



RS Pro Glass Polish Cleaner #136-8547 (AUS)

RS Components

Chemwatch: 5542-78

Version No: 2.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: 25/05/2022

Print Date: 26/05/2022

L.GHS.AUS.EN.E

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

Product Identifier

Product name	RS Pro Glass Polish Cleaner #136-8547 (AUS)
Chemical Name	Not Applicable
Synonyms	Product Code: 136-8547
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains stearamidopropyltrimethyl-beta-hydroxyethylammonium nitrate)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Cleaning agent.
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Details of the supplier of the safety data sheet

Registered company name	RS Components
Address	25 Pavesi Street Smithfield NSW 2164 Australia
Telephone	+1 300 656 636
Fax	+1 300 656 696
Website	www.au.rs-online.com
Email	Not Available

Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+61 1800 951 288
Other emergency telephone numbers	+61 3 9573 3188

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

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

COMBUSTIBLE LIQUID, regulated for storage purposes only

ChemWatch Hazard Ratings

	Min	Max
Flammability	1	
Toxicity	1	
Body Contact	2	
Reactivity	1	
Chronic	2	

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	Not Applicable
Classification [1]	Flammable Liquids Category 4, Serious Eye Damage/Eye Irritation Category 2A, Hazardous to the Aquatic Environment Long-Term Hazard Category 2
Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI	

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Label elements

Hazard pictogram(s)	
Signal word	Warning

Hazard statement(s)

H227	Combustible liquid.
H319	Causes serious eye irritation.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P273	Avoid release to the environment.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.
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.
P391	Collect spillage.

Precautionary statement(s) Storage

P403	Store in a well-ventilated place.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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Not Applicable

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
111-76-2	1-5	<u>ethylene glycol monobutyl ether</u>
67-63-0	<1	<u>isopropanol</u>
128-37-0	<1	<u>2,6-di-tert-butyl-4-methylphenol</u>
2764-13-8	<1	<u>stearamidopropyltrimethyl-beta-hydroxyethylammonium nitrate</u>
5989-27-5	NotSpec	<u>d-limonene</u>
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ► 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	If skin contact occurs: ► Immediately remove all contaminated clothing, including footwear. ► Flush skin and hair with running water (and soap if available). ► Seek medical attention in event of irritation.
Inhalation	► If fumes or combustion products are inhaled remove from contaminated area. ► Lay patient down. Keep warm and rested. ► Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ► Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.

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Ingestion	<ul style="list-style-type: none"> ▶ Transport to hospital, or doctor, without delay. ▶ 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.
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Indication of any immediate medical attention and special treatment needed

For acute or short term repeated exposures to ethylene glycol:

- ▶ Early treatment of ingestion is important. Ensure emesis is satisfactory.
- ▶ Test and correct for metabolic acidosis and hypocalcaemia.
- ▶ Apply sustained diuresis when possible with hypertonic mannitol.
- ▶ Evaluate renal status and begin haemodialysis if indicated. [I.L.O]
- ▶ Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.
- ▶ Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.
- ▶ Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.
- ▶ Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.
- ▶ Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]

It has been suggested that there is a need for establishing a new biological exposure limit before a workshift that is clearly below 100 mmol ethoxy-acetic acids per mole creatinine in morning urine of people occupationally exposed to ethylene glycol ethers. This arises from the finding that an increase in urinary stones may be associated with such exposures.

Laitinen J, et al: *Occupational & Environmental Medicine* 1996; 53, 595-600

SECTION 5 Firefighting measures**Extinguishing media**

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	<ul style="list-style-type: none"> ▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material.</p>
HAZCHEM	•3Z

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	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	<p>Environmental hazard - contain spillage.</p> <p>Moderate hazard.</p> <ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard.

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- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Absorb remaining product with sand, earth or vermiculite.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ► Avoid all personal contact, including inhalation. ► Wear protective clothing when risk of exposure occurs. ► Use in a well-ventilated area. ► Prevent concentration in hollows and sumps. ► DO NOT enter confined spaces until atmosphere has been checked. ► Avoid smoking, naked lights or ignition sources. ► Avoid contact with incompatible materials. ► When handling, DO NOT eat, drink or smoke. ► Keep containers securely sealed when not in use. ► Avoid physical damage to containers. ► Always wash hands with soap and water after handling. ► Work clothes should be laundered separately. ► Use good occupational work practice. ► Observe manufacturer's storage and handling recommendations contained within this SDS. ► Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions. ► DO NOT allow clothing wet with material to stay in contact with skin
Other information	<ul style="list-style-type: none"> ► Store in original containers. ► Keep containers securely sealed. ► No smoking, naked lights or ignition sources. ► Store in a cool, dry, well-ventilated area. ► Store away from incompatible materials and foodstuff containers. ► Protect containers against physical damage and check regularly for leaks. ► Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<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	<ul style="list-style-type: none"> ► Avoid reaction with oxidising agents

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	ethylene glycol monobutyl ether	2-Butoxyethanol	20 ppm / 96.9 mg/m3	242 mg/m3 / 50 ppm	Not Available	Not Available
Australia Exposure Standards	isopropanol	Isopropyl alcohol	400 ppm / 983 mg/m3	1230 mg/m3 / 500 ppm	Not Available	Not Available
Australia Exposure Standards	2,6-di-tert-butyl-4-methylphenol	2,6-Di-tert-butyl-p-cresol	10 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
ethylene glycol monobutyl ether	60 ppm	120 ppm	700 ppm
isopropanol	400 ppm	2000* ppm	12000** ppm
d-limonene	15 ppm	67 ppm	170 ppm

Ingredient	Original IDLH	Revised IDLH
ethylene glycol monobutyl ether	700 ppm	Not Available
isopropanol	2,000 ppm	Not Available
2,6-di-tert-butyl-4-methylphenol	Not Available	Not Available
stearamidopropyltrimethyl-beta-hydroxyethylammonium nitrate	Not Available	Not Available
d-limonene	Not Available	Not Available

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Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
stearamidopropyltrimethyl-beta-hydroxyethylammonium nitrate	E	≤ 0.01 mg/m ³
d-limonene	E	≤ 0.1 ppm
Notes:	<p>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.</p>	

MATERIAL DATA

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations.</p> <p>Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.</p>											
	Type of Contaminant:	Air Speed:										
<p>solvent, vapours, degreasing etc., evaporating from tank (in still air).</p>		0.25-0.5 m/s (50-100 f/min.)										
<p>aerosols, fumes from pouring operations, intermittent container filling, low speed conveyor transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)</p>		0.5-1 m/s (100-200 f/min.)										
<p>direct spray, spray painting in shallow booths, drum filling, conveyor loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</p>		1-2.5 m/s (200-500 f/min.)										
<p>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).</p>		2.5-10 m/s (500-2000 f/min.)										
<p>Within each range the appropriate value depends on:</p> <table border="1"> <tr> <td>Lower end of the range</td> <td>Upper end of the range</td> </tr> <tr> <td>1: Room air currents minimal or favourable to capture</td> <td>1: Disturbing room air currents</td> </tr> <tr> <td>2: Contaminants of low toxicity or of nuisance value only.</td> <td>2: Contaminants of high toxicity</td> </tr> <tr> <td>3: Intermittent, low production.</td> <td>3: High production, heavy use</td> </tr> <tr> <td>4: Large hood or large air mass in motion</td> <td>4: Small hood-local control only</td> </tr> </table>			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
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<p>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.</p>												
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. 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	<p>See Hand protection below</p> <ul style="list-style-type: none"> ► Wear chemical protective gloves, e.g. PVC. ► Wear safety footwear or safety gumboots, e.g. Rubber 											
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. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p>											

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	<ul style="list-style-type: none"> frequency and duration of contact, chemical resistance of glove material, glove thickness and dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> Excellent when breakthrough time > 480 min Good when breakthrough time > 20 min Fair when breakthrough time < 20 min Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> Overalls. P.V.C apron. Barrier cream. Skin cleansing cream. Eye wash unit.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	CPI
NITRILE	B
BUTYL	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NITRILE+PVC	C
PE/EVAL/PE	C
PVA	C
PVC	C
SARANEX-23	C
VITON	C

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

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

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

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

^ - 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	Colourless liquid with lemon like odour.	Relative density (Water = 1)	0.995
Physical state	Liquid	Partition coefficient n-octanol / water	Not Available

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Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	7-8	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)	>60 (CC)	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Combustible.	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (Not Available%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of vapours, fumes or aerosols, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. The odour of isopropanol may give some warning of exposure, but odour fatigue may occur. Inhalation of isopropanol may produce irritation of the nose and throat with sneezing, sore throat and runny nose. The effects in animals subject to a single exposure, by inhalation, included inactivity or anaesthesia and histopathological changes in the nasal canal and auditory canal.
Ingestion	The material is not thought to produce adverse health effects following ingestion (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum.
Skin Contact	Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, 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.
Eye	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 temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	Long term, or repeated exposure of isopropanol may cause inco-ordination and tiredness. Repeated inhalation exposure to isopropanol may produce sleepiness, inco-ordination and liver degeneration. Animal data show developmental effects only at exposure levels that produce toxic effects in adult animals. Isopropanol does not cause genetic damage. There are inconclusive reports of human sensitisation from skin contacts with isopropanol. Chronic alcoholics are more tolerant of the whole-body effects of isopropanol. Animal testing showed the chronic exposure did not produce reproductive effects. NOTE: Commercial isopropanol does not contain "isopropyl oil", which caused an excess incidence of sinus and throat cancers in isopropanol production workers in the past. "Isopropyl oil" is no longer formed during production of isopropanol.

RS Pro Glass Polish Cleaner #136-8547 (AUS)	TOXICITY	IRRITATION
	Not Available	Not Available
ethylene glycol monobutyl ether	TOXICITY	IRRITATION
	dermal (guinea pig) LD50: 210 mg/kg ^[2]	Eye (rabbit): 100 mg SEVERE
	Inhalation(Rat) LC50: 2.21 mg/l4h ^[2]	Eye (rabbit): 100 mg/24h-moderate
	Oral (Rat) LD50: 300 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
		Skin (rabbit): 500 mg, open; mild
		Skin: adverse effect observed (irritating) ^[1]
		Skin: no adverse effect observed (not irritating) ^[1]

	TOXICITY	IRRITATION
isopropanol	Dermal (rabbit) LD50: 12800 mg/kg ^[2]	Eye (rabbit): 10 mg - moderate
	Inhalation(Mouse) LC50; 53 mg/L4h ^[2]	Eye (rabbit): 100 mg - SEVERE
	Oral (Mouse) LD50; 3600 mg/kg ^[2]	Eye (rabbit): 100mg/24hr-moderate Skin (rabbit): 500 mg - mild
2,6-di-tert-butyl-4-methylphenol	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg/24h-moderate
	Oral (Rat) LD50; 890 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1] Skin (human): 500 mg/48h - mild Skin (rabbit): 500 mg/48h-moderate Skin: no adverse effect observed (not irritating) ^[1]
stearamidopropyltrimethyl-beta-hydroxyethylammonium nitrate	TOXICITY	IRRITATION
	Not Available	Not Available
d-limonene	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >5000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (Rat) LD50; >2000 mg/kg ^[1]	Skin (rabbit): 500mg/24h moderate Skin: no adverse effect observed (not irritating) ^[1]
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

ETHYLENE GLYCOL MONOBUTYL ETHER	<p>NOTE: Changes in kidney, liver, spleen and lungs are observed in animals exposed to high concentrations of this substance by all routes. ** ASCC (NZ) SDS</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>For ethylene glycol monoalkyl ethers and their acetates (EGMAEs):</p> <p>Typical members of this category are ethylene glycol propylene ether (EGPE), ethylene glycol butyl ether (EGBE) and ethylene glycol hexyl ether (EGHE) and their acetates.</p> <p>EGMAEs are substrates for alcohol dehydrogenase isozyme ADH-3, which catalyzes the conversion of their terminal alcohols to aldehydes (which are transient metabolites). Further, rapid conversion of the aldehydes by aldehyde dehydrogenase produces alkoxyacetic acids, which are the predominant urinary metabolites of mono substituted glycol ethers.</p> <p>Acute Toxicity: Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m³) for EGHE, LC50 > 400 ppm (2620 mg/m³) for EGBEA to LC50 > 2132 ppm (9061 mg/m³) for EGPE. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 435 mg/kg bw (EGBE) to 1500 mg/kg bw (EGBEA). Overall these category members can be considered to be of low to moderate acute toxicity. All category members cause reversible irritation to skin and eyes, with EGBEA less irritating and EGHE more irritating than the other category members. EGPE and EGBE are not sensitizers in experimental animals or humans. Signs of acute toxicity in rats, mice and rabbits are consistent with haemolysis (with the exception of EGHE) and non-specific CNS depression typical of organic solvents in general. Alkoxyacetic acid metabolites, propoxyacetic acid (PAA) and butoxyacetic acid (BAA), are responsible for the red blood cell hemolysis. Signs of toxicity in humans deliberately ingesting cleaning fluids containing 9-22% EGBE are similar to those of rats, with the exception of haemolysis. Although decreased blood haemoglobin and/or haemoglobinuria were observed in some of the human cases, it is not clear if this was due to haemolysis or haemodilution as a result of administration of large volumes of fluid. Red blood cells of humans are many-fold more resistant to toxicity from EGPE and EGBE <i>in vitro</i> than those of rats.</p> <p>Repeat dose toxicity: The fact that the NOAEL for repeated dose toxicity of EGBE is less than that of EGPE is consistent with red blood cells being more sensitive to EGBE than EGPE. Blood from mice, rats, hamsters, rabbits and baboons were sensitive to the effects of BAA <i>in vitro</i> and displayed similar responses, which included erythrocyte swelling (increased hematocrit and mean corpuscular hemoglobin), followed by hemolysis. Blood from humans, pigs, dogs, cats, and guinea pigs was less sensitive to haemolysis by BAA <i>in vitro</i>.</p> <p>Mutagenicity: In the absence and presence of metabolic activation, EGBE tested negative for mutagenicity in Ames tests conducted in <i>S. typhimurium</i> strains TA97, TA98, TA100, TA1535 and TA1537 and EGHE tested negative in strains TA98, TA100, TA1535, TA1537 and TA1538. <i>In vitro</i> cytogenicity and sister chromatid exchange assays with EGBE and EGHE in Chinese Hamster Ovary Cells with and without metabolic activation and <i>in vivo</i> micronucleus tests with EGBE in rats and mice were negative, indicating that these glycol ethers are not genotoxic.</p> <p>Carcinogenicity: In a 2-year inhalation chronic toxicity and carcinogenicity study with EGBE in rats and mice a significant increase in the incidence of liver haemangiosarcomas was seen in male mice and forestomach tumours in female mice. It was decided that based on the mode of action data available, there was no significant hazard for human carcinogenicity.</p> <p>Reproductive and developmental toxicity. The results of reproductive and developmental toxicity studies indicate that the glycol ethers in this category are not selectively toxic to the reproductive system or developing fetus, developmental toxicity is secondary to maternal toxicity. The repeated dose toxicity studies in which reproductive organs were examined indicate that the members of this category are not associated with toxicity to reproductive organs (including the testes).</p> <p>Results of the developmental toxicity studies conducted via inhalation exposures during gestation periods on EGPE (rabbits -125, 250, 500 ppm or 531, 1062, or 2125 mg/m³ and rats - 100, 200, 300, 400 ppm or 425, 850, 1275, or 1700 mg/m³), EGBE (rat and rabbit - 25, 50, 100, 200 ppm or 121, 241, 483, or 966 mg/m³), and EGHE (rat and rabbit - 20.8, 41.4, 79.2 ppm or 124, 248, or 474 mg/m³) indicate that the members of the category are not teratogenic.</p> <p>The NOAELs for developmental toxicity are greater than 500 ppm or 2125 mg/m³ (rabbit-EGPE), 100 ppm or 425 mg/m³ (rat-EGPE), 50 ppm or 241 mg/m³ (rat EGBE) and 100 ppm or 483 mg/m³ (rabbit EGBE) and greater than 79.2 ppm or 474 mg/m³ (rat and rabbit-EGE). Exposure of pregnant rats to ethylene glycol monobutyl ether (2-butoxyethanol) at 100 ppm or rabbits at 200 ppm during organogenesis resulted in maternal toxicity and embryotoxicity including a decreased number of viable implantations per litter. Slight foetotoxicity in the form of poorly ossified or unossified skeletal elements was also apparent in rats. Teratogenic effects were not observed in other species.</p> <p>At least one researcher has stated that the reproductive effects were less than that of other monoalkyl ethers of ethylene glycol.</p> <p>Chronic exposure may cause anaemia, macrocytosis, abnormally large red cells and abnormal red cell fragility.</p> <p>Exposure of male and female rats and mice for 14 weeks to 2 years produced a regenerative haemolytic anaemia and subsequent effects on the haemopoietic system in rats and mice. In addition, 2-butoxyethanol exposures caused increases in the incidence of neoplasms and</p>
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nonneoplastic lesions (1). The occurrence of the anaemia was concentration-dependent and more pronounced in rats and females. In this study it was proposed that 2-butoxyethanol at concentrations of 500 ppm and greater produced an acute disseminated thrombosis and bone infarction in male and female rats as a result of severe acute haemolysis and reduced deformability of erythrocytes or through anoxic damage to endothelial cells that compromise blood flow. In two-year studies, 2-butoxyethanol continued to affect circulating erythroid mass, inducing a responsive anaemia. Rats showed a marginal increase in the incidence of benign or malignant pheochromocytomas (combined) of the adrenal gland. In mice, 2-butoxyethanol exposure resulted in a concentration dependent increase in the incidence of squamous cell papilloma or carcinoma of the forestomach. It was hypothesised that exposure-induced irritation produced inflammatory and hyperplastic effects in the forestomach and that the neoplasia were associated with a continuation of the injury/ degeneration process. Exposure also produced a concentration -dependent increase in the incidence of haemangiosarcoma of the liver of male mice and hepatocellular carcinoma.

1: NTP Toxicology Program Technical report Series 484, March 2000.

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 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.

For isopropanol (IPA):

Acute toxicity: Isopropanol has a low order of acute toxicity. It is irritating to the eyes, but not to the skin. Very high vapor concentrations are irritating to the eyes, nose, and throat, and prolonged exposure may produce central nervous system depression and narcosis. Human volunteers reported that exposure to 400 ppm isopropanol vapors for 3 to 5 min. caused mild irritation of the eyes, nose and throat. Although isopropanol produced little irritation when tested on the skin of human volunteers, there have been reports of isolated cases of dermal irritation and/or sensitization. The use of isopropanol as a sponge treatment for the control of fever has resulted in cases of

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intoxication, probably the result of both dermal absorption and inhalation. There have been a number of cases of poisoning reported due to the intentional ingestion of isopropanol, particularly among alcoholics or suicide victims. These ingestions typically result in a comatose condition. Pulmonary difficulty, nausea, vomiting, and headache accompanied by various degrees of central nervous system depression are typical. In the absence of shock, recovery usually occurred.

Repeat dose studies: The systemic (non-cancer) toxicity of repeated exposure to isopropanol has been evaluated in rats and mice by the inhalation and oral routes. The only adverse effects-in addition to clinical signs identified from these studies were to the kidney.

Reproductive toxicity: A recent two-generation reproductive study characterised the reproductive hazard for isopropanol associated with oral gavage exposure. This study found that the only reproductive parameter apparently affected by isopropanol exposure was a statistically significant decrease in male mating index of the F1 males. It is possible that the change in this reproductive parameter was treatment related and significant, although the mechanism of this effect could not be discerned from the results of the study. However, the lack of a significant effect of the female mating index in either generation, the absence of any adverse effect on litter size, and the lack of histopathological findings of the testes of the high-dose males suggest that the observed reduction in male mating index may not be biologically meaningful.

Developmental toxicity: The developmental toxicity of isopropanol has been characterized in rat and rabbit developmental toxicity studies. These studies indicate that isopropanol is not a selective developmental hazard. Isopropanol produced developmental toxicity in rats, but not in rabbits. In the rat, the developmental toxicity occurred only at maternally toxic doses and consisted of decreased foetal body weights, but no teratogenicity

Genotoxicity: All genotoxicity assays reported for isopropanol have been negative

Carcinogenicity: rodent inhalation studies were conducted to evaluate isopropanol for cancer potential. The only tumor rate increase seen was for interstitial (Leydig) cell tumors in the male rats. Interstitial cell tumors of the testis is typically the most frequently observed spontaneous tumor in aged male Fischer 344 rats. These studies demonstrate that isopropanol does not exhibit carcinogenic potential relevant to humans. Furthermore, there was no evidence from this study to indicate the development of carcinomas of the testes in the male rat, nor has isopropanol been found to be genotoxic. Thus, the testicular tumors seen in the isopropanol exposed male rats are considered of no significance in terms of human cancer risk assessment

for bridged alkyl phenols:

Acute toxicity: Acute oral and dermal toxicity data are available for all but two of the substances in the group. The data show that acute toxicity of these substances is low. The testing for acute toxicity spans five decades

Repeat dose toxicity: Repeat dose studies on the members of this category include both subchronic and chronic exposures. The liver is identified as the target organ in rats for all of the substances tested. NOAELs or NOELs in rats for 13- week studies ranged from 100 ppm (approximately 5 mg/kg/day) to 500 ppm (approximately 25 mg/kg/day) while NOAELs or NOELs in rats for chronic studies were the same, 25 mg/kg/day (500 ppm).

Reproductive toxicity: Evaluation of effects on reproduction for the bridged alkyl phenols is supplemented by histopathological data on male and female reproductive organs in repeated dose studies. The data on the effects of bridged alkyl phenols on reproduction and reproductive organs span the range of structures and molecular weights. While not all of the data for reproductive effects are from reproduction studies, microscopic evaluations of reproductive organs along with other short-term tests for reproductive effects provide adequate data to evaluate the effects of these bridged alkyl phenols on reproduction. It can be concluded that reproductive toxicity is low. Typically a two-year chronic feeding study provides data for 4,4'-thiobis-6-(t-butyl-m-cresol) (96-69-5). No adverse effects were noted on reproductive organs

Genotoxicity: Data from bacterial reverse mutation assays and in vitro and in vivo chromosome aberration studies were reviewed.

Adequate bacterial gene mutation assays have been conducted with all of the category chemicals except two. Chromosome aberration studies, in vitro and/or in vivo, are available for all but two substances. The mutagenicity data span the range of structures and molecular weights and data can be bridged from other members of the group to meet any outstanding requirements. The weight of evidence for mutagenic potential for this category indicates these substances are not mutagenic.

Carcinogenicity: The mutagenicity data combined with the animal data plus the long historical use of BHT (128-37-0) indicate that the chemicals in this class are not expected to exhibit any significant potential to cause cancer. The weight of the evidence indicates that these chemicals are not genotoxic.

The Bridged Alkyl Phenols Category consists of a group of chemicals in which two molecules of mono or di-substituted alkyl (C1, C4, and/or C9) phenols are "bridged" or linked by a single atom (carbon or sulfur). The carbon atom linking the alkyl phenol groups contains hydrogen, propyl, or methyl substitutions. CAS No. 128-37-0 (BHT) is included in this category for data purposes because it is an alkyl phenol with a single carbon group such as the ones that link the phenol groups

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.

For hindered phenols:

Available data shows that acute toxicity of these substances is low.

Mutagenicity. Data from bacterial reverse mutation assays and in vitro and in vivo chromosome aberration studies were reviewed. All assays, with and without metabolic activation, were negative. The weight of evidence for mutagenic potential for this category indicates these substances are not mutagenic.

In Vitro Chromosome Aberration Studies. In vitro chromosome aberration studies are available for several members All except 2,6-di-tert-butyl-p-cresol were negative

In Vivo Chromosome Aberration Studies. In vivo studies evaluating chromosome damage are available for six of the hindered phenols. All in vivo evaluations were negative.

Repeated Dose Toxicity. Repeated dose toxicity data of approximately three months (90-day, 12- and 13-week) are available for some of the substances in this group. The liver was the target organ in rats for almost all of the substances with subchronic toxicity data in that species. Other target organs included thyroid and kidney and mesenteric lymph nodes. NOAELs in rats ranged from 100 ppm (approximately 5 mg/kg/day) to 10,000 ppm (500 mg/kg/day)

Carcinogenicity: Data is available for 2,6-di-tert-butyl-p-cresol (128-37-0); and 4,4'-thiobis-6-(t-butyl-m-cresol) (96-69-5). Liver adenomas were reported for 2,6-di-tert-butyl-p-cresol (128-37-0) and a NOAEL was established for the study at 25 mg/kg/day. 4,4'-Thiobis-6-(t-butyl-m-cresol) (96-69-5) was not carcinogenic in rats or mice, but the kidney was identified as a target organ in female rats

NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.

* Degussa SDS Effects such as behavioral changes, reduction in body weight gain, and decrement in body weight have been observed after long-term administration of BHT to mice and rats. Toxic effects may be attributed more to BHT metabolites than to their parent compound, only a few studies have focused on their carcinogenicity and toxicity, and not only on that of BHT. The metabolite BHT-QM (syn: 2,6-di-tert-butyl-1,4-methylene-2,5-cyclohexadien-1-one, CAS RN: 2607-52-5) is a very reactive compound which is considered to play a significant role in hepatotoxicity, pneumotoxicity, and skin tumor promotion in mice. In addition, it was reported that another quinone derivative, BHT-OH(t)QM (syn 2-tert-butyl-6-(2-hydroxy-tert-butyl-4-methylene-2,5-cyclohexadien-1-one, CAS RN: 124755-19-7), is chemically more reactive than BHT-QM, and it has been recognized as the principal metabolite responsible for lung tumor promotion activity of BHT in mice. BHT has been reported to exert prooxidant effects under certain conditions. Thus, when BHT was added in excess to a wheat seedling medium in aerobic conditions, an enhancement of the generation rate of superoxide anion was observed. This is a reactive particle that may damage cellular structures at high concentrations. In addition, an increase in hepatic microsomal lipid peroxidation was observed in rats fed with diets containing 0.2% of BHT for 30 days. Due to this ability of BHT to exert prooxidant effects at high concentrations, it has been used to induce experimental models of oxidative stress in several animals and fungi in order to study the protective effects of other compounds. Quinone methide derivatives form adducts with several proteins, including enzymes that protect cells from oxidative stress; this prooxidant state can also lead to cell oxidative damage. It must be noted that relationships between chronic oxidative stress and tumor promotion are well known. Some authors have reported that at high aeration rate, BHT can react with molecular

oxygen rather than with the reactive oxygen species present, yielding BHT-phenoxyl radical and superoxide anion. In addition, the phenolic radical itself may undergo redox recycling which can be a critical factor depending on the reductant involved. However, it has to be noted that BHT-phenoxyl radical has been reported to be relatively stable. Furthermore, the potential reactivity of BHT-derived metabolites should be taken into account; some studies reported that not only BHT but also its metabolites, such as BHT-Q and BHT-QM, can act as prooxidant. As BHT undergoes several reactions during biotransformation, a large number of intermediate metabolites have been identified. However, their nature and concentration depend on the environmental conditions and on the animal species. Although the changes undergone by BHT during in vivo digestion processes have not been studied, after submission of a fluid deep-frying fat containing BHT and BHT-QM to an in vitro gastrointestinal digestion model, both these were detected in the digested samples. These results indicate that BHT and its toxic metabolite could remain bioaccessible for intestinal absorption. Studies concerning BHT metabolism have shown that, unlike other synthetic antioxidants, BHT is a potent inducer of the microsomal monooxygenase system and its major route of degradation is oxidation catalyzed by cytochrome P450. Studies have reported potential toxicity derived from the ingestion or administration of BHT. As for acute oral toxicity, although this is considered low in animals, it must be noted that 2 clinical cases were reported in patients who suffered acute neurotoxicity and gastritis after ingesting a high dose of BHT (4 and 80 g without medical prescription) to cure recurrent genital herpes. Regarding short-term subchronic toxicity studies, it has been reported that BHT causes dose-related increase in the incidence and severity of skin lesions.

Possible cross-reactions to several fatty acid amidopropyl dimethylamines were observed in patients that were reported to have allergic contact dermatitis to a baby lotion that contained 0.3% oleanidopropyl dimethylamine.

Stearamidopropyl dimethylamine at 2% in hair conditioners was not a contact sensitizer when tested neat or diluted to 30%. However, irritation reactions were observed.

A 10-year retrospective study found that out of 46 patients with confirmed allergic eyelid dermatitis, 10.9% had relevant reactions to oleanidopropyl dimethylamine and 4.3% had relevant reactions to cocamidopropyl dimethylamine.

Several cases of allergic contact dermatitis were reported in patients from the Netherlands that had used a particular type of body lotion that contained oleanidopropyl dimethylamine.

In 12 patients tested with their personal cosmetics, containing the fatty acid amidopropyl dimethylamine cocamidopropyl betaine (CAPB), 9 had positive reactions to at least one dilution and 5 had irritant reactions. All except 3 patients, who were not tested, had 2 or 3+ reaction to the 3,3-dimethylaminopropylamine (DMAPA, the reactant used in producing fatty acid amidopropyl dimethylamines) at concentrations as low as 0.05%. The presence of DMAPA was investigated via thin-layer chromatography in the personal cosmetics of 4 of the patients that had positive reactions. DMAPA was measured in the products at 50 - 150 ppm suggesting that the sensitizing agent in CAPB-induced allergy is DMAPA. .

The sensitization potential of a 4% aqueous liquid fabric softener formulation containing 0.5% stearyl/palmitylaminopropyl dimethylamine was investigated using. The test material caused some irritation in most volunteers. After a rest period of 2 weeks, the subjects received challenge patches with the same concentration of test material on both arms. Patch sites were graded 48 and 96 h after patching. Eight subjects reacted at challenge, and 7 of the eight submitted to rechallenge with 4% and 0.4% aqueous formulations. No reactions indicative of sensitization occurred at rechallenge. The test formulation containing stearyl/palmitylaminopropyl dimethylamine had no significant sensitization potential subjects.

Most undiluted cationic surfactants satisfy the criteria for classification as Harmful (Xn) with R22 and as Irritant (Xi) for skin and eyes with R38 and R41.

For quaternary ammonium compounds (QACs):

Quaternary ammonium compounds (QACs) are cationic surfactants. They are synthetic organically tetra-substituted ammonium compounds, where the R substituents are alkyl or heterocyclic radicals (where hydrogen atoms remain unsubstituted, the term "secondary- or "tertiary- ammonium compounds" is preferred).

A common characteristic of these synthetic compounds is that one of the R's is a long-chain hydrophobic aliphatic residue. The cationic surface active compounds are in general more toxic than the anionic and non-ionic surfactants. The positively-charged cationic portion is the functional part of the molecule and the local irritation effects of QACs appear to result from the quaternary ammonium cation. Due to their relative ability to solubilise phospholipids and cholesterol in lipid membranes, QACs affect cell permeability which may lead to cell death. Further QACs denature proteins as cationic materials precipitate protein and are accompanied by generalised tissue irritation. It has been suggested that the experimentally determined decrease in acute toxicity of QACs with chain lengths above C16 is due to decreased water solubility.

In general it appears that QACs with a single long-chain alkyl groups are more toxic and irritating than those with two such substitutions. The straight chain aliphatic QACs have been shown to release histamine from minced guinea pig lung tissue. However, studies with benzalkonium chloride have shown that the effect on histamine release depends on the concentration of the solution. When cell suspensions (11% mast cells) from rats were exposed to low concentrations, a decrease in histamine release was seen. When exposed to high concentrations the opposite result was obtained.

In addition, QACs may show curare-like properties (specifically benzalkonium and cetylpyridinium derivatives, a muscular paralysis with no involvement of the central nervous system. This is most often associated with lethal doses Parenteral injections in rats, rabbits and dogs have resulted in prompt but transient limb paralysis and sometimes fatal paresis of the respiratory muscles. This effect seems to be transient.

From human testing of different QACs the generalised conclusion is obtained that all the compounds investigated to date exhibit similar toxicological properties.

Acute toxicity: Studies in rats have indicated poor intestinal absorption of QACs. Acute toxicity of QACs varies with the compound and, especially, the route of administration. For some substances the LD50 value is several hundreds times lower by the i.p. or i.v. than the oral route, whereas toxicities between the congeners only differ in the range of two to five times.

At least some QACs are significantly more toxic in 50% dimethyl sulfoxide than in plain water when given orally

Probably all common QAC derivatives produce similar toxic reactions, but as tested in laboratory animals the oral mean lethal dose varies with the compound.

Oral toxicity: LD50 values for QACs have been reported within the range of 250-1000 mg/kg for rats, 150-1000 mg/kg for mice, 150-300 mg/kg for guinea pigs and about 500 mg/kg b.w. for rabbits and dogs. The ranges observed reflect differences in the study designs of these rather old experiments as well as differences between the various QACs.

The oral route of administration was characterised by delayed deaths, gastrointestinal lesions and respiratory and central nervous system depression. It was also found that given into a full stomach, the QACs lead to lower mortality and fewer gastrointestinal symptoms. This support the suggestion of an irritating effect

Dermal toxicity: It has been concluded that the maximum concentration that did not produce irritating effect on intact skin is 0.1%. Irritation became manifest in the 1-10% range. Concentrations below 0.1% have caused irritation in persons with contact dermatitis or broken skin. Although the absorption of QACs through normal skin probably is of less importance than by other routes, studies with excised guinea pig skin have shown that the permeability constants strongly depends on the exposure time and type of skin

Sensitisation: Topical mucosal application of QACs may produce sensitisation. Reports on case stories and patch test have shown that compounds such as benzalkonium chloride, cetyltrimonium chloride and cetrimide may possibly act as sensitizers. However, in general it is suggested that QACs have a low potential for sensitising man. It is difficult to distinguish between an allergic and an irritative skin reaction due to the inherent skin irritating effect of QACs.

Long term/repeated exposure:

Inhalation: A group of 196 farmers (with or without respiratory symptoms) were evaluated for the relationship between exposure to QACs (unspecified, exposure levels not given) and respiratory disorders by testing for lung function and bronchial responsiveness to histamine. After histamine provocation statistically significant associations were found between the prevalence of mild bronchial responsiveness (including asthma-like symptoms) and the use of QACs as disinfectant. The association seems even stronger in people without respiratory symptoms.

Genetic toxicity: QACs have been investigated for mutagenicity in microbial test systems. In Ames tests using *Salmonella typhimurium* with and without metabolic activation no signs of mutagenicity has been observed. Negative results were also obtained in *E. coli* reversion and *B. subtilis* rec assays. However, for benzalkonium chloride also positive and equivocal results were seen in the *B. subtilis* rec assays.

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The material may produce severe 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) thickening of the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

* REACH Dossier

Tumorigenic by RTECS criteria

d-Limonene is readily absorbed by inhalation and ingestion. Dermal absorption is reported to be lower than by the inhalation route. d-Limonene is rapidly distributed to different tissues in the body, readily metabolised and eliminated primarily through the urine. Limonene exhibits low acute toxicity by all three routes in animals. Limonene is a skin irritant in both experimental animals and humans. Limited data are available on the potential to cause eye and respiratory irritation. Autoxidised products of d-limonene have the potential to be skin sensitisers. Limited data are available in humans on the potential to cause respiratory sensitisation. Autoxidation of limonene occurs readily in the presence of light and air forming a variety of oxygenated monocyclic terpenes. Risk of skin sensitisation is high in situations where contact with oxidation products of limonene occurs.

Renal tumours induced by limonene in male rats is thought to be sex and species specific and are not considered relevant to humans. Repeated exposure affects the amount and activity of liver enzymes, liver weight, blood cholesterol levels and bile flow in animals. Increase in liver weight is considered a physiological adaption as no toxic effects on the liver have been reported. From available data it is not possible to identify an NOAEL for these effects. Limonene is neither genotoxic or teratogenic nor toxic to the reproductive system. Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and connubial contact dermatitis occur.

Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. This was shown by placebo-controlled challenges of nine patients to "perfume mix". The same patients were also subject to perfume provocation, with or without a carbon filter mask, to ascertain whether breathing through a filter with active carbon would prevent symptoms. The patients breathed through the mouth, during the provocation, as a nose clamp was used to prevent nasal inhalation. The patient's earlier symptoms were verified; breathing through the carbon filter had no protective effect. The symptoms were not transmitted via the olfactory nerve but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes.

Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits.

Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water.

Contact allergy to fragrances is relatively common, affecting 1 to 3% of the general population, based on limited testing with eight common fragrance allergens and about 16 % of patients patch tested for suspected allergic contact dermatitis.

Contact allergy to fragrance ingredients occurs when an individual has been exposed, on the skin, to a sufficient degree of fragrance contact allergens. Contact allergy is a life-long, specifically altered reactivity in the immune system. This means that once contact allergy is developed, cells in the immune system will be present which can recognise and react towards the allergen. As a consequence, symptoms, i.e. allergic contact dermatitis, may occur upon re-exposure to the fragrance allergen(s) in question. Allergic contact dermatitis is an inflammatory skin disease characterised by erythema, swelling and vesicles in the acute phase. If exposure continues it may develop into a chronic condition with scaling and painful fissures of the skin. Allergic contact dermatitis to fragrance ingredients is most often caused by cosmetic products and usually involves the face and/or hands. It may affect fitness for work and the quality of life of the individual.

Fragrance contact allergy has long been recognised as a frequent and potentially disabling problem. Prevention is possible as it is an environmental disease and if the environment is modified (e.g. by reduced use concentrations of allergens), the disease frequency and severity will decrease. Fragrance contact allergy is mostly non-occupational and related to the personal use of cosmetic products. Allergic contact dermatitis can be severe and widespread, with a significant impairment of quality of life and potential consequences for fitness for work. Thus, prevention of contact sensitisation to fragrances, both in terms of primary prevention (avoiding sensitisation) and secondary prevention (avoiding relapses of allergic contact dermatitis in those already sensitised), is an important objective of public health risk management measure.

Hands: Contact sensitisation may be the primary cause of hand eczema, or may be a complication of irritant or atopic hand eczema. The number of positive patch tests has been reported to correlate with the duration of hand eczema, indicating that long-standing hand eczema may often be complicated by sensitisation. Fragrance allergy may be a relevant problem in patients with hand eczema; perfumes are present in consumer products to which their hands are exposed. A significant relationship between hand eczema and fragrance contact allergy has been found in some studies based on patients investigated for contact allergy. However, hand eczema is a multi-factorial disease and the clinical significance of fragrance allergy in (severe) chronic hand eczema may not be clear.

Axillae Bilateral axillary (underarm) dermatitis may be caused by perfume in deodorants and, if the reaction is severe, it may spread down the arms and to other areas of the body. In individuals who consulted a dermatologist, a history of such first-time symptoms was significantly related to the later diagnosis of perfume allergy.

Face Facial eczema is an important manifestation of fragrance allergy from the use of cosmetic products (16). In men, after-shave products can cause an eczematous eruption of the beard area and the adjacent part of the neck and men using wet shaving as opposed to dry have been shown to have an increased risk of being fragrance allergic.

Irritant reactions (including contact urticaria): Irritant effects of some individual fragrance ingredients, e.g. citral are known. Irritant contact dermatitis from perfumes is believed to be common, but there are no existing investigations to substantiate this. Many more people complain about intolerance or rashes to perfumes/perfumed products than are shown to be allergic by testing. This may be due to irritant effects or inadequate diagnostic procedures. Fragrances may cause a dose-related contact urticaria of the non-immunological type (irritant contact urticaria). Cinnamal, cinnamic alcohol, and Myroxylon pereirae are well recognised causes of contact urticaria, but others, including menthol, vanillin and benzaldehyde have also been reported. The reactions to Myroxylon pereirae may be due to cinnamates. A relationship to delayed contact hypersensitivity was suggested, but no significant difference was found between a fragrance-allergic group and a control group in the frequency of immediate reactions to fragrance ingredients in keeping with a nonimmunological basis for the reactions seen.

Pigmentary anomalies: The term "pigmented cosmetic dermatitis" was introduced in 1973 for what had previously been known as melanosis faciei feminae when the mechanism (type IV allergy) and causative allergens were clarified. It refers to increased pigmentation, usually on the face/neck, often following sub-clinical contact dermatitis. Many cosmetic ingredients were patch tested at non-irritant concentrations and statistical evaluation showed that a number of fragrance ingredients were associated: jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol, geranium oil.

Photo-reactions Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon. Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products. Phototoxic reactions still occur but are rare.

General/respiratory: Fragrances are volatile and therefore, in addition to skin exposure, a perfume also exposes the eyes and naso-respiratory tract. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma. Asthma-like symptoms can be provoked by sensory mechanisms. In an epidemiological investigation, a significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients, in addition to hand eczema, which were independent risk factors in a multivariate analysis.

Fragrance allergens act as haptoens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A **prehapten** is a chemical that itself is

non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems.

In the case of prehaptens, it is possible to prevent activation outside the body to a certain extent by different measures, e.g. prevention of air exposure during handling and storage of the ingredients and the final product, and by the addition of suitable antioxidants. When antioxidants are used, care should be taken that they will not be activated themselves and thereby form new sensitisers.

Prehaptens

Most terpenes with oxidisable allylic positions can be expected to autoxidise on air exposure due to their inherent properties. Depending on the stability of the oxidation products that are formed, a difference in the sensitisation potency of the oxidised terpenes can be seen. Autoxidation is a free radical chain reaction in which hydrogen atom abstraction in combination with addition of oxygen forms peroxy radicals. The reaction shows selectivity for positions where stable radicals can be formed. So far, all fragrance substances that have been investigated with regard to the influence of autoxidation on the allergenic potential, including identification of formed oxidation products, have oxidisable allylic positions that are able to form hydroperoxides and/or hydrogen peroxide as primary oxidation products upon air exposure. Once the hydroperoxides have been formed outside the skin they form specific antigens and act as skin sensitisers. Secondary oxidation products such as aldehydes and epoxides can also be allergenic, thus further increasing the sensitisation potency of the autoxidation mixture. The process of photoactivation may also play a role, but further research is required to establish whether this activation route is currently underestimated in importance due to insufficient knowledge of the true haptens in this context.

It should be noted that activation of substances via air oxidation results in various haptens that might be the same or cross-reacting with other haptens (allergens). The main allergens after air oxidation of linalool and linalyl acetate are the hydroperoxides. If linalyl acetate is chemically hydrolysed outside the skin it can thereafter be oxidised to the same haptens as seen for linalool. A corresponding example is citronellol and citronellyl acetate. In clinical studies, concomitant reactions to oxidised linalool and oxidised linalyl acetate have been observed. Whether these reactions depend on cross-reactivity or are due to exposure to both fragrance substances cannot be elucidated as both have an allergenic effect themselves. Linalool and linalyl acetate are the main components of lavender oil. They autoxidise on air exposure also when present in the essential oil, and form the same oxidation products found in previous studies of the pure synthetic terpenes. Experimental sensitisation studies showed that air exposure of lavender oil increased the sensitisation potency. Patch test results in dermatitis patients showed a connection between positive reactions to oxidised linalool, linalyl acetate and lavender oil.

Prohaptens

Compounds that are bioactivated in the skin and thereby form haptens are referred to as prohaptens.

In the case of prohaptens, the possibility to become activated is inherent to the molecule and activation cannot be avoided by extrinsic measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Crossreactivity has been shown for certain alcohols and their corresponding aldehydes, i.e. between geraniol and geranial (citral) and between cinnamyl alcohol and cinnamal.

The human skin expresses enzyme systems that are able to metabolise xenobiotics, modifying their chemical structure to increase hydrophilicity and allow elimination from the body. Xenobiotic metabolism can be divided into two phases: phase I and phase II. Phase I transformations are known as activation or functionalisation reactions, which normally introduce or unmask hydrophilic functional groups. If the metabolites are sufficiently polar at this point they will be eliminated. However, many phase I products have to undergo subsequent phase II transformations, i.e. conjugation to make them sufficiently water soluble to be eliminated. Although the purpose of xenobiotic metabolism is detoxification, it can also convert relatively harmless compounds into reactive species. Cutaneous enzymes that catalyse phase I transformations include the cytochrome P450 mixed-function oxidase system, alcohol and aldehyde dehydrogenases, monoamine oxidases, flavin-containing monooxygenases and hydrolytic enzymes. Acyltransferases, glutathione S-transferases,

UDP-glucuronosyltransferases and sulfotransferases are examples of phase II enzymes that have been shown to be present in human skin. These enzymes are known to catalyse both activating and deactivating biotransformations, but the influence of the reactions on the allergenic activity of skin sensitisers has not been studied in detail. Skin sensitising prohaptens can be recognised and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or in vivo and in vitro studies of sensitisation potential and chemical reactivity.

QSAR prediction: The relationships between molecular structure and reactivity that form the basis for structural alerts are based on well established principles of mechanistic organic chemistry. Examples of structural alerts are aliphatic aldehydes (alerting to the possibility of sensitisation via a Schiff base reaction with protein amino groups), and alpha,beta-unsaturated carbonyl groups, C=C-CO- (alerting to the possibility of sensitisation via Michael addition of protein thiol groups). Prediction of the sensitisation potential of compounds that can act via abiotic or metabolic activation (pre- or prohaptens) is more complex compared to that of compounds that act as direct haptens without any activation. The autoxidation patterns can differ due to differences in the stability of the intermediates formed, e.g. it has been shown that autoxidation of the structural isomers linalool and geraniol results in different major haptens/allergens. Moreover, the complexity of the prediction increases further for those compounds that can act both as pre- and prohaptens. In such cases, the impact on the sensitisation potency depends on the degree of abiotic activation (e.g. autoxidation) in relation to the metabolic activation.

Monomethyltin chloride, thioglycolate esters, and tall oil ester reaction product:

Monomethyltin trichloride (MMTC, CAS RN: 993-16-8), monomethyltin tris[2-ethylhexylmercaptoacetate (MMT (EHTG; MMT (2-EHMA), CAS RN: 57583-34-3), monomethyltin tris[isooctylmercaptoacetate (MMT(IOTG), CAS RN: 54849-38-6) and methyltin reverse ester tallate reaction product (TERP, CAS RNs: 201687-58-3, 201687-57-2, 68442-12-6, 151436-98-5) are considered one category of compounds for mammalian studies via the oral route. The justification for this category is based on structural similarities and the demonstrated rapid conversion of all of the esters to the MMTC when placed in simulated mammalian gastric contents [0.07M HCl] under physiological conditions. For the MMT(EHTG) >90% conversion to MMTC occurred within 0.5 hours. For TERP, 68% of the monomethyltin portion of the compound was converted to MMTC within 1 hour. Thus, MMTC is the appropriate surrogate for mammalian toxicology studies via the oral route.

TERP is a reaction product of MMTC and dimethyltin dichloride (DMTC), Na₂S, and tall oil fatty acid [a mixture of carboxylic acids, predominantly C-18]. The reaction product is a mixture of carboxylic esters and includes short oligomers of mono/dimethyltins bridged by sulfide groups. Although the tall oil component of TERP is not structurally similar to EHTG, TERP's conversion to MMTC justifies its inclusion. While the contribution of the various ligands to the overall toxicity may vary, the contribution is expected to be small relative to that of the MMTC. Further, the EHTG ligand from MMT(EHTG) is likely to be more toxic than the oleic or linoleic acid from TERP so inclusion of TERP in the category is a rather conservative approach. The other possible degradate of tall oil and EHTG is 2-mercaptopethanol (2-ME), and it is common to both ligands.

Data for MMT(EHTG) and MMT(IOTG) are used interchangeably because they are isomers differing only slightly in the structure of the C-8 alcohol of the mercaptoester ligand. In addition, the breakdown products of MMT(EHTG) and MMT(IOTG) are the thioglycolate esters (EHTG and IOTG), which have the common degradates, thioglycolic acid and C-8 alcohols (either 2-ethylhexanol or isooctanol). EHTG and IOTG also have similar physicochemical and toxicological properties.

The chemistry of the alkyl organotins has been well studied. For organotins, like MMT(EHTG), the alkyl groups are strongly bound to tin and remain bound to tin under most reaction conditions. However, other ligands, such as carboxylates or sulfur based ligands (EHTG), are more labile and are readily replaced under mild reaction conditions. To assess the reactivity of MMT(EHTG) under physiological conditions simulating the mammalian stomach, an in-vitro hydrolysis test was performed. This in vitro test provides chemical information that strongly suggests both the probable in vivo metabolic pathway and the toxicokinetics of the MMT(EHTG) substance. This result verifies that under physiological conditions MMT(EHTG) is rapidly and essentially completely converted to the corresponding monomethyltin chloride, MMTC.

Acute toxicity:

The majority of toxicology studies were conducted with commercial mixtures having high monoalkyltin to dialkyltin ratios.

Gastric hydrolysis studies were conducted with TERP and MMT(EHTG) in which simulated gastric fluid [0.07M HCl under physiological conditions] converted these substances to methyltin chloride and the respective organic acids. Based on data for DMTC and DMT esters the dermal penetration of MMTC and its esters is expected to be low.

Oral:

Acute oral LD₅₀ values for MMTC, MMT(EHTG), MMT(IOTG), and TERP indicated low to moderate toxicity; the most reliable data place the LD₅₀s in the range of 1000 mg/kg.

The acute oral LD₅₀ of MMT(2-EHMA) was 880 mg/kg in rats. Clinical observations included depression, comatose, piloerection, eye squinting, hunched posture, laboured breathing, ataxia, faecal/urine stains, and masticatory movement. No gross pathological changes

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were reported in surviving animals.

Dermal

Acute dermal LD50 values were =1000 mg/kg bw, and inhalation LC50 was >200 mg/L. MMTC was corrosive to skin and assumed corrosive to eyes.

The acute dermal LD50 of MMT(2-EHMA) in rabbits was 1000 (460 to 2020) mg/kg for females and 2150 (1000 to 4620) mg/kg for males. There were no deaths at 215 and 464 mg/kg, 0/2 males and 1/2 females died at 1000 mg/kg and 1/2 males and 2/2 females died at 2150 mg/kg. All animals died at 4640 and 10 000 mg/kg. A variety of clinical abnormalities were observed and disappeared in surviving animals by the end of the exposure period. Clinical signs included death, uncoordinated movements, shaking, and hypersensitivity to external stimuli.

Gross necropsy results for animals that died during the study included irritated intestines; blanched stomach; reddened lungs; pale or congested kidneys; and oral, ocular and/or nasal discharges

Inhalation:

The acute inhalation LC50 of MMT(2-EHMA) was 240 mg/L.

The study reported an acute inhalation LC50 of 240 (212 to 271) mg/L in a 1-hr aerosol exposure to male and female rats. The mortality rate was 2/10, 6/10, 9/10 and 10/10 animals at dose levels of 200, 250, 300 and 250 mg/L/hr, respectively. Gross findings included blood in lungs, dark spleen, pale kidneys, fluid in the chest cavity, and heart failure. The slope of the dose-response curve was 1.22 (1.04 to 1.43).

Irritation:

MMT(IOTG)/(EHTG) are irritating to skin, but not to eyes.

Sensitisation:

No data on sensitization are available on MMT(EHTG)/(IOTG), but the hydrolysis products EHTG or IOTG are sensitizers. No primary irritation data were available for TERP, but it was a sensitizer in the mouse Local Lymph Node Assay.

Topical application with 5, 25 and 50 % v/v MMT(2-EHMA) elicited a stimulation index (SI) of 2.13, 7.25 and 9.05, respectively in a local lymph node assay (OECD 429), thus the material is a sensitizer.

Repeat dose toxicity:

There are no repeated-dose studies for the category members via the dermal or inhalation routes.

In a 90-day repeated dose oral study of MMTC, treatment-related changes were limited to the high dose group (750 ppm in diet; 50 mg/kg bw/d with some gender-related variation). Organ weight changes (adrenal, kidney, thymus, spleen, brain, epididymides), haematology, clinical chemistry, and urinalysis changes were noted, but histopathology only confirmed effects in the thymus and brain. The critical toxic effects were neurotoxicity and thymic atrophy. Both sexes had decreased cortex/medulla ratios in the thymus. In the brain there was loss of perikarya of neuronal cells in the pyramidal layer of the Hippocampus CA1/2 in both sexes, and in males there was loss of perikarya in the piriform cortex. The NOAEL was 150 ppm (10 mg/kg bw/d). Another 90-day dietary study using MMTC showed increased relative kidney weights and slight to moderate epithelial hyperplasia of the bladder in females at the lowest dose (NOAEL <20 ppm in diet [<1-3.6 mg/kg bw/d]) and additional effects including increased relative thymus weights in females and urinalysis results in both sexes at higher doses.

A 90-day dietary study with dose levels of 30, 100, 300, and 1000 ppm TERP in the diet resulted in slightly decreased food intake, body and organ weight changes, and decreased specific gravity of the urine at the highest dose. The NOAEL was 300 ppm in diet (equivalent to 15 mg/kg bw/d). A 28-day gavage study using TERP showed changes in clinical chemistry and slight differences in haematology at 150 mg/kg bw/d and higher. The NOAEL was 50 mg/kg bw/d.

The effects of MMT(IOTG) were evaluated in a 90-day dietary study using doses of 100, 500, and 1500 ppm (decreased from 2500 ppm) in the diet. Based on clinical chemistry effects at 500 ppm and other effects at higher doses, the NOAEL was 100 ppm in diet (approximately 6-21 mg/kg bw/d).

Neurotoxicity:

In a guideline 90-day subchronic dietary study conducted in Wistar rats, effects occurred at the high dose of 750 ppm MMT(2-EHMA), (equivalent to 49.7 mg/kg bw/day in males and 53.6 mg/kg bw/day in females), which consisted of changes in neurobehavioral parameters and associated brain histopathology. The NOAEL was the next lower dose of 150 ppm (equivalent to 9.8 mg/kg bw/day in males and 10.2 mg/kg bw/day in females)

Immunotoxicity:

Immune function was assessed in male Sprague-Dawley rats exposed to the mixture of organotins used in PVC pipe production.

Adult male rats were given drinking water for 28 d containing a mixture of dibutyltin dichloride (DBTC), dimethyltin dichloride (DMTC), monobutyltin trichloride (MBT), and monomethyltin trichloride (MMT) in a 2:2:1:1 ratio, respectively, at 3 different concentrations (5:5:2.5:2.5, 10:10:5:5, or 20:20:10:10 mg organotin/L). Rats were also exposed to MMT alone (20 or 40 mg MMT/L) or plain water as a control.

Delayed-type hypersensitivity, antibody synthesis, and natural killer cell cytotoxicity were evaluated in separate endpoint groups immediately after exposure ended.

The evaluated immune functions were not affected by the mixture or by MMT alone. The data suggest that immunotoxicity is unlikely to result from the concentration of organotins present in drinking water delivered via PVC pipes, as the concentrations used were several orders of magnitude higher than those expected to leach from PVC pipes

Genotoxicity:

In a guideline 90-day subchronic dietary study in rats, with MMT(2-EHMA), based on the changes in neurobehavioral parameters and associated brain histopathology that occurred at the high dose of 750 ppm (equivalent to 49.7 mg/kg bw/day in males and 53.6 mg/kg bw/day in females), as well as changes in haematology, clinical chemistry, urinalysis, organ weights, and pathology of the thymus at the same dose, the NOAEL was the next lower dose of 150 ppm (equivalent to 9.8 mg/kg bw/day in males and 10.2 mg/kg bw/day in females). The monomethyltin compounds as a class are not mutagenic in the Ames test. TERP was positive in a human lymphocyte assay. MMTC was equivocal for induction of micronucleated polychromatic erythrocytes (MPEs) in an *in vivo* rat micronucleus test (OECD 474). In this study a statistically significant increase in MPE was observed only at 24 h and not at 48 h after treatment and there was no dose-response. Based on these observations the overall conclusion is that MMTC does not have genotoxic potential.

From the results obtained in a micronucleus test with MMT(2-EHMA), it was demonstrated that the substance was weakly genotoxic to bone marrow cells of rats and that the substance has the potential to induce damage to the mitotic spindle apparatus of the bone marrow target cells.

Carcinogenicity:

In a limited carcinogenicity study, MMT(EHTG) produced no compound-related macroscopic or microscopic changes in rats fed 100 ppm in the diet for two years.

Toxicity to reproduction:

In the reproductive satellite portion of the 90-day study using MMTC (with dose levels of 30, 150, and 750 ppm in the diet), post-implantation loss, decreased litter size and increased neonatal mortality occurred at 750 ppm (26-46 mg/kg bw/d for females). Maternal gestational body weights were transiently suppressed and other maternal toxicity was inferred from the repeated dose results at this dose. There were no malformations observed at any dose. The NOAEL for maternal toxicity, and reproductive, and foetotoxic effects was 150 ppm in the diet (6-12 mg/kg bw/d).

SIDS Initial Assessment Profile (SIAM 23 2006)

ECHA Registration Dossier for MMT(2-EHMA) (ethylhexyl 10-ethyl-4-[[2-[(2-ethylhexyl)oxy]-2-oxoethyl]thio]-4-methyl-7-oxo-8-oxa-3,5-dithia-4-stannatetradecanoate)

ETHYLENE GLYCOL MONOBUTYL ETHER & ISOPROPANOL

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.

ISOPROPANOL & 2,6-DI-TERT-BUTYL-4-METHYLPHENOL

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge

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	testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
ISOPROPANOL & 2,6-DI-TERT-BUTYL-4-METHYLPHENOL & D-LIMONENE	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.
STEARAMIDOPROPYLDIMETHYL-BETA-HYDROXYETHYLAMMONIUM NITRATE & D-LIMONENE	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.

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

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

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
ethylene glycol monobutyl ether	Endpoint	Test Duration (hr)	Species	Value	Source
	EC10(ECx)	48h	Crustacea	7.2mg/l	2
	EC50	72h	Algae or other aquatic plants	623mg/l	2
	LC50	96h	Fish	1250mg/l	2
	EC50	48h	Crustacea	164mg/l	2
isopropanol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	24h	Algae or other aquatic plants	0.011mg/L	4
	LC50	96h	Fish	4200mg/l	4
	EC50	72h	Algae or other aquatic plants	>1000mg/l	1
	EC50	48h	Crustacea	7550mg/l	4
2,6-di-tert-butyl-4-methylphenol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC0(ECx)	48h	Crustacea	>=0.31mg/l	1
	BCF	1344h	Fish	220-2800	7
	ErC50	72h	Algae or other aquatic plants	>0.42mg/l	1
	LC50	96h	Fish	0.199mg/l	2
	EC50	72h	Algae or other aquatic plants	>0.42mg/l	1
	EC50	48h	Crustacea	>0.17mg/l	2
stearamidopropyldimethyl-beta-hydroxyethylammonium nitrate	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
d-limonene	NOEC(ECx)	504h	Crustacea	0.05mg/l	2
	LC50	96h	Fish	0.46mg/l	2
	EC50	72h	Algae or other aquatic plants	0.214mg/l	2
	EC50	48h	Crustacea	0.307mg/l	2

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 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

Continued...

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethylene glycol monobutyl ether	LOW (Half-life = 56 days)	LOW (Half-life = 1.37 days)
isopropanol	LOW (Half-life = 14 days)	LOW (Half-life = 3 days)
2,6-di-tert-butyl-4-methylphenol	HIGH	HIGH
d-limonene	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
ethylene glycol monobutyl ether	LOW (BCF = 2.51)
isopropanol	LOW (LogKOW = 0.05)
2,6-di-tert-butyl-4-methylphenol	HIGH (BCF = 2500)
d-limonene	HIGH (LogKOW = 4.8275)

Mobility in soil

Ingredient	Mobility
ethylene glycol monobutyl ether	HIGH (KOC = 1)
isopropanol	HIGH (KOC = 1.06)
2,6-di-tert-butyl-4-methylphenol	LOW (KOC = 23030)
d-limonene	LOW (KOC = 1324)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<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.
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SECTION 14 Transport information

Labels Required

Marine Pollutant	
HAZCHEM	•3Z

Land transport (ADG)

UN number	3082	
UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains stearamidopropyltrimethyl-beta-hydroxyethylammonium nitrate)	
Transport hazard class(es)	Class 9	Subrisk Not Applicable
Packing group	III	
Environmental hazard	Environmentally hazardous	
Special precautions for user	Special provisions 274 331 335 375 AU01	Limited quantity 5 L

Environmentally Hazardous Substances meeting the descriptions of UN 3077 or UN 3082 are not subject to this Code when transported by road or rail in;

(a) packagings;

(b) IBCs; or

Continued...

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(c) any other receptacle not exceeding 500 kg(L).

- Australian Special Provisions (SP AU01) - ADG Code 7th Ed.

Air transport (ICAO-IATA / DGR)

UN number	3082	
UN proper shipping name	Environmentally hazardous substance, liquid, n.o.s. * (contains stearamidopropylidemethyl-beta-hydroxyethylammonium nitrate)	
Transport hazard class(es)	ICAO/IATA Class	9
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	9L
Packing group	III	
Environmental hazard	Environmentally hazardous	
Special precautions for user	Special provisions	A97 A158 A197 A215
	Cargo Only Packing Instructions	964
	Cargo Only Maximum Qty / Pack	450 L
	Passenger and Cargo Packing Instructions	964
	Passenger and Cargo Maximum Qty / Pack	450 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y964
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G

Sea transport (IMDG-Code / GGVSee)

UN number	3082	
UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains stearamidopropylidemethyl-beta-hydroxyethylammonium nitrate)	
Transport hazard class(es)	IMDG Class	9
	IMDG Subrisk	Not Applicable
Packing group	III	
Environmental hazard	Marine Pollutant	
Special precautions for user	EMS Number	F-A, S-F
	Special provisions	274 335 969
	Limited Quantities	5 L

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

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
ethylene glycol monobutyl ether	Not Available
isopropanol	Not Available
2,6-di-tert-butyl-4-methylphenol	Not Available
stearamidopropylidemethyl-beta-hydroxyethylammonium nitrate	Not Available
d-limonene	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
ethylene glycol monobutyl ether	Not Available
isopropanol	Not Available
2,6-di-tert-butyl-4-methylphenol	Not Available
stearamidopropylidemethyl-beta-hydroxyethylammonium nitrate	Not Available
d-limonene	Not Available

SECTION 15 Regulatory information**Safety, health and environmental regulations / legislation specific for the substance or mixture**

ethylene glycol monobutyl ether is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

isopropanol is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

Continued...

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Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

2,6-di-tert-butyl-4-methylphenol is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

stearamidopropyldimethyl-beta-hydroxyethylammonium nitrate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

d-limonene is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (ethylene glycol monobutyl ether; isopropanol; stearamidopropyldimethyl-beta-hydroxyethylammonium nitrate; d-limonene)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (stearamidopropyldimethyl-beta-hydroxyethylammonium nitrate)
Vietnam - NCI	Yes
Russia - FBEPH	No (stearamidopropyldimethyl-beta-hydroxyethylammonium nitrate)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	25/05/2022
Initial Date	19/05/2022

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
ES: Exposure Standard
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
AIIC: Australian Inventory of Industrial Chemicals
DSL: Domestic Substances List
NDSL: Non-Domestic Substances List
IECSC: Inventory of Existing Chemical Substance in China
EINECS: European INventory of Existing Commercial chemical Substances
ELINCS: European List of Notified Chemical Substances
NLP: No-Longer Polymers
ENCS: Existing and New Chemical Substances Inventory
KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances

Continued...

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TSCA: Toxic Substances Control Act

TCSI: Taiwan Chemical Substance Inventory

INSQ: Inventario Nacional de Sustancias Químicas

NCI: National Chemical Inventory

FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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