



FIS VS 150 C #436-4005 (AUS)

RS Components

Chemwatch Hazard Alert Code: 3

Chemwatch: 5308-47

Version No: 5.1

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

Issue Date: 07/03/2020

Print Date: 04/04/2022

L.GHS.AUS.EN.E

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

Product Identifier

Product name	FIS VS 150 C #436-4005 (AUS)
Chemical Name	Not Applicable
Synonyms	Product Code: 436-4005
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	Composite mortar.
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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 2 9186 1132

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. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

ChemWatch Hazard Ratings

	Min	Max	
Flammability	1	1	
Toxicity	1	1	
Body Contact	3	3	
Reactivity	1	1	
Chronic	2	2	

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

Poisons Schedule	Not Applicable
Classification [1]	Serious Eye Damage/Eye Irritation Category 1, Sensitisation (Skin) Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Skin Corrosion/Irritation Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

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

H318	Causes serious eye damage.
H317	May cause an allergic skin reaction.
H335	May cause respiratory irritation.
H315	Causes skin irritation.

Precautionary statement(s) Prevention

P271	Use only a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
2082-81-7	10-25	<u>1,4-butanediol dimethacrylate</u>
65997-15-1	10-25	<u>portland cement</u>
27813-02-1	2.5-10	<u>2-hydroxypropyl methacrylate</u>
107-21-1	<2.5	<u>ethylene glycol</u>
94-36-0	<2.5	<u>dibenzoyl peroxide</u>
Not Available	balance	Ingredients determined not to be hazardous

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	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.

Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay.
Ingestion	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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

- ▶ Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech, asterixis, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.
- ▶ Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.
- ▶ Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.
- ▶ Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa2EDTA is less effective in chelating aluminium.

[Ellenhorn and Barceloux: Medical Toxicology]

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

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

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

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

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

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

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

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

SECTION 5 Firefighting measures

Extinguishing media

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

Do not use water jets.

Special hazards arising from the substrate or mixture

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

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ May be violently or explosively reactive. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Fight fire from a safe distance, with adequate cover. ▶ If safe, switch off electrical equipment until vapour fire hazard removed. ▶ Use water delivered as a fine spray to control the fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools.
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	<ul style="list-style-type: none"> ▶ 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. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<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 monoxide (CO) carbon dioxide (CO₂) silicon dioxide (SiO₂) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p>
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ Clean up all spills immediately. ▶ Avoid contact with skin and eyes. ▶ Wear impervious gloves and safety goggles. ▶ Trowel up/scrape up. ▶ Place spilled material in clean, dry, sealed container. ▶ Flush spill area with water.
Major Spills	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Neutralise/decontaminate residue (see Section 13 for specific agent). ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▶ 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"> ▶ Most acrylic monomers have low viscosity therefore pouring, material transfer and processing of these materials do not necessitate heating. ▶ Viscous monomers may require heating to facilitate handling. To facilitate product transfer from original containers, product must be heated to no more than 60 deg. C. (140 F.), for not more than 24 hours. ▶ Do NOT use localised heat sources such as band heaters to heat/ melt product. ▶ Do NOT use steam. ▶ Hot boxes or hot rooms are recommended for heating/ melting material. The hot box or hot room should be set a maximum temperature of 60 deg. C. (140 F.). ▶ Do NOT overheat - this may compromise product quality and /or result in an uncontrolled hazardous polymerisation. ▶ If product freezes, heat as indicated above and mix gently to redistribute the inhibitor. Product should be consumed in its entirety after heating/ melting; avoid multiple "reheats" which may affect product quality or result in product degradation. ▶ Product should be packaged with inhibitor(s). Unless inhibited, product may polymerise, raising temperature and pressure, possibly rupturing container. Check inhibitor level periodically, adding to bulk material if needed. In addition, the product's inhibitor(s) require the presence of dissolved oxygen. Maintain, at a minimum, the original headspace in the product container and do NOT blanket or mix with oxygen-free gas as it renders the inhibitor ineffective. Ensure air space (oxygen) is present during product heating / melting. ▶ Store product indoors at temperatures greater than the product's freezing point (or greater than 0 deg. C. (32 F).) if no freezing point available and below 38 deg. C (100 F.). ▶ Avoid prolonged storage (longer than shelf-life) storage temperatures above 38 deg. C (100 F.). ▶ Store in tightly closed containers in a properly vented storage area away from heat, sparks, open flame, strong oxidisers, radiation and other initiators. ▶ Prevent contamination by foreign materials. ▶ Prevent moisture contact. ▶ Use only non-sparking tools and limit storage time. Unless specified elsewhere, shelf-life is 6 months from receipt. ▶ Avoid all personal contact, including inhalation.
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	<ul style="list-style-type: none"> ▶ 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. ▶ DO NOT allow material to contact humans, exposed food or food utensils. ▶ 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. Launder contaminated clothing before re-use. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	<ul style="list-style-type: none"> ▶ Polymerisation may occur slowly at room temperature. ▶ Storage requires stabilising inhibitor content and dissolved oxygen content to be monitored. Refer to manufacturer's recommended levels. ▶ DO NOT overfill containers so as to maintain free head space above product. ▶ Blanketing or sparging with nitrogen or oxygen free gas will deactivate stabiliser. ▶ Store below 38 deg. C. ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ 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"> ▶ WARNING: Avoid or control reaction with peroxides. All <i>transition metal</i> peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively. ▶ The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono-or poly-fluorobenzene show extreme sensitivity to heat and are explosive. ▶ Avoid reaction with borohydrides or cyanoborohydrides <p>for multifunctional acrylates:</p> <ul style="list-style-type: none"> ▶ Avoid exposure to free radical initiators (peroxides, persulfates), iron, rust, oxidisers, and strong acids and strong bases. ▶ Avoid heat, flame, sunlight, X-rays or ultra-violet radiation. ▶ Storage beyond expiration date, may initiate polymerisation. Polymerisation of large quantities may be violent (even explosive) ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ Avoid contact with copper, aluminium and their alloys.

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	portland cement	Portland cement	10 mg/m ³	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	ethylene glycol	Ethylene glycol (particulate)	10 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	ethylene glycol	Ethylene glycol (vapour)	20 ppm / 52 mg/m ³	104 mg/m ³ / 40 ppm	Not Available	Not Available
Australia Exposure Standards	dibenzoyl peroxide	Benzoyl peroxide	5 mg/m ³	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
ethylene glycol	30 ppm	150 ppm	900 ppm
dibenzoyl peroxide	15 mg/m ³	1,200 mg/m ³	7,000 mg/m ³

Ingredient	Original IDLH	Revised IDLH
1,4-butanediol dimethacrylate	Not Available	Not Available
portland cement	5,000 mg/m ³	Not Available
2-hydroxypropyl methacrylate	Not Available	Not Available
ethylene glycol	Not Available	Not Available
dibenzoyl peroxide	1,500 mg/m ³	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
1,4-butanediol dimethacrylate	E	≤ 0.1 ppm

Notes:

Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

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2-hydroxypropyl methacrylate	E	≤ 0.1 ppm
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MATERIAL DATA

NOTE D: Certain substances which are susceptible to spontaneous polymerisation or decomposition are generally placed on the market in a stabilised form. It is in this form that they are listed on Annex I

When they are placed on the market in a non-stabilised form, the label must state the name of the substance followed by the words "non-stabilised"

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

Exposure controls

Appropriate engineering controls	<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> <table border="1"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>solvent, vapours, degreasing etc., evaporating from tank (in still air).</td> <td>0.25-0.5 m/s (50-100 f/min.)</td> </tr> <tr> <td>aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> <tr> <td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).</td> <td>2.5-10 m/s (500-2000 f/min.)</td> </tr> </tbody> </table> <p>Within each range the appropriate value depends on:</p> <table border="1"> <thead> <tr> <th>Lower end of the range</th> <th>Upper end of the range</th> </tr> </thead> <tbody> <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> </tbody> </table> <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>	Type of Contaminant:	Air Speed:	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)	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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	See Hand protection below																				
Hands/feet protection	<p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>General warning: Do NOT use latex gloves! Use only recommended gloves - using the wrong gloves may increase the risk:</p> <table border="1"> <tbody> <tr> <td> <p>Exposure condition</p> <p>Short time use; (few minutes less than 0.5 hour)</p> <p>Little physical stress</p> </td> <td> <p>Use of thin nitrile rubber gloves:</p> <p>Nitrile rubber (0.1 mm)</p> <p>Excellent tactility ("feel"), powder-free</p> <p>Disposable</p> <p>Inexpensive</p> <p>Give adequate protection to low molecular weight acrylic monomers</p> </td> </tr> </tbody> </table>	<p>Exposure condition</p> <p>Short time use; (few minutes less than 0.5 hour)</p> <p>Little physical stress</p>	<p>Use of thin nitrile rubber gloves:</p> <p>Nitrile rubber (0.1 mm)</p> <p>Excellent tactility ("feel"), powder-free</p> <p>Disposable</p> <p>Inexpensive</p> <p>Give adequate protection to low molecular weight acrylic monomers</p>																		
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FIS VS 150 C #436-4005 (AUS)

	<p>Exposure condition Medium time use; less than 4 hours Physical stress (opening drums, using tools, etc.)</p>	<p>Use of medium thick nitrile rubber gloves Nitrile rubber, NRL (latex) free; <0.45 mm Moderate tactility ("feel"), powder-free Disposable Moderate price Gives adequate protection for most acrylates up to 4 hours Do NOT give adequate protection to low molecular weight monomers at exposures longer than 1 hour</p>
	<p>Exposure condition Long time Cleaning operations</p>	<p>Nitrile rubber, NRL (latex) free; >0.56 mm low tactility ("feel"), powder free High price Gives adequate protection for most acrylates in combination with commonly used solvents up to 8 hours Do NOT give adequate protection to low molecular weight monomers at exposures longer than 1 hour Avoid use of ketones and acetates in wash-up solutions.</p>
	<p>Where none of this gloves ensure safe handling (for example in long term handling of acrylates containing high levels of acetates and/ or ketones, use laminated multilayer gloves. Guide to the Classification and Labelling of UV/EB Acrylates Third edition, 231 October 2007 - Cefic</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:

FIS VS 150 C #436-4005 (AUS)

Material	CPI
NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NEOPRENE	A
NEOPRENE/NATURAL	A
NITRILE	A
NITRILE+PVC	A
PE/EVAL/PE	A
PVC	A
TEFLON	A
PVA	B

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

Respiratory protection

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

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

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

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

^ - Full-face

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

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Grey paste with characteristic odour; does not mix with water.		
Physical state	Non Slump Paste	Relative density (Water = 1)	1.7-1.9 @20C
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	90-150 @20C
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	>100	Taste	Not Available

Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (Not Available%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>No report of respiratory illness in humans as a result of exposure to multifunctional acrylates has been found. Similarly evidence of systemic damage does not appear to exist.</p>
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>All multifunctional acrylates (MFA) produce skin discomfort and are known or suspected skin sensitisers. Aerosols generated in the industrial process are reported to produce dermatitis - vapours generated by the heat of milling may also occur in sufficient concentration to produce dermatitis. Because exposure to industrial aerosols of MFA may also include exposure to various resin systems, photo-initiators, solvents, hydrogen-transfer agents, stabilisers, surfactants, fillers and polymerisation inhibitors, toxic effects may arise due to a range of chemical actions. Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. Irritation of the eyes may produce a heavy secretion of tears (lachrymation).
Chronic	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.</p> <p>Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers</p> <p>Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.</p> <p>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis.</p> <p>Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement.</p>

	<p>Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO].</p> <p>Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels.</p> <p>Respiratory symptoms and ventilatory function were studied in a group of 591 male Portland cement workers employed in four Taiwanese cement plants, with at least 5 years of exposure (1). This group had a significantly lowered mean forced vital capacity (FCV), forced expiratory volume at 1 s (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory capacity.</p> <p>Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996</p> <p>Sensitisation may give severe responses to very low levels of exposure, in situations where exposure may occur.</p> <p>Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.</p>
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	TOXICITY	IRRITATION
FIS VS 150 C #436-4005 (AUS)	Not Available	Not Available
1,4-butanediol dimethacrylate	Dermal (rabbit) LD50: >3000 mg/kg ^[1] Oral (Rat) LD50: 10.066 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1] Skin: no adverse effect observed (not irritating) ^[1]
portland cement	Not Available	Not Available
2-hydroxypropyl methacrylate	Oral (Rat) LD50: 5050 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1] Skin: no adverse effect observed (not irritating) ^[1]
ethylene glycol	dermal (mouse) LD50: >3500 mg/kg ^[1] Oral (Rat) LD50: >2000 mg/kg ^[2]	Eye (rabbit): 100 mg/1h - mild Eye (rabbit): 12 mg/m3/3D Eye (rabbit): 1440mg/6h-moderate Eye (rabbit): 500 mg/24h - mild Eye: no adverse effect observed (not irritating) ^[1] Skin (rabbit): 555 mg(open)-mild Skin: no adverse effect observed (not irritating) ^[1]
dibenzoyl peroxide	dermal (mammal) LD50: >1000 mg/kg ^[2] Oral (Rat) LD50: 7710 mg/kg ^[2]	Eye (rabbit): 500 mg/24h - mild Skin effects (MAK): very weak
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	

1,4-BUTANEDIOL DIMETHACRYLATE	<p>UV (ultraviolet)/ EB (electron beam) acrylates are generally of low toxicity</p> <p>UV/EB acrylates are divided into two groups; "stenomeric" and "eurymeric" acrylates.</p> <p>The first group consists of well-defined acrylates which can be described by a simple idealised chemical; they are low molecular weight species with a very narrow weight distribution profile.</p> <p>The eurymeric acrylates cannot be described by an idealised structure and may differ fundamentally between various suppliers; they are of relatively high molecular weight and possess a wide weight distribution.</p> <p>Stenomeric acrylates are usually more hazardous than the eurymeric substances. Stenomeric acrylates are also well defined which allows comparison and exchange of toxicity data - this allows more accurate classification.</p> <p>The stenomerics cannot be classified as a group; they exhibit substantial variation.</p>
2-HYDROXYPROPYL METHACRYLATE	for CAS 963-26-2 2-hydroxypropyl methacrylate NOTE: Allergic contact dermatitis is reported following exposure of guinea pigs (mild) and humans (severe). for CAS 27813-02-1 1-hydroxypropyl methacrylate
ETHYLENE GLYCOL	<p>[Estimated Lethal Dose (human) 100 ml; RTECS quoted by Orica] Substance is reproductive effector in rats (birth defects). Mutagenic to rat cells. For ethylene glycol:</p> <p>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.</p> <p>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).</p> <p>Cardiovascular Effects. Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the</p>

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.

The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause 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.

For benzoyl peroxide:

The acute oral toxicity of benzoyl peroxide is very low: LD50 >2,000 mg/kg bw in mice, and 5,000 mg/kg bw in rats. No deaths occurred in male rats following inhalation of 24.3 mg/L. Visible effects included eye squint, dyspnea, salivation, lacrimation, erythema and changes of respiratory rates and motor activity.

Benzoyl peroxide was slightly irritating to skins in 24 hr-patch tests. Benzoyl peroxide was not irritating to the eyes of rabbits if washed out within 5 minutes after instillation, however, if the chemical was not washed out until 24 hours later, it proved to be irritating.

Positive results from sensitisation tests in guinea pigs and mice, and from a maximization test in human volunteers, indicate that benzoyl peroxide is a skin sensitiser.

In the combined repeated dose and reproduction/developmental toxicity study (OECD TG 422), benzoyl peroxide did not produce hematological or biochemical adverse effects. Repeated administration by oral gavage up to 1,000 mg/kg bw/day for 29 days resulted in decreased weights of testes and epididymis in male rats. The NOEL for repeated dose toxicity was 500 mg/kg bw/day.

This substance did not cause gene mutation in bacteria (OECD TG 471 & 472) and *in vitro* chromosomal aberration in CHL (Chinese Hamster Lung) cells. An *in vivo* mammalian erythrocytes micronucleus test (OECD TG 474) produced negative result. The available evidence supports the conclusion that benzoyl peroxide is not a mutagen.

There is no evidence to suggest that benzoyl peroxide is a carcinogen. However, there is some evidence from nonguidelines studies that benzoyl peroxide is a skin tumour promoter.

In the combined repeated dose and reproduction/developmental toxicity study [OECD TG 422], no treatment-related changes in precoat time, rate of copulation, fertility and gestation were noted in any treated group. Adverse effects were shown at the highest dose of 1,000 mg/kg bw/day in parental male rats with the reduction of reproductive organ weight and slight testes degeneration. In parental female rats, no adverse effects were observed during the test period. The NOEL for reproduction toxicity in male rats was 500 mg/kg bw/day. In the offspring, the only effect seen was that body weight gain of pups at dose of 1,000 mg/kg bw/day was significantly decreased. The NOEL for developmental toxicity was 500 mg/kg bw/day.

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.

DIBENZOYL PEROXIDE

1,4-BUTANEDIOL DIMETHACRYLATE & PORTLAND CEMENT & 2-HYDROXYPROPYL METHACRYLATE & DIBENZOYL PEROXIDE

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.

1,4-BUTANEDIOL DIMETHACRYLATE & PORTLAND CEMENT & 2-HYDROXYPROPYL METHACRYLATE	Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.
1,4-BUTANEDIOL DIMETHACRYLATE & 2-HYDROXYPROPYL METHACRYLATE	Where no "official" classification for acrylates and methacrylates exists, there has been cautious attempts to create classifications in the absence of contrary evidence. For example Monoalkyl or monoarylestere of acrylic acids should be classified as R36/37/38 and R51/53 Monoalkyl or monoaryl esters of methacrylic acid should be classified as R36/37/38 Based on the available oncogenicity data and without a better understanding of the carcinogenic mechanism the Health and Environmental Review Division (HERD), Office of Toxic Substances (OTS), of the US EPA previously concluded that all chemicals that contain the acrylate or methacrylate moiety (CH ₂ =CHCOO or CH ₂ =C(CH ₃)COO) should be considered to be a carcinogenic hazard unless shown otherwise by adequate testing. This position has now been revised and acrylates and methacrylates are no longer <i>de facto</i> carcinogens.
1,4-BUTANEDIOL DIMETHACRYLATE & PORTLAND CEMENT	No significant acute toxicological data identified in literature search.

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

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

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
FIS VS 150 C #436-4005 (AUS)	Not Available	Not Available	Not Available	Not Available	Not Available
1,4-butanediol dimethacrylate	LC50	96h	Fish	12.4mg/l	2
	EC50	72h	Algae or other aquatic plants	4.97mg/l	2
	NOEC(ECx)	72h	Algae or other aquatic plants	2.11mg/l	2
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
2-hydroxypropyl methacrylate	LC50	96h	Fish	833mg/l	2
	EC50	72h	Algae or other aquatic plants	>97.2mg/l	2
	EC50	48h	Crustacea	>143mg/l	2
	NOEC(ECx)	504h	Crustacea	45.2mg/l	2
ethylene glycol	EC50(ECx)	Not Available	Algae or other aquatic plants	6500-7500mg/l	1
	LC50	96h	Fish	>10000mg/l	1
	EC50	48h	Crustacea	>100mg/l	2
	EC50	96h	Algae or other aquatic plants	6500-13000mg/l	1
dibenzoyl peroxide	EC10(ECx)	504h	Crustacea	0.001mg/l	2
	LC50	96h	Fish	0.06mg/l	2
	EC50	72h	Algae or other aquatic plants	0.042mg/l	2
	EC50	48h	Crustacea	0.11mg/l	2

Legend: 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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
1,4-butanediol dimethacrylate	LOW	LOW
2-hydroxypropyl methacrylate	LOW	LOW
ethylene glycol	LOW (Half-life = 24 days)	LOW (Half-life = 3.46 days)
dibenzoyl peroxide	LOW (Half-life = 14 days)	LOW (Half-life = 21.25 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
1,4-butanediol dimethacrylate	LOW (LogKOW = 3.191)
2-hydroxypropyl methacrylate	LOW (BCF = 3.2)
ethylene glycol	LOW (BCF = 200)
dibenzoyl peroxide	LOW (LogKOW = 3.46)

Mobility in soil

Ingredient	Mobility
1,4-butanediol dimethacrylate	LOW (KOC = 92.37)
2-hydroxypropyl methacrylate	LOW (KOC = 10)
ethylene glycol	HIGH (KOC = 1)
dibenzoyl peroxide	LOW (KOC = 771)

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	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
1,4-butanediol dimethacrylate	Not Available
portland cement	Not Available
2-hydroxypropyl methacrylate	Not Available
ethylene glycol	Not Available
dibenzoyl peroxide	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
1,4-butanediol dimethacrylate	Not Available
portland cement	Not Available
2-hydroxypropyl methacrylate	Not Available
ethylene glycol	Not Available
dibenzoyl peroxide	Not Available

SECTION 15 Regulatory information

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

1,4-butanediol dimethacrylate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

portland cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

2-hydroxypropyl methacrylate 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 5

Australian Inventory of Industrial Chemicals (AIIC)

ethylene glycol 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 10 / Appendix C
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

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

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

dibenzoyl peroxide 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 2
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

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)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (1,4-butanediol dimethacrylate; portland cement; 2-hydroxypropyl methacrylate; ethylene glycol; dibenzoyl peroxide)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (portland cement)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (1,4-butanediol dimethacrylate)
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	07/03/2020
Initial Date	31/05/2018

SDS Version Summary

Version	Date of Update	Sections Updated
4.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
5.1	07/03/2020	Classification change due to full database hazard calculation/update.

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
AIC: 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
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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