Version No: 2.1.1.1 Safety Data Sheet according to WHS and ADG requirements Hazard Alert Code: 2 Issue Date: 19/10/2016 Print Date: 29/10/2016

L.GHS.AUS.EN

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

Product Identifier

Product name	ADCOAT Tuff Coat Protective Coating (Part B)	
Synonyms	Not Available	
Other means of identification	Not Available	

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

Requires that the two parts be mixed by hand or mixer before use, in accordance with manufacturers directions. Mix only as much as is required. **Do not** return the mixed material to the original containers Hardener for coating materials or adhesives for industrial and trade applications Not suitable for use in homeworker (DIY) applications.

Details of the supplier of the safety data sheet

Registered company name	ADCOAT Graphic Solutions
Address	3/17 Stennett Road, Ingleburn 2565 NSW Australia
Telephone	+61 2 9605 3000
Fax	+61 2 9605 3222
Website	www.adcoatgraphicsolutions.com.au
Email	sales@adcoatgraphicsolutions.com.au

Emergency telephone number

Association / Organisation	ADCOAT Graphic Solutions
Emergency telephone numbers	1800 675 650
Other emergency telephone numbers	02 9605 3000 0412 383 240

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

COMBUSTIBLE LIQUID, regulated for storage purposes only	
Poisons Schedule	S6
Classification ^[1]	Flammable Liquid Category 4, Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 4, Skin Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Acute Aquatic Hazard Category 3, Chronic Aquatic Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

ADCOAT Tuff Coat Protective Coating
(Part B)

GHS label	elements
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SIGNAL WORD	WARNING

Hazard statement(s)

H227	Combustible liquid
H312	Harmful in contact with skin.
H332	Harmful if inhaled.
H317	May cause an allergic skin reaction.
H335	May cause respiratory irritation.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P210	Keep away from heat/sparks/open flames/hot surfaces No smoking.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P261	Avoid breathing mist/vapours/spray.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P363	Wash contaminated clothing before reuse.	
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.	
P302+P352	IF ON SKIN: Wash with plenty of soap and water.	
P312	Call a POISON CENTER or doctor/physician if you feel unwell.	
P333+P313	P333+P313 If skin irritation or rash occurs: Get medical advice/attention.	
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.	

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

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
160994-68-3	70	hexamethylene diisocyanate polymer, ethoxylated
822-06-0	<0.1	hexamethylene diisocyanate
112-07-2	NotSpec.	ethylene glycol monobutyl ether acetate

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

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	 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. Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.
Ingestion	 Immediately give a glass of water. First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- Small quantities of water in contact with hot liquid may react violently with generation of a large volume of rapidly expanding hot sticky semi-solid foam.
- Presents additional hazard when fire fighting in a confined space.
- Cooling with flooding quantities of water reduces this risk.
- Water spray or fog may cause frothing and should be used in large quantities.
- Water spray or fog.
- Alcohol stable foam.
- Dry chemical powder.
- Carbon dioxide.

Special hazards arising from the substrate or mixture

Fire Incompatibility	· Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may
Fire incompatibility	result
Advice for firefighters	5
Fire Fighting	 Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus. Prevent, by any means available, spillage from entering drains or water course. Use water delivered as a fine spray to control fire and cool adjacent area. Avoid spraying water onto liquid pools. DO NOT approach containers suspected to be hot. Cool fire exposed containers with water spray from a protected location. If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	 Combustible. Moderate fire hazard when exposed to heat or flame. When heated to high temperatures decomposes rapidly generating vapour which pressures and may then rupture container with release of flammable and highly toxic isocyanate vapour. Burns with acrid black smoke and poisonous fumes. Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NOx and carbon monoxide. Combustion products include; carbon dioxide (CO2) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NOx) other pyrolysis products typical of burning organic materialMay emit corrosive fumes. When heated at high temperatures many isocyanates decompose rapidly generating a vapour which pressurises containers, possibly to the point of rupture. Release of toxic and/or flammable isocyanate vapours may then occur
HAZCHEM	Not Applicable

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Environmental precautions

See section 12

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 spill with sand, earth, inert material or vermiculite. Wipe up. Place in a suitable, labelled container for waste disposal. 							
	Chemical Class: cyanates and isocyanates For release onto land: recommended sorbents listed in order of priority.							
	SORBENT TYPE	RANK	APPLICATION		COL	LECTION	LIMITATIONS	
	LAND SPILL - SMA	LL					I	
	cross-linked polymer	- particulate		1	shovel	shovel	R,W,SS	
	wood fiber - particula			1	throw	pitchfork	R, P, DGC, RT	
	•					•		
	cross-linked polymer	•		1	throw	pitchfork	R, DGC, RT	
	sorbent clay - particu			2	shovel	shovel	R, I, P	
	foamed glass - pillow	V		2	throw	pitchfork	R, P, DGC, RT	
	wood fiber - particula	ate		3	shovel	shovel	R, W, P, DGC	
	LAND SPILL - MED	NUM						
	cross-linked polymer	-particulate		1	blower	skiploader	R, W, SS cross-	
	linked polymer - pillo	w	1	throw	skip	loader R	,DGC, RT	
	polypropylene - partie	culate		2	blower	skiploader	R, SS, DGC	
	expanded mineral - particulate		3	blower	skiploader	R, I, W, P, DGC		
	wood fiber - particulate			3	blower	skiploader	R, W, P, DGC	
	polypropylene - mat			3	throw	skiploader	DGC, RT	
Major Spills	Legend DGC: Not effective where ground cover is dense R; Not reusable I: Not incinerable P: Effectiveness reduced when rainy RT:Not effective where terrain is rugged SS: Not for use within environmentally sensitive sites W: Effectiveness reduced when windy Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control; R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988 • Liquid Isocyanates and high isocyanate vapour concentrations will penetrate seals on self contained breathing apparatus - SCBA should be used inside encapsulating suit where this exposure may occur. For isocyanate spills of less than 40 litres (2 m2): • Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible. • Notify supervision and others as necessary. • Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots). • Control source of leakage (where applicable). • Dike the spill to prevent spreading and to contain additions of decontaminating solution. • Prevent the material from entering drains. • Estimate spill pool volume or area. • Absorb and decontaminate Completely cover the spill with wet sand, wet earth, vermiculite or other similar absorbent Add neutraliser (for suitable formulations: see below) to the adsorbent materials (equal to that of estimated spill pool volume). Intensity contact between spill, absorbent and neutraliser by carefully mixing with a rake and allow to react for 15 minutes							
	 Minutes Shovel absorbent/decontaminant solution mixture into a steel drum. Decontaminate surface Pour an equal amount of neutraliser solution over contaminated surface Scrub area with a stif bristle brush, using moderate pressure Completely cover decontaminant with vermiculite or other similar absorbent Afte 5 minutes, shovel absorbent/decontamination solution mixture into the same steel drum used above. Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat 							

- Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for incineration.
- Decontaminate and remove personal protective equipment.
- Return to normal operation.
- . Conduct accident investigation and consider measures to prevent reoccurrence.

Decontamination:

Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation ("neutralising fluid"). Isocyanates and polyisocyanates are generally not miscible with water. Liquid surfactants are necessary to allow better dispersion of isocyanate and neutralising fluids/ preparations. Alkaline neutralisers react faster than water/surfactant mixtures alone. Typically, such a preparation may consist of:

Sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of {ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v}.

Let stand for 24 hours

Three commonly used neutralising fluids each exhibit advantages in different situations.

Formulation A :				
liquid surfactant		0.2-2%		
sodium carbonate		:	5-10%	
water to				100%
Formulation B				
liquid surfactant			0.2-2%	
concentrated ammonia		3-8%		
water to				100%
Formulation C				
ethanol, isopropanol or butanol	50%			
concentrated ammonia		5%		
water to				100%

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

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

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

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	IOT allow clothing wet with material to stay in contact with skin I all personal contact, including inhalation. • protective clothing when risk of exposure occurs. • n a well-ventilated area. • ent concentration in hollows and sumps. IOT enter confined spaces until atmosphere has been checked. I smoking, naked lights or ignition sources. • contact with incompatible materials. When • ing, DO NOT eat, drink or smoke. Keep • iners securely sealed when not in use. Avoid cal damage to containers. • ys wash hands with soap and water after handling. • clothes should be laundered separately. • good occupational work practice. • rve manufacturer's storage and handling recommendations contained within this SDS. • sphere should be regularly checked against established exposure standards to ensure safe working conditions.
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Other information	 for commercial quantities of isocyanates: Isocyanates should be stored in adequately bunded areas. Nothing else should be kept within the same bunding. Pre-polymers need not be segregated. Drums of isocyanates should be stored under cover, out of direct sunlight, protected from rain, protected from physical damage and well away from moisture, acids and alkalis. Where isocyanates are stored at elevated temperatures to prevent solidifying, adequate controls should be installed to prevent the high temperatures and precautions against fire should be taken. Where stored in tanks, the more reactive isocyanates should be blanketed with a non-reactive gas such as nitrogen and equipped with absorptive type breather valve (to prevent vapour emissions) Transfer systems for isocyanates in bulk storage should be fully enclosed and use pump or vacuum systems. Warning signs, in appropriate languages, should be posted where necessary. Areas in which polyurethane foam products are stored should be supplied with good general ventilation. Residual amounts of unreacted isocyanate may be present in the finished foam, resulting in hazardous atmospheric concentrations. Store in original containers. Keep containers securely sealed. No smoking, naked lights or ignition sources. Store in a cool, dry, well-ventilated area. Store away from incompatible materials and foodstuff containers. Protect containers against physical damage and check regularly for leaks. Observe manufacturer's storage and handling recommendations contained within this SDS.
Conditions for safe st	orage, including any incompatibilities
Suitable container	 Metal can or drum Packaging as recommended by manufacturer. Check all containers are clearly labelled and free from leaks.

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

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	hexamethylene diisocyanate	Isocyanates, all (as-NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Sen
Australia Exposure Standards	ethylene glycol monobutyl ether acetate	2-Butoxyethyl acetate	133 mg/m3 / 20 ppm	333 mg/m3 / 50 ppm	Not Available	Sk

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
hexamethylene diisocyanate	Hexamethylene diisocyanate; (1,6-Diisocyanatohexane)	0.005 ppm	0.02 ppm	0.8 ppm
ethylene glycol monobutyl ether acetate	Butoxyethanol acetate, 2-; (Ethylene glycol monobutyl ether acetate)	20 ppm	20 ppm	73 ppm

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Ingredient	Original IDLH	Revised IDLH
hexamethylene diisocyanate polymer, ethoxylated	Not Available	Not Available
hexamethylene diisocyanate	Not Available	Not Available
ethylene glycol monobutyl ether acetate	Not Available	Not Available

MATERIAL DATA

for isocyanates:

- Some jurisdictions require that health surveillance be conducted on occupationally exposed workers. This should emphasise:
- demography, occupational and medical history and health advice
- completion of a standardised respiratory questionnaire
- physical examination of the respiratory system and skin
- standardised respiratory function tests such as FEV1, FVC and FEV1/FVC

Various portable or stationary instruments are available for the continuous measurement of isocyanates in the air. All of them function on the principle of colourimetric evaluation of an indicator paper strip. They are operating continuously and unattended. Paper tape systems are easy to use and do not require skilled analysts to operate them. They give rapid results and are therefore suitable for leak detection and in emergency situations. However,:

- They may read incorrect at very high or very low humidity,
- are unsuitable for aerosols
- and may not be accepted for purposes of regulatory compliance.

Air monitoring of isocyanates requires sound analytical knowledge. In order to obtain reliable results only laboratories with experience in that specific area should be engaged with such measurements

for 1,6-hexamethylene diisocyanate (HDI):

The toxicological action of HDI is similar to that of toluene diisocyanate and and the TLV-TWA is analogous. In light of reported asthmatic/ respiratory sensitisation-like responses in HDI exposed workers, individuals who may be hypersusceptible or otherwise unusually responsive may not be adequately protected at this limit.

Exposure controls

	1: Room air currents minimal or favourable to capture	1: Disturbing room air currents		
	2: Contaminants of low toxicity or of nuisance value only	2: Contaminants of high toxicity		
	3: Intermittent, low production.	3: High production, heavy use		
	4: Large hood or large air mass in motion	4: Small hood-local control only		
	Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point 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 4-10 m/s (800-2000 f/min.) for extraction of solvents generated by spraying at a point 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.			
Personal protection				
Eye and face protection	Safety glasses with side shields. Chemical goggles. Contact lenses may pose a special hazard; soft contact lenses may absorb document, describing the wearing of lenses or restrictions on use, should be include a review of lens absorption and adsorption for the class of chemicals Medical and first-aid personnel should be trained in their removal and suitabl event of chemical exposure, begin eye irrigation immediately and remove co be removed at the first signs of eye redness or irritation - lens should be rer workers have washed hands thoroughly. [CDC NIOSH Current Intelligence B equivalent]	created for each workplace or task. This should s in use and an account of injury experience. le equipment should be readily available. In the ontact lens as soon as practicable. Lens should moved in a clean environment only after		
Skin protection	See Hand protection below			
Hands/feet protection	See Hand protection below NOTE: Not 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. 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. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturizer is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: frequency and duration of contact, chemical resistance of glove material, glove thichness and destroity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 040 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. Is should be emphasized that glove thickness is not necessarily a good predictor of glove material. Therefore, the manufacturers' technical glove sith a thickness typically greater than 0.35 mm, are recommended. Is should be based on consi			

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

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.

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	 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 See Other protection below 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 wo 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 u 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 equipment and thereby maintain a high standard of personal cleanliness. Special attention should be given to ensuring the personnel understand instructions, especially newly recruited employees and those with local-language difficulties, where they are known. • Overalls. • P.V.C. apron. • Barrier cream. • Skin cleansing cream. • Eye wash unit. • Eye wash unit.	
Thermal hazards	Not Available

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:

Tollchem 2CX WB PU Sealer Clear Gloss Part B

Material	CPI
##ethylene glycol monobutyl ether	acetate
NAT+NEOPR+NITRILE	С
SARANEX-23	С

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

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

Respiratory protection

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

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

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

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 5 x ES	A-AUS / Class 1	-	A-PAPR-AUS / Class 1
up to 25 x ES	Air-line*	A-2	A-PAPR-2
up to 50 x ES	-	A-3	-
50+ x ES	-	Air-line**	-

^ - 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. 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	Family of products which vary in their physical properties as a result of variations in production. Data presented here is for typical family member. [Colourless liquid with a slight odour.]Will react slowly with water to release carbon dioxide.			
Physical state	Liquid	Relative density (Water = 1)	1.160 approx	
Odour	Not Available	Partition coefficient n-octanol / water	Not Available	
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available	
pH (as supplied)	Not Available	Decomposition temperature	Not Available	
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available	
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable	
Flash point (°C)	>76 (Theor.)	Taste	Not Available	
Evaporation rate	Not Available	Explosive properties	Not Available	
Flammability	Combustible.	Oxidising properties	Not Available	
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available	
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available	
Vapour pressure (kPa)	Negligible	Gas group	Not Available	
Solubility in water (g/L)	Not Available	pH as a solution (1%)	Not Available	
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available	

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	 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

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.

	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. 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. Continued exposure of sensitised persons may lead to possible long term respiratory impairment.
Ingestion	The material is not thought to produce adverse health effects following ingestion (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum. High molecular weight material; on single acute exposure would be expected to pass through gastrointestinal tract with little change / absorption. Occasionally accumulation of the solid material within the alimentary tract may result in formation of a bezoar (concretion), producing discomfort.
	Skin contact with the material may be harmful; systemic effects may result following absorption.
Skin Contact	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
Eye	Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	Long-term 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. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates. [CCTRADE-Bayer, APMF] A 90-day inhalation study in rats with polymeric MDI (6 hours/day, 5 days/week) produced moderate to severe hyperplastic inflammatory lesions in the nasal cavities and lungs at levels of 8 mg/m3 or greater. Polyisocyanates still contain small amounts of monomeric isocyanate (typically <0.5 parts per weight) and both – the polyisocyanates and the momomer - have toxicological importance. In addition, solvents also contribute to the overall toxicity of these products. Due to the higher molecular weight and the much lower vapor pressure the polyisocyanates exhibit a significantly reduced health hazid as compared to the corresponding monomers. Nevertheless they should only be handled under controlled conditions. They are not or only slightly irritating to the skin and eyes, but might be irritating to the respiratory tract (nose, throat, lung). Polyisocyanates and prepolymers (HDI-based as well as IPDI-based, for example) may cause skin sensitisers. From animal models, however, there is no evidence that polyisocyanates are sensiting to the respiratory tract. Results from animal models, however, there is no evidence that polyisocyanates are ensiting to the respiratory tract. Results from animal models, however, there is no evidence that polyisocyanates are ensilting to the respiratory tract is the primary target of al

The polymer contained in this product has a reactive group generally considered to be of high concern (US EPA). There are health concerns for isocyanates on the basis of their skin and respiratory sensitisation properties and other lung effects e.g. TDI and MDI). Aromatic isocyanates may be potentially carcinogenic (e.g. TDI and DADI). Frequently new chemical isocyanates are manufactured with a significant excess of isocyanate monomer. Whilst it is generally accepted that polymers with a molecular weight exceeding 1000 are unlikely to pass through biological membranes, oligomers with lower molecular weight and specifically, those with a molecular weight below 500, may. Estimations based on a "highly" dispersed polymer population suggest that a polymer of approximate molecular weight 5000 could contain no more than one reactive group of high concern for it to be regulated as a polymer of low concern (a so-called PLC) Polymers with a molecular weight above 10000 are generally considered to be PLCs because these are not expected to be absorbed by biological systems. The choice of 10000 as a cut-off value is thought to provide a safety factor of 100, regarded as reasonable in light of limited data, duration of studies, dose levels at which effects are seen, and extrapolation from animals to humans. 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. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities.

Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages. Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing

ADCOAT Tuff Coat	TOXICITY	IRRITATION	
Protective Coating (Part B)	Not Available	Not Available	
hexamethylene	TOXICITY	IRRITATION	
liisocyanate polymer, ethoxylated	Oral (rat) LD50: >2000 ^[2]	Not Available	
	TOXICITY	IRRITATION	
	dermal (rat) LD50: >7000 mg/kg ^[1] Nil reported		
hexamethylene	Inhalation (rat) LC50: 0.06 mg/L/4hr ^[2]		
diisocyanate	Inhalation (rat) LC50: 0.124 mg/L/4hr ^[2]		
	Inhalation (rat) LC50: 0.462 mg/L/4hr ^[2]		
	Oral (rat) LD50: 710 mg/kg ^[1]	I	
ethylene glycol	тохісітү	IRRITATION	
monobutyl ether	Dermal (rabbit) LD50: 1500 mg/kg ^[2]	Eye (rabbit): 500 mg/24hr - mild	
acetate	Oral (rat) LD50: 7012.4 mg/kg ^[1]	Skin (rabbit): 500 mg - mild	
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances		

exposure to this material.

HEXAMETHYLENE DIISOCYANATE POLYMER, ETHOXYLATED	* Coim SDS EX-7900
HEXAMETHYLENE DIISOC YANATE	for 1,6-hexamethylene diisocyanate: Exposures to HDI are often associated with exposures to its prepolymers, especially to a trimeric biuretic prepolymer of HDI (HDI-BT), which is widely used as a hardener in automobile and airplane paints, and which typically contains 0.5-1% unreacted HDI. There is evidence that diisocyanate prepolymers may induce asthma at the same or greater frequency as the monomers; therefore, there is a need to assess the potential for human exposure to prepolymeric HDI as well as monomeric HDI. 1,6-Hexamethylene diisocyanate is corrosive to the skin and the eye. 1,6-Hexamethylene diisocyanate was found to induce dermal and respiratory sensitization in animals and humans. There is no threshold known for this effect. Inhalation studies with repeated exposures to 1,6-hexamethylene diisocyanate vapor show that the respiratory tract is the target with 1,6-hexamethylene diisocyanate showing primarily upper respiratory tract lesions (nasal cavity). 1,6-Hexamethylene diisocyanate did not show a neurotoxic effect in a combined reproduction/developmental/neurotoxicity study. Life-time inhalation exposure to rats revealed a progression of non-neoplastic respiratory tract lesions, primarily to the nasal cavity, and represented the sequelae of non-specific irritation. Based on the presence of only reversible tissue responses to irritation at the low concentration of 0.005 ppm, this concentration was a NOAEL. No carcinogenic potential in rats was observed after life-time inhalation. 1,6-Hexamethylene diisocyanate showed no mutagenic activity <i>in vitro</i> in bacterial and in mammalian cell test systems.

1.6-Hexamethylene dijsocvanate showed no clastogenic activity in vivo. 1,6-Hexamethylene diisocyanate has no effect on fertility and post-natal viability through post-natal day 4 in the rat after inhalation up to 0.299 ppm. The overall NOEL was 0.005 ppm. Inhalation of 1,6-hexamethylene diisocyanate during the pregnancy of rats produced maternal effects (nasal turbinate histopathology) at concentrations 3 0.052 ppm. No developmental toxicity was observed up to 0.308 ppm. 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 ethylene glycol: Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol. dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glycxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO2, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO2, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. Elimination of ethylene glycol from the plasma in both humans and laboratory animals is rapid after oral exposure; elimination half-lives are in the range of 1-4 hours in most species tested. Respiratory Effects. Respiratory system involvement occurs 12-24 hours after ingestion of sufficient amounts of ethylene glycol and is considered to be part of a second stage in ethylene glycol poisoning The symptoms include hyperventilation, shallow rapid breathing, and generalized pulmonary edema with calcium oxalate crystals occasionally present in the lung parenchyma. Respiratory system involvement appears to be dose-dependent and occurs concomitantly with cardiovascular changes. Pulmonary infiltrates and other changes compatible with adult respiratory distress syndrome (ARDS) may characterise the second stage of ethylene glycol poisoning Pulmonary oedema can be secondary to cardiac failure, ARDS, or aspiration of gastric contents. Symptoms related to acidosis such as hyperpnea and tachypnea are frequently observed; however, major respiratory morbidities such as pulmonary edema and bronchopneumonia are relatively rare and usually only observed with extreme poisoning (e.g., in only 5 of 36 severely poisoned cases). Cardiovascular Effects. Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12-24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol. Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned ETHYLENE GLYCOL cases.Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in MONOBUTYL ETHER humans. The effects of a long-term, low-dose exposure are unknown. ACETATE 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

> 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

ingestion due to increases in unmeasured metabolite anions (mainly glycolate).

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 embyrotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight.

Cancer: No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol. **Genotoxic Effects:** Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available *in vivo* and *in vitro* laboratory studies provide consistently negative genotoxicity results for ethylene glycol. For ethylene glycol monoalkyl ethers and their acetates (EGMAEs):

Typical members of this category are ethylene glycol propylene ether (EGPE), ethylene glycol butyl ether (EGBE) and ethylene glycol hexyl ether (EGHE) and their acetates.

EGMAEs are substrates for alcohol dehydrogenase isozyme ADH-3, which catalyzes the conversion of their terminal alcohols to aldehydes (which are transient metabolites). Further, rapid conversion of the aldehydes by aldehyde dehydrogenase produces alkoxyacetic acids, which are the predominant urinary metabolites of mono substituted glycol ethers.

Acute Toxicity: Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m3) for EGHE, LC50 > 400ppm (2620 mg/m3) for EGBEA to LC50 > 2132 ppm (9061 mg/m3) for EGPE. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 435 mg/kg bw (EGBE) to 1500 mg/kg bw (EGBEA). Overall these category members can be considered to be of low to moderate acute toxicity. All category members cause reversible irritation to skin and eyes, with EGBEA less irritating and EGHE more irritating than the other category members. EGPE and EGBE are not sensitisers in experimental animals or humans. Signs of acute toxicity in rats, mice and rabbits are consistent with haemolysis (with the exception of EGHE) and non-specific CNS depression typical of organic solvents in general. Alkoxyacetic acid metabolites, propoxyacetic acid (PAA) and butoxyacetic acid (BAA), are responsible for the red blood cell hemolysis. Signs of toxicity in humans deliberately ingesting cleaning fluids containing 9-22% EGBE are similar to those of rats, with the exception of haemolysis. Although decreased blood haemoglobin and/or haemoglobinuria were observed in some of the human cases, it is not clear if this was due to haemolysis or haemodilution as a result of administration of large volumes of fluid. Red blood cells of humans are many-fold more resistant to toxicity from EGPE and EGBE *in vitro* than those of rats.

Repeat dose toxicity: The fact that the NOAEL for repeated dose toxicity of EGBE is less than that of EGPE is consistent with red blood cells being more sensitive to EGBE than EGPE. Blood from mice, rats, hamsters, rabbits and baboons were sensitive to the effects of BAA *in vitro* and displayed similar responses, which included erythrocyte swelling (increased haematocrit and mean corpuscular hemoglobin), followed by hemolysis. Blood from humans, pigs, dogs, cats, and guinea pigs was less sensitive to haemolysis by BAA *in vitro*.

Mutagenicity: In the absence and presence of metabolic activation, EGBE tested negative for mutagenicity in Ames tests conducted in *S. typhimurium* strains TA97, TA98, TA100, TA1535 and TA1537 and EGHE tested negative in strains TA98, TA100, TA1535, TA1537 and TA1538. *In vitro* cytogenicity and sister chromatid exchange assays with EGBE and EGHE in Chinese Hamster Ovary Cells with and without metabolic activation and in vivo micronucleus tests with EGBE in rats and mice were negative, indicating that these glycol ethers are not genotoxic.

Carcinogenicity: In a 2-year inhalation chronic toxicity and carcinogenicity study with EGBE in rats and mice a significant increase in the incidence of liver haemangiosarcomas was seen in male mice and forestomach tumours in female mice. It was decided that based on the mode of action data available, there was no significant hazard for human carcinogenicity **Reproductive and developmental toxicity**. The results of reproductive and developmental toxicity studies indicate that the glycol ethers in this category are not selectively toxic to the reproductive system or developing fetus, developmental toxicity. The repeated dose toxicity studies in which reproductive organs were examined indicate that the members of this category are not associated with toxicity to reproductive organs (including the testes). Results of the developmental toxicity studies conducted via inhalation exposures during gestation periods on EGPE (rabbits -125, 250, 500 ppm or 531, 1062, or 2125 mg/m3 and rats - 100, 200, 300, 400 ppm or 425, 850, 1275, or 1700 mg/m3), EGBE (rat and rabbit - 25, 50, 100, 200 ppm or 121, 241, 483, or 966 mg/m3), and EGHE (rat and rabbit - 20.8, 41.4, 79.2 ppm or 124, 248, or 474 mg/m3) indicate that the members of the category are not teratogenic.

The NOAELs for developmental toxicity are greater than 500 ppm or 2125 mg/m3 (rabbit-EGPE), 100 ppm or 425 mg/m3 (rat-EGPE), 50 ppm or 241 mg/m3 (rat EGBE) and 100 ppm or 483 mg/m3 (rabbit EGBE) and greater than 79.2 ppm or 474 mg/m3 (rat and rabbit-EGHE).

ADCOAT Tuff Coat Protective Coating (Part B) & HEXAMETHYLENE DIISOC YANATE POLYMER, ETHOXYLATED & HEXAMETHYLENE mae

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.

DIISOC YANATE

ADCOAT Tuff Coat Protective Coating (Part B) & HEXAMETHYLENE DIISOC YANATE POLYMER. ETHOXYLATED & HEXAMETHYLENE **DIISOCYANATE**

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DIISOC YANATE

ETHOXYLATED & HEXAMETHYLENE DIISOC YANATE

POLYMER,

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.

Isocvanate 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. ADCOAT Tuff Coat Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety **Protective Coating** neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary (Part B) & sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may HEXAMETHYLENE occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response DIISOC YANATE may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses POLYMER, including rash, itching, hives and swelling of extremities. ETHOXYLATED & Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages. HEXAMETHYLENE Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low DIISOC YANATE levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material. ADCOAT Tuff Coat **Protective Coating** (Part B) & HEXAMETHYLENE DIISOC YANATE POLYMER. ETHOXYLATED & HEXAMETHYLENE DIISOC YANATE metabolism (prohaptens). ADCOAT Tuff Coat **Protective Coating** (Part B) & HEXAMETHYLENE DIISOC YANATE POLYMER.

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

Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to alleroic 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	0
Skin Irritation/Corrosion	0	Reproductivity	0
Serious Eye Damage/Irritation	\otimes	STOT - Single Exposure	~
Respiratory or Skin sensitisation	v	STOT - Repeated Exposure	0
Mutagenicity	\otimes	Aspiration Hazard	0
		Legend: 🛛 📉 – Data ava	ilable but does not fill the criteria for classification

Legend:

- Data required to make classification available

Data Not Available to make classification

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
hexamethylene diisocyanate	LC50	96	Fish	22mg/L	1
hexamethylene diisocyanate	EC50	72	Algae or other aquatic plants	>77.4mg/L	2
hexamethylene diisocyanate	EC0	24	Crustacea	<0.33mg/L	1
hexamethylene diisocyanate	NOEC	72	Algae or other aquatic plants	11.7mg/L	2
ethylene glycol monobutyl ether acetate	LC50	96	Fish	>20- <40mg/L	2
ethylene glycol monobutyl ether acetate	EC50	48	Crustacea	=37mg/L	1
ethylene glycol monobutyl ether acetate	EC50	96	Algae or other aquatic plants	3.228mg/L	3
ethylene glycol monobutyl ether acetate	EC0	48	Crustacea	=10mg/L	1
Lovenda			ppe ECHA Registered Substances - Ec (Estimated) 4. US EPA, Ecotox datab		

Legend:

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

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

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

for polyisocyanates:

Polyisocyanates are not readily biodegradable. However, due to other elimination mechanisms (hydrolysis, adsorption), long retention times in water are not to be expected. The resulting polyurea is more or less inert and, due to its molecular size, not bioavailable. Within the limits of water solubility, polyisocyanates have a low to moderate toxicity for aquatic organisms.

Hydrolysis would represents the primary fate mechanism for the majority of the commercial isocyanate monomers, but, is tempered somewhat by the lack of water solubility. In the absence of hydrolysis, sorption to solids (e.g., sludge and sediments) will be the primary mechanism of removal. Biodegradation is minimal for most compounds and volatilisation is negligible. Atmospheric degradation is not expected with removal from air occurring by washout or dry deposition. Volatilisation from surface waters (e.g., lakes and rivers) is expected to take years. In wastewater treatment this process is not expected to be significant.

Review of the estimated properties of the isocyanates suggest that sorption is the primary removal mechanism in the ambient environment and in wastewater treatment in the absence of significant hydrolysis. Sorption to solids in wastewater treatment is considered strong to very strong for most compounds. Sorption to sediments and soils in the ambient environment is very strong in most instances. Migration to groundwater and surface waters is not expected due to sorption or hydrolysis.

Hydrolysis of the N=C=O will occur in less than hours in most instances and within minutes for more than 90% of the commercial isocyanates. However, the low to very low solubility of these substances will generally lessen the effectiveness of hydrolysis as a fate pathway. But hydrolysis should be considered one of the two major fate processes for the isocyanates.

Aerobic and/or anaerobic biodegradation of the isocyanates is not expected to occur at significant levels. Most of the substances take several months to degrade.

Degradation of the hydrolysis products will occur at varying rates depending on the moiety formed.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
hexamethylene diisocyanate	LOW	LOW
ethylene glycol monobutyl ether acetate	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
hexamethylene diisocyanate	LOW (LogKOW = 3.1956)

Version No: 2.1.1.1			13300 Date. 13/10/2010
		ADCOAT Tuff Coat Protective Coating	Print Date: 29/10/2016
		(Part B)	
ethylene glycol			
monobutyl ether acetate	LOW (BCF = 3.2)		
Mobility in soil			
Ingredient	Mobility		
hovemethylene			

ingreatent	woonky
hexamethylene diisocyanate	LOW (KOC = 5864)
ethylene glycol monobutyl ether acetate	LOW (KOC = 10)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

	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. Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: 		
	Reduction		
	Reuse		
	Recycling		
	 Disposal (if all else fails) 		
Product / Packaging	This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.		
disposal	If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.		
	 DO NOT allow wash water from cleaning or process equipment to enter drains. 		
	It may be necessary to collect all wash water for treatment before disposal.		
	 In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. Where in doubt contact the responsible authority. 		
	DO NOT recycle spilled material.		
	Consult State Land Waste Management Authority for disposal.		
	 Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary decontaminant prior to disposal. 		
	DO NOT seal or stopper drums being decontaminated as CO2 gas is generated and may pressurise containers.		
	Puncture containers to prevent re-use.		
	Bury or incinerate residues at an approved site.		

SECTION 14 TRANSPORT INFORMATION

Labels Required

COMBUSTIBLE LIQUID	COMBUSTIBLE LIQUID, regulated for storage purposes only
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

SECTION 15 REGULATORY INFORMATION

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

HEXAMETHYLENE DIISOCYANATE POLYMER, ETHOXYLATED(160994-68-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS					
Not Applicable					
HEXAMETHYLENE DIISOCYANATE(822-06-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS					
Australia Exposure Standards		Australia Inventory of Chemical Substances (AICS)			
Australia Hazardous Substances Information System - Consolidated Lists		Australia Work Health and Safety Regulations 2016 - Hazardous chemicals (other than lead) requiring health monitoring			
ETHYLENE GLYCOL MONOBUTYL ETHER ACETATE(112-07-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS					
Australia Exposure Standar	ds	Australia Inventory of Chemical Substances (AICS)			
Australia Hazardous Subst	ances Information System - Consolidated Lists				
National Inventory	Status				
Australia - AICS	N (hexamethylene diisocyanate polymer, ethoxylated)				
Canada - DSL	N (hexamethylene diisocyanate polymer, ethoxylated)				
Canada - NDSL	N (ethylene glycol monobutyl ether acetate; hexamethylene diisocyanate)				
China - IECSC	N (hexamethylene diisocyanate polymer, ethoxylated)				
Europe - EINEC / ELINCS / NLP	N (hexamethylene diisocyanate polymer, ethoxylated)				
Japan - ENCS	N (hexamethylene diisocyanate polymer, ethoxylated)				
Korea - KECI	Y				
New Zealand - NZIoC	Y				
Philippines - PICCS	N (hexamethylene diisocyanate polymer, ethoxylated)				
USA - TSCA	Y				
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)				

SECTION 16 OTHER INFORMATION

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.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net

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

Definitions and abbreviations

PC-TWA: Permissible Concentration-Time Weighted Average PC -STEL: Permissible Concentration-Short Term Exposure Limit IARC: International Agency for Research on Cancer ACGIH: American Conference of Governmental Industrial Hygienists STEL: Short Term Exposure Limit TEEL: Temporary Emergency Exposure Limit. IDLH: Immediately Dangerous to Life or Health Concentrations OSF: Odour Safety Factor NOAEL :No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level TLV: Threshold Limit Value LOD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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