

EN-FDS046 Leather Colours

Jasco Pty Limited

Chemwatch: **5633-84**Version No: **2.1**

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

Chemwatch Hazard Alert Code: 3

Issue Date: **21/09/2023**Print Date: **22/09/2023**L.GHS.AUS.EN

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

Product Identifier

Product name	EN-FDS046 Leather Colours
Chemical Name	Not Applicable
Synonyms	0111610, 0111620; Pebeo Setacolor; Leather Paint Starter Kit; Leather Paint Selection Box
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Paints & Varnishes for artists.
	Use according to manufacturer's directions.

Details of the manufacturer or supplier of the safety data sheet

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

Emergency telephone number

Association / Organisation	Australian Poisons Centre	CHEMWATCH EMERGENCY RESPONSE (24/7)
Emergency telephone numbers	13 11 26 (24/7)	+61 1800 951 288
Other emergency telephone numbers	Not Available	+61 3 9573 3188

Once connected and if the message is not in your preferred language then please dial 01

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2A, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Germ Cell Mutagenicity Category 2, Carcinogenicity Category 1A
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)





Signal word

Dangei

Hazard statement(s)

H315	Causes skin irritation.	
H319	Causes serious eye irritation.	
H335	May cause respiratory irritation.	
H341	Suspected of causing genetic defects.	
H350	May cause cancer.	

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.	
P271	Use only outdoors or in a well-ventilated area.	
P280	Wear protective gloves, protective clothing, eye protection and face protection.	
P261	Avoid breathing mist/vapours/spray.	
P264	Wash all exposed external body areas thoroughly after handling.	

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P312	Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.	
P337+P313	If eye irritation persists: Get medical advice/attention.	
P302+P352	IF ON SKIN: Wash with plenty of water.	
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.	
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

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

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
13463-67-7	10-<25	titanium dioxide
2634-33-5	0-<0.035	1,2-benzisothiazoline-3-one
55965-84-9	0-0.0007	5-chloro-2-methyl-4-isothiazolin-3-one
Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L * EU IOELVs available		

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	 If this product comes in contact with the eyes: Wash out immediately with fresh running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel. 	
Skin Contact	If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation.	
Inhalation	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay. 	
Ingestion	 If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Seek medical advice. 	

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Advice for firefighters	
Fire Fighting	 Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus. Prevent, by any means available, spillage from entering drains or water course. Use water delivered as a fine spray to control fire and cool adjacent area. Avoid spraying water onto liquid pools. DO NOT approach containers suspected to be hot. Cool fire exposed containers with water spray from a protected location. If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	 ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. Combustion products include: carbon dioxide (CO2) nitrogen oxides (NOx) sulfur oxides (SOx) metal oxides 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	 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	 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

Precautions for safe handling

	N DO NOT allow a lathic a control of the control of the control of the latin
	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.
Safe handling	Avoid contact with incompatible materials.
ouro nunumig	▶ 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.
	► 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.

Conditions for safe storage, including any incompatibilities

Suitable container	 Metal can or drum Packaging as recommended by manufacturer. Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure	titanium	Titanium	10	Not	Not	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Standards	dioxide	dioxide	mg/m3	Available	Available	

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
titanium dioxide	30 mg/m3	330 mg/m3	2,000 mg/m3
5-chloro-2-methyl- 4-isothiazolin-3-one	0.6 mg/m3	6.6 mg/m3	40 mg/m3

Ingredient	Original IDLH	Revised IDLH
titanium dioxide	5,000 mg/m3	Not Available
1,2-benzisothiazoline-3-one	Not Available	Not Available
5-chloro-2-methyl- 4-isothiazolin-3-one	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit	
1,2-benzisothiazoline-3-one	Е	≤ 0.01 mg/m³	
5-chloro-2-methyl- 4-isothiazolin-3-one	E	≤ 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.

An approved self contained breathing apparatus (SCBA) may be required in some situations.

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.

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.

Appropriate engineering

controls

Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

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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.

Individual protection measures, such as personal protective equipment









- Safety glasses with side shields.
- ► Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

Skin protection

Eve and face protection

See Hand protection below

- ▶ Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, e.g. Rubber

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

long-term use.

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

Hands/feet protection

- Contaminated gloves should be replaced.

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

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	Nitrile rubber gloves (Note: Nitric acid penetrates nitrile gloves in a few minutes.)
Body protection	See Other protection below
Other protection	 Overalls. P.V.C apron. Barrier cream. Skin cleansing cream. Eye wash unit.

Respiratory protection

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Fluid liquid.		
Physical state	Liquid	Relative density (Water = 1)	1.2
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	8.5	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	14.21

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

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Inhaled

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

Ingestion

Accidental ingestion of the material may be damaging to the health of the individual.

Skin Contact

The material may accentuate any pre-existing dermatitis condition

Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.

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.

The material produces mild skin irritation; evidence exists, or practical experience predicts, that the material either

- produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or
- produces significant, but mild, 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.

Eye

Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

Chronic

On the basis of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans.

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic

Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. 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.

EN-FDS046 Leather	TOXICITY	IRRITATION
Colours	Not Available	Not Available
	TOXICITY	IRRITATION
dentum Parti	dermal (hamster) LD50: >=10000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
titanium dioxide	Inhalation(Rat) LC50: >2.28 mg/l4h ^[1]	Skin (human): 0.3 mg /3D (int)-mild *
	Oral (Rat) LD50: >=2000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
	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
5-chloro-2-methyl- 4-isothiazolin-3-one	dermal (rat) LD50: >1008 mg/kg ^[2]	Eye: adverse effect observed (irreversible damage) ^[1]
	Inhalation(Rat) LC50: 1.23 mg/l4h ^[2]	Skin: adverse effect observed (corrosive) ^[1]
	Oral (Rat) LD50: 53 mg/kg ^[2]	Skin: adverse effect observed (irritating) ^[1]
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS.	

Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

TITANIUM DIOXIDE

Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of

appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.

For titanium dioxide:

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Humans can be exposed to titanium dioxide via inhalation, ingestion or dermal contact. In human lungs, the clearance kinetics of titanium dioxide is poorly characterized relative to that in experimental animals. (General particle characteristics and host factors that are considered to affect deposition and retention patterns of inhaled, poorly soluble particles such as titanium dioxide are summarized in the monograph on carbon black.) With regard to inhaled titanium dioxide, human data are mainly available from case reports that showed deposits of titanium dioxide in lung tissue as well as in lymph nodes. A single clinical study of oral ingestion of fine titanium dioxide showed particle size-dependent absorption by the gastrointestinal tract and large interindividual variations in blood levels of titanium dioxide. Studies on the application of sunscreens containing ultrafine titanium dioxide to healthy skin of human volunteers revealed that titanium dioxide particles only penetrate into the outermost layers of the stratum corneum, suggesting that healthy skin is an effective barrier to titanium dioxide. There are no studies on penetration of titanium dioxide in compromised skin.

Respiratory effects that have been observed among groups of titanium dioxide-exposed workers include decline in lung function, pleural disease with plaques and pleural thickening, and mild fibrotic changes. However, the workers in these studies were also exposed to asbestos and/or silica.

No data were available on genotoxic effects in titanium dioxide-exposed humans.

Many data on deposition, retention and clearance of titanium dioxide in experimental animals are available for the inhalation route. Titanium dioxide inhalation studies showed differences — both for normalized pulmonary burden (deposited mass per dry lung, mass per body weight) and clearance kinetics — among rodent species including rats of different size, age and strain. Clearance of titanium dioxide is also affected by pre-exposure to gaseous pollutants or co-exposure to cytotoxic aerosols. Differences in dose rate or clearance kinetics and the appearance of focal areas of high particle burden have been implicated in the higher toxic and inflammatory lung responses to intratracheally instilled vs inhaled titanium dioxide particles. Experimental studies with titanium dioxide have demonstrated that rodents experience dose-dependent impairment of alveolar macrophage-mediated clearance. Hamsters have the most efficient clearance of inhaled titanium dioxide. Ultrafine primary particles of titanium dioxide are more slowly cleared than their fine counterparts. Titanium dioxide causes varying degrees of inflammation and associated pulmonary effects including lung epithelial cell injury, cholesterol granulomas and fibrosis. Rodents experience stronger pulmonary effects after exposure to ultrafine titanium dioxide particles compared with fine particles on a mass basis. These differences are related to lung burden in terms of particle surface area, and are considered to result from impaired phagocytosis and sequestration of ultrafine particles into the interstitium.

Fine titanium dioxide particles show minimal cytotoxicity to and inflammatory/pro-fibrotic mediator release from primary human alveolar macrophages in vitro compared with other particles. Ultrafine titanium dioxide particles inhibit phagocytosis of alveolar macrophages in vitro at mass dose concentrations at which this effect does not occur with fine titanium dioxide. In-vitro studies with fine and ultrafine titanium dioxide and purified DNA show induction of DNA damage that is suggestive of the generation of reactive oxygen species by both particle types. This effect is stronger for ultrafine than for fine titanium oxide, and is markedly enhanced by exposure to simulated sunlight/ultraviolet light.

Animal carcinogenicity data

Pigmentary and ultrafine titanium dioxide were tested for carcinogenicity by oral administration in mice and rats, by inhalation in rats and female mice, by intratracheal administration in hamsters and female rats and mice, by subcutaneous injection in rats and by intraperitoneal administration in male mice and female rats.

In one inhalation study, the incidence of benign and malignant lung tumours was increased in female rats. In another inhalation study, the incidences of lung adenomas were increased in the high-dose groups of male and female rats. Cystic keratinizing lesions that were diagnosed as squamous-cell carcinomas but re-evaluated as non-neoplastic pulmonary keratinizing cysts were also observed in the high-dose groups of female rats. Two inhalation studies in rats and one in female mice were negative.

Intratracheally instilled female rats showed an increased incidence of both benign and malignant lung tumours following treatment with two types of titanium dioxide. Tumour incidence was not increased in intratracheally instilled hamsters and female mice.

In-vivo studies have shown enhanced micronucleus formation in bone marrow and peripheral blood lymphocytes of intraperitoneally instilled mice. Increased Hprt mutations were seen in lung epithelial cells isolated from titanium dioxide-instilled rats. In another study, no enhanced oxidative DNA damage was observed in lung tissues of rats that were intratracheally instilled with titanium dioxide. The results of most in-vitro genotoxicity studies with titanium dioxide were negative.

The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

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,

1,2-BENZISOTHIAZOLINE-3-ONE

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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

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.

Considered to be the major sensitiser in Kathon CG (1) (1). Bruze etal - Contact Dermatitis 20: 219-39, 1989 Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of

appropriate studies with similar materials using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.

The European Union has reclassified several formaldehyde-releasing agents (FRAs) such as methylenedimorpholine (MBM), oxazolidine (MBO) and hydroxypropylamine (HPT) as category 1B carcinogens. Previously, formaldehyde itself was classed as a carcinogen - but formaldehyde-releasing agents were not. This is no longer the case. Based on this regulation, formulations for which the maximum theoretical concentration of releasable formaldehyde is more than > 1000 ppm (>0.1%), have to be labelled as carcinogenic.

Water mix metalworking fluids are subject to contamination by bacteria and fungi, and the control of this is an essential part of good fluid maintenance. The use of preservatives both within the formulation and tank-side treatment plays a significant contribution in the protection of potentially harmful microbes that could cause health problems for workers.

A large proportion of bactericides on the market today are classed as formaldehyde releasing biocides which means that under specific conditions they release small amounts of formaldehyde - this is their mode of action in the presence of bacteria. Although they are effective as a biocide their use may become restricted or unfavourable due to potential changes in legislation.

A decision by the ECHA (European Chemicals Agency) was made to re-classify formaldehyde as a category 1b H350 carcinogen and category 2 mutagen in June 2015.

It has also been proposed by the ECHA Risk Assessment Committee (RAC) that formaldehyde release biocides should be classified the same as formaldehyde because formaldehyde is released when these substances come into contact under favorable conditions (i.e. interaction with microorganisms).

Formaldehyde generators (releasers) are often used as preservatives (antimicrobials, biocides, microbiocides). Formaldehyde may be generated following hydrolysis. The most widely used antimicrobial compounds function by releasing formaldehyde once inside the microbe cell. Some release detectable levels of formaldehyde into the air space, above working solutions, especially when pH has dropped.

Many countries are placing regulatory pressure on suppliers and users to replace formaldehyde generators. Formaldehyde generators are a diverse group of chemicals that can be recognised by a small, easily detachable formaldehyde moiety, prepared by reacting an amino alcohol with formaldehyde ("formaldehyde-condensates"), There is concern that when formaldehyde-releasing preservatives are present in a formulation that also includes amines, such as triethanolamine (TEA), diethanolamine (DEA), or monoethanolamine (MEA), nitrosamines can be formed,; nitrosamines are carcinogenic substances that can potentially penetrate skin.

One widely-discussed hypothesis states that formaldehyde-condensate biocides, such as triazines and oxazolidines, may cause an imbalance in the microbial flora of in-use metalworking fluids (MWFs). The hypothesis further asserts that this putative microbial imbalance favours the proliferation of certain nontuberculosis mycobacteria (NTM) in MWFs and that the subsequent inhalation of NTM-containing aerosols can cause hypersensitivity pneumonitis (HP), also known as extrinsic allergic alveolitis, in a small percentage of susceptible workers. Symptoms of HP include flu-like illness accompanied by chronic dyspnea, i.e., difficult or laboured respiration

According to Annex VI of the Cosmetic Directive 76/768/EC, the maximum authorised concentration of free formaldehyde is 0.2% (2000 ppm). In addition, the provisions of Annex VI state that,

All finished products containing formaldehyde or substances in this Annex and which release formaldehyde must be labelled with the warning "contains formaldehyde" where the concentration of formaldehyde in the finished product exceeds 0.05%

Formaldehyde-releasing preservatives have the ability to release formaldehyde in very small amounts over time. The use of formaldehyde-releasing preservatives ensures that the actual level of free formaldehyde in the products is always very low but at the same time sufficient to ensure absence of microbial growth. The formaldehyde reacts most rapidly with organic and inorganic anions, amino and sulfide groups and electron-rich groups to disrupt metabolic processes, eventually causing death of the organism.

The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

5-CHLORO-2-METHYL-4-ISOTHIAZOLIN-3-ONE

TITANIUM DIOXIDE & 5-CHLORO-2-METHYL-4-ISOTHIAZOLIN-3-ONE

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis

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TITANIUM DIOXIDE & 1,2-BENZISOTHIAZOLINE-3-ONE & 5-CHLORO-2-METHYL4-ISOTHIAZOLIN-3-ONE

(nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

No significant acute toxicological data identified in literature search.

1,2-BENZISOTHIAZOLINE-3-ONE & 5-CHLORO-2-METHYL-4-ISOTHIAZOLIN-3-ONE 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. 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.

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

EN-FDS046 Leather Colours	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	<1.1-9.6	7
	EC50	72h	Algae or other aquatic plants	3.75-7.58mg/l	4
titanium dioxide	EC50	48h	Crustacea	1.9mg/l	2
	EC50	96h	Algae or other aquatic plants	179.05mg/l	2
	LC50	96h	Fish	1.85-3.06mg/l	4
	NOEC(ECx)	672h	Fish	>=0.004mg/L	2
	Endpoint	Test Duration (hr)	Species	Value	Source
1,2-benzisothiazoline-3-one	EC50	72h	Algae or other aquatic plants	0.07mg/L	2
	EC50	48h	Crustacea	0.097mg/L	4
	NOEC(ECx)	72h	Algae or other aquatic plants	0.04mg/L	2
	LC50	96h	Fish	0.067-0.29mg/L	4

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5-chloro-2-methyl-
4-isothiazolin-3-one

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	0.018-0.026mg/L	4
EC50	48h	Crustacea	4.71mg/l	1
EC50	96h	Algae or other aquatic plants	0.03-0.13mg/L	4
LC50	96h	Fish	0.13-0.31mg/L	4
NOEC(ECx)	504h	Crustacea	0.172mg/l	1

Legend:

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

May cause long-term adverse effects in the aquatic environment.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
titanium dioxide	HIGH	HIGH
5-chloro-2-methyl- 4-isothiazolin-3-one	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
titanium dioxide	LOW (BCF = 10)
5-chloro-2-methyl- 4-isothiazolin-3-one	LOW (LogKOW = 0.0444)

Mobility in soil

Ingredient	Mobility
titanium dioxide	LOW (KOC = 23.74)
5-chloro-2-methyl- 4-isothiazolin-3-one	LOW (KOC = 45.15)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging

disposal

- ► Containers may still present a chemical hazard/ danger when empty.
- ▶ Return to supplier for reuse/ recycling if possible.

Otherwise:

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

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

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
titanium dioxide	Not Available
1,2-benzisothiazoline-3-one	Not Available
5-chloro-2-methyl- 4-isothiazolin-3-one	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
titanium dioxide	Not Available
1,2-benzisothiazoline-3-one	Not Available
5-chloro-2-methyl- 4-isothiazolin-3-one	Not Available

SECTION 15 Regulatory information

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

titanium dioxide is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

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)

5-chloro-2-methyl-4-isothiazolin-3-one is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

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

National Inventory Status

National Inventory	Status	
Australia - AIIC / Australia Non-Industrial Use	Yes	
Canada - DSL	Yes	
Canada - NDSL	No (1,2-benzisothiazoline-3-one; 5-chloro-2-methyl-4-isothiazolin-3-one)	
China - IECSC	Yes	
Europe - EINEC / ELINCS / NLP	Yes	
Japan - ENCS	Yes	

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National Inventory	Status
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

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Other information

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

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

Definitions and abbreviations

PC - TWA: Permissible Concentration-Time Weighted Average

PC - STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit.

IDLH: Immediately Dangerous to Life or Health Concentrations

ES: Exposure Standard
OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value LOD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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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TEL (+61 3) 9572 4700.