

GG Liquid Lead Paints

Jasco Pty Limited

Chemwatch: 7912-92

Version No: 3.1

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: 09/10/2024

Print Date: 09/10/2024

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

Product Identifier

Product name	GG Liquid Lead Paints
Chemical Name	Not Applicable
Synonyms	Not Available
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	Use according to manufacturer's directions.
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	Jasco Pty Limited
Address	1-5 Commercial Road Kingsgrove NSW 2208 Australia
Telephone	+61 2 9807 1555
Fax	Not Available
Website	www.jasco.com.au
Email	quickinfo@jasco.com.au

Emergency telephone number


Association / Organisation	Australian Poisons Centre
Emergency telephone numbers	13 11 26 (24/7)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification ^[1]	Serious Eye Damage/Eye Irritation Category 2A, Carcinogenicity Category 1A
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)

H319	Causes serious eye irritation.
H350	May cause cancer.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

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

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
1332-58-7	1-10	<u>kaolin</u>
57-55-6	1-10	<u>propylene glycol</u>
9003-04-7	1-10	<u>sodium polyacrylate</u>
7429-90-5	1-5	<u>aluminium powder uncoated</u>
141-32-2	<1	<u>butyl acrylate</u>
80-62-6	<1	<u>methyl methacrylate</u>
Not Available	balance	Ingredients determined not to be hazardous

Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available

SECTION 4 First aid measures**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ 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	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor.
Ingestion	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

To treat poisoning by the higher aliphatic alcohols (up to C7):

- ▶ Gastric lavage with copious amounts of water.
- ▶ It may be beneficial to instill 60 ml of mineral oil into the stomach.
- ▶ Oxygen and artificial respiration as needed.
- ▶ Electrolyte balance: it may be useful to start 500 ml. M/6 sodium bicarbonate intravenously but maintain a cautious and conservative attitude toward electrolyte replacement unless shock or severe acidosis threatens.
- ▶ To protect the liver, maintain carbohydrate intake by intravenous infusions of glucose.
- ▶ Haemodialysis if coma is deep and persistent. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, Ed 5]

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 shock.
- ▶ Monitor and treat, where necessary, for pulmonary oedema.
- ▶ Anticipate and treat, where necessary, for 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.
- ▶ Give activated charcoal.

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.

- ▶ If the patient is hypoglycaemic (decreased or loss of consciousness, tachycardia, pallor, dilated pupils, diaphoresis and/or dextrose strip or glucometer readings below 50 mg), give 50% dextrose.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Treat seizures with diazepam.
- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- ▶ Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Acidosis may respond to hyperventilation and bicarbonate therapy.
- ▶ Haemodialysis might be considered in patients with severe intoxication.
- ▶ Consult a toxicologist as necessary. BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

For C8 alcohols and above.
Symptomatic and supportive therapy is advised in managing patients.

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

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

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) silicon dioxide (SiO₂) metal oxides other pyrolysis products typical of burning organic material.</p> <p>When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles.</p> <p>May emit poisonous fumes. May emit corrosive fumes.</p>
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ 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.
Major Spills	<p>Moderate hazard.</p> <ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Absorb remaining product with sand, earth or vermiculite.

- ▶ Collect solid residues and seal in labelled drums for disposal.
- ▶ Wash area and prevent runoff into drains.
- ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

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

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid strong acids, bases.

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	kaolin	Kaolin	10 mg/m ³	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	propylene glycol	Propane-1,2-diol total: (vapour & particulates)	150 ppm / 474 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	propylene glycol	Propane-1,2-diol: particulates only	10 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	aluminium powder uncoated	Aluminium (metal dust)	10 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	aluminium powder uncoated	Aluminium (welding fumes) (as Al)	5 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	aluminium powder uncoated	Aluminium, pyro powders (as Al)	5 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	butyl acrylate	n-Butyl acrylate	1 ppm / 5 mg/m ³	26 mg/m ³ / 5 ppm	Not Available	Not Available
Australia Exposure Standards	methyl methacrylate	Methyl methacrylate	50 ppm / 208 mg/m ³	416 mg/m ³ / 100 ppm	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
kaolin	Not Available	Not Available
propylene glycol	Not Available	Not Available
sodium polyacrylate	Not Available	Not Available
aluminium powder uncoated	Not Available	Not Available
butyl acrylate	Not Available	113 ppm
methyl methacrylate	1,000 ppm	Not Available


Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
sodium polyacrylate	E	≤ 0.01 mg/m ³

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

Exposure controls

<p>Appropriate engineering controls</p>	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations.</p> <p>Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.</p> <table border="1" data-bbox="384 593 1492 831"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>solvent, vapours, degreasing etc., evaporating from tank (in still air).</td> <td>0.25-0.5 m/s (50-100 f/min.)</td> </tr> <tr> <td>aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> <tr> <td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).</td> <td>2.5-10 m/s (500-2000 f/min.)</td> </tr> </tbody> </table> <p>Within each range the appropriate value depends on:</p> <table border="1" data-bbox="384 869 1145 1021"> <thead> <tr> <th>Lower end of the range</th> <th>Upper end of the range</th> </tr> </thead> <tbody> <tr> <td>1: Room air currents minimal or favourable to capture</td> <td>1: Disturbing room air currents</td> </tr> <tr> <td>2: Contaminants of low toxicity or of nuisance value only.</td> <td>2: Contaminants of high toxicity</td> </tr> <tr> <td>3: Intermittent, low production.</td> <td>3: High production, heavy use</td> </tr> <tr> <td>4: Large hood or large air mass in motion</td> <td>4: Small hood-local control only</td> </tr> </tbody> </table> <p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.</p>	Type of Contaminant:	Air Speed:	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)	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<p>Individual protection measures, such as personal protective equipment</p>																					
<p>Eye and face protection</p>	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59]. 																				
<p>Skin protection</p>	<p>See Hand protection below</p>																				
<p>Hands/feet protection</p>	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min 																				

Continued...

	<ul style="list-style-type: none"> · Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

GG Liquid Lead Paints

Material	CPI
BUTYL	C
PE/EVAL/PE	C
PVA	C
TEFLON	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.

Ansell Glove Selection

Glove — In order of recommendation
AlphaTec® Solvex® 37-675
MICROFLEX® 93-732
BioClean™ Extra BLAS
BioClean™ N-Plus BNPS
BioClean™ Ultimate BUPPS
BioClean™ Emerald BENS
BioClean™ Fusion (Sterile) S-BFAP
MICROFLEX® MidKnight® XTRA 93-862
MICROFLEX® LifeStar EC™ 93-868
MICROFLEX® SafeGrip™ SG-375

The suggested gloves for use should be confirmed with the glove supplier.

Respiratory protection

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

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

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

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

^ - Full-face

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

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Liquid.		
Physical state	Liquid	Relative density (Water = 1)	Not Available
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 (°C)	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

GG Liquid Lead Paints

Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in arrhythmias and hypotension. Gastrointestinal effects may include nausea and vomiting. Kidney and liver damage may result following massive exposures. The alcohols are potential irritants being, generally, stronger irritants than similar organic structures that lack functional groups (e.g. alkanes) but are much less irritating than the corresponding amines, aldehydes or ketones. Alcohols and glycols (diols) rarely represent serious hazards in the workplace, because their vapour concentrations are usually less than the levels which produce significant irritation which, in turn, produce significant central nervous system effects as well.</p>
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	<p>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.</p> <p>Contact with aluminas (aluminium oxides) may produce a form of irritant dermatitis accompanied by pruritus.</p> <p>Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Open cuts, abraded or irritated skin should not be exposed to this material.</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p> <p>Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man.</p>
Eye	Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	<p>Chronic exposure to aluminas (aluminium oxides) of particle size 1.2 microns did not produce significant systemic or respiratory system effects in workers. Epidemiologic surveys have indicated an excess of nonmalignant respiratory disease in workers exposed to aluminum oxide during abrasives production.</p> <p>Very fine Al₂O₃ powder was not fibrogenic in rats, guinea pigs, or hamsters when inhaled for 6 to 12 months and sacrificed at periods up to 12 months following the last exposure.</p> <p>When hydrated aluminas were injected intratracheally, they produced dense and numerous nodules of advanced fibrosis in rats, a reticulin network with occasional collagen fibres in mice and guinea pigs, and only a slight reticulin network in rabbits. Shaver's disease, a rapidly progressive and often fatal interstitial fibrosis of the lungs, is associated with a process involving the fusion of bauxite (aluminium oxide) with iron, coke and silica at 2000 deg. C.</p> <p>The weight of evidence suggests that catalytically active alumina and the large surface area aluminas can induce lung fibrosis(aluminosis) in experimental animals, but only when given by the intra-tracheal route. The pertinence of such experiments in relation to workplace exposure is doubtful especially since it has been demonstrated that the most reactive of the aluminas (i.e. the chi and gamma forms), when given by inhalation, are non-fibrogenic in experimental animals. However rats exposed by inhalation to refractory aluminium fibre showed mild fibrosis and possibly carcinogenic effects indicating that fibrous aluminas might exhibit different toxicology to non-fibrous forms. Aluminium oxide fibres administered by the intrapleural route produce clear evidence of carcinogenicity.</p> <p>Saffil fibre an artificially produced form alumina fibre used as refractories, consists of over 95% alumina, 3-4 % silica. Animal tests for fibrogenic, carcinogenic potential and oral toxicity have included in-vitro, intraperitoneal injection, intrapleural injection, inhalation, and feeding. The fibre has generally been inactive in animal studies. Also studies of Saffil dust clouds show very low respirable fraction.</p> <p>There is general agreement that particle size determines that the degree of pathogenicity (the ability of a micro-organism to produce infectious disease) of elementary aluminium, or its oxides or hydroxides when they occur as dusts, fumes or vapours. Only those particles</p>

small enough to enter the alveoli (sub 5 µm) are able to produce pathogenic effects in the lungs.

The synthetic, amorphous silicas are believed to represent a very greatly reduced silicosis hazard compared to crystalline silicas and are considered to be nuisance dusts.

When heated to high temperature and a long time, amorphous silica can produce crystalline silica on cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling pulmonary fibrosis that may take years to develop. Discrepancies between various studies showing that fibrosis associated with chronic exposure to amorphous silica and those that do not may be explained by assuming that diatomaceous earth (a non-synthetic silica commonly used in industry) is either weakly fibrogenic or nonfibrogenic and that fibrosis is due to contamination by crystalline silica content

The health hazards associated with bentonite, kaolin, and common clay, which are commercially important clay products, as well as the related phyllosilicate minerals montmorillonite, kaolinite, and illite, have an extensive literature. Fibrous clay minerals, such as sepiolite, attapulgite, and zeolites, have a separate literature.

The biological effects of clay minerals are influenced by their mineral composition and particle size. The decreasing rank order of the potencies of quartz, kaolinite, and montmorillonite to produce lung damage is consistent with their known relative active surface areas and surface chemistry.

Clays are chemically all described as aluminosilicates; these are further classified as bentonite, kaolin and common clays.

Bentonite is a rock formed of highly colloidal and plastic clays composed mainly of montmorillonite, a clay mineral of the smectite group.

Kaolin or china clay is a mixture of different minerals. Its main component is kaolinite; in addition, it frequently contains quartz, mica, feldspar, illite, and montmorillonite.

The main components of common clay and shale are illite and chlorite. Illite is also a component of ball clays. Illite closely resembles micas. From the limited data available from studies on bentonite-exposed persons, retained montmorillonite appears to effect only mild nonspecific tissue changes, which are similar to those that have been described in the spectrum of changes of the "small airways mineral dust disease" (nodular peribronchiolar dust accumulations containing refractile material [montmorillonite] in association with limited interstitial fibrosis). In some of the studies, radiological abnormalities have also been reported

Long-term occupational exposures to bentonite dust may cause structural and functional damage to the lungs. However, available data are inadequate to conclusively establish a dose-response relationship or even a cause-and-effect relationship due to limited information on period and intensity of exposure and to confounding factors, such as exposure to silica and tobacco smoke.

Long-term exposure to kaolin may lead to a relatively benign pneumoconiosis, in an exposure-related fashion, known as kaolinosis.

Deterioration of lung function has been observed only in cases with prominent radiological alterations. Based on data from china clay workers in the United Kingdom, it can be very roughly estimated that kaolin is at least an order of magnitude less potent than quartz..

Clearcut deterioration of respiratory function and related symptoms have been reported only in cases with prominent radiological findings.

The composition of the clay - i.e., quantity and quality of minerals other than kaolinite — is an important determinant of the effects. Bentonite, kaolin, and other clays often contain quartz, and exposure to quartz is causally related to silicosis and lung cancer. Statistically significant increases in the incidence of or mortality from chronic bronchitis and pulmonary emphysema have been reported after exposure to quartz.

The removal of clay particles from the lungs takes place by solubilisation in situ and by physical clearance.

In humans, there was a rapid initial clearance of 8% and 40% of aluminosilicate particles that were, respectively, 1.9 and 6.1 µm in aerodynamic diameter from the lung region over 6 days. Thereafter, 4% and 11% of the two particle sizes were removed following a halftime of 20 days, and the rest with half-times of 330 and 420 days.

Ultrafine particles (<100 nm) have a high deposition in the nasal area; they can penetrate the alveolar/capillary barrier. Epidemiological studies have indicated an increase in morbidity and mortality associated with an increase in airborne particulate matter, particularly in the ultrafine size range

An important determinant of the toxicity of clays is the content of quartz. The presence of quartz in the clays studied hampers reliable independent estimation of the fibrogenicity of other components of clays.

Single intratracheal injection into rodents of bentonite and montmorillonite with low content of quartz produced dose- and particle size-dependent cytotoxic effects, as well as transient local inflammation, the signs of which included oedema and, consequently, increased lung weight. After high doses of intratracheal kaolin (containing 8-65% quartz), fibrosis has been described in some studies, whereas at lower kaolin doses, no fibrosis has been observed in the few available studies.

There are limited data on the effects of multiple exposures of experimental animals to montmorillonite or bentonite. Mice maintained on diets containing 10% or 25% bentonite but otherwise adequate to support normal growth displayed slightly reduced growth rates, whereas mice maintained on a similar diet with 50% bentonite showed minimal growth and developed fatty livers and eventually fibrosis of the liver and benign hepatomas.

In vitro studies of the effects of bentonite on a variety of mammalian cell types usually indicated a high degree of cytotoxicity. Concentrations below 1.0 mg/ml of bentonite and montmorillonite particles less than 5 µm in diameter caused membrane damage and even cell lysis, as well as functional changes in several types of cells.

No adequate studies are available on the carcinogenicity of bentonite. In an inhalation study and in a study using intrapleural injection, kaolin did not induce tumours in rats. No studies are available on the genotoxicity of clays.

Single, very limited studies did not demonstrate developmental toxicity in rats after oral exposure to bentonite or kaolin.

Chronic dust inhalation of kaolin, as experienced in mineral extraction, has caused kaolinosis with heavy lung marking, emphysema, and nodular pneumoconiosis.

Evidence of kaolinosis (pneumoconiosis) was found in 9% of 553 Cornish china clay workers who had been exposed to kaolin dust for periods exceeding 5 years, whereas no kaolinosis was observed in workers exposed for less than 5 years. Workers in more heavily exposed jobs of milling, bagging and loading showed a prevalence of kaolinosis rising from 6% in those within between 5 and 15 years exposure to 23% in those exposed for more than 15 years. Workers intermittently and less heavily exposed in the older, outdated drying plants required 25 years of massive exposure before reaching the highest prevalence of 17%. Massive fibrosis was seen in four workers, and six workers needed antituberculosis chemotherapy. Preventative measures instituted include preemployment chest examination and approaches to the problem of dust control.

Sheer, G.; Brit. Jnl. Ind. Med. 21, pp 218-225, 1964

Repeated exposure to synthetic amorphous silicas may produce skin dryness and cracking.

Available data confirm the absence of significant toxicity by oral and dermal routes of exposure.

Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted in a number of species, at airborne concentrations ranging from 0.5 mg/m³ to 150 mg/m³. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m³. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m³. Differences in values may be due to particle size, and therefore the number of particles administered per unit dose. Generally, as particle size diminishes so does the NOAEL/ LOAEL. Exposure produced transient increases in lung inflammation, markers of cell injury and lung collagen content. There was no evidence of interstitial pulmonary fibrosis.

On the basis, primarily, of animal experiments, concern has been expressed 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.

Propylene glycol is thought, by some, to be a sensitising principal following the regular use of topical creams by eczema patients. A study of 866 persons using a formulation containing propylene glycol in a patch test indicated that propylene glycol caused primary irritation in 16% of exposed individuals probably caused by dehydration. Undiluted propylene glycol was tested on 1556 persons in a 24 hour patch test. 12.5% showed reactions which were largely toxic (70%) or allergic in nature (30%). Reaction responses reached their maximum on the second day or later. Reactions were seasonal in nature ranging from 17.8% in winter to 9.2% in other seasons. In a patch-test using 25 standard allergens conducted on 500 individuals, propylene glycol ranked fourth in sensitising response. 84 subjects were patch tested using 100% propylene glycol, as well as 2% and 5% in water. With undiluted material, 15% demonstrated a reaction, with 40% of the reactions being allergic in nature and 60% being irritant. In dilute solutions 5 of 248 subjects exhibited a reaction.

Undiluted propylene glycol tested on the skin of man produced no irritation under open conditions but when applied under occlusive conditions, for 2 weeks, it produced severe erythema, oedema and vesicles, probably due to sweat retention and weak primary irritation. Predictive contact skin sensitisation tests indicate that propylene glycol is an intermediate grade sensitiser with an index of 1% of tested subjects.

Groups of cats fed 5 gm/kg/day of propylene glycol for 14 weeks showed a significant dose-related increase in red blood cell Heinz body formation without any marked signs of haemolytic anaemia. The no-effect-level for cats without formation of Heinz bodies is 100-500 ml/kg. There is no evidence of anaemia or degenerative change. Groups of rats dosed orally with 0.5 or 10 mg/kg/day for 12 weeks had lowered food intake but no adverse effects on body weights. Erythrocytes were more fragile. Heinz bodies were not apparent.

GG Liquid Lead Paints

GG Liquid Lead Paints	TOXICITY	IRRITATION
	Not Available	Not Available
kaolin	TOXICITY	IRRITATION
	Not Available	Not Available
propylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 11890 mg/kg ^[2]	Eye (rabbit): 100 mg - mild
	Inhalation (Rat) LC50: >44.9 mg/l4h ^[1]	Eye (rabbit): 500 mg/24h - mild
	Oral (Rat) LD50: 20000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin(human):104 mg/3d Intermit Mod
		Skin(human):500 mg/7days mild
		Skin: no adverse effect observed (not irritating) ^[1]
sodium polyacrylate	TOXICITY	IRRITATION
	Oral (Mouse) LD50: >16000 mg/kg ^[2]	Eye (rabbit): 2 mg - moderate * [Arakawa]
aluminium powder uncoated	TOXICITY	IRRITATION
	Inhalation (Rat) LC50: >2.3 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (Rat) LD50: >2000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
butyl acrylate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 750 mg/kg ^[2]	Eye (rabbit) 50 mg - mild
	Inhalation (Rat) LC50: >5.24 mg/l4h ^[1]	Eye: adverse effect observed (irritating) ^[1]
	Oral (Rat) LD50: 900 mg/kg ^[2]	Skin (rabbit) 10 mg/24h open mild
		Skin (rabbit) 500 mg open - mild
		Skin: adverse effect observed (irritating) ^[1]
methyl methacrylate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >5000 mg/kg ^[2]	Eye (rabbit): 150 mg
	Inhalation (Rat) LC50: 29.8 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (Rat) LD50: 7872 mg/kg ^[2]	Skin (rabbit): 10000 mg/kg (open)
		Skin: adverse effect observed (irritating) ^[1]

Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

KAOLIN	<p>for bentonite clays:</p> <p>Bentonite (CAS No. 1302-78-9) consists of a group of clays formed by crystallisation of vitreous volcanic ashes that were deposited in water. The expected acute oral toxicity of bentonite in humans is very low (LD50>15 g/kg). However, severe anterior segment inflammation, uveitis and retrocorneal abscess from eye exposure were reported when bentonite had been used as a prophypaste.</p> <p>In a 33 day dietary (2 and 6%) and a 90 day dietary (1, 3 and 5%) studies in chickens, no changes in behaviour, overall state, clinical and biochemical parameters and electrolytic composition of the blood. Repeat dietary administration of bentonite did not affect calcium or phosphorus metabolism. However, larger amounts caused decreased growth, muscle weakness, and death with marked changes in both calcium and phosphorus metabolism.</p> <p>Bentonite did not cause fibrosis after 1 year exposure of 60 mg dust (<5 um) in a rat study. However, in a second rat study, where 5 um particles were intratracheally instilled at 5, 15 and 45 mg/rat, dose-related fibrosis was observed. Bentonite clay dust is believed to be responsible for bronchial asthma in workers at a processing plant in USA.</p> <p>Ingestion of bentonite without adequate liquids may result in intestinal obstruction in humans.</p> <p>Hypokalaemia and microcytic iron-deficiency anaemia may occur in patients after repeat doses of clay. Chronic ingestion has been reported to cause myositis.</p>
PROPYLENE GLYCOL	<p>The acute oral toxicity of propylene glycol is very low, and large quantities are required to cause perceptible health damage in humans. Serious toxicity generally occurs only at plasma concentrations over 1 g/L, which requires extremely high intake over a relatively short period of time. It would be nearly impossible to reach toxic levels by consuming foods or supplements, which contain at most 1 g/kg of PG. Cases of propylene glycol poisoning are usually related to either inappropriate intravenous administration or accidental ingestion of large quantities by children. The potential for long-term oral toxicity is also low. Because of its low chronic oral toxicity, propylene glycol was classified by the U. S. Food and Drug Administration as "generally recognized as safe" (GRAS) for use as a direct food additive.</p> <p>Prolonged contact with propylene glycol is essentially non-irritating to the skin. Undiluted propylene glycol is minimally irritating to the eye, and can produce slight transient conjunctivitis (the eye recovers after the exposure is removed). Exposure to mists may cause eye irritation, as well as upper respiratory tract irritation. Inhalation of the propylene glycol vapours appears to present no significant hazard in ordinary applications. However, limited human experience indicates that inhalation of propylene glycol mists could be irritating to some individuals. It is therefore recommended that propylene glycol not be used in applications where inhalation exposure or human eye contact with the spray mists of these materials is likely, such as fogs for theatrical productions or antifreeze solutions for emergency eye wash stations.</p> <p>Propylene glycol is metabolised in the human body into pyruvic acid (a normal part of the glucose-metabolism process, readily converted to energy), acetic acid (handled by ethanol-metabolism), lactic acid (a normal acid generally abundant during digestion), and propionaldehyde (a potentially hazardous substance).</p> <p>Propylene glycol shows no evidence of being a carcinogen or of being genotoxic.</p> <p>Research has suggested that individuals who cannot tolerate propylene glycol probably experience a special form of irritation, but that they only rarely develop allergic contact dermatitis. Other investigators believe that the incidence of allergic contact dermatitis to propylene glycol may be greater than 2% in patients with eczema.</p> <p>One study strongly suggests a connection between airborne concentrations of propylene glycol in houses and development of asthma and allergic reactions, such as rhinitis or hives in children</p>

Continued...

	<p>Another study suggested that the concentrations of PGEs (counted as the sum of propylene glycol and glycol ethers) in indoor air, particularly bedroom air, is linked to increased risk of developing numerous respiratory and immune disorders in children, including asthma, hay fever, eczema, and allergies, with increased risk ranging from 50% to 180%. This concentration has been linked to use of water-based paints and water-based system cleansers.</p> <p>Patients with vulvodynia and interstitial cystitis may be especially sensitive to propylene glycol. Women suffering with yeast infections may also notice that some over the counter creams can cause intense burning. Post menopausal women who require the use of an estrogen cream may notice that brand name creams made with propylene glycol often create extreme, uncomfortable burning along the vulva and perianal area. Additionally, some electronic cigarette users who inhale propylene glycol vapor may experience dryness of the throat or shortness of breath. As an alternative, some suppliers will put Vegetable Glycerin in the "e-liquid" for those who are allergic (or have bad reactions) to propylene glycol.</p> <p>Adverse responses to intravenous administration of drugs which use PG as an excipient have been seen in a number of people, particularly with large dosages thereof. Responses may include "hypotension, bradycardia... QRS and T abnormalities on the ECG, arrhythmia, cardiac arrest, serum hyperosmolality, lactic acidosis, and haemolysis". A high percentage (12% to 42%) of directly-injected propylene glycol is eliminated/secreted in urine unaltered depending on dosage, with the remainder appearing in its glucuronide-form. The speed of renal filtration decreases as dosage increases, which may be due to propylene glycol's mild anesthetic / CNS-depressant -properties as an alcohol. In one case, intravenous administration of propylene glycol-suspended nitroglycerin to an elderly man may have induced coma and acidosis.</p> <p>Propylene glycol is an approved food additive for dog food under the category of animal feed and is generally recognized as safe for dogs with an LD50 of 9 mL/kg. The LD50 is higher for most laboratory animals (20 mL/kg)</p> <p>Similarly, propylene glycol is an approved food additive for human food as well. The exception is that it is prohibited for use in food for cats due to links to Heinz body anemia.</p> <p>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.</p>
<p>SODIUM POLYACRYLATE</p>	<p>Polycarboxylates are of low toxicity by all exposure routes examined.</p> <p>Homopolymers(P-AA) are of low acute toxicity to the rat (LD50 > 5 g/kg bw/d) and are not irritating to the rabbit s skin and, at the most, slightly irritating to the eye. Further P-AA has no sensitising potential.</p> <p>The adverse effect after repeated inhalation dosing (91-d/rat) was a mild, reversible pulmonary irritation. This effect is considered as not substance related owing to the physical property of the respirable dust, which caused local and not systemic lung effects.</p> <p>There was neither evidence for a genotoxic potential of PAA using a variety of genetic endpoints in-vitro and in-vivo, nor for developmental toxicity or reprotoxicity in the rat. Based upon the available data, it is considered that exposure to polycarboxylates does not imply any particular hazard to humans</p> <p>The Cosmetic Ingredient Review (CIR) Expert Panel noted that these crosslinked alkyl acrylates are macromolecules that are not expected to pass through the stratum corneum of the skin, so significant dermal absorption is not expected. Therefore, topically applied cosmetics are not expected to result in systemic or reproductive and developmental toxicity or to have genotoxic or carcinogenic effects upon use.</p> <p>The Panel noted that cosmetic products containing these ingredients are reportedly used around the eyes, on the lips, and on other mucous membranes. Thus, crosslinked alkyl acrylates could be absorbed systemically through the relatively moist, n stratum cornea of the conjunctiva, lips, and other mucous membranes, and through ingestion when applied to the lips. However, the Panel noted that any absorption through healthy intact mucous membranes is likely to be not significant, primarily because of the relatively large molecular sizes. Furthermore, the chemically inert nature of the polymers precludes degradation to smaller absorbable species.</p> <p>Absorption of the polymers and their residual monomers in cosmetic products also would be limited after application to the lips or eye area based on the relatively small fractions of the applied products that might be inadvertently ingested or make direct contact with the conjunctiva.</p> <p>The Carbomers (Carbopols) are synthetic, high molecular weight, nonlinear polymers of acrylic acid, cross-linked with a polyalkenyl polyether. The Carbomer polymers are used in cosmetics and emulsifying agents at concentrations up to 50%. Acute oral animal studies showed that Carbomers-910, -934, -934P, -940, and -941 have low toxicities when ingested. Rabbits showed minimal skin irritation and zero to moderate eye irritation when tested with Carbomers-910 and -934. Subchronic feeding of rats and dogs with Carbomer-934 in the diet resulted in lower than normal body weights, but no pathological changes were observed. Dogs chronically fed Carbomer-934P manifested gastrointestinal irritation and marked pigment deposition within Kupffer cells of the liver. Clinical studies with Carbomers showed that these polymers have low potential for skin irritation and sensitization at concentrations up to 100%. Carbomer-934 demonstrated low potential for phototoxicity and photo-contact allergenicity. On the basis of the available information presented and as qualified in the report, it is concluded that the Carbomers are safe as cosmetic ingredients.</p> <p>Little toxicity data is available for acrylic crosspolymers; the acute dermal and oral toxicity data that were found indicated that these ingredients are not very toxic. The little genotoxicity data that were available reported negative results in Ames tests. Carcinogenicity data were not found in the published literature for the polymers, but data were available for the monomers.</p> <p>In an alternative method study, acrylates/vinyl neodecanoate crosspolymer was predicted to be a non-irritant. The non-human studies reported no to slight irritation with undiluted and weak sensitization with 2% aq., acrylates/C10-30 alkyl acrylate crosspolymer, no irritation with acrylates crosspolymer at 30% in olive oil, and no irritation or sensitization with sodium acrylates crosspolymer-2 (concentration not specified). Mostly, human testing with undiluted acrylates/C10-30 alkyl acrylate crosspolymer, acrylates crosspolymer, and acrylates/ethylhexyl acrylate crosspolymer, up to 2.5% aq. acrylates/vinyl isodecanoate crosspolymer, 1% aq. dilutions of formulations containing 2% acrylates/vinyl neodecanoate crosspolymer, and formulations containing up to 2.6% lauryl methacrylate/glycol dimethacrylate crosspolymers do not indicate any dermal irritation or sensitization. The only exception was a weak irritant response noted during an intensified Shelanski human repeated insult patch test (HRIPT) with undiluted acrylates/C10-30 alkyl acrylate crosspolymer.</p> <p>Alternative test methods for ocular irritation indicated that acrylates/vinyl isodecanoate crosspolymer and a formulation containing 1% lauryl methacrylate/glycol dimethacrylate crosspolymer are not likely ocular irritants. In studies using rabbits, undiluted acrylates/C10-30 alkyl acrylate crosspolymer produced minimal to moderate irritation, and it was considered a borderline irritant in unrinised rabbit eyes. Acrylates crosspolymer, at 50% in olive oil, and sodium acrylates crosspolymer-2 did not appear to be ocular irritants in rabbit eyes. Two different risk assessments evaluating the carcinogenic endpoint for benzene that may be present in acrylates/ C10-30 alkyl acrylates crosspolymer resulted in different lifetime risk. One found that the risk was within the range associated with a 10exp 6 cancer risk, while the other reported a 20-fold greater risk.</p> <p>Final Safety Assessment: Crosslinked Alkyl Acrylates as Used in Cosmetics. Nov 2011 Cosmetic Ingredient Review (CIR) Expert Panel https://ntp.niehs.nih.gov/ntp/roc/nominations/2013/publiccomm/attachmentcir_508.pdf</p> <p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>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.</p> <p>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.</p>
<p>BUTYL ACRYLATE</p>	<p>for n-butyl acrylate</p> <p>Acute toxicity: After oral administration, n-butyl acrylate is rapidly absorbed and metabolized in male rats (75% was eliminated as CO₂, approximately 10% via urine and 2% via feces). The major portion of n-butyl acrylate was hydrolysed by carboxyesterase to acrylic acid and butanol.</p> <p>Following acute exposure, n-butyl acrylate exhibits low toxicity. n-Butyl acrylate has oral LD50s of 3143 mg/kg bw (rats) and 9050 mg/kg bw (male rats), an inhalation LC50 (4-hour, rat) of 10.3 mg/L and a dermal LD50 (rabbit) of 2000 to 3024 mg/kg. n-Butyl acrylate is irritating to skin and eyes and showed a skin sensitising potential in animals. In humans, skin sensitisation to butyl acrylate was reported. Patch test concentration ranged from 0.1 to 0.5%. 6 out of 124 patients were positive, but the author stated that those results should be interpreted with caution, due to clinical history of the patients and purity of the different tested acrylates. Another publication describes that a data collection of 82 patients between 1987 and 1992 suspected of occupational acrylic sensitisation, showed in the patch test with 1% in petrolatum 2 patients to be sensitised to n-butyl acrylate</p> <p>Repeat dose toxicity: In an oral (drinking water) 90-day study in rats, using a satellite group (gavage) at 150 mg/kg bw/day, the only effects reported were a slight reduction in water consumption in all dose groups and a decrease in weight gain in the highest dose group. The</p>

	<p>NOAEL (males) = 84 mg/kg/bw/day and NOAEL (females) = 111 mg/kg/bw/day. The NOAEL (gavage) (males and females) = 150 mg/kg/bw/day.</p> <p>In a 90-day inhalation study, rats were exposed to 0, 21, 108, 211, and 546 ppm (0, 0.11, 0.57, 1.12, 2.90 mg/L) n-butyl acrylate. The primary effects at 211 ppm (1.12 mg/L) were irritation of eyes and nasal mucosa, reduced body weights (13.3 percent in males and 3.76 percent in females compared with controls), decreased potassium values (females) and an increase in alkaline phosphatase activity (females.) At the highest dose of 546 ppm (2.90 mg/L) 31 of 40 animals died. The primary cause of death was due to the strong irritation of the substance on the respiratory tract. The NOAEL = 108 ppm (0.57 mg/L/day) and the LOAEL = 211 ppm (1.12 mg/L/day).</p> <p>In a two-year inhalation study, rats (male/female) received whole body exposures of 0, 15, 45, or 135 ppm (0, 0.086, 0.258, 0.773 mg/L). There was a slight decrease in food consumption and slightly lower relative heart, kidney, liver and thyroid weights at the highest dose. A NOAEL was determined to be 45 ppm (0.258 mg/L/day) based upon localized and diffuse stippling of the corneal epithelium, cloudiness of the cornea, and various degrees of vascularization. The severity of nasal mucosa effects increased with dose and occurred at all doses in males and females. Effects ranged from slight atrophy of the neurogenic part of the olfactory epithelium at 15 ppm (0.086 mg/L) to partial loss of the columnar cell layer and stratified reserve-cell hyperplasia at 45 (0.258 mg/L) and 135 ppm (0.773 mg/L).</p> <p>Reproductive toxicity: In repeated-dose studies (noted above), no effects were seen in the reproductive organs.</p> <p>Developmental toxicity: In developmental toxicity studies with rats via inhalation, n-butyl acrylate caused foetotoxic effects (resorptions and reduced number of live fetuses at >135 ppm) at maternally toxic concentrations.</p> <p>At exposures of 25, 135 and 250 ppm (0.13, 0.72 and 1.33 mg/L/day), the NOAEL (maternal) = 25 ppm (0.13 mg/L/day) based on reduced body weights and irritation to the eyes and nose. The NOAEL (developmental) = 25 ppm (0.13 mg/L/day), based on post-implantation loss and the NOAEL (teratogenicity) = 250 ppm. In a separate study, female rats were given 100, 200 and 300 ppm. A maternal NOAEL could not be determined based on a reduction of absolute body weight gain at all doses; the maternal LOAEL was set at 100 ppm. At 200 and 300 ppm there was a reduction in foetal body weights. Sporadic malformations occurred at 300 ppm and in the control group.</p> <p>The NOAEL (developmental) was 100 ppm and the NOAEL (teratogenicity) was 300 ppm (highest dose tested).</p> <p>Genotoxicity: n-Butyl acrylate was negative in the Ames test with Salmonella typhimurium TA98, TA100, TA1535 and TA1537 with and without metabolic activation tested up to 10,000 µg/plate. In a cytogenetic assay with Chinese Hamster Ovary Cells, n-butyl acrylate showed no clastogenic potential in concentrations where no cytotoxicity occurred.</p> <p>Without metabolic activation an increase of aberrant cells was observed at cytotoxic concentrations. No genotoxic effects were found in an <i>in vitro</i> micronucleus test and an UDS-test with Syrian hamster fibroblasts. In an <i>in vivo</i> cytogenetic assay, n-butyl acrylate showed no clastogenic effect in rats and hamsters after inhalation exposure.</p> <p>Carcinogenicity: n-Butyl acrylate was not carcinogenic to rats via inhalation up to 135 ppm (0.773 mg/L/day), the highest dose tested.</p>		
METHYL METHACRYLATE	<p>Inhalation (human) TCLo: 60 mg/m³(15 ppm) [* Manuf. Rohm & Haas]</p> <p>For methyl methacrylate:</p> <p>Acute toxicity: MMA is rapidly absorbed after oral or inhalatory administration. <i>In vitro</i> skin absorption studies in human skin indicate that MMA can be absorbed through human skin. After inhalation to rats 10 to 20% of the substance is deposited in the upper respiratory tract where it is metabolised by local tissue esterases.</p> <p>Acute toxicity of MMA by the oral, dermal, and inhalative routes is low as judged by tests with different species: The oral LD50 for rats, mice, and rabbits is found to exceed 5000 mg/kg bw.</p> <p>Acute inhalation toxicity for rats and mice is described by LC50 values of > 25 mg/l/4 hours.</p> <p>Acute dermal toxicity is reported for rabbits to exceed 5000 mg/kg bw. Skin and respiratory irritation are reported for subjects exposed to monomeric MMA. The substance has been shown to produce severe skin irritation when tested undiluted on rabbit skin. There are indications from studies in animals that MMA can be irritating to the respiratory system. In contact with eyes MMA has shown only weak irritation of the conjunctivae. MMA has a moderate to strong sensitising potential in experimental animals. Cases of contact dermatitis have been reported for workers exposed to the monomeric chemical. There is no convincing evidence that MMA is a respiratory sensitizer in humans.</p> <p>The lead effect caused by MMA is a degeneration of the olfactory region of the nose being the most sensitive target tissue. For this effect a NOAEC of 25 ppm (104 mg/m³) in a two-year inhalation study in rats was identified but only slight effects on the olfactory tissues have been observed at 100 ppm. Concerning systemic effects, two different valid studies have been considered for identifying a N(L)OAL. Due to different dose selections, different values for N(L)OALs are available. The LOEALs and the NOEALs for female rats ranges between 400 and 500 ppm and from 100 to 250 ppm respectively. In subchronic inhalation studies systemic toxic effects were seen in rats >1000 ppm, respectively in mice >500 ppm, including degenerative and necrotic lesions in liver, kidney, brain, and atrophic changes in spleen and bone marrow. These effects were not seen in chronic studies up to 1000 ppm. Oral administration to rats resulted in a NOAEL of 200 mg/kg bw/d. MMA has <i>in vitro</i> the potential for induction of mutagenic effects, especially clastogenicity. However, this potential is limited to high doses with strong toxic effects. Furthermore, the negative <i>in vivo</i> micronucleus test and the negative dominant lethal assay indicate that this potential is not expressed <i>in vivo</i>. There is no relevant concern on carcinogenicity of MMA in humans and animals. Epidemiology data on increased tumour rates in exposed cohorts are of limited reliability and cannot be related to MMA as the solely causal agent.</p> <p>MMA did not reveal an effect on male fertility when animals had been exposed to up to 9000 ppm. From the available developmental toxicity investigations, including an inhalation study according to OECD Guideline 414, no teratogenicity, embryotoxicity or foetotoxicity has been observed at exposure levels up to and including 2028 ppm (8425 mg/m³). The available human data on sexual disorders in male and female workers cannot be considered to conclude on reproductive toxicity effects of MMA due to the uncertain validity of the studies</p>		
KAOLIN & ALUMINIUM POWDER UNCOATED	No significant acute toxicological data identified in literature search.		
BUTYL ACRYLATE & METHYL METHACRYLATE	<p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>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.</p> <p>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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.</p> <p>Where no "official" classification for acrylates and methacrylates exists, there has been cautious attempts to create classifications in the absence of contrary evidence. For example</p> <p>Monalkyl or monoarylestere of acrylic acids should be classified as R36/37/38 and R51/53</p> <p>Monoalkyl or monoaryl esters of methacrylic acid should be classified as R36/37/38</p> <p>The substance is classified by IARC as Group 3:</p> <p>NOT classifiable as to its carcinogenicity to humans.</p> <p>Evidence of carcinogenicity may be inadequate or limited in animal testing.</p> <p>Based on the available oncogenicity data and without a better understanding of the carcinogenic mechanism the Health and Environmental Review Division (HERD), Office of Toxic Substances (OTS), of the US EPA previously concluded that all chemicals that contain the acrylate or methacrylate moiety (CH₂=CHCOO or CH₂=C(CH₃)COO) should be considered to be a carcinogenic hazard unless shown otherwise by adequate testing.</p> <p>This position has now been revised and acrylates and methacrylates are no longer <i>de facto</i> carcinogens.</p>		
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

GG Liquid Lead Paints	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
kaolin	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
propylene glycol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	19300mg/l	2
	EC50	48h	Crustacea	>114.4mg/L	4
	LC50	96h	Fish	710mg/L	4
	EC50	96h	Algae or other aquatic plants	19000mg/l	2
sodium polyacrylate	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
aluminium powder uncoated	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	0.017mg/L	2
	EC50	48h	Crustacea	0.736mg/L	2
	LC50	96h	Fish	0.078-0.108mg/l	2
	EC50	96h	Algae or other aquatic plants	0.005mg/L	2
butyl acrylate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	1.71mg/l	2
	EC50	48h	Crustacea	1.3mg/l	2
	LC50	96h	Fish	1.1mg/l	2
	NOEC(ECx)	504h	Crustacea	0.136mg/l	2
methyl methacrylate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	>110mg/l	2
	EC50	48h	Crustacea	69mg/l	1
	EC50	96h	Algae or other aquatic plants	170mg/l	1
	EC0(ECx)	48h	Crustacea	48mg/l	1
LC50	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96h	Fish	>79mg/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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
propylene glycol	LOW	LOW
butyl acrylate	LOW (Half-life = 14 days)	LOW (Half-life = 0.96 days)
methyl methacrylate	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
propylene glycol	LOW (BCF = 1)
butyl acrylate	LOW (LogKOW = 2.36)

Continued...

Ingredient	Bioaccumulation
methyl methacrylate	LOW (BCF = 6.6)

Mobility in soil	
Ingredient	Mobility
propylene glycol	HIGH (Log KOC = 1)
butyl acrylate	LOW (Log KOC = 40.3)
methyl methacrylate	LOW (Log KOC = 10.14)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal. ▶ Bury or incinerate residue at an approved site. ▶ Recycle containers if possible, or dispose of in an authorised landfill.
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SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
kaolin	Not Available
propylene glycol	Not Available
sodium polyacrylate	Not Available
aluminium powder uncoated	Not Available
butyl acrylate	Not Available
methyl methacrylate	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
kaolin	Not Available
propylene glycol	Not Available
sodium polyacrylate	Not Available
aluminium powder uncoated	Not Available
butyl acrylate	Not Available
methyl methacrylate	Not Available

SECTION 15 Regulatory information

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

kaolin is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

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

propylene glycol is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

sodium polyacrylate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

aluminium powder uncoated is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

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

butyl acrylate 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 - Not Classified as Carcinogenic

methyl methacrylate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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

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 - Not Classified as Carcinogenic

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (kaolin; propylene glycol; sodium polyacrylate; aluminium powder uncoated; butyl acrylate; methyl methacrylate)
China - IECSC	No (sodium polyacrylate)
Europe - EINEC / ELINCS / NLP	No (sodium polyacrylate)
Japan - ENCS	No (kaolin; aluminium powder uncoated)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	09/10/2024
Initial Date	08/10/2024

SDS Version Summary

Version	Date of Update	Sections Updated
2.1	08/10/2024	Toxicological information - Acute Health (eye), Toxicological information - Acute Health (inhaled), Toxicological information - Acute Health (skin), Toxicological information - Acute Health (swallowed), First Aid measures - Advice to Doctor, Physical and chemical properties - Appearance, Toxicological information - Chronic Health, Hazards identification - Classification, Disposal considerations - Disposal, Exposure controls / personal protection - Engineering Control, Ecological Information - Environmental, Firefighting measures - Fire Fighter (extinguishing media), Firefighting measures - Fire Fighter (fire/explosion hazard), Firefighting measures - Fire Fighter (fire fighting), Firefighting measures - Fire Fighter (fire incompatibility), First Aid measures - First Aid (eye), First Aid measures - First Aid (inhaled), First Aid measures - First Aid (skin), First Aid measures - First Aid (swallowed), Handling and storage - Handling Procedure, Composition / information on ingredients - Ingredients, Stability and reactivity - Instability Condition, Exposure controls / personal protection - Personal Protection (other), Exposure controls / personal protection - Personal Protection (Respirator), Exposure controls / personal protection - Personal Protection (eye), Exposure controls / personal protection - Personal Protection (hands/feet), Accidental release measures - Spills (major), Accidental release measures - Spills (minor), Handling and storage - Storage (storage incompatibility), Handling and storage - Storage (storage requirement), Handling and storage - Storage (suitable container), Transport information - Transport, Identification of the substance / mixture and of the company / undertaking - Use, Name
3.1	09/10/2024	Composition / information on ingredients - Ingredients

Other information

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

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

Definitions and abbreviations

- ▶ PC - TWA: Permissible Concentration-Time Weighted Average
- ▶ PC - STEL: Permissible Concentration-Short Term Exposure Limit
- ▶ IARC: International Agency for Research on Cancer
- ▶ ACGIH: American Conference of Governmental Industrial Hygienists
- ▶ STEL: Short Term Exposure Limit
- ▶ TEEL: Temporary Emergency Exposure Limit,

- ▶ IDLH: Immediately Dangerous to Life or Health Concentrations
- ▶ ES: Exposure Standard
- ▶ OSF: Odour Safety Factor
- ▶ NOAEL: No Observed Adverse Effect Level
- ▶ LOAEL: Lowest Observed Adverse Effect Level
- ▶ TLV: Threshold Limit Value
- ▶ LOD: Limit Of Detection
- ▶ OTV: Odour Threshold Value
- ▶ BCF: BioConcentration Factors
- ▶ BEI: Biological Exposure Index
- ▶ DNEL: Derived No-Effect Level
- ▶ PNEC: Predicted no-effect concentration

- ▶ AIIIC: Australian Inventory of Industrial Chemicals
- ▶ DSL: Domestic Substances List
- ▶ NDSL: Non-Domestic Substances List
- ▶ IECSC: Inventory of Existing Chemical Substance in China
- ▶ EINECS: European INventory of Existing Commercial chemical Substances
- ▶ ELINCS: European List of Notified Chemical Substances
- ▶ NLP: No-Longer Polymers
- ▶ ENCS: Existing and New Chemical Substances Inventory
- ▶ KECI: Korea Existing Chemicals Inventory
- ▶ NZIoC: New Zealand Inventory of Chemicals
- ▶ PICCS: Philippine Inventory of Chemicals and Chemical Substances
- ▶ TSCA: Toxic Substances Control Act
- ▶ TCSI: Taiwan Chemical Substance Inventory
- ▶ INSQ: Inventario Nacional de Sustancias Químicas
- ▶ NCI: National Chemical Inventory
- ▶ FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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