoms have also been reported.</p> <p>On the basis, primarily, of animal experiments, the material may be regarded as carcinogenic to humans. At least one classification body considers that there is sufficient evidence to provide a strong presumption that human exposure to the material may result in cancer on the basis of:</p> <ul style="list-style-type: none"> - appropriate long-term animal studies - other relevant information 						
<p>RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)</p>	<table border="1"> <thead> <tr> <th data-bbox="375 1939 935 1966">TOXICITY</th> <th data-bbox="935 1939 1482 1966">IRRITATION</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 1966 935 1993">Not Available</td> <td data-bbox="935 1966 1482 1993">Not Available</td> </tr> </tbody> </table>	TOXICITY	IRRITATION	Not Available	Not Available		
TOXICITY	IRRITATION						
Not Available	Not Available						
<p align="center">castor oil</p>	<table border="1"> <thead> <tr> <th data-bbox="375 2051 935 2078">TOXICITY</th> <th data-bbox="935 2051 1482 2078">IRRITATION</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 2078 935 2105">Not Available</td> <td data-bbox="935 2078 1482 2105">Eye (rabbit): 500 mg mild</td> </tr> <tr> <td data-bbox="375 2105 935 2132"></td> <td data-bbox="935 2105 1482 2132">Skin (human): 50 mg/48h mild</td> </tr> </tbody> </table>	TOXICITY	IRRITATION	Not Available	Eye (rabbit): 500 mg mild		Skin (human): 50 mg/48h mild
TOXICITY	IRRITATION						
Not Available	Eye (rabbit): 500 mg mild						
	Skin (human): 50 mg/48h mild						

RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

		Skin (rabbit): 100 mg/24h SEVERE
polypropylene glycol	TOXICITY	IRRITATION
	Oral (rat) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (rat) LD50: >5000 mg/kg ^[1]	Skin (rabbit): 500 mg mild
		Skin: no adverse effect observed (not irritating) ^[1]
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]
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]	
naphtha petroleum, light aromatic solvent	TOXICITY	IRRITATION
	Inhalation (rat) LC50: >7331.62506 mg/l/8h ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (rat) LD50: >4500 mg/kg ^[1]	Skin: adverse effect observed (irritating) ^[1]
	Oral (rat) LD50: >5000 mg/kg ^[1]	
	Oral (rat) LD50: >5570 mg/kg ^[1]	
	Oral (rat) LD50: >7000 mg/kg ^[1]	
	Oral (rat) LD50: 14063 mg/kg ^[1]	
	Oral (rat) LD50: 6620 mg/kg ^[1]	
distillates, petroleum, light, hydrotreated	TOXICITY	IRRITATION
	Not Available	Eye: no adverse effect observed (not irritating) ^[1]
		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	

CASTOR OIL	<p>For aliphatic fatty acids (and salts)</p> <p>Acute oral (gavage) toxicity:</p> <p>The acute oral LD50 values in rats for both were greater than >2000 mg/kg bw Clinical signs were generally associated with poor condition following administration of high doses (salivation, diarrhoea, staining, piloerection and lethargy). There were no adverse effects on body weight in any study. In some studies, excess test substance and/or irritation in the gastrointestinal tract was observed at necropsy.</p> <p>Skin and eye irritation potential, with a few stated exceptions, is chain length dependent and decreases with increasing chain length. According to several OECD test regimes the animal skin irritation studies indicate that the C6-10 aliphatic acids are severely irritating or corrosive, while the C12 aliphatic acid is irritating, and the C14-22 aliphatic acids generally are not irritating or mildly irritating.</p> <p>Human skin irritation studies using more realistic exposures (30-minute, 1-hour or 24-hours) indicate that the aliphatic acids have sufficient, good or very good skin compatibility.</p> <p>Animal eye irritation studies indicate that among the aliphatic acids, the C8-12 aliphatic acids are irritating to the eye while the C14-22 aliphatic acids are not irritating.</p> <p>Eye irritation potential of the ammonium salts does not follow chain length dependence; the C18 ammonium salts are corrosive to the eyes.</p> <p>Dermal absorption:</p> <p>The in vitro penetration of C10, C12, C14, C16 and C18 fatty acids (as sodium salt solutions) through rat skin decreases with increasing chain length. At 86.73 ug C16/cm² and 91.84 ug C18/cm², about 0.23% and less than 0.1% of the C16 and C18 soap solutions is absorbed after 24 h exposure, respectively.</p> <p>Sensitisation:</p> <p>No sensitisation data were located.</p> <p>Repeat dose toxicity:</p> <p>Repeated dose oral (gavage or diet) exposure to aliphatic acids did not result in systemic toxicity with NOAELs greater than the limit dose of 1000 mg/kg bw.</p> <p>For Group E aliphatic esters (polyol esters):</p> <p>According to a classification scheme described by the American Chemistry Council's Aliphatic Esters Panel, Group E substances are esters of monoacids, mainly common fatty acids, and trihydroxy or polyhydroxyalcohols or polyols, such as pentaerythritol (PE), 2-ethyl-2-(hydroxymethyl)-1,3-propanediol or trimethylolpropane (TMP), and dipentaerythritol (diPE). The Group E substances often are referred to as "polyol esters". The polyol esters are unique in their chemical characteristics since they lack beta-tertiary hydrogen atoms, thus leading to stability against oxidation and elimination. The fatty acids often range from C5-C10 to as high as C18 (e.g., oleic, stearic, isostearic, tall oil fatty acids) in carbon number and generally are derived from naturally occurring sources. Group E esters may have multiple ester linkages and may include mixed esters derived from different carbon-length fatty acid mixtures.</p> <p>For triglycerides:</p> <p>Carboxylic acid esters will undergo enzymatic hydrolysis by ubiquitously expressed GI esterases. The rate of hydrolysis is dependant on the structure of the ester, and may therefore be rapid or rather slow. Thus, due to hydrolysis, predictions on oral absorption based on the physico-chemical characteristics of the intact parent substance alone may no longer apply.</p> <p>When considering the hydrolysis product glycerol, absorption is favoured based on passive and active absorption of glycerol.</p>
-------------------	---

RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

	<p>The Cosmetic Ingredient Review (CIR) Expert Panel has issued three final reports on the safety of 25 triglycerides, i.e., fatty acid triesters of glycerin</p> <p>High purity is needed for the triglycerides. Previously the Panel published a final report on a diglycerides, and concluded that the ingredients in the diglyceride family are safe in the present practices of use and concentration provided the content of 1,2-diesters is not high enough to induce epidermal hyperplasia. The Panel discussed that there was an increased level of concern because of data regarding the induction of protein kinase C (PKC) and the tumor promotion potential of 1,2-diacylglycerols. The Panel noted that, nominally, glyceryl-1,3-diesters contain 1,2-diesters, raising the concern that 1,2-diesters could potentially induce hyperplasia.</p> <p>Some tumorigenic effects have been reported in animal studies using castor oil</p> <p>The castor seed contains ricin, a toxic protein. Heating during the oil extraction process denatures and inactivates the protein. However, harvesting castor beans may not be without risk. Allergenic compounds found on the plant surface can cause permanent nerve damage, making the harvest of castor beans a human health risk.</p> <p>The United States Food and Drug Administration (FDA) has categorized castor oil as "generally recognized as safe and effective" (GRASE) for over-the-counter use as a laxative with its major site of action the small intestine where it is digested into ricinoleic acid.</p>
POLYPROPYLENE GLYCOL	<p>** Rohm and Haas Paraplex WP-1 MSDS</p> <p>Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air.</p> <p>Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of the investigated oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity).</p> <p>The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>
POLYPROPYLENE GLYCOL GLYCERYL ETHER	<p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p> <p>Data for Niax Polyol L-56 Data for Niax Polyol LG-168 * BASF Multtranol 9175 SDS</p>
ZEOLITES	Inhalation (-) LC50: >18.3 mg/l/1hr for sodium aluminosilicate, zeolite A: Skin (rabbit): non-irritating Eye (rabbit): slight [Grace]
NAPHTHA PETROLEUM, LIGHT AROMATIC SOLVENT	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>For trimethylbenzenes:</p> <p>Absorption of 1,2,4-trimethylbenzene occurs after oral, inhalation, or dermal exposure. Occupationally, inhalation and dermal exposures are the most important routes of absorption although systemic intoxication from dermal absorption is not likely to occur due to the dermal irritation caused by the chemical prompting quick removal. Following oral administration of the chemical to rats, 62.6% of the dose was recovered as urinary metabolites indicating substantial absorption. 1,2,4-Trimethylbenzene is lipophilic and may accumulate in fat and fatty tissues.</p> <p>For C9 aromatics (typically trimethylbenzenes - TMBs)</p> <p>Acute Toxicity</p> <p>Acute toxicity studies (oral, dermal and inhalation routes of exposure) have been conducted in rats using various solvent products containing predominantly mixed C9 aromatic hydrocarbons (CAS RN 64742-95-6). Inhalation LC50's range from 6,000 to 10,000 mg/m³ for C9 aromatic naphtha and 18,000 to 24,000 mg/m³ for 1,2,4 and 1,3,5-TMB, respectively. A rat oral LD50 reported for 1,2,4-TMB is 5 grams/kg bw and a rat dermal LD50 for the C9 aromatic naphtha is >4 ml/kg bw. These data indicate that C9 aromatic solvents show that LD50/LC50 values are greater than limit doses for acute toxicity studies established under OECD test guidelines.</p> <p>Irritation and Sensitization</p> <p>Several irritation studies, including skin, eye, and lung/respiratory system, have been conducted on members of the category. * [Devoe].</p>
DISTILLATES, PETROLEUM, LIGHT, HYDROTREATED	<p>Studies indicate that normal, branched and cyclic paraffins are absorbed from the mammalian gastrointestinal tract and that the absorption of n-paraffins is inversely proportional to the carbon chain length, with little absorption above C30. With respect to the carbon chain lengths likely to be present in mineral oil, n-paraffins may be absorbed to a greater extent than iso- or cyclo-paraffins.</p> <p>The major classes of hydrocarbons have been shown to be well absorbed by the gastrointestinal tract in various species. In many cases, the hydrophobic hydrocarbons are ingested in association with dietary lipids. The dependence of hydrocarbon absorption on concomitant triglyceride digestion and absorption, is known as the "hydrocarbon continuum hypothesis", and asserts that a series of solubilising phases in the intestinal lumen, created by dietary triglycerides and their digestion products, afford hydrocarbons a route to the lipid phase of the intestinal absorptive cell (enterocyte) membrane.</p> <p>For "kerosenes"</p> <p>Acute toxicity: Oral LD50s for three kerosenes (Jet A, CAS No. 8008-20-6 and CAS No. 64742-81-0) ranged from > 2 to >20 g/kg. The dermal LD50s of the same three kerosenes were all >2.0 g/kg. Inhalation LC50 values in Sprague-Dawley rats for straight run kerosene (CAS No. 8008-20-6) and hydrodesulfurised kerosene (CAS No. 64742-81-0) were reported to be > 5 and > 5.2 mg/l, respectively. No mortalities in rats were reported in rats when exposed for eight hours to saturated vapor of deodorised kerosene (probably a desulfurised kerosene). Six hour exposures of cats to the same material produced an LC50 of >6.4 mg/l</p> <p>When tested in rabbits for skin irritation, straight run kerosene (CAS No. 8008-20-6) produced "moderate" to "severe" irritation.</p>
CASTOR OIL & DISTILLATES, PETROLEUM, LIGHT, HYDROTREATED	No significant acute toxicological data identified in literature search.

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

RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

Toxicity

RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)	Endpoint	Test Duration (hr)	Species	Value	Source
		Not Available	Not Available	Not Available	Not Available
castor oil	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48	Crustacea	100mg/L	2
	EC50	72	Algae or other aquatic plants	>100mg/L	2
	NOEC	72	Algae or other aquatic plants	100mg/L	2
polypropylene glycol	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	>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
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
naphtha petroleum, light aromatic solvent	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	4.1mg/L	2
	EC50	48	Crustacea	3.2mg/L	2
	EC50	72	Algae or other aquatic plants	>1-mg/L	2
distillates, petroleum, light, hydrotreated	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	>1-mg/L	2
Legend:	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	0.1mg/L	2
	EC50	48	Crustacea	3.2mg/L	2
	EC50	72	Algae or other aquatic plants	>1-mg/L	2
NOEL	72	Algae or other aquatic plants	0.1mg/L	2	

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
polypropylene glycol glyceryl ether	LOW (BCF = 7)
distillates, petroleum, light, hydrotreated	LOW (BCF = 159)

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

Continued...

RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible 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.

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

castor oil is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

polypropylene glycol 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)

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)

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)

naphtha petroleum, light aromatic solvent 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
New Zealand Approved Hazardous Substances with controls

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

distillates, petroleum, light, hydrotreated is found on the following regulatory lists

**RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785,
#811-2788 (NZ)**

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 1 : Carcinogenic to humans
New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

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 - AIC	Yes
Australia Non-Industrial Use	No (castor oil; polypropylene glycol; polypropylene glycol glyceryl ether; zeolites; naphtha petroleum, light aromatic solvent; distillates, petroleum, light, hydrotreated)
Canada - DSL	Yes
Canada - NDSL	No (castor oil; polypropylene glycol; polypropylene glycol glyceryl ether; naphtha petroleum, light aromatic solvent; distillates, petroleum, light, hydrotreated)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (zeolites)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (polypropylene glycol glyceryl ether)
Vietnam - NCI	Yes
Russia - ARIPS	Yes
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	15/07/2020
Initial Date	15/07/2020

SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	15/07/2020	Appearance, Physical Properties, Supplier Information

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

**RS- 3M Scotchcast 470W Resin (Part A) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785,
#811-2788 (NZ)**

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

This document is copyright.

Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH.

TEL (+61 3) 9572 4700.



RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

RS Components

Chemwatch Hazard Alert Code: 2

Chemwatch: 5411-69
Version No: 2.1.1.1
Safety Data Sheet according to HSNO Regulations

Issue Date: 15/07/2020
Print Date: 03/09/2020
L.GHS.NZL.EN

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

Product Identifier

Product name	RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)
Chemical Name	polymeric diphenylmethane diisocyanate
Synonyms	811-2760; 811-2772; 811-2776; 811-2782; 811-2785; 811-2788
Other means of identification	Not Available

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

Relevant identified uses	Electrical. Use according to manufacturer's directions.
--------------------------	--

Details of the supplier of the safety data sheet

Registered company name	RS Components
Address	PO Box 12-127 Penrose, Auckland New Zealand
Telephone	+64 27 4747122
Fax	+64 9 579 1700
Website	www.nz.rs-online.com
Email	Not Available

Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+61 2 9186 1132
Other emergency telephone numbers	+64 800 700 112



Once connected and if the message is not in your preferred language then please dial 01

SECTION 2 Hazards identification

Classification of the substance or mixture

Classification [1]	Acute Toxicity (Inhalation) Category 2, Skin Corrosion/Irritation Category 3, Eye Irritation Category 2, Specific target organ toxicity - single exposure Category 1, Specific target organ toxicity - repeated exposure Category 1
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	6.1B (inhalation), 6.3B, 6.4A, 6.9A

Label elements

Hazard pictogram(s)	 
Signal word	Danger

Hazard statement(s)

H330	Fatal if inhaled.
H316	Causes mild skin irritation.

**RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785,
#811-2788 (NZ)**

H319	Causes serious eye irritation.
H370	Causes damage to organs.
H372	Causes 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.
P270	Do not eat, drink or smoke when using this product.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P308+P311	IF exposed or concerned: Call a POISON CENTER/doctor/physician/first aider.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P320	Specific treatment is urgent (see advice on this label).

Precautionary statement(s) Storage

P403+P233	Store in a well-ventilated place. Keep container tightly closed.
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
9016-87-9	>=99	polymeric diphenylmethane diisocyanate

SECTION 4 First aid measures**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay. <p>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.</p>
Ingestion	<ul style="list-style-type: none"> ▶ IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. ▶ For advice, contact a Poisons Information Centre or a doctor. ▶ Urgent hospital treatment is likely to be needed. ▶ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. ▶ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. ▶ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. <p>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</p> <ul style="list-style-type: none"> ▶ INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. <p>NOTE: Wear a protective glove when inducing vomiting by mechanical means.</p>

RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

Indication of any immediate medical attention and special treatment needed

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.

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	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area.
Fire/Explosion Hazard	<p>-Combustible.</p> <p>-Moderate fire hazard when exposed to heat or flame.</p> <p>-When heated to high temperatures decomposes rapidly generating vapour which pressurises and may then rupture containers with release of flammable and highly toxic isocyanate vapour.</p> <p>-Burns with acrid black smoke and poisonous fumes.</p> <p>Combustion products include: carbon dioxide (CO₂) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material. May emit corrosive fumes.</p> <p>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</p>

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ 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.
Major Spills	<ul style="list-style-type: none"> ▶ 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. <p>For isocyanate spills of less than 40 litres (2 m²):</p> <ul style="list-style-type: none"> ▶ 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).

**RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785,
#811-2788 (NZ)**

- ▶ Avoid contamination with water, alkalis 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.
 - ▶ **DO NOT touch the spill material**
- 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.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ 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.
Other information	<p>Consider storage under inert gas. 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.</p> <p>Rotate all stock to prevent ageing. Use on FIFO (First In-First Out) basis</p> <ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ No smoking, naked lights or ignition sources. ▶ Store in a cool, dry, well-ventilated area.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<p>Amines, water, metals.</p> <ul style="list-style-type: none"> ▶ 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)	polymeric diphenylmethane diisocyanate	Isocyanates, all, (as -NCO)	0.02 mg/m ³	0.07 mg/m ³	Not Available	dsen-Dermal sensitiser (rsen)-Respiratory sensitiser Note: These values apply to all isocyanates, including prepolymers, present in the workplace air as vapours, mist or dust.

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
polymeric diphenylmethane diisocyanate	Polymethylene polyphenyl isocyanate; (Polymeric diphenylmethane diisocyanate)	0.15 mg/m ³	3.6 mg/m ³	22 mg/m ³


Ingredient	Original IDLH	Revised IDLH
polymeric diphenylmethane diisocyanate	Not Available	Not Available

MATERIAL DATA

Exposure controls

Appropriate engineering controls	<ul style="list-style-type: none"> ▶ 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. <p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.</p>
---	--

**RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785,
#811-2788 (NZ)**

Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ 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.
Skin protection	See Hand protection below
Hands/feet protection	<p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care.</p> <ul style="list-style-type: none"> ▶ 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. <p>Avoid contact with moisture.</p>
Body protection	See Other protection below
Other protection	<p>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.</p> <p>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.</p> <ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream.

Respiratory protection

Full face respirator with supplied air.

- ▶ 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 national 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	Brown liquid with an earthy musty odour; does not mix with water.		
Physical state	Liquid	Relative density (Water = 1)	1.2-1.24
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	120-150
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available

**RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785,
#811-2788 (NZ)**

Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	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	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by inhalation.</p> <p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>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.</p> <p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severely toxic effects. Relatively small amounts absorbed from the lungs may prove fatal.</p>
Ingestion	<p>Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by swallowing.</p> <p>Accidental ingestion of the material may be seriously damaging to the health of the individual; animal experiments indicate that ingestion of less than 40 gram may be fatal.</p>
Skin Contact	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by skin contact.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	<p>Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>
Chronic	<p>On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> <p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.</p> <p>Practical experience shows that skin contact with the material is capable of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed.</p> <p>Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by</p>

RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Polyisocyanates still contain small amounts of monomeric isocyanate (typically <0.5 parts per weight) and both – the polyisocyanate and the monomer - have toxicological importance. In addition, solvents also contribute to the overall toxicity of these products.

Due to the higher molecular weight and the much lower vapor pressure the polyisocyanates exhibit a significantly reduced health hazard as compared to the corresponding monomers. Nevertheless they should only be handled under controlled conditions.

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.

A 90-day inhalation study in rats with polymeric MDI (6 hours/day, 5 days/week) produced moderate to severe hyperplastic inflammatory lesions in the nasal cavities and lungs at levels of 8 mg/m³ or greater.

Rats exposed for two years to a respirable aerosol of polymeric MDI exhibited chronic pulmonary irritation at high concentrations. Only at the highest level (6 mg/m³), was there a significant incidence of a benign tumour of the lung (adenoma) and one malignant tumour (adenocarcinoma). There were no lung tumours at 1 mg/m³ and no effects at 0.2 mg/m³. Overall, the tumour incidence, both benign and malignant and the number of animals with the tumours were not different from controls. The increased incidence of lung tumours is associated with prolonged respiratory irritation and the concurrent accumulation of yellow material in the lung, which occurred throughout the study. In the absence of prolonged exposure to high concentrations leading to chronic irritation and lung damage, it is highly unlikely that tumour formation will occur.

Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, 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 after a period of tolerance.

RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

TOXICITY

Not Available

IRRITATION

Not Available

polymeric diphenylmethane diisocyanate

TOXICITY

Dermal (rabbit) LD50: >9400 mg/kg^[2]

Inhalation (rat) LC50: 0.49 mg/l/4h^[2]

Oral (rat) LD50: 43000 mg/kg^[2]

IRRITATION

Eye (rabbit): 100 mg - mild

Legend:

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

POLYMERIC DIPHENYLMETHANE DIISOCYANATE

product

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.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances.

Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.

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/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, 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 after a period of tolerance. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

for diisocyanates:

In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies.

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.

RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

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

RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)	Endpoint	Test Duration (hr)	Species	Value	Source
		Not Available	Not Available	Not Available	Not Available

polymeric diphenylmethane diisocyanate	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

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 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 organisms.

Hydrolysis would represent the primary fate mechanism for the majority of the commercial isocyanate monomers, but, is tempered somewhat by the lack of water solubility. In the absence of hydrolysis, sorption to solids (e.g., sludge and sediments) will be the primary mechanism of removal. Hydrolysis products are predominantly insoluble stable polyureas.

Biodegradation is minimal for most compounds and volatilisation is negligible.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. Otherwise: <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. 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: <ul style="list-style-type: none"> ▶ 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. <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ 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.
-------------------------------------	---

RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785, #811-2788 (NZ)

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.

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
HSR002675	Surface Coatings and Colourants (Toxic [6.1]) Group Standard 2017

polymeric diphenylmethane diisocyanate 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)

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
6.1A, 6.1B, 6.1C (except for propellant powders of classes 1.1C (UN 0160) and 1.3C (UN 0161))	Any quantity

Refer Group Standards for further information

Tracking Requirements

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

- Refer to the regulation for more information

National Inventory Status

National Inventory	Status
Australia - AIIC	Yes
Australia Non-Industrial Use	No (polymeric diphenylmethane diisocyanate)
Canada - DSL	Yes
Canada - NDSSL	No (polymeric diphenylmethane diisocyanate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (polymeric diphenylmethane diisocyanate)
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes

**RS- 3m Scotchcast 470W Resin (Part B) #811-2760, #811-2772, #811-2776, #811-2782, #811-2785,
#811-2788 (NZ)**

National Inventory	Status
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes

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	15/07/2020
Initial Date	15/07/2020

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

This document is copyright.

Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH.

TEL (+61 3) 9572 4700.