

Jasart Lettering Calligraphy Set 5 Jasco Pty Limited

Chemwatch: 5486-89
Version No: 2.1.14.9

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

Chemwatch Hazard Alert Code: 3

Issue Date: **24/08/2021**Print Date: **25/08/2021**L.GHS.AUS.EN

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

Product Identifier

Product name	Jasart Lettering Calligraphy Set 5
Chemical Name	Not Applicable
Synonyms	0083120
Chemical formula	Not Applicable
Other means of identification	Not Available

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

	Water-based fineliner ink.
Relevant identified uses	SDS are intended for use in the workplace. For domestic-use products, refer to consumer labels.
	Use according to manufacturer's directions.

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	www.jasco.com.au		
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 [1]	Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Repeated Exposure Category 2, Hazardous to the Aquatic Environment Acute Hazard Category 3, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)







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Signal word	Dange
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Hazard statement(s)

H302	Harmful if swallowed.
H315	Causes skin irritation.
H318	Causes serious eye damage.
H373	May cause damage to organs through prolonged or repeated exposure.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of water.
P330	Rinse mouth.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

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

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
107-21-1	10-25	ethylene glycol
9043-30-5	2.5-10	isotridecyl alcohol, ethoxylated
2634-33-5	<=1	1,2-benzisothiazoline-3-one
55406-53-6	<=1	3-iodo-2-propynyl butyl carbamate
Not Available	balance	Ingredients determined not to be hazardous
Legend:	,	2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - awn from C&L * EU IOELVs available

SECTION 4 First aid measures

Description of first aid measures

If this product comes in contact with the eyes:

Immediately hold eyelids apart and flush the eye continuously with running water.

Eye Contact

- lifting the upper and lower lids.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally
- ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
- ▶ Transport to hospital or doctor without delay.

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Removal of contact lenses after an eye injury should only be undertaken by skilled personnel. If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Skin Contact Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation. 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 Inhalation procedures Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay. 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. Ingestion Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Seek medical advice. ▶ Avoid giving milk or oils. Avoid giving alcohol. If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible

Indication of any immediate medical attention and special treatment needed

aspiration of vomitus.

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.

- ▶ Polyethylene glycols are generally poorly absorbed orally and are mostly unchanged by the kidney.
- P Dermal absorption can occur across damaged skin (e.g. through burns) leading to increased osmolality, anion gap metabolic acidosis, elevated calcium, low ionised calcium, CNS depression and renal failure.
- Treatment consists of supportive care.

[Ellenhorn and Barceloux: Medical Toxicology]

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

Advice for firefighters

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. Fire Fighting 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. 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). Fire/Explosion Hazard May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. Combustion products include: carbon dioxide (CO2)

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hydrogen iodide nitrogen oxides (NOx) sulfur oxides (SOx) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes. **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	Slippery when spilt. 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	Slippery when spilt. Absorb or contain isothiazolinone liquid spills with sand, earth, inert material or vermiculite. The absorbent (and surface soil to a depth sufficient to remove all of the biocide) should be shovelled into a drum and treated with an 11% solution of sodium metabisulfite (Na2S2O5) or sodium bisulfite (NaHSO3), or 12% sodium sulfite (Na2SO3) and 8% hydrochloric acid (HCI). Glutathione has also been used to inactivate the isothiazolinones. Use 20 volumes of decontaminating solution for each volume of biocide, and let containers stand for at least 30 minutes to deactivate microbicide before disposal. If contamination of drains or waterways occurs, advise emergency services. After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.

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

SECTION 7 Handling and storage

Safe handling

Precautions for safe handling

- 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.

Consider storage under inert gas.

- Store in original containers.
- ► Keep containers securely sealed.
- No smoking, naked lights or ignition sources. Other information
 - ▶ 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.

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Conditions for safe storage, including any incompatibilities

Suitable container	
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- Polyethylene or polypropylene container.
- Packing as recommended by manufacturer.
- ▶ Check all containers are clearly labelled and free from leaks.

Storage incompatibility

- Avoid reaction with oxidising agents, bases and strong reducing agents.
- Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

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	ethylene glycol	Ethylene glycol (vapour)	20 ppm / 52 mg/m3	104 mg/m3 / 40 ppm	Not Available	Not Available
Australia Exposure Standards	ethylene glycol	Ethylene glycol (particulate)	10 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
ethylene glycol	30 ppm	150 ppm	900 ppm
3-iodo-2-propynyl butyl carbamate	3.3 mg/m3	36 mg/m3	220 mg/m3

Ingredient	Original IDLH	Revised IDLH
ethylene glycol	Not Available	Not Available
isotridecyl alcohol, ethoxylated	Not Available	Not Available
1,2-benzisothiazoline-3-one	Not Available	Not Available
3-iodo-2-propynyl butyl carbamate	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit	
isotridecyl alcohol, ethoxylated	Е	≤ 0.1 ppm	
1,2-benzisothiazoline-3-one	E	≤ 0.01 mg/m³	
3-iodo-2-propynyl butyl carbamate	Е	≤ 0.01 mg/m³	
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

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.

The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.

Appropriate engineering controls

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.

Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying

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"escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

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.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (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

Personal protection

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Eve and face protection

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. 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 eve irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

Skin protection

See Hand protection below

► Elbow length PVC gloves

NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
 - chemical resistance of glove material,
 - glove thickness and
 - dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 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.

As defined in ASTM F-739-96 in any application, gloves are rated as:

Hands/feet protection

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Excellent when breakthrough time > 480 min Good when breakthrough time > 20 min Fair when breakthrough time < 20 min Poor when glove material degrades 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. 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. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: 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 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. ▶ Butyl rubber gloves Nitrile rubber gloves (Note: Nitric acid penetrates nitrile gloves in a few minutes.) **Body protection** See Other protection below Overalls. P.V.C apron. Other protection Barrier cream. Skin cleansing cream.

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:

► Eye wash unit.

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Material	СРІ
NATURAL RUBBER	Α
NATURAL+NEOPRENE	A
NEOPRENE	A
NEOPRENE/NATURAL	A
NITRILE	A
NITRILE+PVC	A
PE/EVAL/PE	A
PVC	A
TEFLON	A
PVA	В

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

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

^ - Full-face

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

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

SECTION 9 Physical and chemical properties

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Appearance	Black liquid with a light odour; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	1.1
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	400
pH (as supplied)	8	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	5.2
Initial boiling point and boiling range (°C)	100	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	111	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	53	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	3.2	Volatile Component (%vol)	9.7
Vapour pressure (kPa)	2.3	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of vapours, fumes or aerosols, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.

Inhaled diz

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severe damage to the health of the individual. Relatively small amounts absorbed through the lungs may prove fatal. 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.

Ingestion

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

The toxic effects of glycols (dihydric alcohols), following ingestion are similar to those of alcohol, with depression of the central nervous system (CNS), nausea, vomiting and degenerative changes in liver and kidney.

Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle

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weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury. Those possessing lower viscosity elicit a greater response. The result is a high blood level and prompt death at doses otherwise tolerated by ingestion without aspiration. In general the secondary alcohols are less toxic than the corresponding primary isomers. As a general observation, alcohols are more powerful central nervous system depressants than their aliphatic analogues. In sequence of decreasing depressant potential, tertiary alcohols with multiple substituent OH groups are more potent than secondary alcohols, which, in turn, are more potent than primary alcohols. The potential for overall systemic toxicity increases with molecular weight (up to C7), principally because the water solubility is diminished and lipophilicity is increased.

Within the homologous series of aliphatic alcohols, narcotic potency may increase even faster than lethality

Only scanty toxicity information is available about higher homologues of the aliphatic alcohol series (greater than C7) but animal data establish that lethality does not continue to increase with increasing chain length. Aliphatic alcohols with 8 carbons are less toxic than those immediately preceding them in the series. 10 -Carbon n-decyl alcohol has low toxicity as do the solid fatty alcohols (e.g. lauryl, myristyl, cetyl and stearyl). However the rat aspiration test suggests that decyl and melted dodecyl (lauryl) alcohols are dangerous if they enter the trachea. In the rat even a small quantity (0.2 ml) of these behaves like a hydrocarbon solvent in causing death from pulmonary oedema.

Primary alcohols are metabolised to corresponding aldehydes and acids; a significant metabolic acidosis may occur. Secondary alcohols are converted to ketones, which are also central nervous system depressants and which, in he case of the higher homologues persist in the blood for many hours. Tertiary alcohols are metabolised slowly and incompletely so their toxic effects are generally persistent.

Swallowing of the liquid may cause aspiration of vomit into the lungs with the risk of haemorrhaging, pulmonary oedema, progressing to chemical pneumonitis; serious consequences may result.

Signs and symptoms of chemical (aspiration) pneumonitis may include coughing, gasping, choking, burning of the mouth, difficult breathing, and bluish coloured skin (cyanosis).

Isothiazolinones are moderately to highly toxic by oral administration. The major signs of toxicity were severe gastric irritation, lethargy, and ataxia

for ethylene glycol:

Ingestion symptoms include respiratory failure, central nervous depression, cardiovascular collapse, pulmonary oedema, acute kidney failure, and even brain damage. Ingestion of 100 ml has caused death. (ChemInfo)

Toxicity of ethylene glycol to human (KB) cell cultures has been reported as less than that of ethanol. (NIOSHTIC)

Ethylene glycol produces a three-stage response with the severity of each stage dependent on the amount of ingestion. Hepatic damage is usually minimal. Central nervous system depression characterise the first 12 hours post ingestion.

Transient exhilaration occurs without the odour of ethanol.

Gastrointestinal complaints include nausea and vomiting. Acidosis, coma, convulsions and myoclonic jerks may also be evident. The optic fundus is usually normal although the presence of papilloedema may confuse the presentation with that produced by methanol. Nystagmus and opthalmoplegias may appear.

Cardiopulmonary effects are seen 12-24 hours post-ingestion and are characterised by tachycardia, tachypnea, and mild hypertension. Congestive heart failure and circulatory collapse may occur in severe intoxications.

Renal effects are seen 24-72 hours post-ingestion and are characterised by oliguria, flank pain, acute tubular necrosis, renal failure, and rarely, bone marrow arrest. Renal damage may be permanent.

Toxic effects of ethylene glycol are similar to those produced by ethanol but ethylene glycol produces toxic metabolites. Metabolic acidosis and anion gap result primarily from glycolic acid formation and some lactic

acid formation. The citric acid cycle is inhibited as a result of reduced NAD/NADH ratios and to a limited extent, the formation of oxalic acid, and to metabolic acidosis. Oxalate formation produces myocardial depression and acute tubular necrosis. Glycoaldehyde, glycolic acid and glyoxylic acid may contribute to CNS depression and may also produce renal toxicity by producing renal oedema. Hypocalcaemia may result from chelation by oxalate. Oxalic acid, glycoxalic acid, glycoaldehyde and formic acid appear to form to only a limited degree during intoxication.

Oral administration to pregnant mice and rats produced birth defects amongst the off-spring.

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.

Solutions of 0.5% strength 1,2-benzisothiazoline-3-one (BIT) are irritating to the skin. Allergenic effects also begin at 0.05% and have been confirmed in a series of case and patch test studies. When the substance was applied to human volunteers under an occlusive patch the maximum tolerated doses was 0.05%. Five hours after application of 0.1% (1000 ppm) one person showed moderate erythema with papule development which was interpreted as a reaction to the sticking plaster; in four persons there was mild reddening of the skin. The reaction had ameliorated in several persons after 72 hours. A second application produced various severe dermal reactions (erythema and papules) in 8 persons. A third application to several of the group produced erythema.

Provocation tests with BIT showed the material to be sensitising. Of 20 metal workers with dermatitis, 4 were shown to have been sensitised to BIT in cutting oils. Cases of contact eczema in workers producing polyacrylate emulsions for paints and wax polish, in which BIT was the preservative, have been described. Epicutaneous challenge tests to BIT were positive. Similar findings have been described in the paper-manufacturing industry, in the rubber industry, in the control laboratory of a chemical plant and among workers producing ceramic moulds in which BIT was added to the mould oil

Aqueous solutions of isothiazolinones may be irritating or even corrosive depending on concentration. Solutions containing more than 0.5% (5000 ppm active substance) may produce severe irritation of human skin whilst solutions containing more than 100 ppm may irritate the skin.

Skin Contact

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Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man.

Open cuts, abraded or irritated skin should not be exposed to this material

Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

Eye

Solutions containing isothiazolinones may produce corrosion of the mucous membranes and cornea. Instillation of 0.1 ml of an aqueous solution containing 560 ppm isothiazolinone into rabbit eye did not produce irritation whereas concentrations, typically around 3% and 5.5 %, were severely irritating or corrosive to the eye.. Symptoms included clouding of the cornea, chemosis and swelling of the eyelids.

Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These 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.

Substances than can cuase 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

Wherever it is reasonably practicable, exposure to substances that can cuase 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 hyperresponsive.

Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.

Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.

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

There is some evidence to provide a presumption that human exposure to the material may result in impaired fertility on the basis of: some evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects

Chronic

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

In a teratogenic study in rats concentrations of up to 40 mg/kg 1,2-benzisothiazoline-3-one (BIT) were neither embryotoxic nor teratogenic. The material is not mutagenic. In a 2-year carcinogenicity study with rats, BIT did not produce excess tumours. The results derived from this test are questionable because no dose series was administered and because there were too few animals.

A 90-day study with beagle dogs receiving oral doses showed reduced food consumption and body weight gain as well as mild anaemia, increases in the weights of liver and in male animals, brain and spleen weights.

The no-observed-effect-level (NOEL) was given as 165 mg/kg (ie 0.5 BIT in the diet). A 90-day study with rats receiving dietary BIT showed reduced liver and pituitary weights in males. The NOEL was less than 0.1 %.

The isothiazolinones are known contact sensitisers. Data are presented which demonstrate that, in comparison with the chlorinated and dichlorinated compounds which share immunological cross-reactivity, the non-chlorinated isothiazolinones have a lower potential for sensitization and no documented immunological cross-reaction with the chlorinated isothiazolinones. The risk of sensitization depends on how contact with the product occurs. The risk is greater when the skin barrier has been damaged and smaller when the skin is healthy. Dermatological studies have demonstrated that mixed isothiazolinone concentrations below 20 ppm may cause sensitisation and that allergic reactions can be provoked in sensitized persons even with concentrations in the range of 7-15 ppm active isothiazolinones.

The isothiazolinones are a group of heterocyclic sulfur-containing compounds. In general all are electrophilic molecules containing an activated N-S bond that enables them with nucleophilic cell entities, thus exerting biocidal activity. A vinyl activated chlorine atom makes allows to molecule to exert greater antimicrobial efficiency but at the same time produces a greater potential for sensitisation.

Several conclusions relating to the sensitising characteristics of the isothiazolinones may therefore be drawn*:

- ▶ The strongest sensitisers are the chlorinated isothiazolinones.
- ▶ There are known immunological cross-reactions between at least 2 different chlorinated isothiazolinones.
- There appears to be no immunological cross reaction between non-chlorinated isothiazolinones and chlorinated isothiazolinones.
- Although classified as sensitisers, the nonchlorinated isothiazolinones are considerably less potent sensitisers than are the chlorinated isothiazolinones.
- ▶ By avoiding the use of chlorinated isothiazolinones, the potential to induce sensitisation is greatly reduced.
- Despite a significant percentage of the population having been previously sensitised to chlorinated and non-chlorinated species, it is likely that careful and judicious use of non-chlorinated isothiazolinones will result in reduced risk of allergic

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- reactions in those persons.
- Although presently available data promise that several non-chlorinated isothiazolinones will offer effective antimicrobial protection in industrial and personal care products, it is only with the passage of time that proof of their safety in use or otherwise will become available.
- * B.R. Alexander: Contact Dermatitis 2002, 46, pp 191-196

Although there have been conflicting reports in the literature, it has been reported by several investigators that isothiazolinones are mutagenic in Salmonella typhimurium strains (Ames test). Negative results were obtained in studies of the DNA-damaging potential of mixed isothiazolinones (Kathon) in mammalian cells in vitro and of cytogenetic effects and DNA-binding in vivo. The addition of rat liver S-9 (metabolic activation) reduced toxicity but did not eliminate mutagenicity. These compounds bind to the proteins in the S-9. At higher concentrations of Kathon the increase in mutagenicity may be due to an excess of unbound active compounds

A study of cutaneous application of Kathon CG in 30 months, three times per week at a concentration of 400 ppm (0.04%) a.i. had no local or systemic tumourigenic effect in male mice. No dermal or systemic carcinogenic potential was observed. Reproduction and teratogenicity studies with rats, given isothiazolinone doses of 1.4-14 mg/kg/day orally from day 6 to day 15 of gestation, showed no treatment related effects in either the dams or in the foetuses

Human volunteers exposed to ethylene glycol, 20 to 22 hours/day at mean daily concentrations ranging form 1.4 to 27 ppm for about 4 weeks complained of throat irritation, mild headache and low backache. Complaints became marked when the concentration in the exposure chamber was raised above 56 mg/m3 for part of the day. The most common complaint was irritation of the upper respiratory tract. Concentrations above 80 ppm were intolerable with a burning sensation along the trachea and a burning cough. Excessively exposed workers have reported drowsiness.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

Jasart Lettering	TOXICITY	IRRITATION	
Calligraphy Set 5	Not Available	Not Available	
	TOXICITY	IRRITATION	
	dermal (mouse) LD50: >3500 mg/kg ^[1]	Eye (rabbit): 100 mg/1h - mild	
	Oral(Rat) LD50; >2000 mg/kg ^[2]	Eye (rabbit): 12 mg/m3/3D	
athadan a mhaa al		Eye (rabbit): 1440mg/6h-moderate	
ethylene glycol		Eye (rabbit): 500 mg/24h - mild	
		Eye: no adverse effect observed (not irritating) ^[1]	
		Skin (rabbit): 555 mg(open)-mild	
		Skin: no adverse effect observed (not irritating) ^[1]	
isotridecyl alcohol,	TOXICITY	IRRITATION	
ethoxylated	Not Available	Not Available	
	TOXICITY	IRRITATION	
1,2-benzisothiazoline-3-one	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]	
	Oral(Rat) LD50; 454 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]	
	TOXICITY	IRRITATION	
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]	
3-iodo-2-propynyl butyl carbamate	Inhalation(Rat) LC50; 0.63 mg/l4h ^[1]	Eye: Irritating	
carbaniate	Oral(Rat) LD50; 1056 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]	
		Skin: Slight irritant	
Legend:	Nalue 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		

[Estimated Lethal Dose (human) 100 ml; RTECS quoted by Orica] Substance is reproductive effector in rats (birth defects). Mutagenic to rat cells.

For ethylene glycol:

Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol.

ETHYLENE GLYCOL

dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glyoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO2, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO2, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. Elimination of ethylene glycol from the plasma in both humans and laboratory animals is rapid after oral exposure; elimination half-lives are in the range of 1-4 hours in most species tested.

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Respiratory Effects. Respiratory system involvement occurs 12-24 hours after ingestion of sufficient amounts of ethylene glycol and is considered to be part of a second stage in ethylene glycol poisoning The symptoms include hyperventilation, shallow rapid breathing, and generalized pulmonary edema with calcium oxalate crystals occasionally present in the lung parenchyma. Respiratory system involvement appears to be dose-dependent and occurs concomitantly with cardiovascular changes. Pulmonary infiltrates and other changes compatible with adult respiratory distress syndrome (ARDS) may characterise the second stage of ethylene glycol poisoning Pulmonary oedema can be secondary to cardiac failure, ARDS, or aspiration of gastric contents. Symptoms related to acidosis such as hyperpnea and tachypnea are frequently observed; however, major respiratory morbidities such as pulmonary edema and bronchopneumonia are relatively rare and usually only observed with extreme poisoning (e.g., in only 5 of 36 severely poisoned cases).

Cardiovascular Effects. Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12-24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol.

Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned cases. Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in humans. The effects of a long-term, low-dose exposure are unknown.

Gastrointestinal Effects. Nausea, vomiting with or without blood, pyrosis, and abdominal cramping and pain are common early effects of acute ethylene glycol ingestion. Acute effects of ethylene glycol ingestion in one patient included intermittent diarrhea and abdominal pain, which were attributed to mild colonic ischaemia; severe abdominal pain secondary to colonic stricture and perforation developed 3 months after ingestion, and histology of the resected colon showed birefringent crystals highly suggestive of oxalate deposition.

Musculoskeletal Effects. Reported musculoskeletal effects in cases of acute ethylene glycol poisoning have included diffuse muscle tenderness and myalgias associated with elevated serum creatinine phosphokinase levels, and myoclonic jerks and tetanic contractions associated with hypocalcaemia.

Hepatic Effects. Central hydropic or fatty degeneration, parenchymal necrosis, and calcium oxalate crystals in the liver have been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol.

Renal Effects. Adverse renal effects after ethylene glycol ingestion in humans can be observed during the third stage of ethylene glycol toxicity 24-72 hours after acute exposure. The hallmark of renal toxicity is the presence of birefringent calcium oxalate monohydrate crystals deposited in renal tubules and their presence in urine after ingestion of relatively high amounts of ethylene glycol. Other signs of nephrotoxicity can include tubular cell degeneration and necrosis and tubular interstitial inflammation. If untreated, the degree of renal damage caused by high doses of ethylene glycol progresses and leads to haematuria, proteinuria, decreased renal function, oliguria, anuria, and ultimately renal failure. These changes in the kidney are linked to acute tubular necrosis but normal or near normal renal function can return with adequate supportive therapy.

Metabolic Effects. One of the major adverse effects following acute oral exposure of humans to ethylene glycol involves metabolic changes. These changes occur as early as 12 hours after ethylene glycol exposure. Ethylene glycol intoxication is accompanied by metabolic acidosis which is manifested by decreased pH and bicarbonate content of serum and other bodily fluids caused by accumulation of excess glycolic acid. Other characteristic metabolic effects of ethylene glycol poisoning are increased serum anion gap, increased osmolal gap, and hypocalcaemia. Serum anion gap is calculated from concentrations of sodium, chloride, and bicarbonate, is normally 12-16 mM, and is typically elevated after ethylene glycol ingestion due to increases in unmeasured metabolite anions (mainly glycolate).

Neurological Effects: Adverse neurological reactions are among the first symptoms to appear in humans after ethylene glycol ingestion. These early neurotoxic effects are also the only symptoms attributed to unmetabolised ethylene glycol. Together with metabolic changes, they occur during the period of 30 minutes to 12 hours after exposure and are considered to be part of the first stage in ethylene glycol intoxication. In cases of acute intoxication, in which a large amount of ethylene glycol is ingested over a very short time period, there is a progression of neurological manifestations which, if not treated, may lead to generalized seizures and coma. Ataxia, slurred speech, confusion, and somnolence are common during the initial phase of ethylene glycol intoxication as are irritation, restlessness, and disorientation. Cerebral edema and crystalline deposits of calcium oxalate in the walls of small blood vessels in the brain were found at autopsy in people who died after acute ethylene glycol ingestion.

Effects on cranial nerves appear late (generally 5-20 days post-ingestion), are relatively rare, and according to some investigators constitute a fourth, late cerebral phase in ethylene glycol intoxication. Clinical manifestations of the cranial neuropathy commonly involve lower motor neurons of the facial and bulbar nerves and are reversible over many months. **Reproductive Effects:** Reproductive function after intermediate-duration oral exposure to ethylene glycol has been tested in three multi-generation studies (one in rats and two in mice) and several shorter studies (15-20 days in rats and mice). In these studies, effects on fertility, foetal viability, and male reproductive organs were observed in mice, while the only effect in rats was an increase in gestational duration.

Developmental Effects: The developmental toxicity of ethylene glycol has been assessed in several acute-duration studies using mice, rats, and rabbits. Available studies indicate that malformations, especially skeletal malformations occur in both mice and rats exposed during gestation; mice are apparently more sensitive to the developmental effects of ethylene glycol. Other evidence of embyrotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight.

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

ISOTRIDECYL ALCOHOL, ETHOXYLATED Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air.

Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of

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was indicated by the detection of their corresponding aldehydes in the oxidation mixture .

the investigated oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity). The formation of other hydroperoxides

On the basis of the lower irritancy, nonionic surfactants are often preferred to ionic surfactants in topical products. However, their susceptibility towards autoxidation also increases the irritation. Because of their irritating effect, it is difficult to diagnose ACD to these compounds by patch testing.

Allergic Contact Dermatitis—Formation, Structural Requirements, and Reactivity of Skin Sensitizers.

Ann-Therese Karlberg et al; Chem. Res. Toxicol.2008,21,53-69

Polyethylene glycols (PEGs) have a wide variety of PEG-derived mixtures due to their readily linkable terminal primary hydroxyl groups in combination with many possible compounds and complexes such as ethers, fatty acids, castor oils, amines, propylene glycols, among other derivatives. PEGs and their derivatives are broadly utilized in cosmetic products as surfactants, emulsifiers, cleansing agents, humectants, and skin conditioners.

PEGs and PEG derivatives were generally regulated as safe for use in cosmetics, with the conditions that impurities and by-products, such as ethylene oxides and 1,4-dioxane, which are known carcinogenic materials, should be removed before they are mixed in cosmetic formulations.

Most PEGs are commonly available commercially as mixtures of different oligomer sizes in broadly- or narrowly-defined molecular weight (MW) ranges. For instance, PEG-10,000 typically designates a mixture of PEG molecules (n = 195 to 265) having an average MW of 10,000. PEG is also known as polyethylene oxide (PEO) or polyoxyethylene (POE), with the three names being chemical synonyms. However, PEGs mainly refer to oligomers and polymers with molecular masses below 20,000 g/mol, while PEOs are polymers with molecular masses above 20,000 g/mol, and POEs are polymers of any molecular mass. Relatively small molecular weight PEGs are produced by the chemical reaction between ethylene oxide and water or ethylene glycol (or other ethylene glycol oligomers), as catalyzed by acidic or basic catalysts. To produce PEO or high-molecular weight PEGs, synthesis is performed by suspension polymerization. It is necessary to hold the growing polymer chain in solution during the course of the poly-condensation process. The reaction is catalyzed by magnesium-, aluminum-, or calcium-organoelement compounds. To prevent coagulation of polymer chains in the solution, chelating additives such as dimethylglyoxime are used

Safety Evaluation of Polyethyene Glycol (PEG) Compounds for Cosmetic Use: Toxicol Res 2015; 31:105-136 The Korean Society of Toxicology

http://doi.org/10.5487/TR.2015.31.2.105

Human beings have regular contact with alcohol ethoxylates through a variety of industrial and consumer products such as soaps, detergents, and other cleaning products. Exposure to these chemicals can occur through ingestion, inhalation, or contact with the skin or eyes. Studies of acute toxicity show that volumes well above a reasonable intake level would have to occur to produce any toxic response. Moreover, no fatal case of poisoning with alcohol ethoxylates has ever been reported. Multiple studies investigating the acute toxicity of alcohol ethoxylates have shown that the use of these compounds is of low concern in terms of oral and dermal toxicity.

Clinical animal studies indicate these chemicals may produce gastrointestinal irritation such as ulcerations of the stomach, pilo-erection, diarrhea, and lethargy. Similarly, slight to severe irritation of the skin or eye was generated when undiluted alcohol ethoxylates were applied to the skin and eyes of rabbits and rats. The chemical shows no indication of being a genotoxin, carcinogen, or mutagen (HERA 2007). No information was available on levels at which these effects might occur, though toxicity is thought to be substantially lower than that of nonylphenol ethoxylates.

Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air.

Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of the investigated oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity). The formation of other hydroperoxides was indicated by the detection of their corresponding aldehydes in the oxidation mixture.

On the basis of the lower irritancy, nonionic surfactants are often preferred to ionic surfactants in topical products. However, their susceptibility towards autoxidation also increases the irritation. Because of their irritating effect, it is difficult to diagnose ACD to these compounds by patch testing.

Alcohol ethoxylates are according to CESIO (2000) classified as Irritant or Harmful depending on the number of EO-units: EO < 5 gives Irritant (Xi) with R38 (Irritating to skin) and R41 (Risk of serious damage to eyes)

EO > 5-15 gives Harmful (Xn) with R22 (Harmful if swallowed) - R38/41

EO > 15-20 gives Harmful (Xn) with R22-41

>20 EO is not classified (CESIO 2000)

Oxo-AE, C13 EO10 and C13 EO15, are Irritating (Xi) with R36/38 (Irritating to eyes and skin) .

AE are not included in Annex 1 of the list of dangerous substances of the Council Directive 67/548/EEC

In general, alcohol ethoxylates (AE) are readily absorbed through the skin of guinea pigs and rats and through the gastrointestinal mucosa of rats. AE are quickly eliminated from the body through the urine, faeces, and expired air (CO2). Orally dosed AE was absorbed rapidly and extensively in rats, and more than 75% of the dose was absorbed. When applied to the skin of humans, the doses were absorbed slowly and incompletely (50% absorbed in 72 hours). Half of the absorbed surfactant was excreted promptly in the urine and smaller amounts of AE appeared in the faeces and expired air (CO2)). The metabolism of C12 AE yields PEG, carboxylic acids, and CO2 as metabolites. The LD50 values after oral administration to rats range from about 1-15 g/kg body weight indicating a low to moderate acute toxicity.

The ability of nonionic surfactants to cause a swelling of the stratum corneum of guinea pig skin has been studied. The swelling mechanism of the skin involves a combination of ionic binding of the hydrophilic group as well as hydrophobic interactions of the alkyl chain with the substrate. One of the mechanisms of skin irritation caused by surfactants is

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considered to be denaturation of the proteins of skin. It has also been established that there is a connection between the potential of surfactants to denature protein in vitro and their effect on the skin. Nonionic surfactants do not carry any net charge and, therefore, they can only form hydrophobic bonds with proteins. For this reason, proteins are not deactivated by nonionic surfactants, and proteins with poor solubility are not solubilized by nonionic surfactants. A substantial amount of toxicological data and information in vivo and in vitro demonstrates that there is no evidence for alcohol ethoxylates (AEs) being genotoxic, mutagenic or carcinogenic. No adverse reproductive or developmental effects were observed. The majority of available toxicity studies revealed NOAELs in excess of 100 mg/kg bw/d but the lowest NOAEL for an individual AE was established to be 50 mg/kg bw/day. This value was subsequently considered as a conservative, representative value in the risk assessment of AE. The effects were restricted to changes in organ weights with no histopathological organ changes with the exception of liver hypertrophy (indicative of an adaptive response to metabolism rather than a toxic effect). It is noteworthy that there was practically no difference in the NOAEL in oral studies of 90-day or 2 years of duration in rats. A comparison of the aggregate consumer exposure and the systemic NOAEL (taking into account an oral absorption value of 75%) results in a Margin of Exposure of 5,800. Taking into account the conservatism in the exposure assessment and the assigned systemic NOAEL, this margin of exposure is considered more than adequate to account for the inherent uncertainty and variability of the hazard database and inter and intra-species extrapolations.

AEs are not contact sensitisers. Neat AE are irritating to eyes and skin. The irritation potential of aqueous solutions of AEs depends on concentrations. Local dermal effects due to direct or indirect skin contact in certain use scenarios where the products are diluted are not of concern as AEs are not expected to be irritating to the skin at in-use concentrations. Potential irritation of the respiratory tract is not a concern given the very low levels of airborne AE generated as a consequence of spray cleaner aerosols or laundry powder detergent dust.

In summary, the human health risk assessment has demonstrated that the use of AE in household laundry and cleaning detergents is safe and does not cause concern with regard to consumer use.

For high boiling ethylene glycol ethers (typically triethylene- and tetraethylene glycol ethers):

Skin absorption: Available skin absorption data for triethylene glycol ether (TGBE), triethylene glycol methyl ether (TGME), and triethylene glycol ethylene ether (TGEE) suggest that the rate of absorption in skin of these three glycol ethers is 22 to 34 micrograms/cm2/hr, with the methyl ether having the highest permeation constant and the butyl ether having the lowest. The rates of absorption of TGBE, TGEE and TGME are at least 100-fold less than EGME, EGEE, and EGBE, their ethylene glycol monoalkyl ether counterparts, which have absorption rates that range from 214 to 2890 micrograms/ cm2/hr. Therefore, an increase in either the chain length of the alkyl substituent or the number of ethylene glycol moieties appears to lead to a decreased rate of percutaneous absorption. However, since the ratio of the change in values of the ethylene glycol to the diethylene glycol series is larger than that

of the diethylene glycol to triethylene glycol series, the effect of the length of the chain and number of ethylene glycol moieties on absorption diminishes with an increased number of ethylene glycol moieties. Therefore, although tetraethylene glycol methyl; ether (TetraME) and tetraethylene glycol butyl ether (TetraBE) are expected to be less permeable to skin than TGME and TGBE, the differences in permeation between these molecules may only be slight.

Metabolism: The main metabolic pathway for metabolism of ethylene glycol monoalkyl ethers (EGME, EGEE, and EGBE) is oxidation via alcohol and aldehyde dehydrogenases (ALD/ADH) that leads to the formation of an alkoxy acids. Alkoxy acids are the only toxicologically significant metabolites of glycol ethers that have been detected *in vivo*. The principal metabolite of TGME is believed to be 2-[2-(2-methoxyethoxy) ethoxy] acetic acid. Although ethylene glycol, a known kidney toxicant, has been identified as an impurity or a minor metabolite of glycol ethers in animal studies it does not appear to contribute to the toxicity of glycol ethers.

The metabolites of category members are not likely to be metabolized to any large extent to toxic molecules such as ethylene glycol or the mono alkoxy acids because metabolic breakdown of the ether linkages also has to occur **Acute toxicity:** Category members generally display low acute toxicity by the oral, inhalation and dermal routes of exposure. Signs of toxicity in animals receiving lethal oral doses of TGBE included loss of righting reflex and flaccid muscle tone, coma, and heavy breathing. Animals administered lethal oral doses of TGEE exhibited lethargy, ataxia, blood in the urogenital area and piloerection before death.

Irritation: The data indicate that the glycol ethers may cause mild to moderate skin irritation. TGEE and TGBE are highly irritating to the eyes. Other category members show low eye irritation.

Repeat dose toxicity: Results of these studies suggest that repeated exposure to moderate to high doses of the glycol ethers in this category is required to produce systemic toxicity

In a 21-day dermal study, TGME, TGEE, and TGBE were administered to rabbits at 1,000 mg/kg/day. Erythema and oedema were observed. In addition, testicular degeneration (scored as trace in severity) was observed in one rabbit given TGEE and one rabbit given TGME. Testicular effects included spermatid giant cells, focal tubular hypospermatogenesis, and increased cytoplasmic vacuolisation. Due to a high incidence of similar spontaneous changes

in normal New Zealand White rabbits , the testicular effects were considered not to be related to treatment . Thus, the NOAELs for TGME, TGEE and TGBE were established at 1000 mg/kg/day. Findings from this report were considered unremarkable.

A 2-week dermal study was conducted in rats administered TGME at doses of 1,000, 2,500, and 4,000 mg/kg/day . In this study, significantly-increased red blood cells at 4,000 mg/kg/day and significantly-increased urea concentrations in the urine at 2,500 mg/kg/day were observed. A few of the rats given 2,500 or 4,000 mg/kg/day had watery caecal contents and/or

haemolysed blood in the stomach These gross pathologic observations were not associated with any histologic abnormalities in these tissues or alterations in haematologic and clinical chemistry parameters. A few males and females treated with either 1,000 or 2,500 mg/kg/day had a few small scabs or crusts at the test site. These alterations were slight in degree and did not adversely affect the rats

In a 13-week drinking water study, TGME was administered to rats at doses of 400, 1,200, and 4,000 mg/kg/day. Statistically-significant changes in relative liver weight were observed at 1,200 mg/kg/day and higher. Histopathological effects included hepatocellular cytoplasmic vacuolisation (minimal to mild in most animals) and hypertrophy (minimal to mild) in males at all doses and hepatocellular hypertrophy (minimal to mild) in high dose females. These effects were

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statistically significant at 4,000 mg/kg/day. Cholangiofibrosis was observed in 7/15 high-dose males; this effect was observed in a small number of bile ducts and was of mild severity. Significant, small decreases in total test session motor activity were observed in the high-dose animals, but no other neurological effects were observed. The changes in motor activity were secondary to systemic toxicity

Mutagenicity: Mutagenicity studies have been conducted for several category members. All in vitro and in vivo studies were negative at concentrations up to 5,000 micrograms/plate and 5,000 mg/kg, respectively, indicating that the category members are not genotoxic at the concentrations used in these studies. The uniformly negative outcomes of various mutagenicity studies performed on category members lessen the concern for carcinogenicity.

Reproductive toxicity: Although mating studies with either the category members or surrogates have not been performed, several of the repeated dose toxicity tests with the surrogates have included examination of reproductive organs. A lower molecular weight glycol ether, ethylene glycol methyl ether (EGME), has been shown to be a testicular toxicant. In addition, results of repeated dose toxicity tests with TGME clearly show testicular toxicity at an oral dose of 4,000 mg/kg/day four times greater that the limit dose of 1,000 mg/kg/day recommended for repeat dose studies. It should be noted that TGME is 350 times less potent for testicular effects than EGME. TGBE is not associated with testicular toxicity, TetraME is not likely to be metabolised by any large extent to 2-MAA (the toxic metabolite of EGME), and a mixture containing predominantly methylated glycol ethers in the C5-C11 range does not produce testicular toxicity (even when administered intravenously at 1,000 mg/kg/day)

Developmental toxicity: The bulk of the evidence shows that effects on the foetus are not noted in treatments with . 1,000 mg/kg/day during gestation. At 1,250 to 1,650 mg/kg/day TGME (in the rat) and 1,500 mg/kg/day (in the rabbit), the developmental effects observed included skeletal variants and decreased body weight gain.

In light of potential adverse effects, and to ensure a harmonised risk assessment and management, the EU regulatory framework for biocides has been established with the objective of ensuring a high level of protection of human and animal health and the environment. To this aim, it is required that risk assessment of biocidal products is carried out before they can be placed on the market. A central element in the risk assessment of the biocidal products are the utilization instructions that defines the dosage, application method and amount of applications and thus the exposure of humans and the environment to the biocidal substance.

Humans may be exposed to biocidal products in different ways in both occupational and domestic settings. Many biocidal products are intended for industrial sectors or professional uses only, whereas other biocidal products are commonly available for private use by non-professional users. In addition, potential exposure of non-users of biocidal products (i.e. the general public) may occur indirectly via the environment, for example through drinking water, the food chain, as well as through atmospheric and residential exposure. Particular attention should be paid to the exposure of vulnerable sub-populations, such as the elderly, pregnant women, and children. Also pets and other domestic animals can be exposed indirectly following the application of biocidal products. Furthermore, exposure to biocides may vary in terms of route (inhalation, dermal contact, and ingestion) and pathway (food, drinking water, residential, occupational) of exposure, level, frequency and duration.

The predominant fate of the thiazole ring is oxidative ring scission catalysed by cytochrome P450 (CYP) and formation of the corresponding alpha-dicarbonyl metabolites and thioamide derivatives. The well-established toxicity associated with thioamides and thioureas has led to the speculation that thiazole toxicity is attributed to ring scission yielding the corresponding thioamide metabolite. Ring opening has also been observed in benzothiazoles. For instance, benzothiazole itself is converted to S-methylmercaptoaniline.

Acute toxicity data show that 1,2-benzisothiazoline-3-one (BIT) is moderately toxic by the oral and dermal routes but that this chemical is a severe eye irritant. Irritation to the skin from acute data show only mild skin irritation, but repeated dermal application indicated a more significant skin irritation response.

The neurotoxicity observed in the rat acute oral toxicity study (piloerection and upward curvature of the spine at 300 mg/kg and above; decreased activity, prostration, decreased abdominal muscle tone, reduced righting reflex, and decreased rate and depth of breathing at 900 mg/kg) and the acute dermal toxicity study (upward curvature of the spine was observed in increased incidence, but this was absent after day 5 post-dose at a dose of 2000 mg/kg) were felt to be at exposures in excess of those expected from the use pattern of this pesticide and that such effects would not be observed at estimated exposure doses.

Subchronic oral toxicity studies showed systemic effects after repeated oral administration including decreased body weight, increased incidence of forestomach hyperplasia, and non-glandular stomach lesions in rats. In dogs, the effects occurred at lower doses than in rats, and included alterations in blood chemistry (decreased plasma albumin, total protein, and alanine aminotransferase) and increased absolute liver weight.

Developmental toxicity studies were conducted in rats with maternal effects including decreased body weight gain, decreased food consumption, and clinical toxicity signs (audible breathing, haircoat staining of the anogenital region, dry brown material around the nasal area) as well as increased mortality. Developmental effects consisted of increases in skeletal abnormalities (extra sites of ossification of skull bones, unossified sternebrae) but not external or visceral abnormalities.

Reproductive toxicity: In a two- generation reproduction study, parental toxicity was observed at 500 ppm and was characterized by lesions in the stomach. In pups, toxic effects were reported at 1000 ppm and consisted of preputial separation in males and impaired growth and survival in both sexes. The reproduction study did not show evidence of increased susceptibility of offspring.

3-IODO-2-PROPYNYL BUTYL

1,2-BENZISOTHIAZOLINE-3-ONE

for carbamates:

Carbamates are effective insecticides by virtue of their ability to inhibit acetylcholinesterase (AChE) (EC 3.1.1.7) in the nervous system. They can also inhibit other esterases. The carbamylation of the enzyme is unstable, and the regeneration of AChE is relatively rapid compared with that from a phosphorylated enzyme. Thus, carbamate pesticides are less dangerous with regard to human exposure than organophosphorus pesticides. The ratio between the dose required to produce death and the dose required to produce minimum symptoms of poisoning is substantially larger for carbamate compounds than for organophosphorus compounds. A dose-effect relationship exists between the dose, the severity of symptoms, and the degree of cholinesterase (ChE) inhibition. Because most carbamates have a low volatility, inhalation studies are mainly carried out using a dust or mist. In these studies, the toxicity is highly dependent on the size of the particles or droplets and, therefore, difficult to evaluate. The acute dermal toxicity of carbamates is generally low to

CARBAMATE

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moderate.

From controlled human studies, it is clear that poisoning symptoms can be seen a few minutes after exposure, and can last for a few hours. Thereafter, recovery starts and within hours, the symptoms disappear, and the ChE activity in erythrocytes and plasma returns to normal, because the carbamate is rather rapidly metabolised and the metabolites excreted. The appearance of these metabolites in the urine may be used for biological monitoring. Apart from the symptoms indicative of ChE poisoning, other signs and symptoms induced by certain carbamates have been described, such as skin and eye irritation, hyperpigmentation, and influence on the function of testes (slight increase of sperm abnormalities). These signs and symptoms were found in a few studies and should be confirmed before it can be stated that they were induced by carbamates. Epidemiological studies with persons primarily exposed to carbamates are not available.

Carbamates produce slight to moderate skin and eye irritation, depending on the vehicle used, duration of contact, and on whether the substance is applied to the abraded or intact skin. From the available data, it cannot be excluded that some of the carbamates will have a slight to moderate sensitization potential. Short- and long-term toxicity studies have been carried out. Some carbamates are very toxic and others are less toxic in long-term studies. From these studies, it is evident that, apart from the anticholinesterase activity, the following changes can be found: an influence on the haemopoietic system, an influence on the functioning of, and, at higher dosages, degeneration of, the liver and kidneys, and degeneration of testes. These abnormalities in the different organ systems depend on the animal strain and on the chemical structure of the carbamate. A clear influence on the nervous system, functional as well as histological, was found, particularly in non-laboratory animals such as pigs.

A considerable number of reproduction and teratogenicity studies have been carried out with different carbamates and various animal species. Different types of abnormalities were found, i.e., increase in mortality, disturbance of the endocrine system, and effects on the hypophysis and its gonadotrophic function. These effects were mainly seen at high dose levels. Generally, the fetal effects included an increase in mortality, decreased weight gain in the first weeks after birth, and induction of early embryonic death. All these effects can be summarized as embryotoxic effects. Certain carbamates also induce teratogenic effects, mainly at high dose levels applied by stomach tube. When the same dose level was administered with the diet, no effects were seen.

Some carbamates induce mutagenic effects, others are negative. In general, the methyl carbamates are negative in mammalian tests, while compounds such as carbendazim, benomyl, and the 2 thiophanate derivatives showed a positive effect with very high dose levels in certain systems. The benzimidazole moiety may act as a base analogue for DNA and as a spindle poison. They are antimitotic agents and cause mitotic arrest, mitotic delay, and a low incidence of chromosome damage. Sometimes, the results are contradictory or cannot be reproduced, but positive results for point mutation and chromosome aberrations are well documented. These benzimidazole derivatives can be considered as weak mutagenic compounds.

Carcinogenicity studies with benzimidazole derivatives showed either positive or equivocal results. Added to the fact that certain mutagenicity studies also give positive results, it cannot be excluded that these compounds may have carcinogenic or promotor properties. Carbamate pesticides may be converted to N-nitroso compounds. This was demonstrated in a great number of in vivo nitrosation studies in which high levels of the carbamates were administered to animals in combination with high levels of nitrite. These N - nitroso compounds have to be considered as mutagenic and carcinogenic. However, the amount of nitroso compounds that can be expected to result from dietary intake of carbamate pesticide residues is negligible in comparison with nitroso-precursors that occur naturally in food and drinking-water.

The metabolic fate of carbamates is basically the same in plants, insects, and mammals. Carbamates are usually easily absorbed through the skin, mucous membranes, and respiratory and gastrointestinal tracts, but there are exceptions. Generally, the metabolites are less toxic than the parent compounds. However, in certain cases, the metabolites are just as toxic or even more toxic than the parent carbamate. In most mammals, the metabolites are mainly excreted rather rapidly in the urine. The dog seems to be different in this respect. Accumulation takes place in certain cases, but is of minor importance because of the rapid metabolism. The first step in the metabolism of carbamates is hydrolysis to carbamic acid. which decomposes to carbon dioxide (CO2) and the corresponding amine. The rate of hydrolysis by esterases is faster in mammals than in plants and insects.

The organs in which residues have been reported are the liver, kidneys, brain, fat, and muscle. The half-life in the rat is of the order of 3 - 8 h. From the limited data available, it seems that the excretion of carbamates via urine is also rapid in man. and that the metabolic pathways in man are the same as those in the rat

for 3-iodo-2-propynyl butyl carbamate (IPBC):

Acute toxicity: Acceptable acute toxicity studies with IPBC indicate low toxicity except eye irritation. In a primary eye irritation study in rabbi. IPBC technical was severely irritating to the eyes of white rabbits, with corneal opacity and corneal vascularization reported in unwashed eyes by day 21 post-treatment. The technical grade of IPBC was slightly irritating to the skin of white rabbits. In a dermal sensitization study in Guinea pigs

IPBC technical, at a concentration of 0.32%, produced no evidence of sensitization in male and female Guinea pigs. Subchronic toxicity: In a subchronic oral toxicity study, male and female Sprague-Dawley rats received IPBC technical by gavage for 13 weeks at doses of 0, 20, 50, and 125 mg/kg/day. At the 125 mg/kg/day dose level, body weight gain was decreased by 19% in male rats for weeks 1-13 of the study, and by 12% in female rats over the same period. Absolute liver weight was increased by 20% in male rats at the 125 mg/kg/day dose, and by 31% in female rats at this dose level. Liver to body weight ratio was significantly increased by approximately 31% in both male and female rats at the 125 mg/kg/day dose level, while kidney to body weight ratio in female rats was increased 18% at the 125 mg/kg/day dose level. The systemic NOEL was considered to be 20 mg/kg/day, while the systemic LEL was considered to be 50 mg/kg/day, based on increased liver to body weight ratio.

In a subchronic dermal toxicity study, male and female Sprague-Dawley rats (10/sex/dose) received dermal doses of 50, 200, and 500 mg/kg/day IPBC technical grade (97.5%) to the shaved skin for five days a week, six hours per day. At the 500 mg/kg/day dose, decreased body weight (4-6%) and weight gain (11%) were observed in male rats, but not in female rats. In female rats, significant increases in haemoglobin, haematocrit, and eosinophils were observed at the 500 mg/kg/day dose level. Reticulocytes as a percentage of red cells were decreased in the 50 and 200 mg/kg/day dose groups but not at the 500 mg/kg/day dose level. Females in this study showed inhibition of plasma cholinesterase at 500 mg/k/day test article, which may have been the result of either direct liver toxicity or inhibition of cholinesterase itself. Based upon the results of this study, the systemic NOEL is 200 mg/kg/day, the systemic LEL is 500 mg/kg/day for male and female rats.

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Carcinogenicity: In a 2-year chronic toxicity/carcinogenicity study, technical grade IPBC (98.68% ai) was administered to male and female Sprague Dawley rats (50/sex/group) at dose levels of 0, 20, 40, and 80 mg/kg/day. There were no statistically significant increases in tumor incidences in male rats. The incidence of mammary gland fibroadenoma and combined fibroadenoma/carcinoma in female rats was significantly increased at the 20 mg/kg/day dose level but there was no dose-related trend.

Developmental and reproductive toxicity: The developmental toxicity of IPBC was assessed in pregnant Sprague-Dawley rats on gestation days six through 15 by oral administration of the test chemical at doses of 0, 20, 50, and 125 mg/kg/day. Maternal toxicity as reduced body weight gain during dosing was observed at the 125 mg/kg/day dose level. Developmental toxicity consisted of an increased incidence of skeletal abnormalities at the 125 mg/kg/day dose level. The maternal toxicity NOEL was determined to be 50 mg/kg/day, and the maternal toxicity LEL was determined to be 125 mg/kg/day, based on reduced body weight gain. The developmental toxicity NOEL was determined to be 50 mg/kg/day, and the developmental toxicity LEL was determined to be 125 mg/kg/day, based on incompletely ossified frontal skull bones and pelvic girdles.

A 2-generation reproductive toxicity study was conducted in male and female Sprague- Dawley rats. IPBC technical was administered over two generations at doses of 0, 120, 300, and 750 ppm (0, 6, 15, and 37.5 mg/kg/day). Reduced body weight and food consumption was observed for P1 and F1 males during the premating period at the 37.5 mg/kg/day dose. A decreased mean live birth index was reported for P1 and F1 generations without an effect on viability and development of pups. No adverse effects on reproductive indices or mating performance were observed at any dose level. The parental toxicity NOEL was determined to be 15 mg/kg/day, and the parental toxicity LEL was determined to be 37.5 mg/kg/day, based on decreased body weight and food consumption during premating for P1 and F1 males, and decreased mean live birth index for the P1 and F1 generations. The reproductive toxicity Noel was determined to be 37.5 mg/kg/day, and the reproductive toxicity LEL was determined to be >37.5 mg/kg/day.

Mutagenicity: In a mutagenicity study, IPBC technical was tested for the ability to cause mutations in Salmonella typhimurium strains TA 1535, TA 1537, TA 1538, TA 98, and TA 100. In the five strains used, IPBC was found to be non-mutagenic in the presence or absence of metabolic activation at the concentrations tested, 1-1000 jig/plate. In a micronucleus assay in mice, IPBC at doses of 200, 600, and 2000 mg/kg did not induce any significant increase of the PCE containing micronuclei from the treated mice when compared to that of the vehicle control mice. In two independent unscheduled DNA synthesis (UDS) assays in primary rat hepatocytes, eight doses of IPBC ranging from 3.0 to 13.5 ug/ml did not cause an appreciable increase in mean net nuclear grain counts. Doses >13.5 ug/ml were cytotoxic, supporting the conclusion that IPBC induced cytotoxicity but no genotoxicity in this assay.

Metabolism: Based on the metabolite identification data, a scheme for metabolism of IPBC was proposed. According to this scheme, IPBC undergoes reductive dehalogenation followed by dealkylation to form the URM-9 and URM-10 metabolites. In addition, de-carboxylation following reductive dehalogenation yields carbon dioxide. Various other metabolites formed from dehalogenation are glucuronidated and constitute minor metabolites of IPBC..

ISOTRIDECYL ALCOHOL, ETHOXYLATED & 1.2-BENZISOTHIAZOLINE-3-ONE

No significant acute toxicological data identified in literature search.

1,2-BENZISOTHIAZOLINE-3-ONE & 3-IODO-2-PROPYNYL BUTYL CARBAMATE

The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

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: X − Data either not available or does not fill the criteria for classification

✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

Jasart Lettering Calligraphy Set 5	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
ethylene glycol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	>100mg/l	2

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	I					
	LC50	96h	Fish	>10	000mg/l	1
	EC50(ECx)	Not Available	Algae or other aquatic	plants 650	0-7500mg/l	1
	EC50	96h	Algae or other aquatic	plants 650	0-13000mg/l	1
	Endpoint	Test Duration (hr)	Species		Value	Source
isotridecyl alcohol, ethoxylated	Not Available	Not Available	Not Available		Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Val	ue	Source
	LC50	96h	Fish	0.0	67-0.29mg/L	4
1,2-benzisothiazoline-3-one	EC50	48h	Crustacea	0.0	97mg/L	4
	EC50(ECx)	48h	Crustacea	0.0	97mg/L	4
3-iodo-2-propynyl butyl carbamate	Endpoint	Test Duration (hr)	Species	Valu	e	Source
	NOEC(ECx)	840h	Fish	0.01	3mg/L	4
	LC50	96h	Fish	0.07	7-0.124mg/L	4
	EC50	48h	Crustacea	0.04	mg/L	5
Legend:	3. EPIWIN Suit	I. IUCLID Toxicity Data 2. Europe EC te V3.12 (QSAR) - Aquatic Toxicity Da tic Hazard Assessment Data 6. NITE	ita (Estimated) 4. US EPA, E	cotox database - Aqua	ntic Toxicity Da	ta 5.

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

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

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

For surfactants:

Environmental fate:

Octanol/water partition coefficients cannot easily be determined for surfactants because one part of the molecule is hydrophilic and the other part is hydrophobic. Consequently they tend to accumulate at the interface and are not extracted into one or other of the liquid phases. As a result surfactants are expected to transfer slowly, for example, from water into the flesh of fish. During this process, readily biodegradable surfactants are expected to be metabolised rapidly during the process of bioaccumulation. This was emphasised by the OECD Expert Group stating that chemicals are not to be considered to show bioaccumulation potential if they are readily biodegradable.

Surfactants show a complex solubility behaviour due to aggregation. The monomer concentration, and hence the thermodynamic activity, reaches a limiting value at the critical micelle concentration (CMC). It remains approximately constant as the total concentration is further increased. For ecotoxicological models requiring a solubility value, the critical micelle concentration is therefore the appropriate parameter describing water solubility of surface active materials.

Surfactants can form dispersions or emulsions in which the bioavailablity for aquatic toxicity studies is difficult to ascertain, even with careful solution preparation. Micelle formation can result in an overestimation of the bioavailable fraction even when "solutions" are apparently formed. This presents significant problems of interpretation of aquatic toxicity test results for surface active materials. The so-called the critical micelle concentration (CMC) is is related to surface tension produced by the substance and is the key value for actual water solubility of the substance.

Several anionic and nonionic surfactants have been investigated to evaluate their potential to bioconcentrate in fish. BCF values (BCF - bioconcentration factor) ranging from 1 to 350 were found. These are absolute maximum values, resulting from the radiolabelling technique used. In all these studies, substantial oxidative metabolism was found resulting in the highest radioactivity in the gall bladder. This indicates liver transformation of the parent compound and biliary excretion of the metabolised compounds, so that "real" bioconcentration is overstated. After correction it can be expected that "real" parent BCF values are one order of magnitude less than those indicated above, i.e. "real" BCF is <100. Therefore the usual data used for classification by EU directives to determine whether a substance is "Dangerous to the "Environment" has little bearing on whether the use of the surfactant is environmentally acceptable.

Ecotoxicity

Surfactant should be considered to be toxic (EC50 and LC50 values of < 10 mg/L) to aquatic species under conditions that allow contact of the chemicals with the organisms. The water solubility of the chemicals does not impact the toxicity except as it relates to the ability to conduct tests appropriately to obtain exposure of the test species. The acute aquatic toxicity generally is considered to be related to the effects of the surfactant properties on the organism and not to direct chemical toxicity.

The isothiazolinones are very toxic to marine organisms (fish, Daphnia magna and algae)

The high water solubility and low log Kow values of several chlorinated and non-chlorinated indicate a low potential for bioaccumulation.

Studies of 5-chloro-2-methyl-4-isothiazolin-3-one (CMI) in bluegill sunfish (Lepornis machrochirus) show BCF values of 102, 114 and 67 at nominal concentrations of 0.02, 0.12 and 0.8 mg/l. The BCF for 2-methyl-4-isothiazolin-3-one (MI) was determined at 2.3 at a nominal concentration of 0.12 mg/l

Primary biodegradation of MI and CMI occurred with half-lives of less than 24 hours in aerobic and anoxic sediments, and within a period of less than one week the parent compounds were depleted to very low levels that could not be clearly distinguished from analytical artifacts. The ultimate aerobic biodegradability of both MI and CMI attained levels of > 55% within 29 days. Furthermore, the proposed metabolites of MI and CMI are considered to have a low aquatic toxicity on the basis of QSAR estimates and the measured toxicity of the structurally related N-(n-octyl) malonamic acid.

log Kow : -1.93- -1.36 Half-life (hr) air : 24

for ethylene glycol:

Henry's atm m3 /mol: 6.00E-08

BOD 5 : 0.15-0.81,12% COD : 1.21-1.29

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ThOD: 1.26 BCF: 10-190

In the atmosphere ethylene glycol exists mainly in the vapour phase. It is degraded in the atmosphere by reaction with photochemically produced hydroxy radicals (estimated half-life 24-50 hours).

Ethylene glycol does not concentrate in the food chain.

Environmental fate:

Ethylene glycol has a low vapour pressure (7.9 Pa at 20 C); it is expected to exist almost entirely in the vapour phase if released to the atmosphere. The Henry's law constant for ethylene glycol is 1.41 x 10-3 or 6.08 x 10-3 Pa.m3/mol, depending on method of calculation, indicating a low capacity for volatilisation from water bodies or soil surfaces.

Ethylene glycol adsorbed onto silica gel and irradiated with light (wavelength >290 nm) degraded by 12.1% over 17 h . Photodegradation is not expected, as the molecule should not absorb at these wavelengths; the mechanism of this breakdown is, therefore, unknown. Estimated half-life in the atmosphere for reaction with hydroxyl radicals from various reports is 2.1 days, 8-84 h or 1 day.

Ethylene glycol released to the atmosphere will be degraded by reaction with hydroxyl radicals; the half-life for the compound in this reaction has been estimated at between 0.3 and 3.5 days. No hydrolysis of ethylene glycol is expected in surface waters.

The compound has little or no capacity to bind to particulates and will be mobile in soil. Soil partition coefficients (log Koc) of 0-0.62 were determined. Migration rates in five soil types were measured at between 4 and 27 cm per 12 h

The low octanol/water partition coefficient (log Kow -1.93 to -1.36) and measured bioconcentration factors in a few organisms indicate low capacity for bioaccumulation. Bioconcentration factors of 190 for the green algae (Chlorella fusca), up to 0.27 in specific tissues of the crayfish (Procambarus sp.), and 10 for the golden orfe (Leuciscus idus melanotus) confirm low bioaccumulation.

Ethylene glycol is readily biodegradable in standard tests using sewage sludge. Many studies show biodegradation under both aerobic and anaerobic conditions. Some studies suggest a lag phase before degradation, but many do not. Degradation occurs in both adapted and unadapted sludges. Rapid degradation has been reported in surface waters (less in salt water than in fresh water), groundwater, and soil inocula. Several strains of microorganisms capable of utilising ethylene glycol as a carbon source have been identified.

Ethylene glycol has been identified as a metabolite of the growth regulator ethylene in a number of higher plants and as naturally occurring in the edible fungus Tricholoma matsutake

Ecotoxicity:

Fish LC50 (96 h):118-550 mg/L

Ethylene glycol has generally low toxicity to aquatic organisms. Toxic thresholds for microorganisms are above 1000 mg/litre. EC50s for growth in microalgae are 6500 mg/litre or higher. Acute toxicity tests with aquatic invertebrates where a value could be determined show LC50s above 20 000 mg/litre, and those with fish show LC50s above 17 800 mg/litre. An amphibian test showed an LC50 for tadpoles at 17 000 mg/litre. A no-observed-effect concentration (NOEC) for chronic tests on daphnids of 8590 mg/litre (for reproductive end-points) has been reported. A NOEC following short-term exposure of fish has been reported at 15 380 mg/litre for growth. Tests using deicer containing ethylene glycol showed greater toxicity to aquatic organisms than observed with the pure compound, indicating other toxic components of the formulations. Laboratory tests exposing aquatic organisms to stream water receiving runoff from airports have demonstrated toxic effects and death. Field studies in the vicinity of an airport have reported toxic signs consistent with ethylene glycol poisoning, fish kills, and reduced biodiversity. These effects cannot definitively be ascribed to ethylene glycol. Terrestrial organisms are much less likely to be exposed to ethylene glycol and generally show low sensitivity to the compound. Concentrations above 100 000 mg/litre were needed to produce toxic effects on yeasts and fungi from soil. Very high concentrations and soaking of seeds produced inhibition of germination in some experiments; these are not considered of environmental significance. A no-observed-effect level (NOEL) for orally dosed ducks at 1221 mg/kg body weight and reported lethal doses for poultry at around 8000 mg/kg body weight indicate low toxicity to birds.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethylene glycol	LOW (Half-life = 24 days)	LOW (Half-life = 3.46 days)
3-iodo-2-propynyl butyl carbamate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation		
ethylene glycol	LOW (BCF = 200)		
3-iodo-2-propynyl butyl carbamate	LOW (LogKOW = 2.4542)		

Mobility in soil

Ingredient	Mobility
ethylene glycol	HIGH (KOC = 1)
3-iodo-2-propynyl butyl carbamate	LOW (KOC = 365.3)

SECTION 13 Disposal considerations

Waste treatment methods

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► Containers may still present a chemical hazard/ danger when empty.

▶ Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- ▶ Reuse
- ► Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- ▶ 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.

SECTION 14 Transport information

Product / Packaging

disposal

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
ethylene glycol	Not Available
isotridecyl alcohol, ethoxylated	Not Available
1,2-benzisothiazoline-3-one	Not Available
3-iodo-2-propynyl butyl carbamate	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
ethylene glycol	Not Available
isotridecyl alcohol, ethoxylated	Not Available
1,2-benzisothiazoline-3-one	Not Available
3-iodo-2-propynyl butyl carbamate	Not Available

SECTION 15 Regulatory information

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

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ethylene glycol is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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

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

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

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

isotridecyl alcohol, ethoxylated is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

1,2-benzisothiazoline-3-one is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

3-iodo-2-propynyl butyl carbamate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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

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

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (ethylene glycol; isotridecyl alcohol, ethoxylated; 1,2-benzisothiazoline-3-one; 3-iodo-2-propynyl butyl carbamate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (isotridecyl alcohol, ethoxylated)
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

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Initial Date	24/08/2021

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

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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

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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