

Pile jacket epoxy grout PJE Part B

Hychem International

Chemwatch Hazard Alert Code: 3

Chemwatch: 5405-85

Version No: 5.1

Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Issue Date: 08/03/2024

Print Date: 10/03/2024

L.GHS.NZL.EN.E

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

Product Identifier

Product name	Pile jacket epoxy grout PJE Part B
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. (contains bis(2-aminopropyl ether) propoxylated)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Use according to manufacturer's directions.
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	Hychem International
Address	Unit 1, 30 Bluett Drive Smeaton Grange NSW 2567 Australia
Telephone	+61 2 4646 1660
Fax	+61 2 4647 3700
Website	Not Available
Email	Not Available

Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE (24/7)
Emergency telephone numbers	+64 800 700 112
Other emergency telephone numbers	+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

Classification [1]	Corrosive to Metals Category 1, Acute Toxicity (Oral) Category 3, Acute Toxicity (Dermal) Category 3, Skin Corrosion/Irritation Category 1B, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Reproductive Toxicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI
Determined by Chemwatch using GHS/HSNO criteria	8.1A, 6.1C (dermal), 6.1C (oral), 8.2B, 8.3A, 6.5B (contact), 6.8B, 6.9A, 9.1C

Label elements

Pile jacket epoxy grout PJE Part B

Hazard pictogram(s)	
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Signal word	Danger
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Hazard statement(s)

H290	May be corrosive to metals.
H301	Toxic if swallowed.
H311	Toxic in contact with skin.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.
H361	Suspected of damaging fertility or the unborn child.
H372	Causes damage to organs through prolonged or repeated exposure.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P234	Keep only in original packaging.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. If more than 15 mins from Doctor, INDUCE VOMITING (if conscious).
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P302+P352	IF ON SKIN: Wash with plenty of water.
P363	Wash contaminated clothing before reuse.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P361+P364	Take off immediately all contaminated clothing and wash it before reuse.
P390	Absorb spillage to prevent material damage.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

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

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
9046-10-0	30-60	<u>bis(2-aminopropyl ether) propoxylated</u>
68609-08-5	10-30	<u>bisphenol A diglycidyl ether isophorone diamine adduct</u>
100-51-6	10-30	<u>benzyl alcohol</u>
112-24-3	10-30	<u>triethylenetetramine</u>
69-72-7	1-10	<u>salicylic acid</u>

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

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with 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. ▶ 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. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay.
Ingestion	<ul style="list-style-type: none"> ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ 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. ▶ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- ▶ Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- ▶ Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- ▶ Monitor and treat, where necessary, for pulmonary oedema.
- ▶ Monitor and treat, where necessary, for shock.
- ▶ Anticipate seizures.
- ▶ **DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- ▶ Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.
- ▶ Monitor and treat, where necessary, for arrhythmias.
- ▶ Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.

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- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

Treat symptomatically.

For acute or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used.

Supportive care involves the following:

- Withhold oral feedings initially.
- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

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

Fire Fighting	<ul style="list-style-type: none"> ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use fire fighting procedures suitable for surrounding area. ▸ 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. ▸ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke. ▸ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) aldehydes nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material. May emit corrosive fumes.</p> <p>WARNING: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.</p>

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▸ 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	<ul style="list-style-type: none"> ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Consider evacuation (or protect in place). ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Neutralise/decontaminate residue (see Section 13 for specific agent). ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ Avoid contact with moisture. ▸ 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. Launder contaminated clothing before re-use. ▸ 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 are maintained.
Other information	<ul style="list-style-type: none"> ▸ Store in original containers. ▸ Keep containers securely sealed. ▸ 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. ▸ DO NOT store near acids, or oxidising agents ▸ No smoking, naked lights, heat or ignition sources.

Conditions for safe storage, including any incompatibilities

Suitable container	<p>For ethoxylates suitable containers include carbon steel coated with baked phenolic. Any moisture may cause rusting of carbon steel.</p> <p>If product is moisture free, uncoated carbon steel tanks may be used.</p> <ul style="list-style-type: none"> ▸ Glass container is suitable for laboratory quantities ▸ Lined metal can, lined metal pail/ can. ▸ Plastic pail. ▸ Polyliner drum. ▸ Packing as recommended by manufacturer.
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	<ul style="list-style-type: none"> ▶ Check all containers are clearly labelled and free from leaks. <p>For low viscosity materials</p> <ul style="list-style-type: none"> ▶ Drums and jerricans must be of the non-removable head type. ▶ Where a can is to be used as an inner package, the can must have a screwed enclosure. <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> ▶ Removable head packaging; ▶ Cans with friction closures and ▶ low pressure tubes and cartridges <p>may be used.</p> <p>-</p> <p>Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.</p>
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid contact with copper, aluminium and their alloys. ▶ Avoid cross contamination between the two liquid parts of product (kit). ▶ If two part products are mixed or allowed to mix in proportions other than manufacturer's recommendation, polymerisation with gelation and evolution of heat (exotherm) may occur. ▶ This excess heat may generate toxic vapour ▶ Avoid reaction with amines, mercaptans, strong acids and oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
bis(2-aminopropyl ether) propoxylated	4.8 mg/m ³	53 mg/m ³	320 mg/m ³
benzyl alcohol	30 ppm	52 ppm	740 ppm
triethylenetetramine	3 ppm	14 ppm	83 ppm

Ingredient	Original IDLH	Revised IDLH
bis(2-aminopropyl ether) propoxylated	Not Available	Not Available
bisphenol A diglycidyl ether isophorone diamine adduct	Not Available	Not Available
benzyl alcohol	Not Available	Not Available
triethylenetetramine	Not Available	Not Available
salicylic acid	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
bis(2-aminopropyl ether) propoxylated	C	> 1 to ≤ 10 parts per million (ppm)
bisphenol A diglycidyl ether isophorone diamine adduct	D	> 0.1 to ≤ 1 ppm
benzyl alcohol	E	≤ 0.1 ppm
triethylenetetramine	E	≤ 0.1 ppm
salicylic acid	E	≤ 0.01 mg/m ³

Notes:

Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.


MATERIAL DATA

Exposure controls

Appropriate engineering	For potent pharmacological agents:
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<p style="text-align: center;">controls</p>	<p>Solutions Handling:</p> <ul style="list-style-type: none"> ▸ Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area. ▸ Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation. ▸ In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use. ▸ Ensure gloves are protective against solvents in use. <p>Unless written procedures, specific to the workplace are available, the following is intended as a guide:</p> <ul style="list-style-type: none"> ▸ For Laboratory-scale handling of Substances assessed to be toxic by inhalation. Quantities of up to 25 grams may be handled in Class II biological safety cabinets *; Quantities of 25 grams to 1 kilogram may be handled in Class II biological safety cabinets* or equivalent containment systems; Quantities exceeding 1 kg may be handled either using specific containment, a hood or Class II biological safety cabinet*, ▸ HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours. ▸ The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated. Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated. When handling: Quantities of up to 25 grams, an approved respirator with HEPA filters or cartridges should be considered; Quantities of 25 grams to 1 kilogram, a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. Quantities in excess of 1 kilogram, a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered. <p>Written procedures, specific to a particular work-place, may replace these recommendations</p> <p>* For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added, Laminar flow cabinets do not provide sufficient protection when handling these materials unless especially designed to do so.</p> <p>Pilot Plant and Production</p> <ul style="list-style-type: none"> ▸ Wear appropriate gloves; lab coat, nylon coveralls or disposable Tyvek suit; safety glasses, safety shoes, and disposable booties. Use good manufacturing practices (i.e., cGMPs). ▸ Protective garment (coveralls, Tyvek, lab coat) is not to be worn outside the work area. ▸ Clean/dirty/decontamination areas are to be established. ▸ Negative/positive air pressure relationships and buffer zones required (i.e., ante-room/degowning room/airlock). ▸ Area access is to be restricted. ▸ High-energy operations such as milling, particle sizing, spraying or fluidising should be done within an approved emission control or containment system. ▸ Develop cleaning procedures and techniques that limit potential exposure
<p>Individual protection measures, such as personal protective equipment</p>	
<p>Eye and face protection</p>	<p>When handling very small quantities of the material eye protection may not be required.</p> <p>For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:</p> <ul style="list-style-type: none"> ▸ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ▸ Face shield. Full face shield may be required for supplementary but never for primary protection of eyes. ▸ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].
<p>Skin protection</p>	<p>See Hand protection below</p>
<p>Hands/feet protection</p>	<ul style="list-style-type: none"> ▸ Elbow length PVC gloves ▸ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. <p>NOTE:</p> <ul style="list-style-type: none"> ▸ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▸ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> - frequency and duration of contact, - chemical resistance of glove material, - glove thickness and - dexterity

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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:

- 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.

- Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Change gloves frequently and when contaminated, punctured or torn.
- Wash hands immediately after removing gloves.
- Protective shoe covers. [AS/NZS 2210]
- Head covering.

Body protection See Other protection below

Other protection

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	CPI
BUTYL	A
VITON	A
NEOPRENE	C
NITRILE	C
PE/EVAL/PE	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

Respiratory protection

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant.

Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AK-AUS / Class1 P2	-
up to 50	1000	-	AK-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	AK-2 P2
up to 100	10000	-	AK-3 P2
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
 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

Glove — In order of recommendation
TouchNTuff® 92-500
TouchNTuff® 92-605
TouchNTuff® 92-600
TouchNTuff® 93-250
TouchNTuff® 93-700
AlphaTec® 15-554
AlphaTec® Solvex® 37-185
AlphaTec® 38-612
AlphaTec® 58-008
AlphaTec® 58-530B

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

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

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SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Colourless liquid with amine like odour; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
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	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Continued...

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Inhaled	<p>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.</p> <p>Inhalation of alkaline corrosives may produce irritation of the respiratory tract with coughing, choking, pain and mucous membrane damage. Pulmonary oedema may develop in more severe cases; this may be immediate or in most cases following a latent period of 5-72 hours. Symptoms may include a tightness in the chest, dyspnoea, frothy sputum, cyanosis and dizziness. Findings may include hypotension, a weak and rapid pulse and moist rales.</p> <p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p>
Ingestion	<p>The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.</p> <p>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.</p>
Skin Contact	<p>The material can produce chemical burns following direct contact with the skin.</p> <p>Skin contact with the material may be harmful; systemic effects may result following absorption.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	<p>The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.</p> <p>When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.</p>
Chronic	<p>Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.</p> <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.</p> <p>Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers</p> <p>Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.</p> <p>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.</p> <p>Harmful: danger of serious damage to health by prolonged exposure through inhalation.</p> <p>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.</p> <p>Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion 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 are not a secondary non-specific consequence of other toxic effects.</p> <p>Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects.</p> <p>Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.</p> <p>On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p>

Pile jacket epoxy grout PJE Part B	TOXICITY	IRRITATION
	Not Available	Not Available
bis(2-aminopropyl ether) propoxylated	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 250 mg/kg ^[2]	Eye (rabbit): 100 mg - SEVERE
Oral (Rat) LD50: 242 mg/kg ^[2]	Eye (rabbit): SEVERE *** 94/110	

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		Eye: adverse effect observed (irreversible damage) ^[1]
		Skin (rabbit): SEVERE *** 6.8/8.0
		Skin: adverse effect observed (corrosive) ^[1]
bisphenol A diglycidyl ether isophorone diamine adduct	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (Rat) LD50: >=300<=2000 mg/kg ^[1]	Skin: adverse effect observed (corrosive) ^[1]
		Skin: no adverse effect observed (not irritating) ^[1]
benzyl alcohol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 2000 mg/kg ^[2]	Eye (rabbit): 0.75 mg open SEVERE
	Inhalation (Rat) LC50: >4.178 mg/L4h ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Oral (Rat) LD50: 1230 mg/kg ^[2]	Skin (man): 16 mg/48h-mild
		Skin (rabbit):10 mg/24h open-mild
		Skin: no adverse effect observed (not irritating) ^[1]
triethylenetetramine	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 805 mg/kg ^[2]	Eye (rabbit):20 mg/24 h - moderate
	Oral (Rat) LD50: 1591.4 mg/kg ^[1]	Eye (rabbit); 49 mg - SEVERE
		Skin (rabbit): 490 mg open SEVERE
		Skin (rabbit): 5 mg/24 SEVERE
salicylic acid	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg - SEVERE [*BDH], [**Extal]
	Inhalation (Rat) LC50: >0.225 mg/l4h ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Oral (Cat) LD50; 400 mg/kg ^[2]	Skin (rabbit): 500 mg/24h - mild
		Skin: no adverse effect observed (not 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	

BIS(2-AMINOPROPYL ETHER) PROPOXYLATED	<p>Convulsions, stomach ulceration, haemorrhage, respiratory tract changes, dermatitis after systemic administration recorded. * Reichard ** Bayer Inc. Canada *** Texaco ****EpoxyLite</p> <p>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.</p> <p>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 .</p> <p>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.</p> <p>Allergic Contact Dermatitis—Formation, Structural Requirements, and Reactivity of Skin Sensitizers. Ann-Therese Karlberg et al; Chem. Res. Toxicol.2008,21,53-69</p> <p>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.</p> <p>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.</p> <p>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</p>
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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 Polyethylene 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>

While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects.

- ▶ Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis.
- ▶ Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient.

Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion.

Inhalation:

Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs.

Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure.

Higher concentrations of certain amines can produce severe respiratory irritation, characterised by nasal discharge, coughing, difficulty in breathing, and chest pains.

Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, bronchopneumonia, and possible lung damage. Also, repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice, and liver enlargement. Some amines have been shown to cause kidney, blood, and central nervous system disorders in laboratory animal studies.

While most polyurethane amine catalysts are not sensitizers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitized, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease.

Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema.

Skin Contact:

Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis.

Skin contact with some amines may result in allergic sensitization. Sensitized persons should avoid all contact with amine catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient.

Eye Contact:

Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations.

Direct contact with the liquid amine may cause severe irritation and tissue injury, and the "burning" may lead to blindness.

(Contact with solid products may result in mechanical irritation, pain, and corneal injury.)

Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling.

The corneal swelling may manifest itself in visual disturbances such as blurred or "foggy" vision with a blue tint ("blue haze") and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases.

Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation.

Ingestion:

The oral toxicity of amine catalysts varies from moderately to very toxic.

Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus, and gastrointestinal tract.

Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs.

Affected persons also may experience pain in the chest or abdomen, nausea, vomiting, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death.

Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000
Alliance for Polyurethanes Industry

<p>BISPHENOL A DIGLYCIDYL ETHER ISOPHORONE DIAMINE ADDUCT</p>	<p>No significant acute toxicological data identified in literature search.</p>
<p>BENZYL ALCOHOL</p>	<p>For benzyl alkyl alcohols: Unlike benzylic alcohols, the beta-hydroxyl group of the members of this cluster is unlikely to undergo phase II metabolic activation. Instead, the beta-hydroxyl group is expected to contribute to detoxification via oxidation to hydrophilic acid. Despite structural similarity to carcinogenic ethyl benzene, only a marginal concern has been assigned to phenethyl alcohol due to limited mechanistic analogy.</p> <p>For benzoates: Acute toxicity: Benzyl alcohol, benzoic acid and its sodium and potassium salt can be considered as a single category regarding human health, as they are all rapidly metabolised and excreted via a common pathway within 24 hrs. Systemic toxic</p>

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effects of similar nature (e.g. liver, kidney) were observed. However with benzoic acid and its salts toxic effects are seen at higher doses than with benzyl alcohol.

The compounds exhibit low acute toxicity as for the oral and dermal route. The LD50 values are > 2000 mg/kg bw except for benzyl alcohol which needs to be considered as harmful by the oral route in view of an oral LD50 of 1610 mg/kg bw. The 4 hrs inhalation exposure of benzyl alcohol or benzoic acid at 4 and 12 mg/l as aerosol/dust respectively gave no mortality, showing low acute toxicity by inhalation for these compounds.

Benzoic acid and benzyl alcohol are slightly irritating to the skin, while sodium benzoate was not skin irritating. No data are available for potassium benzoate but it is also expected not to be skin irritating. Benzoic acid and benzyl alcohol are irritating to the eye and sodium benzoate was only slightly irritating to the eye. No data are available for potassium benzoate but it is expected also to be only slightly irritating to the eye.

Sensitisation: The available studies for benzoic acid gave no indication for a sensitising effect in animals, however occasionally very low positive reactions were recorded with humans (dermatological patients) in patch tests. The same occurs for sodium benzoate. It has been suggested that the very low positive reactions are non-immunologic contact urticaria. Benzyl alcohol gave positive and negative results in animals. Benzyl alcohol also demonstrated a maximum incidence of sensitization of only 1% in human patch testing. Over several decades no sensitization with these compounds has been seen among workers.

Repeat dose toxicity: For benzoic acid repeated dose oral toxicity studies give a NOAEL of 800 mg/kg/day. For the salts values > 1000 mg/kg/day are obtained. At higher doses increased mortality, reduced weight gain, liver and kidney effects were observed.

For benzyl alcohol the long-term studies indicate a NOAEL > 400 mg/kg bw/d for rats and > 200 mg/kg bw/d for mice. At higher doses effects on bodyweights, lesions in the brains, thymus, skeletal muscle and kidney were observed. It should be taken into account that administration in these studies was by gavage route, at which saturation of metabolic pathways is likely to occur.

Mutagenicity: All chemicals showed no mutagenic activity in *in vitro* Ames tests. Various results were obtained with other *in vitro* genotoxicity assays. Sodium benzoate and benzyl alcohol showed no genotoxicity *in vivo*. While some mixed and/or equivocal *in vitro* chromosomal/chromatid responses have been observed, no genotoxicity was observed in the *in vivo* cytogenetic, micronucleus, or other assays. The weight of the evidence of the *in vitro* and *in vivo* genotoxicity data indicates that these chemicals are not mutagenic or clastogenic. They also are not carcinogenic in long-term carcinogenicity studies.

In a 4-generation study with benzoic acid no effects on reproduction were seen (NOAEL: 750 mg/kg). No compound related effects on reproductive organs (gross and histopathology examination) could be found in the (sub) chronic studies in rats and mice with benzyl acetate, benzyl alcohol, benzaldehyde, sodium benzoate and supports a non-reprotoxic potential of these compounds. In addition, data from reprotoxicity studies on benzyl acetate (NOAEL >2000 mg/kg bw/d; rats and mice) and benzaldehyde (tested only up to 5 mg/kg bw; rats) support the non-reprotoxicity of benzyl alcohol and benzoic acid and its salts.

Developmental toxicity: In rats for sodium benzoate dosed via food during the entire gestation developmental effects occurred only in the presence of marked maternal toxicity (reduced food intake and decreased body weight) (NOAEL = 1400 mg/kg bw). For hamster (NOEL: 300 mg/kg bw), rabbit (NOEL: 250 mg/kg bw) and mice (CD-1 mice, NOEL: 175 mg/kg bw) no higher doses (all by gavage) were tested and no maternal toxicity was observed. For benzyl alcohol: NOAEL= 550 mg/kg bw (gavage; CD-1 mice). LOAEL = 750 mg/kg bw (gavage mice). In this study maternal toxicity was observed e.g. increased mortality, reduced body weight and clinical toxicology. Benzyl acetate: NOEL = 500 mg/kg bw (gavage rats). No maternal toxicity was observed. Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and connubial contact dermatitis occur.

Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. This was shown by placebo-controlled challenges of nine patients to "perfume mix". The same patients were also subject to perfume provocation, with or without a carbon filter mask, to ascertain whether breathing through a filter with active carbon would prevent symptoms. The patients breathed through the mouth, during the provocations, as a nose clamp was used to prevent nasal inhalation. The patient's earlier symptoms were verified; breathing through the carbon filter had no protective effect. The symptoms were not transmitted via the olfactory nerve but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes.

Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits.

Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water.

Contact allergy to fragrances is relatively common, affecting 1 to 3% of the general population, based on limited testing with eight common fragrance allergens and about 16 % of patients patch tested for suspected allergic contact dermatitis.

Contact allergy to fragrance ingredients occurs when an individual has been exposed, on the skin, to a sufficient degree of fragrance contact allergens. Contact allergy is a life-long, specifically altered reactivity in the immune system. This means that once contact allergy is developed, cells in the immune system will be present which can recognise and react towards the allergen. As a consequence, symptoms, i.e. allergic contact dermatitis, may occur upon re-exposure to the fragrance allergen(s) in question. Allergic contact dermatitis is an inflammatory skin disease characterised by erythema, swelling and vesicles in the acute phase. If exposure continues it may develop into a chronic condition with scaling and painful fissures of the skin. Allergic contact dermatitis to fragrance ingredients is most often caused by cosmetic products and usually involves the face and/or hands. It may affect fitness for work and the quality of life of the individual. Fragrance contact allergy has long been recognised as a frequent and potentially disabling problem. Prevention is possible as it is an environmental disease and if the environment is modified (e.g. by reduced use concentrations of allergens), the disease frequency and severity will decrease. Fragrance contact allergy is mostly non-occupational and related to the personal use of cosmetic products. Allergic contact dermatitis can be severe and widespread, with a significant impairment of quality of life and potential consequences for fitness for work. Thus, prevention of contact sensitisation to fragrances, both in terms of primary prevention (avoiding sensitisation) and secondary prevention (avoiding relapses of allergic contact dermatitis in those already sensitised), is an important objective of public health risk management measure.

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Hands: Contact sensitisation may be the primary cause of hand eczema, or may be a complication of irritant or atopic hand eczema. The number of positive patch tests has been reported to correlate with the duration of hand eczema, indicating that long-standing hand eczema may often be complicated by sensitisation. Fragrance allergy may be a relevant problem in patients with hand eczema; perfumes are present in consumer products to which their hands are exposed. A significant relationship between hand eczema and fragrance contact allergy has been found in some studies based on patients investigated for contact allergy. However, hand eczema is a multi-factorial disease and the clinical significance of fragrance contact allergy in (severe) chronic hand eczema may not be clear.

Axillae Bilateral axillary (underarm) dermatitis may be caused by perfume in deodorants and, if the reaction is severe, it may spread down the arms and to other areas of the body. In individuals who consulted a dermatologist, a history of such first-time symptoms was significantly related to the later diagnosis of perfume allergy.

Face Facial eczema is an important manifestation of fragrance allergy from the use of cosmetic products (16). In men, after-shave products can cause an eczematous eruption of the beard area and the adjacent part of the neck and men using wet shaving as opposed to dry have been shown to have an increased risk of being fragrance allergic.

Irritant reactions (including contact urticaria): Irritant effects of some individual fragrance ingredients, e.g. citral are known. Irritant contact dermatitis from perfumes is believed to be common, but there are no existing investigations to substantiate this. Many more people complain about intolerance or rashes to perfumes/perfumed products than are shown to be allergic by testing. This may be due to irritant effects or inadequate diagnostic procedures. Fragrances may cause a dose-related contact urticaria of the non-immunological type (irritant contact urticaria). Cinnamal, cinnamic alcohol, and Myroxylon pereirae are well recognised causes of contact urticaria, but others, including menthol, vanillin and benzaldehyde have also been reported. The reactions to Myroxylon pereirae may be due to cinnamates. A relationship to delayed contact hypersensitivity was suggested, but no significant difference was found between a fragrance-allergic group and a control group in the frequency of immediate reactions to fragrance ingredients in keeping with a nonimmunological basis for the reactions seen.

Pigmentary anomalies: The term "pigmented cosmetic dermatitis" was introduced in 1973 for what had previously been known as melanosis faciei feminae when the mechanism (type IV allergy) and causative allergens were clarified. It refers to increased pigmentation, usually on the face/neck, often following sub-clinical contact dermatitis. Many cosmetic ingredients were patch tested at non-irritant concentrations and statistical evaluation showed that a number of fragrance ingredients were associated: jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol, geranium oil.

Photo-reactions Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon. Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products. Phototoxic reactions still occur but are rare.

General/respiratory: Fragrances are volatile and therefore, in addition to skin exposure, a perfume also exposes the eyes and naso-respiratory tract. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma. Asthma-like symptoms can be provoked by sensory mechanisms. In an epidemiological investigation, a significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients, in addition to hand eczema, which were independent risk factors in a multivariate analysis.

Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A prohaptens is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems. A prohaptens is a chemical that itself is non- or low-sensitising but that is transformed into a hapten in the skin (bioactivation) usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prohaptens or as a prohaptens, or both, because air oxidation and bioactivation can often give the same product (geraniol is an example). Some chemicals might act by all three pathways.

Prohaptens

Compounds that are bioactivated in the skin and thereby form haptens are referred to as prohaptens.

In the case of prohaptens, the possibility to become activated is inherent to the molecule and activation cannot be avoided by extrinsic measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Crossreactivity has been shown for certain alcohols and their corresponding aldehydes, i.e. between geraniol and geranial (citral) and between cinnamyl alcohol and cinnamal.

The human skin expresses enzyme systems that are able to metabolise xenobiotics, modifying their chemical structure to increase hydrophilicity and allow elimination from the body. Xenobiotic metabolism can be divided into two phases: phase I and phase II. Phase I transformations are known as activation or functionalisation reactions, which normally introduce or unmask hydrophilic functional groups. If the metabolites are sufficiently polar at this point they will be eliminated. However, many phase I products have to undergo subsequent phase II transformations, i.e. conjugation to make them sufficiently water soluble to be eliminated. Although the purpose of xenobiotic metabolism is detoxification, it can also convert relatively harmless compounds into reactive species. Cutaneous enzymes that catalyse phase I transformations include the cytochrome P450 mixed-function oxidase system, alcohol and aldehyde dehydrogenases, monoamine oxidases, flavin-containing monooxygenases and hydrolytic enzymes. Acyltransferases, glutathione S-transferases, UDP-glucuronosyltransferases and sulfotransferases are examples of phase II enzymes that have been shown to be present in human skin. These enzymes are known to catalyse both activating and deactivating biotransformations, but the influence of the reactions on the allergenic activity of skin sensitisers has not been studied in detail. Skin sensitising prohaptens can be recognised and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or in vivo and in vitro studies of sensitisation potential and chemical reactivity.

QSAR prediction: The relationships between molecular structure and reactivity that form the basis for structural alerts are based on well established principles of mechanistic organic chemistry. Examples of structural alerts are aliphatic aldehydes (alerting to the possibility of sensitisation via a Schiff base reaction with protein amino groups), and alpha,beta-unsaturated carbonyl groups, C=C-CO- (alerting to the possibility of sensitisation via Michael addition of protein thiol groups). Prediction of the sensitisation potential of compounds that can act via abiotic or metabolic activation (pre- or prohaptens) is more complex compared to that of compounds that act as direct haptens without any activation. The autoxidation patterns can differ due to differences in the

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stability of the intermediates formed, e.g. it has been shown that autoxidation of the structural isomers linalool and geraniol results in different major haptens/allergens. Moreover, the complexity of the prediction increases further for those compounds that can act both as pre- and prohaptens. In such cases, the impact on the sensitisation potency depends on the degree of abiotic activation (e.g. autoxidation) in relation to the metabolic activation

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

A member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances.

All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals.

The substances in this group:

- contain a benzene ring substituted with a reactive primary oxygenated functional group or can be hydrolysed to such a functional group
- the major pathway of metabolic detoxification involves hydrolysis and oxidation to yield the corresponding benzoic acid derivative which is excreted either as the free acid or the glycine conjugate
- they show a consistent pattern of toxicity in both short- and long- term studies and
- they exhibit no evidence of genotoxicity in standardised batteries of in vitro and in vivo assays.

The benzyl derivatives are rapidly absorbed through the gut, metabolised primarily in the liver, and excreted in the urine as glycine conjugates of benzoic acid derivatives.

In general, aromatic esters are hydrolysed in vivo through the catalytic activity of carboxylesterases, the most important of which are the A-esterases. Hydrolysis of benzyl and benzoate esters to yield corresponding alcohols and carboxylic acids and hydrolysis of acetals to yield benzaldehyde and simple alcohols have been reported in several experiments.

The alcohols and aldehydes are rapidly oxidised to benzoic acid while benzoate esters are hydrolysed to benzoic acid.

Flavor and Extract Manufacturers Association (FEMA)

The aryl alkyl alcohol (AAA) fragrance ingredients are a diverse group of chemical structures with similar metabolic and toxicity profiles.

The AAA fragrances demonstrate low acute and subchronic dermal and oral toxicity.

At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin.

The potential for eye irritation is minimal.

With the exception of benzyl alcohol and to a lesser extent phenethyl and 2-phenoxyethyl AAA alcohols, human sensitization studies, diagnostic patch tests and human induction studies, indicate that AAA fragrance ingredients generally have no or low sensitization potential. Available data indicate that the potential for photosensitization is low.

NOAELs for maternal and developmental toxicity are far in excess of current human exposure levels.

No carcinogenicity in rats or mice was observed in 2-year chronic testing of benzyl alcohol or a-methylbenzyl alcohol; the latter did induce species and gender-specific renal adenomas in male rats at the high dose. There was no little genotoxicity, mutagenicity, or clastogenicity in the mutagenicity in vitro bacterial assays, and in vitro mammalian cell assays. All in vivo micronucleus assays were negative.

It is concluded that these materials would not present a safety concern at current levels of use as fragrance ingredients

The Research Institute for Fragrance Materials (RIFM) Expert Panel

Handling ethyleneamine products is complicated by their tendency to react with other chemicals, such as carbon dioxide in the air, which results in the formation of solid carbamates. Because of their ability to produce chemical burns, skin rashes, and asthma-like symptoms, ethyleneamines also require substantial care in handling. Higher molecular weight ethyleneamines are often handled at elevated temperatures further increasing the possibility of vapor exposure to these compounds.

Because of the fragility of eye tissue, almost any eye contact with any ethyleneamine may cause irreparable damage, even blindness. A single, short exposure to ethyleneamines, may cause severe skin burns, while a single, prolonged exposure may result in the material being absorbed through the skin in harmful amounts. Exposures have caused allergic skin reactions in some individuals. Single dose oral toxicity of ethyleneamines is low. The oral LD50 for rats is in the range of 1000 to 4500 mg/kg for the ethyleneamines.

In general, the low-molecular weight polyamines have been positive in the Ames assay, increase sister chromatid exchange in Chinese hamster ovary (CHO) cells, and are positive for unscheduled DNA synthesis although they are negative in the mouse micronucleus assay. It is believed that the positive results are based on its ability to chelate copper

The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

For alkyl polyamines:

The alkyl polyamines cluster consists of organic compounds containing two terminal primary amine groups and at least one secondary amine group. Typically these substances are derivatives of ethylenediamine, propylenediamine or hexanediamine. The molecular weight range for the entire cluster is relatively narrow, ranging from 103 to 232

Acute toxicity of the alkyl polyamines cluster is low to moderate via oral exposure and a moderate to high via dermal exposure.

Cluster members have been shown to be eye irritants, skin irritants, and skin sensitisers in experimental animals. Repeated exposure in rats via the oral route indicates a range of toxicity from low to high hazard. Most cluster members gave positive results in tests for potential genotoxicity.

Limited carcinogenicity studies on several members of the cluster showed no evidence of carcinogenicity. Unlike aromatic amines, aliphatic amines are not expected to be potential carcinogens because they are not expected to undergo metabolic activation, nor would activated intermediates be stable enough to reach target macromolecules.

Polyamines potentiate NMDA induced whole-cell currents in cultured striatal neurons

TRIETHYLENETETRAMINE

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Triethylenetetramine (TETA) is a severe irritant to skin and eyes and induces skin sensitisation. TETA is of moderate acute toxicity: LD50(oral, rat) > 2000 mg/kg bw, LD50(dermal, rabbit) = 550 - 805 mg/kg bw. Acute exposure to saturated vapour via inhalation was tolerated without impairment. Exposure to aerosol leads to reversible irritations of the mucous membranes in the respiratory tract. Following repeated oral dosing via drinking water only in mice but not in rats at concentration of 3000 ppm there were signs of impairment. The NOAEL is 600 ppm [92 mg/kg bw (oral, 90 days)]. Lifelong dermal application to mice (1.2 mg/mouse) did not result in tumour formation. There are differing results of the genetic toxicity for TETA. The positive results of the *in vitro* tests may be the result of a direct genetic action as well as a result of an interference with essential metal ions. Due to this uncertainty of the *in vitro* tests, the genetic toxicity of TETA has to be assessed on the basis of *in vivo* tests. The *in vivo* micronucleus tests (i.p. and oral) and the SLRL test showed negative results. There are no human data on reproductive toxicity (fertility assessment). The analogue diethylenetriamine had no effects on reproduction. TETA shows developmental toxicity in animal studies if the chelating property of the substance is effective. The NOEL is 830 mg/kg bw (oral). Experience with female patients suffering from Wilson's disease demonstrated that no miscarriages and no foetal abnormalities occur during treatment with TETA. In rats, there are several studies concerning developmental toxicity. The oral treatment of rats with 75, 375 and 750 mg/kg resulted in no effects on dams and fetuses, except slight increased fetal body weight. After oral treatment of rats with 830 or 1670 mg/kg bw only in the highest dose group increased foetal abnormalities in 27/44 fetus (69.2 %) were recorded, when simultaneously the copper content of the feed was reduced. Copper supplementation in the feed reduced significantly the foetal abnormalities of the highest dose group to 3/51 (6.5 % foetus). These findings suggest that the developmental toxicity is produced as a secondary consequence of the chelating properties of TETA. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

SALICYLIC ACID

For certain benzyl derivatives:

All members of this group (benzyl, benzoate and 2-hydroxybenzoate (salicylate) esters) contain a benzene ring bonded directly to an oxygenated functional group (aldehyde or ester) that is hydrolysed and/or oxidised to a benzoic acid derivative. As a stable animal metabolite, benzoic acid derivatives are efficiently excreted primarily in the urine. These reaction pathways have been reported in both aquatic and terrestrial species. The similarity of their toxicologic properties is a reflection of their participation in these common metabolic pathways. In general, members of this group are rapidly absorbed through the gastrointestinal tract, metabolised primarily in the liver, and excreted in the urine either unchanged or as conjugates of benzoic acid derivatives. At high doses, conjugation pathways (e.g., glycine) may be saturated; in which case, free benzoic acid is excreted unchanged. Absorption, distribution and excretion studies have been conducted for several members of this group and structural relatives. These substances exhibit remarkably similar patterns of pharmacokinetics and metabolism. The benzyl, benzoate, and 2-hydroxybenzoate (salicylate) esters which comprise this category are hydrolysed to the corresponding alcohols and carboxylic acids. The benzyl alcohol and benzaldehyde derivatives are oxidised to the corresponding benzoic acid derivatives that are subsequently excreted unchanged or as glycine or glucuronic acid conjugates. If methoxy or phenolic functional groups are present on the benzene ring, additional minor metabolic options become available. O-demethylation yields the corresponding phenol that is subsequently excreted as the glucuronic acid or sulfate conjugates. At high dose levels, gut microflora may act to produce minor amounts of reduction metabolites.

Acute toxicity: Oral LD50 values ranged from 887 to greater than 5,000 mg/kg bw demonstrating the low to moderate toxicity of these compounds.

Repeat dose toxicity: Overall, numerous repeat-dose studies using various routes of exposure have been conducted in different animal species with members of this chemical category or their close structural relatives. It is important to note that all the benzyl derivatives in this category are eventually metabolised to a common metabolite, benzoic acid, and are rapidly excreted in the urine as benzoic acid or as its glycine, sulfate, or glucuronic acid conjugate. For this reason, the repeat-dose studies currently available provide adequate support for the safety of the benzyl derivatives. Moreover, the levels at which no adverse effects were reported were sufficiently high to accommodate any potential differences among the members of the category.

Reproductive toxicity: Several reproductive toxicity studies have been conducted with representatives of this group and produced no evidence of reproductive toxicity. As with the repeat-dose studies, the benzyl derivatives generally follow the similar metabolic pathways and the studies conducted provide an adequate database for this endpoint. In addition, the dose levels tested provide margins of safety large enough to accommodate any differences among the group.

Developmental toxicity: Representative substances from this group were tested for developmental toxicity with uniform results, and indicated no teratogenic potential in the absence of maternal toxicity. Again, the representative substances undergo similar metabolism to the entire benzyl derivative group and therefore, provide an adequate representation for this endpoint.

Genetic toxicity: Overall, *in vitro* and *in vivo* genotoxicity studies have been conducted with substances representing the structural characteristics of the benzyl category. The results of these studies were predominantly negative demonstrating a low order of genotoxic potential. Limited positive and/or equivocal findings have been reported for 3 aldehydes and benzyl acetate, but, in most cases, other studies of the same endpoint with same test substance show no activity. Most importantly, *in vivo* studies on benzaldehyde derivatives and closely related benzyl esters have all yielded negative results. These negative *in vivo* genotoxicity assays are supported by the lack of tumorigenicity in chronic animal studies with representatives of this group. Data available for more than 100 *in vitro* genotoxicity assays for 9 members of the category and five metabolic precursors or metabolites of benzyl derivatives indicate a low genotoxic potential for members of this chemical category. Equivocal results have been reported mainly for aromatic aldehydes in the MLA and ABS assays.

A member or analogue of a group of hydroxy and alkoxy-substituted benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances. All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The structural features common to all members of the group is a primary oxygenated functional group bonded directly to a

Pile jacket epoxy grout PJE Part B

benzene ring. The ring also contains hydroxy or alkoxy substituents.

The hydroxy- and alkoxy- substituted benzyl derivatives are readily absorbed by the gastrointestinal tract, metabolised in the liver to yield benzoic acid derivatives and excreted primarily in the urine either unchanged or conjugated.

It is expected that aromatic esters and acetals will be hydrolysed *in vivo* through the catalytic activity of carboxylesterases, (A-esterases), Acetals hydrolyse uncatalysed in gastric juices and intestinal fluids to yield acetaldehydes. Substituted benzyl esters and benzaldehyde acetals are hydrolysed to the corresponding alcoholic alcohols and carboxylic acid.

In general hydroxy- and alkoxy- derivatives of benzaldehyde and benzyl alcohol are oxidised to the corresponding benzoic acid derivatives and, to a lesser extent reduced to corresponding benzyl alcohol derivatives. Following conjugation these are excreted in the urine. Benzyl alcohol derivatives may also be reduced in gut microflora to toluene derivatives.

Flavor and Extract Manufacturers Association (FEMA)

The Research Institute for Fragrance Materials (RIFM) Expert Panel study of fragrance salicylates concluded.

The salicylates are well absorbed by the oral route, and oral bioavailability is assumed to be 100%. Absorption by the dermal route in humans is more limited with bioavailability in the range of 11.8-30.7%.

The salicylates are expected to undergo extensive hydrolysis, primarily in the liver, to salicylic acid which is conjugated with either glycine or glucuronide and is excreted in the urine as salicyluric acid and acyl and phenolic glucuronides. The hydrolyzed side chains are metabolized by common and well-characterized metabolic pathways leading to the formation of innocuous end products. The expected metabolism of the salicylates does not present toxicological concerns.

The acute dermal toxicity of the salicylates is very low, with LD50 values in rabbits reported to be greater than 5000 mg/kg body weight. The acute oral toxicity of the salicylates is moderate, with toxicity generally decreasing with increasing size of the ester R-group and with LD50's between 1000 and >5000 g/kg. In dermal subchronic toxicity studies, extreme doses of methyl salicylate (5 g/kg body weight/day) possibly were nephrotoxic but the data were minimal. The subchronic oral NOAEL is concluded to be 50 mg/kg body weight/day.

Genetic toxicity data, for methyl salicylate, a few other salicylates and for structurally related alkyl- and alkoxy-benzyl derivatives are negative for genotoxicity.

Given the metabolism of salicylate and the evidence that they are non-genotoxic, it can be concluded that the salicylates are without carcinogenic potential.

The reproductive and developmental toxicity data on methyl salicylate demonstrate that high, maternally toxic doses result in a pattern of embryotoxicity and teratogenesis similar to that characterized for salicylic acid.

At concentrations likely to be encountered by humans through the use of the salicylates as fragrance ingredients, these chemicals are considered to be non-irritating to the skin.

The salicylates (with the exception of benzyl salicylate) in general have no or very limited skin sensitization potential.

The salicylates are non-phototoxic and have no photoirritant or photoallergenic activity

The use of the salicylates in fragrances produces low levels of exposure relative to doses that elicit adverse systemic effects in laboratory animals exposed by the dermal or oral route. Based on NOAEL values of 50 mg/kg body weight/day identified in the subchronic and the chronic toxicity studies, a margin of safety for systemic exposure of humans to the individual salicylates in cosmetic products, may be calculated to range from 125 to 2,500,000 (depending upon the assumption of either 12–30% or 100% bioavailability following dermal application) times the maximum daily exposure.

The acute dermal toxicity of the salicylates is very low. Rabbit dermal LD50 values have been reported to be >5000 mg/kg body weight for 15 of the 16 salicylates tested, findings likely related to the limited degree of dermal absorption, the retention of salicylate in the skin, and the relatively moderate toxicity of salicylic acid itself upon systemic exposure (i.e., oral LD50 value of 891 mg/kg body weight in rats).

Overall, the acute oral toxicity of the salicylates is moderate, with toxicity generally decreasing with increasing size of the ester R-group. For the longer carbon chain salicylates, acute oral LD50 s range from 1320 to >5000 mg/kg body weight. The acute oral toxicity of the unsaturated salicylates is likewise low to moderate with rat oral LD50 s in the 3200 to >5000 mg/kg body weight range as are the acute oral toxicities of the aromatic salicylates (1300 to >5000 mg/kg body weight)

The 17 compounds assessed in this report include the core salicylate moiety that upon hydrolysis yield salicylic acid and the alcohol of the corresponding alkyl, alkenyl, benzyl, phenyl, phenethyl, etc. side chain. This is consistent with information on other alkyl- and alkoxy- benzyl derivatives whereby aromatic esters are hydrolyzed *in vivo* by carboxylesterases, or esterases, especially the A-esterases. Potential differences in the metabolism of the individual salicylates would be related to the manner in which the hydrolyzed side chain undergoes further oxidation/reduction and/or conjugation reactions.

Salicylic acid undergoes metabolism primarily in the liver. At low, non-toxic doses, approximately 80% of salicylic acid is further metabolized in the liver via conjugation with glycine and subsequent formation of salicyluric acid.

For each of the salicylates, following hydrolysis to salicylic acid, the resulting side chains, hydroxylated alkyl, alkenyl, and phenyl moieties, could be expected to be further metabolized. In the case of the alcohols formed following hydrolysis. Further metabolism would result in the formation of the corresponding aldehydes and acids, with eventual degradation to CO₂ by the fatty acid pathway and the tricarboxylic acid cycle. The secondary alcohols formed by hydrolysis of isobutyl and isoamyl salicylate, would primarily be conjugated with glucuronic acid and excreted. They could also interconvert to the corresponding ketones.

Salicylates bearing alkenyl side chains, may undergo epoxidation and subsequent hydroxylation at points of unsaturation.

However, since both the alkyl and alkenyl side chains would be hydroxylated at one terminus following hydrolysis of the corresponding salicylate, a significant proportion of these hydrolysis products would be excreted in the urine precluding further metabolism and epoxidation.

In the case of hydrolysis of the salicylates containing aromatic side chains, phenyl salicylate and benzyl salicylate, phenol and benzyl alcohol, respectively, would be formed.

Salicylates were potent and selective inhibitors for AKR1C1 enzymes, a family of aldo-keto reductases implicated in biosynthesis, intermediary metabolism and detoxification.

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

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	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.
BIS(2-AMINOPROPYL ETHER) PROPOXYLATED & BISPHENOL A DIGLYCIDYL ETHER ISOPHORONE DIAMINE ADDUCT & TRIETHYLENETETRAMINE & SALICYLIC ACID	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.
BIS(2-AMINOPROPYL ETHER) PROPOXYLATED & TRIETHYLENETETRAMINE & SALICYLIC ACID	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
BISPHENOL A DIGLYCIDYL ETHER ISOPHORONE DIAMINE ADDUCT & BENZYL ALCOHOL & TRIETHYLENETETRAMINE	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: ✗ – Data either not available or does not fill the criteria for classification
 ✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

Pile jacket epoxy grout PJE Part B	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
bis(2-aminopropyl ether) propoxylated	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	80mg/l	2
	EC50	72h	Algae or other aquatic plants	2.1mg/l	2
	NOEC(ECx)	72h	Algae or other aquatic plants	0.32mg/l	2
LC50	96h	Fish	772.14mg/l	2	
bisphenol A diglycidyl ether isophorone diamine adduct	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	1.59mg/l	2
	EC0(ECx)	48h	Crustacea	0.288mg/l	2
	EC50	72h	Algae or other aquatic plants	2.5mg/l	2
LC50	96h	Fish	1.62mg/l	2	
benzyl alcohol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	96h	Algae or other aquatic plants	76.828mg/l	2
	EC50	48h	Crustacea	230mg/l	2
	EC50	72h	Algae or other aquatic plants	500mg/l	2
NOEC(ECx)	336h	Fish	5.1mg/l	2	

Continued...

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	LC50	96h	Fish	10mg/l	4
triethylenetetramine	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	96h	Algae or other aquatic plants	3.7mg/l	4
	BCF	1008h	Fish	<0.5	7
	ErC50	72h	Algae or other aquatic plants	2.5mg/l	1
	EC50	48h	Crustacea	31.1mg/l	1
	EC50	72h	Algae or other aquatic plants	2.5mg/l	1
	EC10(ECx)	72h	Algae or other aquatic plants	0.67mg/l	1
	LC50	96h	Fish	180mg/l	1
salicylic acid	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	118mg/l	2
	NOEC(ECx)	504h	Crustacea	<1mg/l	4
	EC50	72h	Algae or other aquatic plants	>100mg/l	2
	LC50	96h	Fish	>100mg/l	2
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and /or delayed, to the structure and/ or functioning of natural ecosystems.

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

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
benzyl alcohol	LOW	LOW
triethylenetetramine	LOW	LOW
salicylic acid	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
benzyl alcohol	LOW (LogKOW = 1.1)
triethylenetetramine	LOW (BCF = 5)
salicylic acid	MEDIUM (BCF = 1000)

Mobility in soil

Ingredient	Mobility
benzyl alcohol	LOW (Log KOC = 15.66)
triethylenetetramine	LOW (Log KOC = 309.9)
salicylic acid	LOW (Log KOC = 23.96)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ 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. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal. ▶ Bury or incinerate residue at an approved site.
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▶ Recycle containers if possible, or dispose of in an authorised landfill.

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.

Only dispose to the environment if a tolerable exposure limit has been set for the substance.

Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	2X

Land transport (UN)

14.1. UN number or ID number	2735	
14.2. UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. (contains bis(2-aminopropyl ether) propoxylated)	
14.3. Transport hazard class(es)	Class	8
	Subsidiary Hazard	Not Applicable
14.4. Packing group	III	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	223; 274
	Limited quantity	5 L

Air transport (ICAO-IATA / DGR)

14.1. UN number	2735	
14.2. UN proper shipping name	Amines, liquid, corrosive, n.o.s. * (contains bis(2-aminopropyl ether) propoxylated)	
14.3. Transport hazard class(es)	ICAO/IATA Class	8
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	8L
14.4. Packing group	III	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	A3 A803
	Cargo Only Packing Instructions	856
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	852
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y841

Passenger and Cargo Limited Maximum Qty / Pack

1 L

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	2735	
14.2. UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. (contains bis(2-aminopropyl ether) propoxylated)	
14.3. Transport hazard class(es)	IMDG Class	8
	IMDG Subsidiary Hazard	Not Applicable
14.4. Packing group	III	
14.5 Environmental hazard	Not Applicable	
14.6. Special precautions for user	EMS Number	F-A , S-B
	Special provisions	223 274
	Limited Quantities	5 L

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
bis(2-aminopropyl ether) propoxylated	Not Available
bisphenol A diglycidyl ether isophorone diamine adduct	Not Available
benzyl alcohol	Not Available
triethylenetetramine	Not Available
salicylic acid	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
bis(2-aminopropyl ether) propoxylated	Not Available
bisphenol A diglycidyl ether isophorone diamine adduct	Not Available
benzyl alcohol	Not Available
triethylenetetramine	Not Available
salicylic acid	Not Available

SECTION 15 Regulatory information**Safety, health and environmental regulations / legislation specific for the substance or mixture**

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR002510	Additives Process Chemicals and Raw Materials Acutely Toxic Corrosive Group Standard 2020
HSR002615	Metal Industry Products Acutely Toxic Corrosive Group Standard 2020
HSR002677	Surface Coatings and Colourants Acutely Toxic Corrosive Group Standard 2020
HSR002686	Water Treatment Chemicals Acutely Toxic Corrosive Group Standard 2020
HSR100425	Pharmaceutical Active Ingredients Group Standard 2020
HSR002559	Dental Products Acutely Toxic Corrosive Group Standard 2020
HSR002566	Embalming Products Acutely Toxic Corrosive Group Standard 2020
HSR002595	Industrial and Institutional Cleaning Products Acutely Toxic Corrosive Group Standard 2020

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HSR Number	Group Standard
HSR100757	Veterinary Medicines Limited Pack Size Finished Dose Group Standard 2020
HSR100756	Active Ingredients for Use in the Manufacture of Agricultural Compounds Group Standard 2020

Please refer to Section 8 of the SDS for any applicable tolerable exposure limit or Section 12 for environmental exposure limit.

bis(2-aminopropyl ether) propoxylated is found on the following regulatory lists

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
 New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
 New Zealand Inventory of Chemicals (NZIoC)

bisphenol A diglycidyl ether isophorone diamine adduct is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)
 New Zealand Land Transport Rule: Dangerous Goods 2005 - Schedule 1 Quantity limits for dangerous goods

benzyl alcohol is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls
 New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
 New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
 New Zealand Inventory of Chemicals (NZIoC)
 New Zealand Land Transport Rule: Dangerous Goods 2005 - Schedule 4 Quantity Limits for Dangerous Goods in Excepted Quantities
 New Zealand Land Transport Rule; Dangerous Goods 2005 - Schedule 2 Dangerous Goods in Limited Quantities and Consumer Commodities

triethylenetetramine is found on the following regulatory lists

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
 New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
 New Zealand Inventory of Chemicals (NZIoC)

salicylic acid is found on the following regulatory lists

FEI Equine Prohibited Substances List - Controlled Medication
 FEI Equine Prohibited Substances List (EPLS)
 New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
 New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
 New Zealand Inventory of Chemicals (NZIoC)

Additional Regulatory Information

Not Applicable

Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantity (Compliance Certificate)	Quantity (Compliance Certificate - Farms >4 ha)
6.1C	1000 kg or 1000 L	3500 kg or 3500 L
8.2B	250 kg or 250 L	3500 kg or 3500 L

Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

Maximum quantities of certain hazardous substances permitted on passenger service vehicles

Subject to Regulation 13.14 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Gas (aggregate water capacity in mL)	Liquid (L)	Solid (kg)	Maximum quantity per package for each classification
6.1C	120	1	3	
6.5A or 6.5B	120	1	3	
8.2B	120	1	3	

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Tracking Requirements

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (bis(2-aminopropyl ether) propoxylated; bisphenol A diglycidyl ether isophorone diamine adduct; benzyl alcohol; triethylenetetramine; salicylic acid)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (bis(2-aminopropyl ether) propoxylated)
Japan - ENCS	No (bisphenol A diglycidyl ether isophorone diamine adduct)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (bisphenol A diglycidyl ether isophorone diamine adduct)
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	08/03/2024
Initial Date	19/06/2020

SDS Version Summary

Version	Date of Update	Sections Updated
4.1	10/03/2023	Classification change due to full database hazard calculation/update.
5.1	08/03/2024	Name

Other information

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

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

Definitions and abbreviations

- PC - TWA: Permissible Concentration-Time Weighted Average
- PC - STEL: Permissible Concentration-Short Term Exposure Limit
- IARC: International Agency for Research on Cancer
- ACGIH: American Conference of Governmental Industrial Hygienists
- STEL: Short Term Exposure Limit
- TEEL: Temporary Emergency Exposure Limit,
- IDLH: Immediately Dangerous to Life or Health Concentrations
- 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

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- BCF: BioConcentration Factors
- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration

- 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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