PU Foam Fast Grip Aerosol #908-2824

RS Components

Chemwatch Hazard Alert Code: **4**

Chemwatch: **5197-94**
Version No: **2.1.1.1**
Safety Data Sheet according to WHS and ADG requirements

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S.GHS.AUS.EN

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

Product Identifier

Product name	PU Foam Fast Grip Aerosol #908-2824
Synonyms	Manufacturer's Code: 908-2824
Proper shipping name	AEROSOLS
Other means of identification	Not Available

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

Relevant identified uses	Application is by spray atomisation from a hand held aerosol pack Sealants and Isolation.

Details of the supplier of the safety data sheet

Registered company name	RS Components	RS Components
Address	25 Pavesi Street Smithfield 2164 NSW Australia	Units 30 & 31, 761 Great South Road Penrose 1006 Auckland New Zealand
Telephone	+1 300 656 636	+64 9 526 1600
Fax	+1 300 656 696	+64 9 579 1700
Website	Not Available	www.rsnewzealand.com
Email	Not Available	Not Available

Emergency telephone number

Association / Organisation	Not Available	Not Available
Emergency telephone numbers	1800 039 008 (24 hours),+61 3 9573 3112	Not Available
Other emergency telephone numbers	Not Available	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

Poisons Schedule	Not Applicable
GHS Classification [1]	Aerosols Category 1, Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Respiratory Sensitizer Category 1, Skin Sensitizer Category 1, Carcinogen Category 2, Reproductive Toxicity Category 2, Lactation Effects, STOT - SE (Resp. Irr.) Category 3, STOT - RE Category 2, Chronic Aquatic Hazard Category 4
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI*

Label elements

GHS label elements	
SIGNAL WORD	**DANGER**

Hazard statement(s)

H222	Extremely flammable aerosol
H332	Harmful if inhaled
H315	Causes skin irritation
H319	Causes serious eye irritation
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled
H317	May cause an allergic skin reaction
H351	Suspected of causing cancer

Continued...

H361	Suspected of damaging fertility or the unborn child
H362	May cause harm to breast-fed children
H335	May cause respiratory irritation
H373	May cause damage to organs.
H413	May cause long lasting harmful effects to aquatic life
AUH044	Risk of explosion if heated under confinement

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P211	Do not spray on an open flame or other ignition source.
P251	Pressurized container: Do not pierce or burn, even after use.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P263	Avoid contact during pregnancy/while nursing.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.
P285	In case of inadequate ventilation wear respiratory protection.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before reuse.
P363	Wash contaminated clothing before reuse.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER or doctor/physician if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.

Precautionary statement(s) Storage

P405	Store locked up.
P410+P412	Protect from sunlight. Do not expose to temperatures exceeding 50 °C/122 °F.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
9016-87-9	30-50	polymeric diphenylmethane diisocyanate
115-10-6	5-10	dimethyl ether
13674-84-5	5-10	tris(2-chloroisopropyl)phosphate
8001-79-4	5-10	castor oil
85535-85-9	5-10	C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%
107-21-1	1-5	ethylene glycol
74-98-6	1-5	propane
75-28-5.	1-5	iso-butane

SECTION 4 FIRST AID MEASURES

Description of first aid measures

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Eye Contact	If aerosols come in contact with the eyes: ▸ Immediately hold the eyelids apart and flush the eye continuously for at least 15 minutes 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. ▸ Transport to hospital or doctor without delay. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If solids or aerosol mists are deposited upon the skin: ▸ Flush skin and hair with running water (and soap if available). ▸ Remove any adhering solids with industrial skin cleansing cream. ▸ **DO NOT** use solvents. ▸ Seek medical attention in the event of irritation.
Inhalation	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. If aerosols, fumes or combustion products are inhaled: ▸ Remove to fresh air. ▸ 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. ▸ If breathing is shallow or has stopped, ensure clear airway and apply resuscitation, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor.
Ingestion	Not considered a normal route of entry.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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.

SMALL FIRE:

- Water spray, dry chemical or CO2

LARGE FIRE:

- Water spray or fog.

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ May be violently or explosively reactive. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ If safe, switch off electrical equipment until vapour fire hazard removed. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ **DO NOT** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire. ▸ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▸ Liquid and vapour are highly flammable. ▸ Severe fire hazard when exposed to heat or flame. ▸ Vapour forms an explosive mixture with air. ▸ Severe explosion hazard, in the form of vapour, when exposed to flame or spark. ▸ Vapour may travel a considerable distance to source of ignition. ▸ Heating may cause expansion or decomposition with violent container rupture. ▸ Aerosol cans may explode on exposure to naked flames. ▸ Rupturing containers may rocket and scatter burning materials. ▸ Hazards may not be restricted to pressure effects. ▸ May emit acrid, poisonous or corrosive fumes. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). Combustion products include; carbon dioxide (CO_2) isocyanates and minor amounts of hydrogen cyanide hydrogen chloride phosgene nitrogen oxides (NOx) other pyrolysis products typical of burning organic materialWhen heated at high temperatures many isocyanates decompose rapidly generating a vapour which pressurises containers, possibly to the point of rupture. Release of toxic and/or flammable isocyanate vapours may then occur

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Minor Spills	▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Wear protective clothing, impervious gloves and safety glasses. ▸ Shut off all possible sources of ignition and increase ventilation. ▸ Wipe up. ▸ If safe, damaged cans should be placed in a container outdoors, away from all ignition sources, until pressure has dissipated. ▸ Undamaged cans should be gathered and stowed safely.
Major Spills	▸ Liquid Isocyanates and high isocyanate vapour concentrations will penetrate seals on self contained breathing apparatus - SCBA should be used inside encapsulating suit where this exposure may occur. For isocyanate spills of less than 40 litres (2 m2):

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- Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible.
- Notify supervision and others as necessary.
- Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots).
- Control source of leakage (where applicable).
- Dike the spill to prevent spreading and to contain additions of decontaminating solution.
- Prevent the material from entering drains.
- Estimate spill pool volume or area.
- Absorb and decontaminate. - Completely cover the spill with wet sand, wet earth, vermiculite or other similar absorbent. - Add neutraliser (for suitable formulations: see below) to the adsorbent materials (equal to that of estimated spill pool volume). Intensify contact between spill, absorbent and neutraliser by carefully mixing with a rake and allow to react for 15 minutes
- Shovel absorbent/decontaminant solution mixture into a steel drum.
- Decontaminate surface. - Pour an equal amount of neutraliser solution over contaminated surface. - Scrub area with a stiff bristle brush, using moderate pressure. - Completely cover decontaminant with vermiculite or other similar absorbent. - After 5 minutes, shovel absorbent/decontamination solution mixture into the same steel drum used above.
- Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat decontaminate procedure immediately above
- Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for incineration.
- Decontaminate and remove personal protective equipment.
- Return to normal operation.
- Conduct accident investigation and consider measures to prevent reoccurrence.

Decontamination:
Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation ("neutralising fluid"). Isocyanates and polyisocyanates are generally not miscible with water. Liquid surfactants are necessary to allow better dispersion of isocyanate and neutralising fluids/ preparations. Alkaline neutralisers react faster than water/surfactant mixtures alone.
Typically, such a preparation may consist of:
Sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of {ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v}.
Let stand for 24 hours
Three commonly used neutralising fluids each exhibit advantages in different situations.
Formulation A :
liquid surfactant 0.2-2%
sodium carbonate 5-10%
water to 100%
Formulation B
liquid surfactant 0.2-2%
concentrated ammonia 3-8%
water to 100%
Formulation C
ethanol, isopropanol or butanol 50%
concentrated ammonia 5%
water to 100%

After application of any of these formulae, let stand for 24 hours.

Formulation B reacts faster than Formulation A. However, ammonia-based neutralisers should be used only under well-ventilated conditions to avoid overexposure to ammonia or if members of the emergency team wear suitable respiratory protection. Formulation C is especially suitable for cleaning of equipment from unreacted isocyanate and neutralizing under freezing conditions. Regard has to be taken to the flammability of the alcoholic solution.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Water spray or fog may be used to disperse / absorb vapour.
- Absorb or cover spill with sand, earth, inert materials or vermiculite.
- If safe, damaged cans should be placed in a container outdoors, away from ignition sources, until pressure has dissipated.
- Undamaged cans should be gathered and stowed safely.
- Collect residues and seal in labelled drums for disposal.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling

- **DO NOT** allow clothing wet with material to stay in contact with skin
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- **DO NOT** enter confined spaces until atmosphere has been checked.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, **DO NOT** eat, drink or smoke.
- **DO NOT** incinerate or puncture aerosol cans.
- **DO NOT** spray directly on humans, exposed food or food utensils.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Use good occupational work practice.
- Observe manufacturer's storage and handling recommendations contained within this SDS.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

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Other information	Rotate all stock to prevent ageing. Use on FIFO (First In-First Out) basis ▸ Keep dry to avoid corrosion of cans. Corrosion may result in container perforation and internal pressure may eject contents of can ▸ Store in original containers in approved flammable liquid storage area. ▸ **DO NOT** store in pits, depressions, basements or areas where vapours may be trapped. ▸ No smoking, naked lights, heat or ignition sources. ▸ Keep containers securely sealed. Contents under pressure. ▸ Store away from incompatible materials. ▸ Store in a cool, dry, well ventilated area. ▸ Avoid storage at temperatures higher than 40 deg C. ▸ Store in an upright position. ▸ Protect containers against physical damage. ▸ Check regularly for spills and leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Aerosol dispenser. ▸ Check that containers are clearly labelled.
Storage incompatibility	▸ Avoid reaction with oxidising agents ▸ Reacts vigorously with alkali metals ▸ Avoid reaction with water, alcohols and detergent solutions. ▸ Isocyanates and thioisocyanates are incompatible with many classes of compounds, reacting exothermically to release toxic gases. Reactions with amines, strong bases, aldehydes, alcohols, alkali metals, ketones, mercaptans, strong oxidisers, hydrides, phenols, and peroxides can cause vigorous releases of heat. Acids and bases initiate polymerisation reactions in these materials. ▸ Isocyanates easily form adducts with carbodiimides, isothiocyanates, ketenes, or with substrates containing activated CC or CN bonds. ▸ Some isocyanates react with water to form amines and liberate carbon dioxide. This reaction may also generate large volumes of foam and heat. Foaming in confined spaces may produce pressure in confined spaces or containers. Gas generation may pressurise drums to the point of rupture. ▸ Do NOT reseal container if contamination is expected ▸ Open all containers with care ▸ Base-catalysed reactions of isocyanates with alcohols should be carried out in inert solvents. Such reactions in the absence of solvents often occur with explosive violence, ▸ Isocyanates will attack and embrittle some plastics and rubbers. ▸ A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol. ▸ The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment. ▸ For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g. BRETHERICK: Handbook of Reactive Chemical Hazards, 4th Edition ▸ Compressed gases may contain a large amount of kinetic energy over and above that potentially available from the energy of reaction produced by the gas in chemical reaction with other substances

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	polymeric diphenylmethane diisocyanate	Isocyanates, all (as-NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Sen
Australia Exposure Standards	dimethyl ether	Dimethyl ether	760 mg/m3 / 400 ppm	950 mg/m3 / 500 ppm	Not Available	Not Available
Australia Exposure Standards	ethylene glycol	Ethylene glycol (particulate) / Ethylene glycol (vapour)	10 mg/m3 / 52 mg/m3 / 20 ppm	104 mg/m3 / 40 ppm	Not Available	Sk
Australia Exposure Standards	propane	Propane	Not Available	Not Available	Not Available	Asphyxiant

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
polymeric diphenylmethane diisocyanate	Polymethylene polyphenyl isocyanate; (Polymeric diphenylmethane diisocyanate)	0.15 mg/m3	0.26 mg/m3	22 mg/m3
dimethyl ether	Methyl ether; (Dimethyl ether)	1,000 ppm	1000 ppm	7200 ppm
castor oil	Castor oil	56 mg/m3	610 mg/m3	5500 mg/m3
ethylene glycol	Ethylene glycol	10 ppm	40 ppm	60 ppm
propane	Propane	Not Available	Not Available	Not Available
iso-butane	Methylpropane, 2-; (Isobutane)	800 ppm	800 ppm	4000 ppm

Ingredient	Original IDLH	Revised IDLH
polymeric diphenylmethane diisocyanate	Not Available	Not Available
dimethyl ether	Not Available	Not Available
tris(2-chloroisopropyl)phosphate	Not Available	Not Available
castor oil	Not Available	Not Available
C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%	Not Available	Not Available

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ethylene glycol	Not Available	Not Available
propane	20,000 [LEL] ppm	2,100 [LEL] ppm
iso-butane	Not Available	Not Available

Exposure controls

Appropriate engineering controls

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

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.

General exhaust is adequate under normal conditions. If risk of overexposure exists, wear SAA approved respirator. Correct fit is essential to obtain adequate protection.
Provide adequate ventilation in warehouse or closed storage areas.
Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Speed:
aerosols, (released at low velocity into zone of active generation)	0.5-1 m/s
direct spray, spray painting in shallow booths, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)

Within each range the appropriate value depends on:

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

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

Personal protection

Eye and face protection

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

Skin protection

See Hand protection below

Hands/feet protection

NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.
- 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.
- No special equipment needed when handling small quantities.
- **OTHERWISE:**
- For potentially moderate exposures:
- Wear general protective gloves, eg. light weight rubber gloves.
- For potentially heavy exposures:
- Wear chemical protective gloves, eg. PVC. and safety footwear.

Body protection

See Other protection below

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Other protection	All employees working with isocyanates must be informed of the hazards from exposure to the contaminant and the precautions necessary to prevent damage to their health. They should be made aware of the need to carry out their work so that as little contamination as possible is produced, and of the importance of the proper use of all safeguards against exposure to themselves and their fellow workers. Adequate training, both in the proper execution of the task and in the use of all associated engineering controls, as well as of any personal protective equipment, is essential. Employees exposed to contamination hazards should be educated in the need for, and proper use of, facilities, clothing and equipment and thereby maintain a high standard of personal cleanliness. Special attention should be given to ensuring that all personnel understand instructions, especially newly recruited employees and those with local-language difficulties, where they are known. No special equipment needed when handling small quantities. **OTHERWISE:** ▸ Overalls. ▸ Skin cleansing cream. ▸ Eyewash unit. ▸ Do not spray on hot surfaces. ▸ The clothing worn by process operators insulated from earth may develop static charges far higher (up to 100 times) than the minimum ignition energies for various flammable gas-air mixtures. This holds true for a wide range of clothing materials including cotton. ▸ Avoid dangerous levels of charge by ensuring a low resistivity of the surface material worn outermost. BRETHERICK: Handbook of Reactive Chemical Hazards.
Thermal hazards	Not Available

Respiratory protection

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Highly flammable liquid with a characteristic odour; insoluble in water.

Physical state	Liquid	**Relative density (Water = 1)**	1.0 @ 20 deg.C
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	7	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	-97	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	HIGHLY FLAMMABLE.	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	18.6	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	3.0	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water (g/L)	Immiscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	▸ Elevated temperatures. ▸ Presence of open flame. ▸ 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	Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. 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

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	exposure. Sensitized people can react to very low doses, and should not be allowed to work in situations allowing exposure to this material. Continued exposure of sensitised persons may lead to possible long term respiratory impairment. Inhalation hazard is increased at higher temperatures. **WARNING**:Intentional misuse by concentrating/inhaling contents may be lethal.
Ingestion	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. Not normally a hazard due to physical form of product. Considered an unlikely route of entry in commercial/industrial environments
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Spray mist may produce discomfort Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	This material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure. Not considered to be a risk because of the extreme volatility of the gas.
Chronic	There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Harmful: danger of serious damage to health by prolonged exposure through inhalation. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. Based on experience with animal studies, exposure to the material may result in toxic effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is some evidence from animal testing that exposure to this material may result in reduced fertility. Principal route of occupational exposure to the gas is by inhalation. 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. [CCTRADE-Bayer, APMF] Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia.

PU Foam Fast Grip Aerosol #908-2824	TOXICITY	IRRITATION
	Not Available	Not Available

polymeric diphenylmethane diisocyanate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >9400 mg/kg[2]	Eye (rabbit): 100 mg - mild
	Inhalation (rat) LC50: 0.49 mg/L/4h[2]	
	Oral (rat) LD50: 43000 mg/kgd[2]	

dimethyl ether	TOXICITY	IRRITATION
	Inhalation (rat) LC50: 309 mg/L/4H[2]	Nil reported

tris(2-chloroisopropyl)phosphate	TOXICITY	IRRITATION
	dermal (rat) LD50: >1.29 mg/kg[1]	*[Akzo Nobel]
	Inhalation (rat) LC50: >4.6 mg/kl/4H*:[2]	Eye (rabbit): non-irritating*
	Oral (rat) LD50: >500 mg/kg[1]	Skin (rabbit): mild (24 h):

castor oil	TOXICITY	IRRITATION
	Not Available	Eye (rabbit): 500 mg mild
		Skin (human): 50 mg/48h mild
		Skin (rabbit): 100 mg/24h SEVERE

C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%	TOXICITY	IRRITATION
	dermal (rat) LD50: >3125 mg/kg[1]	Not Available
	Inhalation (rat) LC50: >3300 mg/l1 h[1]	
	Oral (rat) LD50: >12500 mg/kg[1]	

ethylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 9530 mg/kgD[2]	Eye (rabbit): 100 mg/1h - mild
	Inhalation (rat) LC50: 50.1 mg/L/8 hr[2]	Eye (rabbit): 12 mg/m3/3D
	Oral (rat) LD50: 4700 mg/kgd[2]	Eye (rabbit): 1440mg/6h-moderate
		Eye (rabbit): 500 mg/24h - mild
		Skin (rabbit): 555 mg(open)-mild

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propane	**TOXICITY**	**IRRITATION**
	Inhalation (mouse) LC50: >15.6-<17.9 mm/l2 h[1]	Not Available
	Inhalation (mouse) LC50: 410000 ppm2 h[1]	
	Inhalation (rat) LC50: >800000 ppm15 min[1]	
	Inhalation (rat) LC50: 1354.944 mg/L15 min[1]	
	Inhalation (rat) LC50: 1355 mg/l15 min[1]	
	Inhalation (rat) LC50: 1442.738 mg/L15 min[1]	
	Inhalation (rat) LC50: 1443 mg/l15 min[1]	
	Inhalation (rat) LC50: 570000 ppm15 min[1]	
iso-butane	**TOXICITY**	**IRRITATION**
	Inhalation (rat) LC50: 658 mg/L/4H[2]	Not Available
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*	

PU Foam Fast Grip Aerosol #908-2824	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. No significant acute toxicological data identified in literature search. Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. Aromatic and aliphatic diisocyanates may cause airway toxicity and skin sensitization. Monomers and prepolymers exhibit similar respiratory effect. Of the several members of diisocyanates tested on experimental animals by inhalation and oral exposure, some caused cancer while others produced a harmless outcome. This group of compounds has therefore been classified as cancer-causing. C12, 60% Chlorinated paraffin is classified by IARC as possibly causing cancer in humans. In experimental animals, oral exposure to its C12, 59% variant plus corn oil produced tumour and early infant death. High molecular weight liquid chloroparaffins are considered to be practically non-harmful. Special consideration should be given to solid grades of the material (eg Cereclor 70) because of relatively high levels of carbon tetrachloride remaining as a residual reactant. Vapours are readily absorbed through intact skin, requiring additional precautions in handling. Lifetime studies have been carried out with two grades of chlorinated paraffins. A short-chain grade with 58% chlorine caused tumours in rats and mice. Male mice exposed to long-chain grades with 40% chlorine showed an excess of tumours at one site. It has been shown that the mechanisms by which short-term paraffins cause tumours are specific to rodents and may not have relevance to human health. Furthermore, chlorinated paraffins have been shown to non-genotoxic. The Regulatory regime in various countries differs with respected to chlorinated paraffins. In the USA, the short-chain (C12), 58% chlorine product has been classified and labelled as a carcinogen. In Germany the MAK Commission has classified most chlorinated paraffins as Category IIIB (suspect carcinogens). They are not however included in the list of substances (TRGS 905) required to be labelled. All EU Member States are required to classify short chain chlorinated paraffins as Category 3 carcinogens.
POLYMERIC DIPHENYLMETHANE DIISOCYANATE	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

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	Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. Aromatic and aliphatic diisocyanates may cause airway toxicity and skin sensitization. Monomers and prepolymers exhibit similar respiratory effect. Of the several members of diisocyanates tested on experimental animals by inhalation and oral exposure, some caused cancer while others produced a harmless outcome. This group of compounds has therefore been classified as cancer-causing. 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. product
TRIS(2-CHLOROISOPROPYL)PHOSPHATE	Non-chlorinated triphosphates have varying chemical, physical, toxicological and environmental properties. Blooming has been identified as a source of potential exposure (human and environmental) to triphosphate plasticisers / flame retardants. Blooming is the movement of an ingredient in rubber or plastic to the outer surface after curing. Blooming is quickened by increased temperature, and triphosphates are known to bloom from car interior plastics, TVs and computer monitors. These substances are absorbed to various organs, particularly the liver and kidney but also the brain. Excretion is rapid and mainly in the urine. Animal testing shows that they have low to moderate acute toxicity, and do not significantly irritate the skin and eye. TCEP has caused convulsions, brain lesions and impaired performance in animal testing. These substances have not been found to cause developmental toxicity or birth defects, but may reduce fertility. Data suggests that they do not cause mutations. Animal testing suggests that these substances, in particular TCEP, TDCPP and TDCiPP, can all cause tumours in various organs, including cancers. At high doses, they may also cause immunotoxicity. For tris(2-chloro-1-methylethyl)phosphate (TCPP) The flame retardant product supplied in the EU, marketed as TCPP, is actually a reaction mixture containing four isomers. The individual isomers in this reaction mixture are not separated or marketed. The individual components are never produced as such. These data are true for TCPP produced by all EU manufacturers. The other isomers in the mixture include bis(1-chloro-2-propyl)-2-chloropropyl phosphate (CAS 76025-08-6); bis(2-chloropropyl)-1-chloro-2-propyl phosphate (CAS 76649-15-5) and tris(2-chloropropyl) phosphate (CAS 6145-73-9). The assumption is made that all isomers have identical properties in respect of risk assessment. The assumption is justified in part by the fact that they exhibit very similar chromatographic properties, even under conditions optimised to separate them. Predicted physicochemical properties differ to only a small extent. Chlorinated alkyl phosphate esters (particularly TCPP) were identified as possible substitutes for the fire retardant pentabromodiphenyl ether They appear to be relatively persistent substances, and there is some human health concern. Three substances in this group have been characterised to a degree and serve as a read across reference for TCPP. They include tris(2-chloroethyl)phosphate (TCEP, CAS 115-96-8), tris[2-(chloro-1-chloromethyl)ethyl]phosphate (TDCP, CAS 13674-87-8) and 2,2-bis(chloromethyl)trimethylene bis[bis(2-chloroethyl)phosphate] (V6, CAS 38051-10-4). Other flame retardants in this family, which do not appear as EU HPV (High Production Volume) substances, include tetrakis[2-(chloroethyl)ethylene)diphosphate (CAS 33125-86-9), tris (2,3-dichloro-1-propyl)phosphate (CAS 78-43-3, an isomer of TDCP)) **Acute toxicity:** The inhalation exposure studies in animals were somewhat equivocal and in general lacking in detailed information. One study yielded an LC50 of > 7 mg/L/4 hr. A limit test yielded an acute LC50 value of >4.6 mg/L/4h. No deaths occurred at this concentration. Toxic signs observed in this study, and in 2 further poorly reported studies, included mild lethargy, matted fur, acute bodyweight depression and convulsions. From the studies, it appears that TCPP is more toxic when administered whole body as aerosol than by nose-only exposure. This suggests that some of the systemic toxicity observed when TCPP is administered whole body may result from dermal or oral uptake, rather than inhalation. Therefore, it is concluded that TCPP is of low toxicity via the inhalation route. Studies in rats indicated that TCPP is of moderate toxicity via the oral route of exposure, with LD50 values from the better quality studies ranging from 632 mg/kg up to 4200 mg/kg, with the majority of values determined to be <2000 mg/kg. Common clinical and macroscopic signs of toxicity observed on nearly all studies included depression, ataxia, hunched posture, lethargy, laboured respiration, increased salivation, partially closed eyelids, body tremors, pilo-erection, ptosis, haemorrhagic lungs and dark liver and/or kidneys. A NOAEL of 200 mg/kg can be identified for acute oral toxicity. This is taken from a 1996 study, in which no clinical signs of toxicity were observed in animals dosed with 200 mg/kg TCPP. Based on the results of the acute oral studies, TCPP should be classified with R22, harmful if swallowed. In a delayed neurotoxicity study conducted in hens, TCPP showed moderate toxicity. The principle effects were reduced mean body weight and food consumption, feather loss and cessation of laying. There was no evidence of inhibited plasma acetylcholinesterase or brain neurotoxic esterase enzyme levels. Therefore, there is no concern for acute delayed neurotoxicity for TCPP. Studies in rats and rabbits indicated that TCPP is of low toxicity via the dermal route of exposure with LD50 values of >2000mg/kg. There is an extensive database in animals, indicating that TCPP is non-irritant in the rabbit eye and skin. The lack of any substantial skin or eye irritation and the lack of irritation observed in the acute inhalation studies suggest that TCPP would be unlikely to produce significant respiratory tract irritation. Evidence from a guinea pig study as well as from a local lymph node assay, indicates that TCPP does not possess significant skin sensitisation potential. No information is available on the respiratory sensitisation potential of TCPP. **Repeat dose toxicity:** A study is available in which male and female rats were fed diets containing TCPP for 13 weeks at concentrations corresponding to mean substance intake values of up to 1349 mg/kg/day and 1745 mg/kg/day for males and females respectively. This study indicated the liver and thyroid to be the main target organs affected by TCPP. Effects observed included statistically significant increases in absolute and relative liver weights in males at all doses and females at the two highest doses, periportal hepatocyte swelling in high dose groups and mild thyroid follicular cell hyperplasia in males at all doses and females at the highest dose.Based on the increase in both absolute and relative liver weights, accompanied by mild thyroid follicular cell hyperplasia observed in males of all dose groups, a LOAEL of 52 mg/kg/day is derived and taken forward to risk characterisation. This LOAEL is taken forward in preference to the NOAEL which was identified in a 4-week study in which rats were dosed with TCPP at concentrations of 0, 10, 100 and 1000 mg/kg/day, as it was derived from a study of longer duration. The 4-week study also showed the liver as the target organ, with increased liver weight changes observed in the high dose groups, accompanied by hepatocyte hypertrophy in all high-dose males and one mid-dose male and changes in ALAT activity in high-dose animals. A two-week study in which rats were fed diets of TCPP at concentrations corresponding to mean substance intake values of up to 1636 mg/kg/day for males and 1517 mg/kg/day for females showed no major clinical signs of toxicity. There was a significant reduction in weight gain and food consumption in high dose males during week 2, but there were no other significant findings. In a 2-generation reproductive toxicity study in which rats were fed TCPP in the diet over two successive generations, the low-dose of 99 mg/kg for females is considered to be the LOAEL for parental toxicity. This is based on decreased body weight and food consumption seen in mid and high dose parental animals and the effects on uterus weight seen in all dosed animals. For males, a NOAEL of approximately 85 mg/kg is derived for parental toxicity, based on decreased body weights, food consumption and organ weight changes observed at mid and high dose groups. No data are available on inhalation and dermal repeated dose toxicity. **Genotoxicity:** The mutagenic potential of TCPP has been well investigated *in vitro*. Evidence from several bacterial mutagenicity studies shows that TCPP is not a bacterial cell mutagen. TCPP was also shown to be non-mutagenic in fungi. In mammalian cell studies, TCPP did not induce forward mutations at the TK locus in L5178Y mouse lymphoma cells in one study, but in a second study, the result was considered equivocal (in the presence of rat liver S9 fraction). A confirmatory mouse lymphoma was conducted in accordance with the relevant regulatory guidelines. The results of the assay indicate that TCPP shows clastogenic activity *in vitro* in the presence of metabolic activation. The main concern for TCPP is clastogenicity, owing to the clearly positive *in vitro* mouse lymphoma study. *In vivo*, TCPP was not clastogenic in a

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	mouse bone marrow micronucleus test. TCPP did not induce an increase in chromosomal aberrations in a rat bone marrow cytogenetics assay. In order to further investigate the potential for TCPP to induce DNA damage, an *in vivo* Comet assay in the rat liver was conducted. The liver was chosen for comet analysis as TCPP caused an increased mutation frequency in the mouse lymphoma assay in the presence of S9 and also induced liver enlargement in repeat dose studies. Under the conditions of this study, TCPP did not induce DNA damage in the liver of rats treated with either 750 or 1500 mg/kg TCPP. Overall, it is considered that TCPP is not genotoxic *in vivo*. **Carcinogenicity:** TCPP is structurally similar to two other chlorinated alkyl phosphate esters, TDCP (tris [2-chloro-1-(chloromethyl)ethyl] phosphate) and TCEP (tris (2-chloroethyl) phosphate). TDCP and TCEP are non-genotoxic carcinogens, in vivo, and have agreed classifications of Carc Cat 3 R40. Based on the available repeat dose toxicity data for TCPP, supported by a qualitative read-across from TDCP and TCEP, there is a potential concern for carcinogenicity for TCPP by a nongenotoxic mechanism. No quantitative read-across can be performed since there are no insights into an underlying mode of action for TCEP and TDCP which would make a prediction on a relatively potency of TCPP possible. Therefore, as a reasonable worst case approach, a risk characterisation will be carried out for this end-point. It is proposed that the effects observed in the 90-day study for TCPP are taken as a starting point for risk characterisation. If these effects were to progress to cancer, they would do so by a non-genotoxic mechanism. Therefore, it is proposed that the LOAEL of 52 mg/kg/day, identified from the 90-day study with TCPP, should be used as a basis for risk characterisation of the carcinogenicity endpoint. **Reproductive toxicity:** In a two-generation reproductive toxicity study with TCPP, there were no treatment related effects in pre-coital time, mating index, female fecundity index, male and female fertility index, duration of gestation and post-implantation loss. There was no effect on sperm parameters at necropsy. In females, the length of the longest oestrus cycle and the mean number of cycles per animal were statistically significantly increased in high dose animals of both generations. A decrease in uterus weight was observed in all dosed females in F0 and in high dose females in F1. Effects were also noted on pituitary weights, significant in high dose females of both generations. A LOAEL of 99 mg/kg is derived for effects on fertility. This is based on effects on the effect on uterus weight seen in all dosed females in F0 and high dose females in F1. **Developmental toxicity:** From the same study, a LOAEL of 99 mg/kg is derived for developmental toxicity. This is based on a treatment related effect on the number of runts observed in all TCPP-treated groups of the F0 generation. In a separate study, no treatment-related effects on foetal mortality, implantation number, resorption or foetal weight were observed following treatment of pregnant dams with TCPP. Cervical ribs and missing 13th ribs were noted at a low incidence in all treatment groups, but not in the control group. However, as a specific rib count undertaken in the 2-generation study did not reveal an increase in this effect, it is concluded that this is not toxicologically significant. Weaning rate and rearing condition were unaffected by treatment and there was no evidence of any abnormality Alkyl esters of phosphoric acid exhibit a low to moderate acute toxicity and metabolised. From studies done on mice, they are not likely to cause gene damage or affect reproduction. However, 2-ethylhexanoic acid produced an effect on newborn rats at high doses to the pregnant female.
CASTOR OIL	The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration. Some tumorigenic effects have been reported in animal studies 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. 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. Despite castor oil being widely used to start labor in pregnant women, to date there is not enough research to show whether it is effective to ripen the cervix or induce labour Due to its foul taste a heavy dose of castor oil was formerly used as a humiliating punishment for children and adults. Victims of this treatment did sometimes die, as the dehydrating effects of the oil-induced diarrhea; however, even those victims who survived had to bear the humiliation of the laxative effects resulting from excessive consumption of the oil.
C14-17 ALKANES, CHLORINATED-, CHLORINATED PARAFFIN 52, 58%	C12, 60% Chlorinated paraffin is classified by IARC as possibly causing cancer in humans. In experimental animals, oral exposure to its C12, 59% variant plus corn oil produced tumour and early infant death. High molecular weight liquid chloroparaffins are considered to be practically non-harmful. Special consideration should be given to solid grades of the material (eg Cereclor 70) because of relatively high levels of carbon tetrachloride remaining as a residual reactant. Vapours are readily absorbed through intact skin, requiring additional precautions in handling. Lifetime studies have been carried out with two grades of chlorinated paraffins. A short-chain grade with 58% chlorine caused tumours in rats and mice. Male mice exposed to long-chain grades with 40% chlorine showed an excess of tumours at one site. It has been shown that the mechanisms by which short-term paraffins cause tumours are specific to rodents and may not have relevance to human health. Furthermore, chlorinated paraffins have been shown to non-genotoxic. The Regulatory regime in various countries differs with respected to chlorinated paraffins. In the USA, the short-chain (C12), 58% chlorine product has been classified and labelled as a carcinogen. In Germany the MAK Commission has classified most chlorinated paraffins as Category IIIB (suspect carcinogens). They are not however included in the list of substances (TRGS 905) required to be labelled. All EU Member States are required to classify short chain chlorinated paraffins as Category 3 carcinogens.
ETHYLENE GLYCOL	For ethylene glycol: Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol. dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glyoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO2, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO2, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. Elimination of ethylene glycol from the plasma in both humans and laboratory animals is rapid after oral exposure; elimination half-lives are in the range of 1-4 hours in most species tested. **Respiratory Effects.** Respiratory system involvement occurs 12-24 hours after ingestion of sufficient amounts of ethylene glycol and is considered to be part of a second stage in ethylene glycol poisoning The symptoms include hyperventilation, shallow rapid breathing, and generalized pulmonary edema with calcium oxalate crystals occasionally present in the lung parenchyma. Respiratory system involvement appears to be dose-dependent and occurs concomitantly with cardiovascular changes. Pulmonary infiltrates and other changes compatible with adult respiratory distress syndrome (ARDS) may characterise the second stage of ethylene glycol poisoning Pulmonary oedema can be secondary to cardiac failure, ARDS, or aspiration of gastric contents. Symptoms related to acidosis such as hyperpnea and tachypnea are frequently observed; however, major respiratory morbidities such as pulmonary edema and bronchopneumonia are relatively rare and usually only observed with extreme poisoning (e.g., in only 5 of 36 severely poisoned cases). **Cardiovascular Effects.** Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12- 24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol. Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned cases.Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in humans. The effects of a long-term, low-dose exposure are unknown. **Gastrointestinal Effects.** Nausea, vomiting with or without blood, pyrosis, and abdominal cramping and pain are common early effects of acute ethylene glycol ingestion. Acute effects of ethylene glycol ingestion in one patient included intermittent diarrhea and abdominal pain, which were attributed to mild colonic ischaemia; severe abdominal pain secondary to colonic stricture and perforation developed 3 months after ingestion, and histology of the resected colon showed birefringent crystals highly suggestive of oxalate deposition. **Musculoskeletal Effects.** Reported musculoskeletal effects in cases of acute ethylene glycol poisoning have included diffuse muscle tenderness and

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	myalgias associated with elevated serum creatinine phosphokinase levels, and myoclonic jerks and tetanic contractions associated with hypocalcaemia. **Hepatic Effects.** Central hydropic or fatty degeneration, parenchymal necrosis, and calcium oxalate crystals in the liver have been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. **Renal Effects.** Adverse renal effects after ethylene glycol ingestion in humans can be observed during the third stage of ethylene glycol toxicity 24-72 hours after acute exposure. The hallmark of renal toxicity is the presence of birefringent calcium oxalate monohydrate crystals deposited in renal tubules and their presence in urine after ingestion of relatively high amounts of ethylene glycol. Other signs of nephrotoxicity can include tubular cell degeneration and necrosis and tubular interstitial inflammation. If untreated, the degree of renal damage caused by high doses of ethylene glycol progresses and leads to haematuria, proteinuria, decreased renal function, oliguria, anuria , and ultimately renal failure. These changes in the kidney are linked to acute tubular necrosis but normal or near normal renal function can return with adequate supportive therapy. **Metabolic Effects.** One of the major adverse effects following acute oral exposure of humans to ethylene glycol involves metabolic changes. These changes occur as early as 12 hours after ethylene glycol exposure. Ethylene glycol intoxication is accompanied by metabolic acidosis which is manifested by decreased pH and bicarbonate content of serum and other bodily fluids caused by accumulation of excess glycolic acid. Other characteristic metabolic effects of ethylene glycol poisoning are increased serum anion gap, increased osmolal gap, and hypocalcaemia. Serum anion gap is calculated from concentrations of sodium, chloride, and bicarbonate, is normally 12-16 mM, and is typically elevated after ethylene glycol ingestion due to increases in unmeasured metabolite anions (mainly glycolate). **Neurological Effects:** Adverse neurological reactions are among the first symptoms to appear in humans after ethylene glycol ingestion. These early neurotoxic effects are also the only symptoms attributed to unmetabolised ethylene glycol. Together with metabolic changes, they occur during the period of 30 minutes to 12 hours after exposure and are considered to be part of the first stage in ethylene glycol intoxication. In cases of acute intoxication, in which a large amount of ethylene glycol is ingested over a very short time period, there is a progression of neurological manifestations which, if not treated, may lead to generalized seizures and coma. Ataxia, slurred speech, confusion, and somnolence are common during the initial phase of ethylene glycol intoxication as are irritation, restlessness, and disorientation. Cerebral edema and crystalline deposits of calcium oxalate in the walls of small blood vessels in the brain were found at autopsy in people who died after acute ethylene glycol ingestion. Effects on cranial nerves appear late (generally 5-20 days post-ingestion), are relatively rare, and according to some investigators constitute a fourth, late cerebral phase in ethylene glycol intoxication. Clinical manifestations of the cranial neuropathy commonly involve lower motor neurons of the facial and bulbar nerves and are reversible over many months. **Reproductive Effects:** Reproductive function after intermediate-duration oral exposure to ethylene glycol has been tested in three multi-generation studies (one in rats and two in mice) and several shorter studies (15-20 days in rats and mice). In these studies, effects on fertility, foetal viability, and male reproductive organs were observed in mice, while the only effect in rats was an increase in gestational duration. **Developmental Effects:** The developmental toxicity of ethylene glycol has been assessed in several acute-duration studies using mice, rats, and rabbits. Available studies indicate that malformations, especially skeletal malformations occur in both mice and rats exposed during gestation; mice are apparently more sensitive to the developmental effects of ethylene glycol. Other evidence of embryotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight. **Cancer:** No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol. **Genotoxic Effects**: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available *in vivo* and *in vitro* laboratory studies provide consistently negative genotoxicity results for ethylene glycol. [Estimated Lethal Dose (human) 100 ml; RTECS quoted by Orica] Substance is reproductive effector in rats (birth defects). Mutagenic to rat cells.
PROPANE	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 available but does not fill the criteria for classification*
✔ *– Data required to make classification available*
⊘ *– Data Not Available to make classification*

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
dimethyl ether	NOEC	48	Crustacea	>4000mg/L	1
dimethyl ether	EC50	384	Crustacea	46.027mg/L	3
dimethyl ether	LC50	96	Fish	200.592mg/L	3
dimethyl ether	EC50	48	Crustacea	>4400.0mg/L	2
dimethyl ether	EC50	96	Algae or other aquatic plants	154.917mg/L	2
tris(2-chloroisopropyl)phosphate	EC50	96	Algae or other aquatic plants	1.363mg/L	3
tris(2-chloroisopropyl)phosphate	LC50	96	Fish	8.900mg/L	3
tris(2-chloroisopropyl)phosphate	EC50	96	Algae or other aquatic plants	=4mg/L	1
tris(2-chloroisopropyl)phosphate	NOEC	Not Applicable	Fish	5.2mg/L	2
tris(2-chloroisopropyl)phosphate	EC50	48	Crustacea	63mg/L	2
castor oil	EC50	24	Crustacea	>100mg/L	2
castor oil	EC50	48	Crustacea	100mg/L	2
castor oil	EC50	72	Algae or other aquatic plants	>100mg/L	2
castor oil	NOEC	72	Algae or other aquatic plants	100mg/L	2
C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%	LC50	96	Fish	>5000mg/L	2

Continued...

C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%	EC50	48	Crustacea	0.0059mg/L	2
C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%	EC50	48	Crustacea	0.0077mg/L	2
C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%	NOEC	504	Crustacea	0.01mg/L	2
C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%	EC50	96	Algae or other aquatic plants	>3.2mg/L	2
ethylene glycol	EC50	Not Applicable	Crustacea	=10mg/L	1
ethylene glycol	LC50	96	Fish	2284.940mg/L	3
ethylene glycol	EC50	48	Crustacea	>100mg/L	2
ethylene glycol	EC50	96	Algae or other aquatic plants	3536mg/L	2
ethylene glycol	NOEC	72	Algae or other aquatic plants	>100mg/L	2
propane	EC50	384	Crustacea	2.462mg/L	3
propane	LC50	96	Fish	10.307mg/L	3
propane	EC50	96	Algae or other aquatic plants	7.71mg/L	2
iso-butane	EC50	384	Crustacea	1.617mg/L	3
iso-butane	LC50	96	Fish	6.706mg/L	3
iso-butane	EC50	96	Algae or other aquatic plants	7.71mg/L	2
Legend:	*Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*				

May cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
dimethyl ether	LOW	LOW
tris(2-chloroisopropyl)phosphate	HIGH	HIGH
ethylene glycol	LOW (Half-life = 24 days)	LOW (Half-life = 3.46 days)
propane	LOW	LOW
iso-butane	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
dimethyl ether	LOW (LogKOW = 0.1)
tris(2-chloroisopropyl)phosphate	LOW (BCF = 4.6)
ethylene glycol	LOW (BCF = 200)
propane	LOW (LogKOW = 2.36)
iso-butane	LOW (BCF = 1.97)

Mobility in soil

Ingredient	Mobility
dimethyl ether	HIGH (KOC = 1.292)
tris(2-chloroisopropyl)phosphate	LOW (KOC = 1278)
ethylene glycol	HIGH (KOC = 1)
propane	LOW (KOC = 23.74)
iso-butane	LOW (KOC = 35.04)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	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:

Continued...

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- **DO NOT** allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- Consult State Land Waste Management Authority for disposal.
- Discharge contents of damaged aerosol cans at an approved site.
- Allow small quantities to evaporate.
- **DO NOT** incinerate or puncture aerosol cans.
- Bury residues and emptied aerosol cans at an approved site.

SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG)

UN number	1950
Packing group	Not Applicable
UN proper shipping name	AEROSOLS
Environmental hazard	Not Applicable
Transport hazard class(es)	Class: 2.1 Subrisk: Not Applicable
Special precautions for user	Special provisions: 63 190 277 327 344 Limited quantity: 1000ml

Air transport (ICAO-IATA / DGR)

UN number	1950
Packing group	Not Applicable
UN proper shipping name	Aerosols, flammable
Environmental hazard	Not Applicable
Transport hazard class(es)	ICAO/IATA Class: 2.1 ICAO / IATA Subrisk: Not Applicable ERG Code: 10L
Special precautions for user	Special provisions: A145A167A802 Cargo Only Packing Instructions: 203 Cargo Only Maximum Qty / Pack: 150 kg Passenger and Cargo Packing Instructions: 203 Passenger and Cargo Maximum Qty / Pack: 75 kg Passenger and Cargo Limited Quantity Packing Instructions: Y203 Passenger and Cargo Limited Maximum Qty / Pack: 30 kg G

Sea transport (IMDG-Code / GGVSee)

UN number	1950
Packing group	Not Applicable
UN proper shipping name	AEROSOLS
Environmental hazard	Not Applicable
Transport hazard class(es)	IMDG Class: 2.1 IMDG Subrisk: Not Applicable

Continued...

Special precautions for user	EMS Number	F-D, S-U
	Special provisions	63 190 277 327 344 959
	Limited Quantities	1000ml

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

Source	Ingredient	Pollution Category
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk	polymeric diphenylmethane diisocyanate	Y
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk	castor oil	Y
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk	C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%	X
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk	ethylene glycol	Y

SECTION 15 REGULATORY INFORMATION

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

POLYMERIC DIPHENYLMETHANE DIISOCYANATE(9016-87-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

DIMETHYL ETHER(115-10-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

TRIS(2-CHLOROISOPROPYL)PHOSPHATE(13674-84-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

CASTOR OIL(8001-79-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

C14-17 ALKANES, CHLORINATED-, CHLORINATED PARAFFIN 52, 58%(85535-85-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

ETHYLENE GLYCOL(107-21-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

PROPANE(74-98-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

ISO-BUTANE(75-28-5.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (dimethyl ether; C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%; castor oil; ethylene glycol; propane; iso-butane; tris(2-chloroisopropyl)phosphate; polymeric diphenylmethane diisocyanate)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	N (polymeric diphenylmethane diisocyanate)
Japan - ENCS	N (C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%)
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	N (C14-17 alkanes, chlorinated-, chlorinated paraffin 52, 58%)
Legend:	*Y = All ingredients are on the inventory* *N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 OTHER INFORMATION

Continued...

Other information

Ingredients with multiple cas numbers

Name	CAS No
dimethyl ether	115-10-6, 157621-61-9
tris(2-chloroisopropyl)phosphate	1244733-77-4, 13674-84-5, 16839-32-0, 98112-32-4
castor oil	64147-40-6, 8001-79-4, 8006-52-8, 8013-56-7, 8015-57-4, 8021-37-2, 8036-08-6, 8041-95-0, 89958-32-7

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.
A list of reference resources used to assist the committee may be found at:
www.chemwatch.net

The (M)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