

# Jasart Byron Watercolour Palette Disc Set 12 and Set 36

## Jasco Pty Limited

Chemwatch Hazard Alert Code: 2

Chemwatch: 5466-46

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

L.GHS.AUS.EN

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

#### Product Identifier

Product name	Jasart Byron Watercolour Palette Disc Set 12 and Set 36
Chemical Name	Not Applicable
Synonyms	0082620 - Jasart Byron Watercolour Palette Disc Set 12; 0082630 - Jasart Byron Watercolour Palette Disc Set 36
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	Drawing Use according to manufacturer's directions.
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#### Details of the 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	<a href="http://www.jasco.com.au">www.jasco.com.au</a>
Email	sales@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 <sup>[1]</sup>	Eye Irritation Category 2A
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	Warning

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**Hazard statement(s)**

<b>H319</b>	Causes serious eye irritation.
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**Precautionary statement(s) Prevention**

<b>P280</b>	Wear protective gloves/protective clothing/eye protection/face protection/hearing protection.
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**Precautionary statement(s) Response**

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

**Precautionary statement(s) Storage**

Not Applicable

**Precautionary statement(s) Disposal**

Not Applicable

**SECTION 3 Composition / information on ingredients**

**Substances**

See section below for composition of Mixtures

**Mixtures**

CAS No	%[weight]	Name
14807-96-6	30-<60	<u>talc</u>
9000-01-5	10-<30	<u>gum arabic</u>
471-34-1	10-<20	<u>calcium carbonate</u>
9005-25-8	10-<20	<u>starch</u>
Not Available	10-<20	pigment
7732-18-5	<10	<u>water</u>

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

**SECTION 4 First aid measures**

**Description of first aid measures**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Wash out immediately with fresh running water.</li> <li>▶ 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.</li> <li>▶ Seek medical attention without delay; if pain persists or recurs seek medical attention.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Seek medical advice.</li> </ul>

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**Indication of any immediate medical attention and special treatment needed**

Treat symptomatically.

**SECTION 5 Firefighting measures**

**Extinguishing media**

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

**Special hazards arising from the substrate or mixture**

<b>Fire Incompatibility</b>	▸ 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**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▸ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▸ Wear breathing apparatus plus protective gloves.</li> <li>▸ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▸ Use water delivered as a fine spray to control fire and cool adjacent area.</li> <li>▸ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▸ Cool fire exposed containers with water spray from a protected location.</li> <li>▸ If safe to do so, remove containers from path of fire.</li> <li>▸ Equipment should be thoroughly decontaminated after use.</li> </ul>
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<b>Fire/Explosion Hazard</b>	<p>For starch/ air mixtures Starch is a class St1 dust at normal moisture level: Minimum Ignition Temperature (MIE): &gt;30 mJ at normal moisture level Pmax 9.5 Bar Kst 170 bar.m/s Layer Ignition Temperature: &gt;450 deg C Autoignition Temperature: 170 deg C (above this temperature starch will self-heat)</p> <p>Dust Explosion Hazard Class 1</p> <p>Dusts fall into one of three Kst* classes. Class 1 dusts; Kst 1-200 m3/sec; Class 2 dusts; 201-299 m3/sec. Class 3 dusts; Kst 300 or more. Most agricultural dusts (grains, flour etc.) are Class 1; pharmaceuticals and other speciality chemicals are typically Class 1 or 2; most unoxidised metallic dusts are Class 3. The higher the Kst, the more energetically the dust will burn and the greater is the explosion risk and the greater is the speed of the explosion..</p> <p>Standard test conditions, used to derive the Kst, are representative of industrial conditions, but do not represent an absolute worst case. Increased levels of turbulence increase the speed of the explosion dramatically.</p> <p>* Kst - a normalised expression of the burning dust pressure rise rate over time.</p> <p>Dusts with Minimum Ignition Energies (MIEs) ranging between 20 and 100 mJ may be sensitive to ignition. They require that:</p> <ul style="list-style-type: none"> <li>- plant is grounded</li> <li>- personnel might also need to be grounded</li> <li>- the use of high resistivity materials (such as plastics) should be restricted or avoided during handling or in packaging</li> </ul> <p>The majority of ignition accidents occur within or below this range.</p> <p>The MIE of a dust/air mix depends on the particle size the water content and the temperature of the dust. The finer and the dryer the dust the lower the MIE. Higher temperatures cause lower MIE and an increased risk of dust explosion.</p> <p>Quoted values for MIE generally are only representative. Characteristics may change depending upon the process and conditions of use or any changes made to the dust during use, including further grinding or mixing with other products. In order to obtain more specific data for dust, as used, it is recommended that further characterisation testing is performed.</p> <ul style="list-style-type: none"> <li>▸ Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions.</li> <li>▸ Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions).</li> <li>▸ Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.</li> <li>▸ In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only</li> </ul>
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	<p>the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC).</p> <ul style="list-style-type: none"> <li>▶ When processed with flammable liquids/vapors/mists, ignitable (hybrid) mixtures may be formed with combustible dusts. Ignitable mixtures will increase the rate of explosion pressure rise and the Minimum Ignition Energy (the minimum amount of energy required to ignite dust clouds - MIE) will be lower than the pure dust in air mixture. The Lower Explosive Limit (LEL) of the vapour/dust mixture will be lower than the individual LELs for the vapors/mists or dusts.</li> <li>▶ A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people.</li> <li>▶ Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type.</li> <li>▶ Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.</li> <li>▶ Build-up of electrostatic charge may be prevented by bonding and grounding.</li> <li>▶ Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.</li> <li>▶ All movable parts coming in contact with this material should have a speed of less than 1-meter/sec.</li> <li>▶ A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or pressure, may result in ignition especially in the absence of an apparent ignition source.</li> <li>▶ One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapours).</li> <li>▶ Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases.</li> </ul> <p>Combustion products include:  carbon monoxide (CO)  carbon dioxide (CO<sub>2</sub>)  silicon dioxide (SiO<sub>2</sub>)  metal oxides  other pyrolysis products typical of burning organic material.  May emit poisonous fumes.  May emit corrosive fumes.</p>
<b>HAZCHEM</b>	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

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Remove all ignition sources.</li> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Use dry clean up procedures and avoid generating dust.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>
<b>Major Spills</b>	<p>Moderate hazard.</p> <ul style="list-style-type: none"> <li>▶ <b>CAUTION:</b> Advise personnel in area.</li> <li>▶ Alert Emergency Services and tell them location and nature of hazard.</li> <li>▶ Control personal contact by wearing protective clothing.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Recover product wherever possible.</li> <li>▶ <b>IF DRY:</b> Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. <b>IF WET:</b> Vacuum/shovel up and place in labelled containers for disposal.</li> <li>▶ <b>ALWAYS:</b> Wash area down with large amounts of water and prevent runoff into drains.</li> <li>▶ If contamination of drains or waterways occurs, advise Emergency Services.</li> </ul>

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

## SECTION 7 Handling and storage

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Limit all unnecessary personal contact.</li> </ul>
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Continued...

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	<ul style="list-style-type: none"> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ When handling, <b>DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry area protected from environmental extremes.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul> <p>For major quantities:</p> <ul style="list-style-type: none"> <li>▶ Consider storage in banded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).</li> <li>▶ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.</li> </ul>

**Conditions for safe storage, including any incompatibilities**

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Packing as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Avoid reaction with oxidising agents, bases and strong reducing agents.</li> <li>▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> </ul>

**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	talc	Talc, (containing no asbestos fibres)	2.5 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m <sup>3</sup>	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	starch	Starch	10 mg/m <sup>3</sup>	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

**Emergency Limits**

Ingredient	TEEL-1	TEEL-2	TEEL-3
calcium carbonate	45 mg/m <sup>3</sup>	210 mg/m <sup>3</sup>	1,300 mg/m <sup>3</sup>
starch	30 mg/m <sup>3</sup>	330 mg/m <sup>3</sup>	2,000 mg/m <sup>3</sup>

Ingredient	Original IDLH	Revised IDLH
talc	1,000 mg/m <sup>3</sup>	Not Available
gum arabic	Not Available	Not Available
calcium carbonate	Not Available	Not Available
starch	Not Available	Not Available
water	Not Available	Not Available

**Occupational Exposure Banding**


Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
gum arabic	E	≤ 0.01 mg/m <sup>3</sup>

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Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
<b>Notes:</b>	<i>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.</i>	

## MATERIAL DATA

## Exposure controls

<b>Appropriate engineering controls</b>	General exhaust is adequate under normal operating conditions.
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles.</li> <li>▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	No special equipment needed when handling small quantities. <b>OTHERWISE:</b> Wear general protective gloves, e.g. light weight rubber gloves.
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ P.V.C apron.</li> <li>▶ Barrier cream.</li> <li>▶ Skin cleansing cream.</li> <li>▶ Eye wash unit.</li> </ul>

## Recommended material(s)

## GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

**"Forsberg Clothing Performance Index".**

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

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Material	CPI
BUTYL	A
NEOPRENE	A
VITON	A
NATURAL RUBBER	C
PVA	C

\* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

## Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	-	PAPR-P1
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

\* - Negative pressure demand \*\* - Continuous flow

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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

Class P1 particulate filters are used against mechanically generated particulates

Filters at least 80% of airborne particles

Suitable for:

- Relatively large particles (>1 micron) generated by mechanical processes, eg. grinding, cutting, sanding, drilling, sawing
  - ▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
  - ▶ The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure -

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ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).

- ▶ Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- ▶ Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- ▶ Try to avoid creating dust conditions.

**SECTION 9 Physical and chemical properties**

**Information on basic physical and chemical properties**

<b>Appearance</b>	Standard colour solid.		
<b>Physical state</b>	Solid	<b>Relative density (Water= 1)</b>	Not Available
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	Not Available	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Available	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Available	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Applicable
<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Not Available	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

**SECTION 10 Stability and reactivity**

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

**SECTION 11 Toxicological information**

**Information on toxicological effects**

<b>Inhaled</b>	Inhalation of dusts, 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
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	<p>mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p>
<b>Ingestion</b>	<p>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.</p> <p>Starch has such a low oral acute toxicity that rats given 10-20% of their body weight, show only minimal effects. This may not be true of modified starches but given their use in foods as stabilisers and thickeners, there is probably little cause for concern.</p> <p>An abnormal craving for starch (amylophagia), during pregnancy, is recognised as a common form of eating disorder in certain localities. In one study the incidence was as high as 35%. Some women retain the habit for years and may ingest several kilograms of starch daily.</p> <p>Since starch, in such "addicts", accounts for the bulk of the diet, the commonly observed <i>iron-deficiency anaemia</i> is probably the result of the practice and not its cause. Less common complications include parotid gland enlargement and partial intestinal obstruction due to starch concretions (gastroliths). Withdrawal reverse these sequelae.</p> <p>Polysaccharides are not substantially absorbed from the gastrointestinal tract but may produce a laxative effect. Larger doses may produce intestinal obstruction or stomach concretions.</p> <p>Large quantities of the substituted polysaccharide, methylcellulose (as with other bulk laxatives), may temporarily increase flatulence. Oesophageal obstruction, by swelling, may occur if the material is swallowed dry.</p> <p>Doses of 3-9 gm hydroxypropylcellulose, fed to human subjects, at least one week apart, were eliminated within 96 hours.</p> <p>Animals fed on diets containing 3% or less, experienced no adverse effects. Higher levels produced malnutrition due to excessive bulk but caused no organic damage. In one dog, an oral dose of hydroxypropylcellulose produced diarrhoea and blood cell depression.</p> <p>Ingestion of hetastarch (hydroxyethyl amylopectin) has reportedly produced fever, chills, urticaria and salivary gland enlargement. Several of these effects may be due to contamination by other naturally occurring macromolecules extracted from the source material. Large volumes of ingested hetastarch may interfere with coagulation mechanisms and increase the risk of haemorrhage. Anaphylaxis has occurred.</p> <p>Infusions of dextrans may occasionally produce allergic reactions such as urticaria, hypotension and bronchospasm. Severe anaphylactic reactions may occasionally occur and death may result from cardiac and respiratory arrest. Nausea, vomiting, fever, joint pains, and flushing may also occur. Similarly, allergic reactions, sometimes severe (but rare) have been reported following ingestion or inhalation of tragacanth gums.</p>
<b>Skin Contact</b>	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period.</p> <p>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>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>
<b>Eye</b>	<p>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.</p> <p>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.</p>
<b>Chronic</b>	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.</p> <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.</p> <p>Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers</p> <p>Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.</p> <p>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the</p>



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degree of risk and level of surveillance.

On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Some workers may develop chronic occupational dermatitis (generally mild) through the handling of starch products.

When starch is used as a lubricant in surgical gloves, small amounts, released into the patient during the course of surgery, have resulted in granulomas and peritonitis.

Pure calcium carbonate does not produce pneumoconiosis probably being eliminated from the lungs slowly by solution.

As mined, unsterilised particulates can carry bacteria into the air passages and lungs, producing infection and bronchitis.

High blood concentrations of calcium ion may give rise to vasodilation and depress cardiac function leading to hypotension and syncope. Calcium ions enhance the effects of digitalis on the heart and may precipitate digitalis intoxication. Calcium salts also reduce the absorption of tetracyclines

In neonates calcification of soft-tissue has been observed following therapeutic administration.

Some studies show that large quantities of calcium intake can cause hypercalcemia, which can in turn lead to renal failure. Renal failure can occur within hours or days or, alternatively, settles gradually, evolving over several years until it reaches terminal stages. Similarly, acute renal failure can also develop into chronic forms of the disease.

Hypercalcaemia conditions can be associated with normal or reduced calcium serum levels, as the body tends to maintain a balanced metabolism of the mineral, known as the compensation phase. When there is a slight increase in the concentration of ions in the blood, calcium excretion markedly increases, while intestinal absorption decreases. After kidney damage has set in, a loss of calcium may occur, thereby decreasing the serum concentration.

Serum protein levels may decrease as a result of proteinuria in cases of renal complications. Proteinuria is an indicator of kidney disease and represents an independent risk factor for the progression of such a condition. Increased serum creatinine levels may represent an important parameter, given that kidney diseases are associated with increased serum creatinine levels. When renal pathology occurs, a progressive loss of glomerular filtration begins, resulting in increased plasma creatinine concentrations. During the course of kidney failure, discrete, but constant, increments in plasma creatinine levels occur.

Renal disease with albuminuria may also be the cause of hypoalbuminemia in patients with liver disease. In cases of established liver damage, increased calcium urinary excretion may occur. Therefore, a similar increase may cause the decline in serum calcium levels in the current study.

Studies indicate that diets containing large amounts of non-absorbable polysaccharides, such as cellulose, might decrease absorption of calcium, magnesium, zinc and phosphorus.

Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections

Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray.

Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Other signs or symptoms include altered breath sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema and pneumothorax (air in lung cavity) as a rare complication.

Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities.

Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken. Dust inhalation over an extended number of years may produce pneumoconiosis.. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types.

Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible.

Jasart Byron Watercolour Palette Disc Set 12 and Set 36	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
talc	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Inhalation(Rat) LC50; >2.1 mg/14h <sup>[1]</sup>	Skin (human): 0.3 mg/3d-I mild
	Oral(Rat) LD50; >5000 mg/kg <sup>[1]</sup>	Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
gum arabic	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral(Rabbit) LD50; 8000 mg/kg <sup>[2]</sup>	Eye (rabbit): 36 mg/5h SEVERE
calcium carbonate	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye (rabbit): 0.75 mg/24h - SEVERE
	Inhalation(Rat) LC50; >3 mg/14h <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Oral(Rat) LD50; >2000 mg/kg <sup>[1]</sup>	Skin (rabbit): 500 mg/24h-moderate
		Skin: no adverse effect observed (not irritating) <sup>[1]</sup>

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starch	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Skin (human): 0.3 mg/3d-I mild
water	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral(Rat) LD50; >90000 mg/kg <sup>[2]</sup>	Not Available
<b>Legend:</b>	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	

<b>TALC</b>	<p>For talc (a form of magnesium silicate)</p> <p>The overuse of talc in nursing infants has resulted in pulmonary oedema, pneumonia and death within hours of inhaling talcum powder. The powder dries the mucous membranes of the bronchioles, disrupts pulmonary clearance, clogs smaller airways. Victims display wheezing, rapid or difficult breathing, increased pulse, cyanosis, fever. Mild exposure may cause relatively minor inflammatory lung disease.</p> <p>Long term exposure may show wheezing, weakness, productive cough, limited chest expansion, scattered rales, cyanosis.</p> <p>The substance is classified by IARC as Group 3: <b>NOT</b> classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.</p>
<b>GUM ARABIC</b>	<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>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 metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.</p> <p>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. Gum arabic is a technical name for Acacia Senegal Gum. Gum arabic is comprised of various sugars and glucuronic acid residues in a long chain of galactosyl units with branched oligosaccharides. Gum arabic is generally recognized as safe as a direct food additives. Toxicity data on gum arabic indicates little or no acute, short-term, or subchronic toxicity. Gum arabic is negative in several genotoxicity assays, is not a reproductive or developmental toxin, and is not carcinogenic when given intraperitoneally or orally. Clinical testing indicated some evidence of skin sensitization with gum arabic.</p>
<b>CALCIUM CARBONATE</b>	<p>No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.</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>
<b>STARCH</b>	<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 epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>
<b>TALC &amp; GUM ARABIC &amp; CALCIUM CARBONATE</b>	<p>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.</p>
<b>TALC &amp; WATER</b>	No significant acute toxicological data identified in literature search.
<b>GUM ARABIC &amp; CALCIUM CARBONATE</b>	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
<b>Acute Toxicity</b>	✘
<b>Carcinogenicity</b>	✘

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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

Jasart Byron Watercolour Palette Disc Set 12 and Set 36	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
talc	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	720h	Algae or other aquatic plants	918.089mg/l	2
	LC50	96h	Fish	89581.016mg/l	2
	EC50	96h	Algae or other aquatic plants	7202.7mg/l	2
gum arabic	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
calcium carbonate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	1h	Fish	4-320mg/l	4
	EC50	72h	Algae or other aquatic plants	>14mg/l	2
	LC50	96h	Fish	>229.245mg/L	4
starch	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
water	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
<b>Legend:</b>	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - 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				

**DO NOT** discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

## SECTION 13 Disposal considerations

### Waste treatment methods

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> </ul>
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## SECTION 14 Transport information

### Labels Required

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
talc	Not Available
gum arabic	Not Available
calcium carbonate	Not Available
starch	Not Available
water	Not Available

**Transport in bulk in accordance with the ICG Code**

Product name	Ship Type
talc	Not Available
gum arabic	Not Available
calcium carbonate	Not Available
starch	Not Available
water	Not Available

## SECTION 15 Regulatory information

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

**talc is found on the following regulatory lists**

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

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

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans

**gum arabic is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**calcium carbonate is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**starch is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**water is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**National Inventory Status**

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (talc; gum arabic; water)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (gum arabic)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	No (gum arabic)
<b>Legend:</b>	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing (see specific ingredients in brackets)

**SECTION 16 Other information**

<b>Revision Date</b>	07/05/2021
<b>Initial Date</b>	05/05/2021

**SDS Version Summary**

Version	Date of Update	Sections Updated
3.1.2.1	26/04/2021	Regulation Change
3.1.3.1	03/05/2021	Regulation Change
3.1.3.1	06/05/2021	Classification, Synonyms, Name
3.1.4.1	06/05/2021	Regulation Change
4.1.4.1	07/05/2021	Synonyms, Name

**Other information**

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

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

**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

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ES: Exposure Standard  
OSF: Odour Safety Factor  
NOAEL :No Observed Adverse Effect Level  
LOAEL: Lowest Observed Adverse Effect Level  
TLV: Threshold Limit Value  
LOD: Limit Of Detection  
OTV: Odour Threshold Value  
BCF: BioConcentration Factors  
BEI: Biological Exposure Index  
AIIC: Australian Inventory of Industrial Chemicals  
DSL: Domestic Substances List  
NDSL: Non-Domestic Substances List  
IECSC: Inventory of Existing Chemical Substance in China  
EINECS: European INventory of Existing Commercial chemical Substances  
ELINCS: European List of Notified Chemical Substances  
NLP: No-Longer Polymers  
ENCS: Existing and New Chemical Substances Inventory  
KECI: Korea Existing Chemicals Inventory  
NZIoC: New Zealand Inventory of Chemicals  
PICCS: Philippine Inventory of Chemicals and Chemical Substances  
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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