DURAPOL 5841 SILKY

Mirotone

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

Product Identifier

Product name	DURAPOL 5841 SILKY
Chemical Name	Not Applicable
Synonyms	DURAPOL SILKY MATT 5841-1; DURAPOL SILKY SATIN 5841-3
Proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
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	DURAPOL 5841 SILKY is a premium, single pack, clear, matt, moisture curing polyurethane.

Details of the supplier of the safety data sheet

Registered company name	**Mirotone**
Address	21 Marigold Street Revesby NSW 2212 Australia
Telephone	+61 2 9795 3700
Fax	+61 2 9771 3601
Website	www.mirotone.com, www.polycure.com.au
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 prefered 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.

Poisons Schedule	S5
Classification [1]	Acute Toxicity (Inhalation) Category 4, Serious Eye Damage/Eye Irritation Category 1, Sensitisation (Skin) Category 1, Sensitisation (Respiratory) Category 1, Reproductive Toxicity Category 2, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Aspiration Hazard Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 3, Flammable Liquids Category 3 **LIMITED EVIDENCE*
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)	
Signal word	**Danger**

Hazard statement(s)

H332	Harmful if inhaled.
H318	Causes serious eye damage.
H317	May cause an allergic skin reaction.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H361d	Suspected of damaging the unborn child.
H336	May cause drowsiness or dizziness.
H304	May be fatal if swallowed and enters airways.
H412	Harmful to aquatic life with long lasting effects.
AUH066	Repeated exposure may cause skin dryness and cracking.
H226	Flammable liquid and vapour.

**LIMITED EVIDENCE*

Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read carefully and follow all instructions.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P261	Avoid breathing mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P331	Do NOT induce vomiting.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.

Precautionary statement(s) Disposal

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

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name

Continued...

CAS No	%[weight]	Name
Not Available	10-30	polymer - unregulated
64742-95-6.	10-30	naphtha petroleum, light aromatic solvent
108-94-1	10-30	cyclohexanone
1330-20-7	1-10	xylene
623-84-7	1-10	propylene glycol diacetate
123-86-4	1-10	n-butyl acetate
26006-20-2	1-10	toluene-2,4-diisocyanate homopolymer
9003-07-0	1-10	polypropylene
108-65-6	1-10	propylene glycol monomethyl ether acetate, alpha-isomer
26471-62-5	<0.5	toluene diisocyanate
77-58-7	<0.5	dibutyltin dilaurate

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: ▸ Wash out immediately with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay.
Ingestion	▸ For advice, contact a Poisons Information Centre or a doctor at once. ▸ Urgent hospital treatment is likely to be needed. ▸ 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. ▸ Transport to hospital or doctor without delay. ▸ Avoid giving milk or oils. ▸ Avoid giving alcohol.

Indication of any immediate medical attention and special treatment needed

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.
Treat symptomatically.
For petroleum distillates
· In case of ingestion, gastric lavage with activated charcoal can be used promptly to prevent absorption - decontamination (induced emesis or lavage) is controversial and should be considered on the merits of each individual case; of course the usual precautions of an endotracheal tube should be considered prior to lavage, to prevent aspiration.
· Individuals intoxicated by petroleum distillates should be hospitalized immediately, with acute and continuing attention to neurologic and cardiopulmonary function.
· Positive pressure ventilation may be necessary.
· Acute central nervous system signs and symptoms may result from large ingestions of aspiration-induced hypoxia.
· After the initial episode,individuals should be followed for changes in blood variables and the delayed appearance of pulmonary oedema and chemical pneumonitis. Such patients should be followed for several days or weeks for delayed effects, including bone marrow toxicity, hepatic and renal impairment
Individuals with chronic pulmonary disease will be more seriously impaired, and recovery from inhalation exposure may be complicated.

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· Gastrointestinal symptoms are usually minor and pathological changes of the liver and kidneys are reported to be uncommon in acute intoxications.
· Chlorinated and non-chlorinated hydrocarbons may sensitize the heart to epinephrine and other circulating catecholamines so that arrhythmias may occur.Careful consideration of this potential adverse effect should precede administration of epinephrine or other cardiac stimulants and the selection of bronchodilators.

BP America Product Safety & Toxicology Department

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

For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema.
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.
- **DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

Toluene diisocyanate is a known pulmonary sensitiser. Annual medical surveillance should be conducted including pulmonary history, examination of the heart and lungs, 14 x 17 inch (35 x 47 cm) x-ray and pulmonary function testing (FCV, FEV1).

In normal commercial preparations of toluene diisocyanate, the 2,4-isomer dominates in the ratio 4:1. However it is also hydrolysed, in air , more rapidly than the 2,6-isomer. Airway sensitivities may result from the appearance of immunoglobulins in the blood. Frequent inability to detect antibodies to TDI in clinical cases may result from the routine use of diagnostic antigens containing predominantly 2,4-TDI, whereas individuals may have been exposed to atmospheres in which 2,6-TDI was the predominant isomer. [Karol & Jin, Frontiers of Molecular Toxicology, pp 55-61, 1992]

For acute or short term repeated exposures to xylene:

- Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- Pulmonary absorption is rapid with about 60-65% retained at rest.
- Primary threat to life from ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO_2 < 50 mm Hg or pCO_2 > 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
Methylhippu-ric acids in urine	1.5 gm/gm creatinine	End of shift	
	2 mg/min	Last 4 hrs of shift	

SECTION 5 Firefighting measures

Extinguishing media

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

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Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ May be violently or explosively reactive. ‣ Wear breathing apparatus plus protective gloves. ‣ Prevent, by any means available, spillage from entering drains or water course. ‣ If safe, switch off electrical equipment until vapour fire hazard removed.
Fire/Explosion Hazard	‣ Liquid and vapour are flammable. ‣ Moderate fire hazard when exposed to heat or flame. ‣ Vapour forms an explosive mixture with air. ‣ Moderate explosion hazard when exposed to heat or flame. ‣ Vapour may travel a considerable distance to source of ignition. Combustion products include: carbon dioxide (CO_2) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. ‣ Burns with acrid black smoke.
HAZCHEM	•3Y

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	‣ Remove all ignition sources. ‣ Clean up all spills immediately. ‣ Avoid breathing vapours and contact with skin and eyes. ‣ Control personal contact with the substance, by using protective equipment. ‣ Contain and absorb small quantities with vermiculite or other absorbent material.
Major Spills	‣ Clear area of personnel and move upwind. ‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ May be violently or explosively reactive. ‣ Wear breathing apparatus plus protective gloves. ‣ Prevent, by any means available, spillage from entering drains or water course.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	‣ Containers, even those that have been emptied, may contain explosive vapours. ‣ Do NOT cut, drill, grind, weld or perform similar operations on or near containers. ‣ **DO NOT** allow clothing wet with material to stay in contact with skin ‣ Avoid all personal contact, including inhalation. ‣ Wear protective clothing when risk of overexposure occurs. ‣ Use in a well-ventilated area. ‣ Prevent concentration in hollows and sumps. ‣ **DO NOT** enter confined spaces until atmosphere has been checked.
Other information	‣ Store in original containers in approved flammable liquid storage area. ‣ Store away from incompatible materials in a cool, dry, well-ventilated area. ‣ **DO NOT** store in pits, depressions, basements or areas where vapours may be trapped. ‣ No smoking, naked lights, heat or ignition sources. ‣ Storage areas should be clearly identified, well illuminated, clear of obstruction and accessible only to trained and authorised personnel - adequate security must be provided so that unauthorised personnel do not have access.

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Conditions for safe storage, including any incompatibilities

Suitable container	▸ Packing as supplied by manufacturer. ▸ Plastic containers may only be used if approved for flammable liquid. ▸ Check that containers are clearly labelled and free from leaks. ▸ For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : Where a can is to be used as an inner package, the can must have a screwed enclosure. ▸ For materials with a viscosity of at least 2680 cSt. (23 deg. C) ▸ For manufactured product having a viscosity of at least 250 cSt. (23 deg. C) ▸ Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C): (i) Removable head packaging; (ii) Cans with friction closures and (iii) low pressure tubes and cartridges may be used.
Storage incompatibility	· Avoid reaction with water, alcohols and detergent solutions. Isocyanates are electrophiles, and as such they are reactive toward a variety of nucleophiles including alcohols, amines, and even water. Upon treatment with an alcohol, an isocyanate forms a urethane linkage. If a di-isocyanate is treated with a compound containing two or more hydroxyl groups, such as a diol or a polyol, polymer chains are formed, which are known as polyurethanes. Reaction between a di-isocyanate and a compound containing two or more amine groups, produces long polymer chains known as polyureas.

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	cyclohexanone	Cyclohexanone	25 ppm / 100 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	xylene	Xylene (o-, m-, p-isomers)	80 ppm / 350 mg/m3	655 mg/m3 / 150 ppm	Not Available	Not Available
Australia Exposure Standards	n-butyl acetate	n-Butyl acetate	150 ppm / 713 mg/m3	950 mg/m3 / 200 ppm	Not Available	Not Available
Australia Exposure Standards	toluene-2,4-diisocyanate homopolymer	Isocyanates, all (as-NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
Australia Exposure Standards	propylene glycol monomethyl ether acetate, alpha-isomer	1-Methoxy-2-propanol acetate	50 ppm / 274 mg/m3	548 mg/m3 / 100 ppm	Not Available	Not Available
Australia Exposure Standards	toluene diisocyanate	Toluene-2,4-diisocyanate (TDI)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
Australia Exposure Standards	dibutyltin dilaurate	Tin, organic compounds (as Sn)	0.1 mg/m3	0.2 mg/m3	Not Available	(g) Some compounds in these groups are classified as carcinogenic or as sensitisers. Check individual classification details on the safety data sheet for information on classification.

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
naphtha petroleum, light aromatic solvent	1,200 mg/m3	6,700 mg/m3	40,000 mg/m3
cyclohexanone	60 ppm	830 ppm	5000* ppm
xylene	Not Available	Not Available	Not Available
n-butyl acetate	Not Available	Not Available	Not Available
polypropylene	5.2 mg/m3	58 mg/m3	350 mg/m3
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available	Not Available	Not Available
toluene diisocyanate	0.02 ppm	0.083 ppm	0.51 ppm
toluene diisocyanate	Not Available	Not Available	Not Available
toluene diisocyanate	Not Available	Not Available	Not Available

Continued...

Ingredient	TEEL-1	TEEL-2	TEEL-3
dibutyltin dilaurate	1.1 mg/m3	8 mg/m3	48 mg/m3

Ingredient	Original IDLH	Revised IDLH
naphtha petroleum, light aromatic solvent	Not Available	Not Available
cyclohexanone	700 ppm	Not Available
xylene	900 ppm	Not Available
propylene glycol diacetate	Not Available	Not Available
n-butyl acetate	1,700 ppm	Not Available
toluene-2,4-diisocyanate homopolymer	Not Available	Not Available
polypropylene	Not Available	Not Available
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available	Not Available
toluene diisocyanate	2.5 ppm	Not Available
dibutyltin dilaurate	25 mg/m3	Not Available

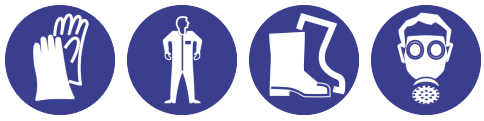
Occupational Exposure Banding

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

MATERIAL DATA

NOTE P: The classification as a carcinogen need not apply if it can be shown that the substance contains less than 0.01% w/w benzene (EINECS No 200-753-7). Note E shall also apply when the substance is classified as a carcinogen. This note applies only to certain complex oil-derived substances in Annex VI.
European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. ▸ All processes in which isocyanates are used should be enclosed wherever possible. ▸ Total enclosure, accompanied by good general ventilation, should be used to keep atmospheric concentrations below the relevant exposure standards. ▸ If total enclosure of the process is not feasible, local exhaust ventilation may be necessary. Local exhaust ventilation is essential where lower molecular weight isocyanates (such as TDI or HDI) is used or where isocyanate or polyurethane is sprayed. ▸ Where other isocyanates or pre-polymers are used and aerosol formation cannot occur, local exhaust ventilation may not be necessary if the atmospheric concentration can be kept below the relevant exposure standards.
Personal protection	
Eye and face protection	▸ Safety glasses with side shields. ▸ Chemical goggles. ▸ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience.
Skin protection	See Hand protection below
Hands/feet protection	**NOTE:** ▸ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▸ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

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	The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. ▸ Do NOT wear natural rubber (latex gloves). ▸ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves. ▸ Protective gloves and overalls should be worn as specified in the appropriate national standard. ▸ Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated. ▸ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates ▸ **DO NOT** use skin cream unless necessary and then use only minimum amount. ▸ Isocyanate vapour may be absorbed into skin cream and this increases hazard.
Body protection	See Other protection below
Other protection	All employees working with isocyanates must be informed of the hazards from exposure to the contaminant and the precautions necessary to prevent damage to their health. They should be made aware of the need to carry out their work so that as little contamination as possible is produced, and of the importance of the proper use of all safeguards against exposure to themselves and their fellow workers. Adequate training, both in the proper execution of the task and in the use of all associated engineering controls, as well as of any personal protective equipment, is essential. Employees exposed to contamination hazards should be educated in the need for, and proper use of, facilities, clothing and equipment and thereby maintain a high standard of personal cleanliness. Special attention should be given to ensuring that all personnel understand instructions, especially newly recruited employees and those with local-language difficulties, where they are known. ▸ Overalls. ▸ PVC Apron. ▸ PVC protective suit may be required if exposure severe. ▸ Eyewash unit. ▸ Ensure there is ready access to a safety shower. ▸ Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity. ▸ For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets). ▸ Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds. Electrical resistance must range between 0 to 500,000 ohms.

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:
DURAPOL 5841 SILKY

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

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

Continued...

VITON/BUTYL	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.

humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

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

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Colourless to slightly yellow hazy low viscosity flammable liquid with a solvent odour; does not mix with water.

Physical state	Liquid	**Relative density (Water = 1)**	0.93-1.03
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	>333
pH (as supplied)	Not Applicable	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	100-200
Initial boiling point and boiling range (°C)	149	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	45	**Taste**	Not Available
Evaporation rate	0.49 BuAC = 1	**Explosive properties**	Not Available
Flammability	Flammable.	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	8	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	1.2	**Volatile Component (%vol)**	67-74
Vapour pressure (kPa)	0.6	**Gas group**	Not Available
Solubility in water	Immiscible	**pH as a solution (Not Available%)**	Not Applicable
Vapour density (Air = 1)	4	**VOC g/L**	583-644

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.

Continued...

Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant 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. Inhalation hazard is increased at higher temperatures. Central nervous system (CNS) depression may include nonspecific discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal. The vapour/mist may be highly irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning for several hours after exposure. Sensitized people can react to very low doses, and should not be allowed to work in situations allowing exposure to this material. Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. Swallowing of the liquid may cause aspiration of vomit into the lungs with the risk of haemorrhaging, pulmonary oedema, progressing to chemical pneumonitis; serious consequences may result. Signs and symptoms of chemical (aspiration) pneumonitis may include coughing, gasping, choking, burning of the mouth, difficult breathing, and bluish coloured skin (cyanosis).
Skin Contact	Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Limited 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. 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 severe 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. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population. Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking. 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. 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

Continued...

	symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following. On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects. Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS]

DURAPOL 5841 SILKY	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
naphtha petroleum, light aromatic solvent	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >1900 mg/kg[1]	Eye: no adverse effect observed (not irritating)[1]
	Inhalation(Rat) LC50; >4.42 mg/L4h[1]	Skin: adverse effect observed (irritating)[1]
	Oral (Rat) LD50; >4500 mg/kg[1]	
cyclohexanone	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 948 mg/kg[2]	Eye (human): 75 ppm
	Inhalation(Rat) LC50; 8000 ppm4h[2]	Eye (rabbit): 0.25 mg/24h SEVERE
	Oral (Rat) LD50; 1535 mg/kg[2]	Eye (rabbit): 4.74 mg SEVERE
		Skin (rabbit): 500 mg(open) mild
xylene	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >1700 mg/kg[2]	Eye (human): 200 ppm irritant
	Inhalation(Rat) LC50; 5000 ppm4h[2]	Eye (rabbit): 5 mg/24h SEVERE
	Oral (Mouse) LD50; 2119 mg/kg[2]	Eye (rabbit): 87 mg mild
		Eye: adverse effect observed (irritating)[1]
		Skin (rabbit):500 mg/24h moderate
		Skin: adverse effect observed (irritating)[1]
propylene glycol diacetate	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >2000 mg/kg[1]	Eye (rabbit): 500 mg/kg
	Oral (Guinea) LD50; 3420 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
		Skin (human): 107 mg/3d-I-mild
		Skin: no adverse effect observed (not irritating)[1]
n-butyl acetate	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 3200 mg/kg[2]	Eye (human): 300 mg
	Inhalation(Rat) LC50; 0.74 mg/l4h[2]	Eye (rabbit): 20 mg (open)-SEVERE
	Oral (Rabbit) LD50; 3200 mg/kg[2]	Eye (rabbit): 20 mg/24h - moderate
		Eye: no adverse effect observed (not irritating)[1]
		Skin (rabbit): 500 mg/24h-moderate
		Skin: no adverse effect observed (not irritating)[1]
toluene-2,4-diisocyanate homopolymer	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
polypropylene	**TOXICITY**	**IRRITATION**
	Oral (Mouse) LD50; 3200 mg/kg[2]	Not Available

Continued...

propylene glycol monomethyl ether acetate, alpha-isomer	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Eye: no adverse effect observed (not irritating)[1]
	Oral (Rat) LD50; 3739 mg/kg[2]	Skin: no adverse effect observed (not irritating)[1]
toluene diisocyanate	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >9400 mg/kg[1]	Eye: adverse effect observed (irritating)[1]
	Inhalation(Mouse) LC50; 0.069 mg/L4h[2]	Skin: adverse effect observed (irritating)[1]
	Oral (Rat) LD50; >2000 mg/kg[1]	
dibutyltin dilaurate	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Eye (rabbit): 100 mg/24h -moderate
	Oral (Rat) LD50; 175 mg/kg[2]	Skin (rabbit): 500 mg/24h - mild
Legend:	*1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*	

NAPHTHA PETROLEUM, LIGHT AROMATIC SOLVENT	Inhalation (rat) TCLo: 1320 ppm/6h/90D-I * [Devoe] For Low Boiling Point Naphthas (LBPNs): **Acute toxicity:** LBPNs generally have low acute toxicity by the oral (median lethal dose [LD50] in rats > 2000 mg/kg-bw), inhalation (LD50 in rats > 5000 mg/m3) and dermal (LD50 in rabbits > 2000 mg/kg-bw) routes of exposure Most LBPNs are mild to moderate eye and skin irritants in rabbits, with the exception of heavy catalytic cracked and heavy catalytic reformed naphthas, which have higher primary skin irritation indices. **Sensitisation:** LBPNs do not appear to be skin sensitizers, but a poor response in the positive control was also noted in these studies **Repeat dose toxicity:** The lowest-observed-adverse-effect concentration (LOAEC) and lowest-observed-adverse-effect level (LOAEL) values identified following short-term (2-89 days) and subchronic (greater than 90 days) exposure to the LBPN substances. These values were determined for a variety of endpoints after considering the toxicity data for all LBPNs in the group. Most of the studies were carried out by the inhalation route of exposure. Renal effects, including increased kidney weight, renal lesions (renal tubule dilation, necrosis) and hyaline droplet formation, observed in male rats exposed orally or by inhalation to most LBPNs, were considered species- and sex-specific These effects were determined to be due to a mechanism of action not relevant to humans -specifically, the interaction between hydrocarbon metabolites and alpha-2-microglobulin, an enzyme not produced in substantial amounts in female rats, mice and other species, including humans. The resulting nephrotoxicity and subsequent carcinogenesis in male rats were therefore not considered in deriving LOAEC/LOAEL values. Only a limited number of studies of short-term and subchronic duration were identified for site-restricted LBPNs. Studies indicate that normal, branched and cyclic paraffins are absorbed from the mammalian gastrointestinal tract and that the absorption of n-paraffins is inversely proportional to the carbon chain length,with little absorption above C30. With respect to the carbon chain lengths likely to be present in mineral oil, n-paraffins may be absorbed to a greater extent that iso- or cyclo-paraffins. The major classes of hydrocarbons have been shown to be well absorbed by the gastrointestinal tract in various species. In many cases, the hydrophobic hydrocarbons are ingested in association with dietary lipids. The dependence of hydrocarbon absorption on concomitant triglyceride digestion and absorption,is known as the "hydrocarbon continuum hypothesis", and asserts that a series of solubilising phases in the intestinal lumen, created by dietary triglycerides and their digestion products, afford hydrocarbons a route to the lipid phase of the intestinal absorptive cell (enterocyte) membrane. While some hydrocarbons may traverse the mucosal epithelium unmetabolised and appear as solutes in lipoprotein particles in intestinal lymph, there is evidence that most hydrocarbons partially separate from nutrient lipids and undergo metabolic transformation in the enterocyte. For trimethylbenzenes: Absorption of 1,2,4-trimethylbenzene occurs after oral, inhalation, or dermal exposure. Occupationally, inhalation and dermal exposures are the most important routes of absorption although systemic intoxication from dermal absorption is not likely to occur due to the dermal irritation caused by the chemical prompting quick removal. Following oral administration of the chemical to rats, 62.6% of the dose was recovered as urinary metabolites indicating substantial absorption . 1,2,4-Trimethylbenzene is lipophilic and may accumulate in fat and fatty tissues. In the blood stream, approximately 85% of the chemical is bound to red blood cells Metabolism occurs by side-chain oxidation to form alcohols and carboxylic acids which are then conjugated with glucuronic acid, glycine, or sulfates for urinary excretion . For C9 aromatics (typically trimethylbenzenes - TMBs) Acute Toxicity Acute toxicity studies (oral, dermal and inhalation routes of exposure) have been conducted in rats using various solvent products containing predominantly mixed C9 aromatic hydrocarbons (CAS RN 64742-95-6). Inhalation LC50 s range from 6,000 to 10,000 mg/m 3 for C9 aromatic naphtha and 18,000 to 24,000 mg/m3 for 1,2,4 and 1,3,5-TMB, respectively. A rat oral LD50 reported for 1,2,4-TMB is 5 grams/kg bw and a rat dermal LD50 for the C9 aromatic naphtha is >4 ml/kg bw. These data indicate that C9 aromatic solvents show that LD50/LC50 values are greater than limit doses for acute toxicity studies established under OECD test guidelines. Irritation and Sensitization Several irritation studies, including skin, eye, and lung/respiratory system, have been conducted on members of the category. The results indicate that C9 aromatic hydrocarbon solvents are mildly to moderately irritating to the skin, minimally irritating to the eye, and have the potential to irritate the respiratory tract and cause depression of respiratory rates in mice.

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	For petroleum: This product contains benzene, which can cause acute myeloid leukaemia, and n-hexane, which can be metabolized to compounds which are toxic to the nervous system. This product contains toluene, and animal studies suggest high concentrations of toluene lead to hearing loss. This product contains ethyl benzene and naphthalene, from which animal testing shows evidence of tumour formation. Cancer-causing potential: Animal testing shows inhaling petroleum causes tumours of the liver and kidney; these are however not considered to be relevant in humans. Mutation-causing potential: Most studies involving gasoline have returned negative results regarding the potential to cause mutations, including all recent studies in living human subjects (such as in petrol service station attendants). Reproductive toxicity: Animal studies show that high concentrations of toluene (>0.1%) can cause developmental effects such as lower birth weight and developmental toxicity to the nervous system of the foetus.
CYCLOHEXANONE	Cyclohexanone: **Acute toxicity:** Cyclohexanone exhibits low to slight acute toxicity by the oral and inhalation routes and is moderately toxic by the dermal route. It is an eye and skin irritant; however, it did not induce skin sensitisation. There has been no consistent indication that cyclohexanone causes neurotoxicity, although signs of CNS depression were noted at doses near the LD50. Therefore, this material could not be classified regarding its potential neurotoxicity to humans. **Repeat dose toxicity:** Upon repeated administration to rats in drinking water, the NOAEL was 4700 ppm after 25 weeks and the LOAEL was 3300 ppm after 2 years. Effects at higher concentrations were primarily body weight decreases.
XYLENE	Reproductive effector in rats
PROPYLENE GLYCOL DIACETATE	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. For glycol and diol aliphatic esters:(group C) According to a classification scheme described by the American Chemistry Council' Aliphatic Esters Panel, Group C substances are comprised of a monocarboxylic acid (generally natural fatty acids, e.g., oleic, stearic, C6-C10 fatty acids) and a dihydroxy alcohol (glycol or diol such as ethylene glycol, polyethylene glycol, propylene glycol, 2,2-dimethyl-1,3-propanediol). These esters are often referred to as "glycol or diol esters" or as "alkylidene or alkanediyl esters". The rationale for grouping the glycol or diol esters is that they represent structurally similar ethylene/ propylene glycol esters in which the hydroxyl groups in the glycol are functionalised with fatty acids as ester derivatives. Esterification of the glycol with fatty acids such as stearic and oleic acid can provide glycol diesters in the 38 to 41 carbon number range, which typically make them relatively non-volatile and high boiling liquids with limited water solubility and with sufficient polar characteristics to make them useful as lubricants and solvents. In the case of the tri- and tetraethylene glycol diesters, the ether linkage in the polyalkylene portion of the glycol also imparts additional polar character to these glycol esters. Metabolism of these glycol esters in animals would be expected to occur initially via enzymatic hydrolysis leading to the corresponding free fatty acids and free glycol alcohols (e.g., ethylene glycol, propylene glycol, 2,2-dimethyl-1,3-propanediol, polyethylene glycol). These free fatty acids and glycols can be further metabolised or conjugated (e.g., glucuronides, sulfates, etc.) to polar products that are excreted in the urine.
N-BUTYL ACETATE	Generally,linear and branched-chain alkyl esters are hydrolysed to their component alcohols and carboxylic acids in the intestinal tract, blood and most tissues throughout the body. Following hydrolysis the component alcohols and carboxylic acids are metabolized Oral acute toxicity studies have been reported for 51 of the 67 esters of aliphatic acyclic primary alcohols and aliphatic linear saturated carboxylic acids. The very low oral acute toxicity of this group of esters is demonstrated by oral LD50 values greater than 1850 mg/kg bw Genotoxicity studies have been performed in vitro using the following esters of aliphatic acyclic primary alcohols and aliphatic linear saturated carboxylic acids: methyl acetate, butyl acetate, butyl stearate and the structurally related isoamyl formate and demonstrates that these substances are not genotoxic. The JEFCA Committee concluded that the substances in this group would not present safety concerns at the current levels of intake the esters of aliphatic acyclic primary alcohols and aliphatic linear saturated carboxylic acids are generally used as flavouring substances up to average maximum levels of 200 mg/kg. Higher levels of use (up to 3000 mg/kg) are permitted in food categories such as chewing gum and hard candy. In Europe the upper use levels for these flavouring substances are generally 1 to 30 mg/kg foods and in special food categories like candy and alcoholic beverages up to 300 mg/kg foods **Internationl Program on Chemical Safety: the Joint FAO/WHO Expert Committee on Food Additives (JECFA)** **Esters of Aliphatic acyclic primary alcohols with aliphatic linear saturated carboxylic acids.; 1998**
POLYPROPYLENE	* For pyrolyzate for poly-alpha-olefins (PAOs): PAOs are highly branched isoparaffinic chemicals produced by oligomerisation of 1-octene, 1-decene, and/or 1-dodecene. The crude polyalphaolefin mixture is then distilled into appropriate product fractions to meet specific viscosity specifications and hydrogenated. Read across data exist for health effects endpoints from the following similar *hydrogenated* long chain branched alkanes derived from a C8, C10, and/or C12 alpha olefins: ‣ Decene homopolymer ‣ Decene/dodecene copolymer ‣ Octene/decene/dodecene copolymer ‣ Dodecene trimer The data for these structural analogs demonstrated no evidence of health effects. In addition, there is evidence in the literature that alkanes with 30 or more carbon atoms are unlikely to be absorbed when administered orally. The physicochemical data suggest that it is unlikely that significant absorption will occur.
PROPYLENE GLYCOL MONOMETHYL ETHER ACETATE, ALPHA-ISOMER	A BASF report (in ECETOC) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects. The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.I] *Shin-Etsu SDS for propylene glycol ethers (PGEs):

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	Typical propylene glycol ethers include propylene glycol n-butyl ether (PnB); dipropylene glycol n-butyl ether (DPnB); dipropylene glycol methyl ether acetate (DPMA); tripropylene glycol methyl ether (TPM). Testing of a wide variety of propylene glycol ethers Testing of a wide variety of propylene glycol ethers has shown that propylene glycol-based ethers are less toxic than some ethers of the ethylene series. The common toxicities associated with the lower molecular weight homologues of the ethylene series, such as adverse effects on reproductive organs, the developing embryo and fetus, blood (haemolytic effects), or thymus, are not seen with the commercial-grade propylene glycol ethers. In the ethylene series, metabolism of the terminal hydroxyl group produces an alkoxyacetic acid. The reproductive and developmental toxicities of the lower molecular weight homologues in the ethylene series are due specifically to the formation of methoxyacetic and ethoxyacetic acids. Longer chain length homologues in the ethylene series are not associated with the reproductive toxicity but can cause haemolysis in sensitive species, also through formation of an alkoxyacetic acid. The predominant alpha isomer of all the PGEs (thermodynamically favored during manufacture of PGEs) is a secondary alcohol incapable of forming an alkoxypropionic acid. A BASF report (in ECETOC) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects. The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.I]
TOLUENE DIISOCYANATE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. 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. for diisocyanates: In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route.
DIBUTYLTIN DILAURATE	Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.
CYCLOHEXANONE & XYLENE & N-BUTYL ACETATE & TOLUENE DIISOCYANATE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
CYCLOHEXANONE & PROPYLENE GLYCOL DIACETATE	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.
CYCLOHEXANONE & XYLENE & POLYPROPYLENE	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.
XYLENE & N-BUTYL ACETATE	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.
TOLUENE-2,4-DIISOCYANATE HOMOPOLYMER & TOLUENE DIISOCYANATE	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which

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	increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

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

DURAPOL 5841 SILKY

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

naphtha petroleum, light aromatic solvent

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	72h	Algae or other aquatic plants	1mg/l	1
EC50	72h	Algae or other aquatic plants	19mg/l	1
EC50	48h	Crustacea	6.14mg/l	1
EC50	96h	Algae or other aquatic plants	64mg/l	2

cyclohexanone

Endpoint	Test Duration (hr)	Species	Value	Source
EC10(ECx)	72h	Algae or other aquatic plants	0.4-7.93mg/l	4
EC50	72h	Algae or other aquatic plants	17.7-85.6mg/l	4
LC50	96h	Fish	527-732mg/l	2
EC50	48h	Crustacea	>100mg/l	2

xylene

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	73h	Algae or other aquatic plants	0.44mg/l	2
LC50	96h	Fish	2.6mg/l	2
EC50	72h	Algae or other aquatic plants	4.6mg/l	2
EC50	48h	Crustacea	1.8mg/l	2

propylene glycol diacetate

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	72h	Algae or other aquatic plants	34.9mg/l	2
LC50	96h	Fish	82mg/l	2
EC50	72h	Algae or other aquatic plants	171mg/l	2
EC50	48h	Crustacea	237mg/l	2

n-butyl acetate

Endpoint	Test Duration (hr)	Species	Value	Source
EC50(ECx)	96h	Fish	18mg/l	2
LC50	96h	Fish	18mg/l	2
EC50	72h	Algae or other aquatic plants	246mg/l	2
EC50	48h	Crustacea	32mg/l	1

toluene-2,4-diisocyanate homopolymer

Endpoint	Test Duration (hr)	Species	Value	Source

Continued...

	Not Available	Not Available	Not Available	Not Available	Not Available

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

propylene glycol monomethyl ether acetate, alpha-isomer				
Endpoint	**Test Duration (hr)**	**Species**	**Value**	**Source**
NOEC(ECx)	336h	Fish	47.5mg/l	2
LC50	96h	Fish	>100mg/l	2
EC50	72h	Algae or other aquatic plants	>1000mg/l	2
EC50	48h	Crustacea	373mg/l	2
EC50	96h	Algae or other aquatic plants	>1000mg/l	2

toluene diisocyanate				
Endpoint	**Test Duration (hr)**	**Species**	**Value**	**Source**
EC50	96h	Algae or other aquatic plants	3230mg/l	1
LC50	96h	Fish	~0.4mg/l	2
EC50	48h	Crustacea	12.5mg/l	1
NOEC(ECx)	504h	Crustacea	>=0.5mg/l	1

dibutyltin dilaurate				
Endpoint	**Test Duration (hr)**	**Species**	**Value**	**Source**
BCF	1344h	Fish	2.2-40	7
EC10(ECx)	96h	Algae or other aquatic plants	>0.5mg/l	4
LC50	96h	Fish	21.2mg/l	2
EC50	72h	Algae or other aquatic plants	>1mg/l	2
EC50	48h	Crustacea	1.7-3.4mg/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*

Harmful 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
cyclohexanone	LOW	LOW
xylene	HIGH (Half-life = 360 days)	LOW (Half-life = 1.83 days)
propylene glycol diacetate	LOW	LOW
n-butyl acetate	LOW	LOW
polypropylene	LOW	LOW
propylene glycol monomethyl ether acetate, alpha-isomer	LOW	LOW
toluene diisocyanate	LOW (Half-life = 1 days)	LOW (Half-life = 0.13 days)
dibutyltin dilaurate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
cyclohexanone	LOW (BCF = 2.45)
xylene	MEDIUM (BCF = 740)
propylene glycol diacetate	LOW (LogKOW = 0.8224)
n-butyl acetate	LOW (BCF = 14)
polypropylene	LOW (LogKOW = 1.6783)
propylene glycol monomethyl ether acetate, alpha-isomer	LOW (LogKOW = 0.56)
toluene diisocyanate	LOW (BCF = 5)

Continued...

Ingredient	Bioaccumulation
dibutyltin dilaurate	LOW (BCF = 110)

Mobility in soil

Ingredient	Mobility
cyclohexanone	LOW (KOC = 15.15)
propylene glycol diacetate	LOW (KOC = 10)
n-butyl acetate	LOW (KOC = 20.86)
polypropylene	LOW (KOC = 23.74)
propylene glycol monomethyl ether acetate, alpha-isomer	HIGH (KOC = 1.838)
toluene diisocyanate	LOW (KOC = 9114)
dibutyltin dilaurate	LOW (KOC = 64610000)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▸ Where possible retain label warnings and SDS and observe all notices pertaining to the product. ▸ **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. ▸ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▸ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material). ▸ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	•3Y

Land transport (ADG)

UN number	1263
UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
Transport hazard class(es)	Class: 3 Subrisk: Not Applicable
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: 163 223 367 Limited quantity: 5 L

Continued...

Air transport (ICAO-IATA / DGR)

UN number	1263
UN proper shipping name	Paint related material (including paint thinning or reducing compounds); Paint (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base)
Transport hazard class(es)	ICAO/IATA Class: 3 ICAO / IATA Subrisk: Not Applicable ERG Code: 3L
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: A3 A72 A192 Cargo Only Packing Instructions: 366 Cargo Only Maximum Qty / Pack: 220 L Passenger and Cargo Packing Instructions: 355 Passenger and Cargo Maximum Qty / Pack: 60 L Passenger and Cargo Limited Quantity Packing Instructions: Y344 Passenger and Cargo Limited Maximum Qty / Pack: 10 L

Sea transport (IMDG-Code / GGVSee)

UN number	1263
UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
Transport hazard class(es)	IMDG Class: 3 IMDG Subrisk: Not Applicable
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	EMS Number: F-E, S-E Special provisions: 163 223 367 955 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
naphtha petroleum, light aromatic solvent	Not Available
cyclohexanone	Not Available
xylene	Not Available
propylene glycol diacetate	Not Available
n-butyl acetate	Not Available
toluene-2,4-diisocyanate homopolymer	Not Available
polypropylene	Not Available
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available
toluene diisocyanate	Not Available
dibutyltin dilaurate	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
naphtha petroleum, light	Not Available

Continued...

Product name	Ship Type
aromatic solvent	
cyclohexanone	Not Available
xylene	Not Available
propylene glycol diacetate	Not Available
n-butyl acetate	Not Available
toluene-2,4-diisocyanate homopolymer	Not Available
polypropylene	Not Available
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available
toluene diisocyanate	Not Available
dibutyltin dilaurate	Not Available

SECTION 15 Regulatory information

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

naphtha petroleum, light aromatic solvent is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

cyclohexanone 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

xylene 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
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

propylene glycol diacetate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

n-butyl acetate is found on the following regulatory lists

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

toluene-2,4-diisocyanate homopolymer is found on the following regulatory lists

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

polypropylene is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List
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)

propylene glycol monomethyl ether acetate, alpha-isomer is found on the following regulatory lists

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

toluene diisocyanate is found on the following regulatory lists

Continued...

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring
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
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

dibutyltin dilaurate 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 7
Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (naphtha petroleum, light aromatic solvent; cyclohexanone; xylene; propylene glycol diacetate; n-butyl acetate; toluene-2,4-diisocyanate homopolymer; polypropylene; propylene glycol monomethyl ether acetate, alpha-isomer; toluene diisocyanate; dibutyltin dilaurate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (toluene-2,4-diisocyanate homopolymer; polypropylene)
Japan - ENCS	No (toluene-2,4-diisocyanate homopolymer)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (propylene glycol diacetate; toluene-2,4-diisocyanate homopolymer)
Vietnam - NCI	Yes
Russia - FBEPH	No (toluene-2,4-diisocyanate homopolymer)
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	19/03/2020
Initial Date	07/09/2018

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	19/03/2020	Synonyms, Use, Name

Other information

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

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Continued...

TEL (+61 3) 9572 4700.

end of SDS