

# Spetec Stop H100

## Hychem International

Chemwatch Hazard Alert Code: 2

Chemwatch: 5621-65

Version No: 2.1

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

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L.GHS.AUS.EN

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

#### Product Identifier

Product name	Spetec Stop H100
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

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

Registered company name	Hychem International
Address	Unit 1, 30 Bluett Drive Smeaton Grange NSW 2567 Australia
Telephone	+61 2 4646 1660
Fax	+61 2 4647 3700
Website	<a href="#">Not Available</a>
Email	Not Available

#### Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE (24/7)
Emergency telephone numbers	+61 1800 951 288
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

Poisons Schedule	S6
Classification [1]	Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Sensitisation (Respiratory) Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Carcinogenicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

#### Label elements

Hazard pictogram(s)	
Signal word	<b>Danger</b>

## Spetec Stop H100

## Hazard statement(s)

AUH019	May form explosive peroxides.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335	May cause respiratory irritation.
H351	Suspected of causing cancer.
H373	May cause damage to organs through prolonged or repeated exposure.

## Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

## Precautionary statement(s) Response

P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

## Precautionary statement(s) Storage

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

## Precautionary statement(s) Disposal

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

## Substances

See section below for composition of Mixtures

## Mixtures

CAS No	%[weight]	Name
9016-87-9	0-20	<u>polymeric diphenylmethane diisocyanate</u>
101-68-8	0-20	<u>4,4'-diphenylmethane diisocyanate (MDI)</u>
108-32-7	0-20	<u>propylene carbonate</u>

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

## SECTION 4 First aid measures

## Description of first aid measures

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▸ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▸ Transport to hospital or doctor without delay.</li> <li>▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▸ Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>▸ Quickly remove all contaminated clothing, including footwear.</li> <li>▸ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>▸ Transport to hospital, or doctor.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▸ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▸ Lay patient down. Keep warm and rested.</li> <li>▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>▸ Transport to hospital, or doctor, without delay.</li> </ul> <p>Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.</p>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▸ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▸ Urgent hospital treatment is likely to be needed.</li> <li>▸ <b>If swallowed do NOT induce vomiting.</b></li> <li>▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▸ Observe the patient carefully.</li> <li>▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▸ Transport to hospital or doctor without delay.</li> </ul>

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

For sub-chronic and chronic exposures to isocyanates:

- This material may be a potent pulmonary sensitiser which causes bronchospasm even in patients without prior airway hyperreactivity.
- Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
- Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
- Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.
- Some cross-sensitivity occurs between different isocyanates.
- Noncardiogenic pulmonary oedema and bronchospasm are the most serious consequences of exposure. Markedly symptomatic patients should receive oxygen, ventilatory support and an intravenous line.
- Treatment for asthma includes inhaled sympathomimetics (epinephrine [adrenalin], terbutaline) and steroids.
- Activated charcoal (1 g/kg) and a cathartic (sorbitol, magnesium citrate) may be useful for ingestion.
- Mydriatics, systemic analgesics and topical antibiotics (Sulamyd) may be used for corneal abrasions.
- There is no effective therapy for sensitised workers.

[Ellenhorn and Barceloux; Medical Toxicology]

**NOTE:** Isocyanates cause airway restriction in naive individuals with the degree of response dependant on the concentration and duration of exposure. They induce smooth muscle contraction which leads to bronchoconstrictive episodes. Acute changes in lung function, such as decreased FEV1, may not represent sensitivity.

[Karol & Jin, Frontiers in Molecular Toxicology, pp 56-61, 1992]

Personnel who work with isocyanates, isocyanate prepolymers or polyisocyanates should have a pre-placement medical examination and periodic examinations thereafter, including a pulmonary function test. Anyone with a medical history of chronic respiratory disease, asthmatic or bronchial attacks, indications of allergic responses, recurrent eczema or sensitisation conditions of the skin should not handle or work with isocyanates. Anyone who develops chronic respiratory distress when working with isocyanates should be removed from exposure and examined by a physician. Further exposure must be avoided if a sensitivity to isocyanates or polyisocyanates has developed.

Treat symptomatically.

## SECTION 5 Firefighting measures

### Extinguishing media

- Small quantities of water in contact with hot liquid may react violently with generation of a large volume of rapidly expanding hot sticky semi-solid foam.
- Presents additional hazard when fire fighting in a confined space.
- Cooling with flooding quantities of water reduces this risk.
- Water spray or fog may cause frothing and should be used in large quantities.
- Foam.

**Spetec Stop H100**

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

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

<b>Fire Incompatibility</b>	‣ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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**Advice for firefighters**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>‣ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>‣ Wear full body protective clothing with breathing apparatus.</li> <li>‣ Prevent, by any means available, spillage from entering drains or water course.</li> <li>‣ Use water delivered as a fine spray to control fire and cool adjacent area.</li> <li>‣ Avoid spraying water onto liquid pools.</li> <li>‣ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>‣ Cool fire exposed containers with water spray from a protected location.</li> <li>‣ If safe to do so, remove containers from path of fire.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>- Combustible.</li> <li>- Moderate fire hazard when exposed to heat or flame.</li> <li>- When heated to high temperatures decomposes rapidly generating vapour which pressurises and may then rupture containers with release of flammable and highly toxic isocyanate vapour.</li> <li>- Burns with acrid black smoke and poisonous fumes.</li> <li>- Due to reaction with water producing CO<sub>2</sub>-gas, a hazardous build-up of pressure could result if contaminated containers are re-sealed.</li> <li>- Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NO<sub>x</sub> and carbon monoxide.</li> </ul> <p>Combustion products include:</p> <ul style="list-style-type: none"> <li>carbon dioxide (CO<sub>2</sub>)</li> <li>aldehydes</li> <li>isocyanates</li> <li>and minor amounts of</li> <li>hydrogen cyanide</li> <li>nitrogen oxides (NO<sub>x</sub>)</li> <li>other pyrolysis products typical of burning organic material.</li> </ul> <p>May emit corrosive fumes.</p> <p>When heated at high temperatures many isocyanates decompose rapidly generating a vapour which pressurises containers, possibly to the point of rupture. Release of toxic and/or flammable isocyanate vapours may then occur</p>
<b>HAZCHEM</b>	Not Applicable

**SECTION 6 Accidental release measures**

**Personal precautions, protective equipment and emergency procedures**

See section 8

**Environmental precautions**

See section 12

**Methods and material for containment and cleaning up**

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>‣ Remove all ignition sources.</li> <li>‣ Clean up all spills immediately.</li> <li>‣ Avoid breathing vapours and contact with skin and eyes.</li> <li>‣ Control personal contact with the substance, by using protective equipment.</li> <li>‣ Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>‣ Wipe up.</li> <li>‣ Place in a suitable, labelled container for waste disposal.</li> </ul>
<b>Major Spills</b>	<ul style="list-style-type: none"> <li>‣ Avoid contamination with water, alkalies and detergent solutions.</li> <li>‣ Material reacts with water and generates gas, pressurises containers with even drum rupture resulting.</li> <li>‣ <b>DO NOT reseal container if contamination is suspected.</b></li> <li>‣ Open all containers with care.</li> </ul> <p>Moderate hazard.</p> <ul style="list-style-type: none"> <li>‣ Clear area of personnel and move upwind.</li> <li>‣ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>‣ Wear breathing apparatus plus protective gloves.</li> <li>‣ Prevent, by any means available, spillage from entering drains or water course.</li> <li>‣ No smoking, naked lights or ignition sources.</li> <li>‣ Increase ventilation.</li> </ul>

- ▶ Stop leak if safe to do so.
- ▶ Contain spill with sand, earth or vermiculite.
- ▶ Collect recoverable product into labelled containers for recycling.
- ▶ Absorb remaining product with sand, earth or vermiculite.
- ▶ Collect solid residues and seal in labelled drums for disposal.
- ▶ Wash area and prevent runoff into drains.
- ▶ If contamination of drains or waterways occurs, advise emergency services.

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

## SECTION 7 Handling and storage

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> </ul> <p>The substance accumulates peroxides which may become hazardous only if it evaporates or is distilled or otherwise treated to concentrate the peroxides. The substance may concentrate around the container opening for example. Purchases of peroxidisable chemicals should be restricted to ensure that the chemical is used completely before it can become peroxidised.</p> <ul style="list-style-type: none"> <li>▶ A responsible person should maintain an inventory of peroxidisable chemicals or annotate the general chemical inventory to indicate which chemicals are subject to peroxidation. An expiration date should be determined. The chemical should either be treated to remove peroxides or disposed of before this date.</li> <li>▶ The person or laboratory receiving the chemical should record a receipt date on the bottle. The individual opening the container should add an opening date.</li> <li>▶ Unopened containers received from the supplier should be safe to store for 18 months.</li> <li>▶ Opened containers should not be stored for more than 12 months.</li> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ Avoid smoking, naked lights or ignition sources.</li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ When handling, <b>DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul>

### Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Metal can or drum</li> <li>▶ Packaging as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>· Avoid reaction with water, alcohols and detergent solutions. Isocyanates are electrophiles, and as such they are reactive toward a variety of nucleophiles including alcohols, amines, and even water. Upon treatment with an alcohol, an isocyanate forms a urethane linkage. If a di-isocyanate is treated with a compound containing two or more hydroxyl groups, such as a diol or a polyol, polymer chains are formed, which are known as polyurethanes. Reaction between a di-isocyanate and a compound containing two or more amine groups, produces long polymer chains known as polyureas.</li> <li>· Isocyanates and thioisocyanates are incompatible with many classes of compounds, reacting exothermically to release toxic gases. Reactions with amines, strong bases, aldehydes, alcohols, alkali metals, ketones, mercaptans, strong oxidisers, hydrides, phenols, and peroxides can cause vigorous releases of heat. Acids and bases initiate polymerisation reactions in these materials.</li> <li>· Isocyanates also can react with themselves. Aliphatic di-isocyanates can form trimers, which are structurally related to cyanuric acid. Isocyanates participate in Diels-Alder reactions, functioning as dienophiles</li> <li>· Isocyanates easily form adducts with carbodiimides, isothiocyanates, ketenes, or with substrates containing activated CC or CN bonds.</li> <li>· Some isocyanates react with water to form amines and liberate carbon dioxide. This reaction may also generate large volumes of foam and heat. Foaming spaces may produce pressure in confined spaces or containers. Gas generation may pressurise drums to the point of rupture.</li> <li>· Do NOT reseal container if contamination is expected</li> </ul>

- Open all containers with care
- Base-catalysed reactions of isocyanates with alcohols should be carried out in inert solvents. Such reactions in the absence of solvents often occur with explosive violence,
- Isocyanates will attack and embrittle some plastics and rubbers.
- The isocyanate anion is a pseudohalide (syn pseudohalogen) whose chemistry, resembling that of the true halogens, allows it to substitute for halogens in several classes of chemical compounds.. The behavior and chemical properties of the several pseudohalides are identical to that of the true halide ions.
  - The unhindered oxygen atom found on cyclic ethers such as the epoxides, oxetanes, furans, dioxanes and pyrans, carries two unshared pairs of electrons - a structure which favors the formation of coordination complexes and the solvation of cations.
  - Cyclic ethers are used as important solvents, as chemical intermediate and as monomers for ring-opening polymerization.
  - They are unstable at room temperature due to possibility of peroxide formation; stabiliser is sometimes needed for storage and transportation.

NOTE: Ethers lacking non-methyl hydrogen atoms adjacent to the ether link are thought to be relatively safe

- A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol.
- The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment.
- For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g.

BREITHERICK: Handbook of Reactive Chemical Hazards, 4th Edition

## SECTION 8 Exposure controls / personal protection

### Control parameters

#### Occupational Exposure Limits (OEL)

#### INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	polymeric diphenylmethane diisocyanate	Isocyanates, all (as-NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
Australia Exposure Standards	4,4'-diphenylmethane diisocyanate (MDI)	Methylene bisphenyl isocyanate (MDI)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available

#### Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
polymeric diphenylmethane diisocyanate	0.15 mg/m3	3.6 mg/m3	22 mg/m3
4,4'-diphenylmethane diisocyanate (MDI)	0.45 mg/m3	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	29 mg/m3	40 mg/m3	240 mg/m3
propylene carbonate	34 mg/m3	370 mg/m3	2,200 mg/m3

Ingredient	Original IDLH	Revised IDLH
polymeric diphenylmethane diisocyanate	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	75 mg/m3	Not Available
propylene carbonate	Not Available	Not Available

#### Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
propylene carbonate	E	≤ 0.1 ppm

#### 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 controls	<ul style="list-style-type: none"> <li>▸ All processes in which isocyanates are used should be enclosed wherever possible.</li> <li>▸ Total enclosure, accompanied by good general ventilation, should be used to keep atmospheric concentrations below the relevant exposure standards.</li> </ul>
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- ▶ If total enclosure of the process is not feasible, local exhaust ventilation may be necessary. Local exhaust ventilation is essential where lower molecular weight isocyanates (such as TDI or HDI) is used or where isocyanate or polyurethane is sprayed.
- ▶ Where other isocyanates or pre-polymers are used and aerosol formation cannot occur, local exhaust ventilation may not be necessary if the atmospheric concentration can be kept below the relevant exposure standards.
- ▶ Where local exhaust ventilation is installed, exhaust vapours should not be vented to the exterior in such a manner as to create a hazard.

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

The basic types of engineering controls are:

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

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

Employers may need to use multiple types of controls to prevent employee overexposure.

- ▶ Spraying of material or material in admixture with other components must be carried out in conditions conforming to local state regulations (AS/NZS 4114, UNI EN 12215:2010, ANSI/AIHA Z9.3-2007 or national equivalent).
- ▶ Local exhaust ventilation with full face positive-pressure air supplied breathing apparatus (hood or helmet type) is required.
- ▶ Spraying should be performed in a spray booth fitted with an effective exhaust system which complies with local environmental legislation.
- ▶ The spray booth area must be isolated from unprotected personnel whilst spraying is in progress and until all spraying mist has cleared.

**NOTE:** Isocyanate vapours will not be adequately absorbed by organic vapour respirators. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)

Within each range the appropriate value depends on:

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

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min.) for extraction of solvents generated by spraying at a point 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

**Individual protection measures, such as personal protective equipment**



**Eye and face protection**

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

**Skin protection**

See Hand protection below

**Hands/feet protection**

**NOTE:**

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

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

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

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

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

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

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

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.

- Contaminated gloves should be replaced.

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

- 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.

- Do NOT wear natural rubber (latex gloves).
- Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves.
- Protective gloves and overalls should be worn as specified in the appropriate national standard.
- Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated.
- NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates
- **DO NOT use skin cream unless necessary and then use only minimum amount.**
- Isocyanate vapour may be absorbed into skin cream and this increases hazard.

#### Body protection

See Other protection below

#### Other protection

All employees working with isocyanates must be informed of the hazards from exposure to the contaminant and the precautions necessary to prevent damage to their health. They should be made aware of the need to carry out their work so that as little contamination as possible is produced, and of the importance of the proper use of all safeguards against exposure to themselves and their fellow workers. Adequate training, both in the proper execution of the task and in the use of all associated engineering controls, as well as of any personal protective equipment, is essential.

Employees exposed to contamination hazards should be educated in the need for, and proper use of, facilities, clothing and equipment and thereby maintain a high standard of personal cleanliness. Special attention should be given to ensuring that all personnel understand instructions, especially newly recruited employees and those with local-language difficulties, where they are known.

- Overalls.
- P.V.C apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

## Recommended material(s)

### GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

**"Forsberg Clothing Performance Index".**

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

Spetec Stop H100

Material	CPI
PE/EVAL/PE	A

\* 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,

## Respiratory protection

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

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

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

Continued...

a final selection must be based on detailed observation. -

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

#### Ansell Glove Selection

Glove — In order of recommendation
AlphaTec® Solvex® 37-185
AlphaTec® 38-612
AlphaTec® 58-008
AlphaTec® 58-530B
AlphaTec® 58-530W
AlphaTec® 58-735
AlphaTec® 79-700
AlphaTec® Solvex® 37-675
MICROFLEX® 93-260
TouchNTuff® 83-500

^ - Full-face

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- ▶ 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

For spraying or operations which might generate aerosols:

Full face respirator with supplied air.

- ▶ In certain circumstances, personal protection of the individual employee is necessary. Personal protective devices should be regarded as being supplementary to substitution and engineering control and should not be used in preference to them as they do nothing to eliminate the hazard.
- ▶ However, in some situations, minimising exposure to isocyanates by enclosure and ventilation is not possible, and occupational exposure standards may be exceeded, particularly during on-site mixing of paints, spray-painting, foaming and maintenance of machine and ventilation systems. In these situations, air-line respirators or self-contained breathing apparatus complying with the appropriate national standard must be used.
- ▶ **Organic vapour respirators with particulate pre- filters and powered, air-purifying respirators are NOT suitable.**
- ▶ Personal protective equipment must be appropriately selected, individually fitted and workers trained in their correct use and maintenance. Personal protective equipment must be regularly checked and maintained to ensure that the worker is being protected.
- ▶ Air- line respirators or self-contained breathing apparatus complying with the appropriate national standard should be used during the clean-up of spills and the repair or clean-up of contaminated equipment and similar situations which cause emergency exposures to hazardous atmospheric concentrations of isocyanate.

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

<b>Appearance</b>	Liquid; does not mix with water.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.07 @20C
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	330
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature (°C)</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Applicable	<b>Viscosity (cSt)</b>	93 @40C
<b>Initial boiling point and boiling range (°C)</b>	242	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Available	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Available	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available

Continued...

**Spetec Stop H100**

<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	0.003 @20C	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Immiscible	<b>pH as a solution (1%)</b>	Not Applicable
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	116.630

**SECTION 10 Stability and reactivity**

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

**SECTION 11 Toxicological information**

**Information on toxicological effects**

<b>Inhaled</b>	<p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>The vapour/mist may be highly irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning for several hours after exposure. Sensitized people can react to very low doses, and should not be allowed to work in situations allowing exposure to this material. Continued exposure of sensitised persons may lead to possible long term respiratory impairment.</p> <p>Inhalation hazard is increased at higher temperatures.</p> <p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severely toxic effects. Relatively small amounts absorbed from the lungs may prove fatal.</p>
<b>Ingestion</b>	<p>Accidental ingestion of the material may be seriously damaging to the health of the individual; animal experiments indicate that ingestion of less than 40 gram may be fatal.</p> <p>High molecular weight material; on single acute exposure would be expected to pass through gastrointestinal tract with little change / absorption. Occasionally accumulation of the solid material within the alimentary tract may result in formation of a bezoar (concretion), producing discomfort.</p> <p>Swallowing of the liquid may cause aspiration of vomit into the lungs with the risk of haemorrhaging, pulmonary oedema, progressing to chemical pneumonitis; serious consequences may result.</p> <p>Signs and symptoms of chemical (aspiration) pneumonitis may include coughing, gasping, choking, burning of the mouth, difficult breathing, and bluish coloured skin (cyanosis).</p>
<b>Skin Contact</b>	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period.</p> <p>Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact with the material may damage the health of the individual; 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>
<b>Eye</b>	<p>Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>

**Chronic**

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

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

Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.

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.

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

Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.

Substances 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

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.

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.

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.

Cyclic ethers, including tetrahydrofuran, furan and 1,4-dioxane, produce neoplasms and carcinomas in experimental animals, typically of the liver; other target organs include the adrenal gland, nasal cavity and gall-bladder. 1,4-Dioxane was a promoter in a two-stage skin carcinogenic study in mice. Results of studies with cyclic ethers indicate that carcinogenicity is often species and sex dependent. Furan has been used to induce apoptosis (programmed cell death). Oxetanes are under investigation.

Polyisocyanates still contain small amounts of monomeric isocyanate (typically <0.5 parts per weight) and both – the polyisocyanate and the monomer - have toxicological importance. In addition, solvents also contribute to the overall toxicity of these products.

Due to the higher molecular weight and the much lower vapor pressure the polyisocyanates exhibit a significantly reduced health hazard as compared to the corresponding monomers. Nevertheless they should only be handled under controlled conditions.

They are not only slightly irritating to the skin and eyes, but might be irritating to the respiratory tract (nose, throat, lung).

Polyisocyanates might act as skin sensitisers. On that basis there is clear evidence from sensitive animal models that aliphatic polyisocyanates and prepolymers (HDI-based as well as IPDI-based, for example) may cause skin sensitisation. It is decided to classify all HDI-based and IPDI-based polyisocyanates and prepolymers as skin sensitisers. From animal models, however, there is no evidence that polyisocyanates are sensitising to the respiratory tract. Results from animal tests with repeated aerosol exposures indicate that under these conditions the respiratory tract is the primary target of aliphatic polyisocyanates, other organs are not significantly affected.

Available information does not provide evidence that polyisocyanates might either be mutagenic, carcinogenic or toxic to reproduction.

Polymers based on isocyanate monomers (polyurethanes) are generally of low concern. However, in the majority of cases it is not possible to conclude from the chemical name of the polymer whether an individual polyurethane is, or is not, of low concern. Finished polyurethane polymers used in the majority of household applications contain no unreacted isocyanate groups. The production of these polymers involves the use of an excess of the hydroxyl group-containing monomer or monomers leading to complete reaction of all of the isocyanate groups.

For certain applications, however, similar polymer chemistry can be used with the isocyanate group-containing monomer in excess. This results in the formation of a polyurethane 'pre-polymer', which is intended to be further reacted in its end use. Where the pre-polymer is identified as being 'blocked', it indicates that there are no free isocyanate groups.

The polymer contained in this product has a reactive group generally considered to be of high concern (US EPA). There are health concerns for isocyanates on the basis of their skin and respiratory sensitisation properties and other lung effects e.g TDI and MDI). Aromatic isocyanates may be potentially carcinogenic (e.g. TDI and DADI). Frequently new chemical isocyanates are manufactured with a significant excess of isocyanate monomer. Whilst it is generally accepted that polymers with a molecular weight exceeding 1000 are unlikely to pass through biological membranes, oligomers with lower molecular weight and specifically, those with a molecular weight below 500, may. Estimations based on a "highly" dispersed polymer population suggest that a polymer of approximate molecular weight 5000 could contain no more than one reactive group of high concern for it to be regulated as a polymer of low concern (a so-called PLC). Polymers with a molecular weight above 10000 are generally considered to be PLCs because these are not expected to be absorbed by biological systems. The choice of 10000 as a cut-off value is thought to provide a safety factor of 100, regarded as reasonable in light of limited data, duration of studies, dose levels at which effects are seen, and extrapolation from animals to humans.

Fully reacted polyurethane polymer is chemically inert. No exposure limits have been established in the U.S. by OSHA (Occupational Safety and Health Administration) or ACGIH (American Conference of Governmental Industrial Hygienists). It is not regulated by OSHA for carcinogenicity.

Liquid resin blends containing residual isocyanates may contain hazardous or regulated components. Isocyanates are known

skin and respiratory sensitizers. Additionally, amines, glycols, and phosphate present in spray polyurethane foams present risks. The oral administration of polyurethane particles at 5 and 10 mg/kg/day for 10 days generated an inflammation response in mice. There was increased visceral fat accumulation in the treated mice in all groups (2, 5, 10 mg/kg/d) compared to controls. The lungs of mice in the 5 and 10 mg/kg/day groups showed inflammation, and inflammatory infiltrate was observed in all treatment groups.

The material contains a substantial proportion of a polymer considered to be of low concern (PLC). The trend towards production of lower molecular weight polymers (thus reducing the required level of solvent use and creating a more "environmentally-friendly" material) has brought with it the need to define PLCs as those

having molecular weights of between 1000 and 10000 and containing less than 10% of the molecules with molecular weight below 500 and less than 25% of the molecules with a molecular weight below 1000. These may contain unlimited low concern functional groups or moderate concern reactive functional groups with a combined functional group equivalent weight (FGEW, a concept developed by the US EPA describing whether the reactive functional group is sufficiently diluted by polymeric material) of a 1000 or more (provided no high concern groups are present) or high concern reactive functional groups with a FGEW of 5000 or more (FGEW includes moderate concern groups if present).

having molecular weights exceeding 10000 (without restriction on reactive groups).

inhalation of polymers with molecular weights > 70,000 Da has been linked with irreversible lung damage due to lung overloading and impaired clearance of particles from the lung, particularly following repeated exposure. If the polymer is inhaled at low levels and/or infrequently, it is assumed that it will be cleared from the lungs.

Reactive functional groups are in turn classified as being of low, moderate or high concern. Classification of the polymer as a PLC, in accordance with established criteria, does not mean that hazards will not be associated with the polymer (during its import, manufacture, use, storage, handling or disposal). The polymer may, for example, contain a large number of particles in the respirable range, a hazard which may need to be assessed in the health and safety risk assessment. Similarly a polymer with low concern reactive may be released into the environment in large quantities and produce an environmental hazard.

Whilst it is generally accepted that polymers with a molecular weight exceeding 1000 are unlikely to pass through biological membranes, oligomers with lower molecular weight and specifically, those with a molecular weight below 500, may. Estimations based on a "highly" dispersed polymer population (polydispersity = 10) suggests that the molecular weight of the polymer carrying a reactive group of high concern must be 5000 to be considered a PLC; similarly a polymer of approximate molecular weight 1000 could contain no more than one reactive group of moderate concern (for two moderate concern groups, the molecular weight would be about 2500).

Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates.

The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components.

This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces. The faecal excretion in these animals was considered entirely due to ingestion of radioactivity from grooming and ingestion of deposited material from the nasopharyngeal region via the mucociliary escalator, i.e. not following systemic absorption. The faecal radioactivity was tentatively identified as mixed molecular weight polyureas derived from MDI. Diamine was not present. Thus, for MDI and diisocyanates in general the oral gavage dosing route is inappropriate for toxicological studies and risk assessment.

It is expected that oral gavage dosing will result in a similar outcome to that produced by TDI or MDI, that is (1) reaction with stomach contents and (2) polymerization to solid polyureas.

- ▶ Reaction with stomach contents is very plausibly described in case reports of accidental ingestion of polymeric MDI based glue in domestic animals. Extensive polymerization and CO<sub>2</sub> liberation resulting in an expansion of the gastric content is described in the stomach, without apparent acute chemical toxicity
- ▶ Polyurea formation in organic and aqueous phases has been described. In this generally accepted chemistry of hydrolysis of an isocyanate the initially produced carbamate decarboxylates to an amine which. The amine, as a reactive intermediate, then reacts very readily with the present isocyanate to produce a solid and inert polyurea. This urea formation acts as a pH buffer in the stomach, thus promoting transformation of the diisocyanate into polyurea, even under the acidic conditions.

At the absorptive tissues in the small intestine, these high molecular reaction products are likely to be of very low bioavailability, which is substantiated by the absence of systemic toxicity in acute oral bioassays with rats at the OECD limit dose (LC<sub>50</sub>>2 g/kg bw).

The respiratory tract may be regarded as the main entry for systemically available isocyanates as evidenced following MDI exposures.

A detailed summary on urinary, plasma and in vitro metabolite studies is provided below. Taken together, all available studies provide convincing evidence that MDI-protein adduct and MDI-metabolite formation proceeds:

- ▶ via formation of a labile isocyanate glutathione (GSH)-adduct,
- ▶ then transfer to a more stable adduct with larger proteins, and
- ▶ without formation of free MDA. MDA reported as a metabolite is actually formed by analytical workup procedures (strong acid or base hydrolysis) and is not an identified metabolite in urine or blood

A 90-day inhalation study in rats with polymeric MDI (6 hours/day, 5 days/week) produced moderate to severe hyperplastic inflammatory lesions in the nasal cavities and lungs at levels of 8 mg/m<sup>3</sup> or greater.

Rats exposed for two years to a respirable aerosol of polymeric MDI exhibited chronic pulmonary irritation at high concentrations.

Only at the highest level (6 mg/m<sup>3</sup>), was there a significant incidence of a benign tumour of the lung (adenoma) and one malignant tumour (adenocarcinoma). There were no lung tumours at 1 mg/m<sup>3</sup> and no effects at 0.2 mg/m<sup>3</sup>. Overall, the tumour incidence, both benign and malignant and the number of animals with the tumours were not different from controls. The increased incidence of lung tumours is associated with prolonged respiratory irritation and the concurrent accumulation of yellow material in the lung, which occurred throughout the study. In the absence of prolonged exposure to high concentrations leading to chronic irritation and lung damage, it is highly unlikely that tumour formation will occur.

Harmful: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed.

	<p>Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities.</p> <p>Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages.</p> <p>Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.</p>
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	TOXICITY	IRRITATION
<b>Spetec Stop H100</b>	Not Available	Not Available
<b>polymeric diphenylmethane diisocyanate</b>	Dermal (rabbit) LD50: >9400 mg/kg <sup>[2]</sup>	Eye (rabbit): 100 mg - mild
	Inhalation(Rat) LC50: 0.49 mg/L4h <sup>[2]</sup>	
	Oral (Rat) LD50: 43000 mg/kg <sup>[2]</sup>	
<b>4,4'-diphenylmethane diisocyanate (MDI)</b>	Dermal (rabbit) LD50: >6200 mg/kg <sup>[2]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Inhalation(Rat) LC50: 0.368 mg/L4h <sup>[1]</sup>	Skin (rabbit): 500 mg /24 hours Dermal Sensitiser *Respiratory Sensitiser (g.pig) [* = Bayer CCINFO 2133615]
	Oral (Mouse) LD50; 2200 mg/kg <sup>[2]</sup>	Skin: adverse effect observed (irritating) <sup>[1]</sup>
<b>propylene carbonate</b>	Dermal (rabbit) LD50: >=2000 mg/kg <sup>[1]</sup>	Eye (rabbit): 60 mg - moderate
	Oral (Rat) LD50: >5000 mg/kg <sup>[1]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
		Skin (human): 100 mg/3d-I moderate
		Skin (rabbit): 500 mg moderate
		Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
<b>Legend:</b>	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

<b>POLYMERIC DIPHENYLMETHANE DIISOCYANATE</b>	product
<b>4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)</b>	Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate
<b>PROPYLENE CARBONATE</b>	<p><b>WARNING:</b> This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p> <p>for propylene carbonate:</p> <p>Numerous adequate and reliable acute toxicity tests are available on propylene carbonate. Oral and dermal tests meet OECD and EPA test guidelines. Propylene carbonate is practically nontoxic following acute exposures; the oral LD50 is &gt;.5000 mg/kg and the dermal LD50 is &gt;3000 mg/kg. No further testing is recommended.</p> <p>Subchronic studies (13- 14 weeks) of propylene carbonate by inhalation (aerosol) and oral (gavage) routes were conducted in rats according to current guidelines. The oral study indicated low systemic toxicity from propylene carbonate (NOAEL = 5000 mg/kg/day). In the inhalation study, no systemic toxicity was seen at concentrations up to 1000 mg/m<sup>3</sup>; however, there was periocular irritation and swelling in a few males at 500 and 1000 mg/m<sup>3</sup>. A dermal carcinogenicity study in mice did not indicate tumorigenic potential or systemic toxicity from 2 years of exposure to propylene carbonate. No further testing is recommended.</p> <p>There is a negative Ames in vitro mutagenicity assay of propylene carbonate. A single intraperitoneal injection of 1666 mg/kg propylene carbonate did not induce an increase in micronuclei when examined after 30,48 and 72 hours. The mutagenicity battery is satisfactorily filled; no further mutagenicity testing is recommended.</p> <p>Gavage administration of propylene carbonate to pregnant rats days 6-15 of gestation resulted in systemic toxicity at doses of 3000 and 5000 mg/kg/day, including mortality (not seen in 13 week study of non-pregnant rats). The NOAEL for maternal toxicity was 1000 mg/kg/day. This indicates that pregnant rats are more susceptible to propylene carbonate than are non-pregnant rats.</p>

There were no significant differences in live litter size, average fetal weight, percentage of males, or malformed fetuses. No studies of the effect of propylene carbonate on reproduction are available. However, no adverse effects on testis, ovaries, or accessory sex organs were noted in rats following oral or inhalation of propylene carbonate for 13 weeks. Therefore, reproductive effects from propylene carbonate are unlikely

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.

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.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities.

Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages.

Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.

For diisocyanates:

In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Diisocyanates are moderate to strong dermal sensitisers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.

For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L. The experimental animal data available on prepolymeric diisocyanates show similar adverse effects at levels that range from 0.002 mg/L to 0.026 mg/L.

There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route.

**Oncogenicity:** Most members of the diisocyanate category have not been tested for carcinogenic potential. Commercially available Poly-MDI was tested in a 2-year inhalation study in rats. The tested material contained 47% aromatic 4,4'-methylenediphenyl diisocyanate (MDI) and 53% higher molecular weight oligomers. Interim sacrifices at one year showed that males and females in the highest dose group (6 mg/m<sup>3</sup>) had treatment related histological changes in the nasal cavity, lungs and mediastinal lymph nodes. The incidence and severity of degeneration and basal cell hyperplasia of the olfactory epithelium and Bowman's gland hyperplasia were increased in males at the mid and high doses and in females at the high dose following the two year exposure period. Pulmonary adenomas were found in 6 males and 2 females, and pulmonary adenocarcinoma in one male in the high dose group. However, aliphatic hexamethylene diisocyanate (HDI) was found not to be carcinogenic in a two year repeated dose study in rats by the inhalation route. HDI has not been tested in mice by the inhalation route.

Though the oral route is not an expected route of exposure to humans, it should be noted that in two year repeated dose studies

**POLYMERIC  
DIPHENYLMETHANE  
DIISOCYANATE &  
4,4'-DIPHENYLMETHANE  
DIISOCYANATE (MDI)**

by the oral route, aromatic toluene diisocyanate (TDI) and 3,3'-dimethoxy-benzidine-4,4'-diisocyanate (dianisidine diisocyanate, DADI) were found to be carcinogenic in rodents. TDI induced a statistically significant increase in the incidence of liver tumors in rats and mice as well as dose-related hemangiosarcomas of the circulatory system and has been classified by the Agency as a B2 carcinogen. DADI was found to be carcinogenic in rats, but not in mice, with a statistically increase in the incidence of pancreatic tumors observed.

**Respiratory and Dermal Sensitization:** Based on the available toxicity data in animals and epidemiologic studies of humans, aromatic diisocyanates such as TDI and MDI are strong respiratory sensitizers. Aliphatic diisocyanates are generally not active in animal models for respiratory sensitization. However, HDI and possibly isophorone diisocyanate (IPDI), are reported to be associated with respiratory sensitization in humans. Symptoms resulting from occupational exposure to HDI include shortness of breath, increased bronchoconstriction reaction to histamine challenges, asthmatic reactions, wheezing and coughing. Two case reports of human exposure to IPDI by inhalation suggest IPDI is a respiratory sensitizer in humans. In view of the information from case reports in humans, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitizers. Studies in both human and mice using TDI, HDI, MDI and dicyclohexylmethane-4,4'-diisocyanate (HMDI) suggest cross-reactivity with the other diisocyanates, irrespective of whether the challenge compound was an aliphatic or aromatic diisocyanate. Diisocyanates are moderate to strong dermal sensitizers in animal studies. There seems to be little or no difference in the level of reactivity between aromatic and aliphatic diisocyanates.

**Dermal Irritation:** Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. The level of irritation ranged from slightly to severely irritating to the skin. One chemical, hydrogenated MDI (1,1-methylenebis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.

The substance is classified by IARC as Group 3:

**NOT** classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

**POLYMERIC  
DIPHENYLMETHANE  
DIISOCYANATE &  
4,4'-DIPHENYLMETHANE  
DIISOCYANATE (MDI) &  
PROPYLENE CARBONATE**

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

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

	Endpoint	Test Duration (hr)	Species	Value	Source
Spetec Stop H100	Not Available	Not Available	Not Available	Not Available	Not Available
polymeric diphenylmethane diisocyanate	Not Available	Not Available	Not Available	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	BCF	672h	Fish	61-150	7
	EC50	48h	Crustacea	>100mg/l	2
	LC50	96h	Fish	95.24-134.37mg/l	Not Available
	NOEC(ECx)	504h	Crustacea	>=10mg/l	2
propylene carbonate	NOEC(ECx)	72h	Algae or other aquatic plants	900mg/l	1
	EC50	72h	Algae or other aquatic plants	>900mg/l	1
	EC50	48h	Crustacea	>1000mg/l	1
	LC50	96h	Fish	1000mg/l	1

Continued...

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

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

### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
4,4'-diphenylmethane diisocyanate (MDI)	LOW (Half-life = 1 days)	LOW (Half-life = 0.24 days)
propylene carbonate	HIGH	HIGH

### Bioaccumulative potential

Ingredient	Bioaccumulation
4,4'-diphenylmethane diisocyanate (MDI)	LOW (BCF = 15)
propylene carbonate	LOW (LogKOW = -0.41)

### Mobility in soil

Ingredient	Mobility
4,4'-diphenylmethane diisocyanate (MDI)	LOW (KOC = 376200)
propylene carbonate	LOW (KOC = 14.85)

## SECTION 13 Disposal considerations

### Waste treatment methods

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▸ Containers may still present a chemical hazard/ danger when empty.</li> <li>▸ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▸ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> <li>▸ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> <li>▸ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▸ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▸ Where in doubt contact the responsible authority.</li> <li>▸ <b>DO NOT recycle spilled material.</b></li> <li>▸ Consult State Land Waste Management Authority for disposal.</li> <li>▸ Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary decontaminant prior to disposal.</li> <li>▸ <b>DO NOT seal or stopper drums being decontaminated as CO2 gas is generated and may pressurise containers.</b></li> <li>▸ Puncture containers to prevent re-use.</li> <li>▸ Bury or incinerate residues at an approved site.</li> </ul>
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## SECTION 14 Transport information

### Labels Required

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

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

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

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

#### 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
polymeric diphenylmethane diisocyanate	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	Not Available
propylene carbonate	Not Available

**14.7.3. Transport in bulk in accordance with the IGC Code**

Product name	Ship Type
polymeric diphenylmethane diisocyanate	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	Not Available
propylene carbonate	Not Available

**SECTION 15 Regulatory information****Safety, health and environmental regulations / legislation specific for the substance or mixture****polymeric diphenylmethane diisocyanate is found on the following regulatory lists**

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

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

Australian Inventory of Industrial Chemicals (AIIC)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

**4,4'-diphenylmethane diisocyanate (MDI) is found on the following regulatory lists**

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

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

Australian Inventory of Industrial Chemicals (AIIC)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

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

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

**National Inventory Status**

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (polymeric diphenylmethane diisocyanate; 4,4'-diphenylmethane diisocyanate (MDI); propylene carbonate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (polymeric diphenylmethane diisocyanate)
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes

National Inventory	Status
<b>Legend:</b>	<p>Yes = All CAS declared ingredients are on the inventory</p> <p>No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.</p>

## SECTION 16 Other information

<b>Revision Date</b>	09/08/2023
<b>Initial Date</b>	09/08/2023

### Other information

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

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

### Definitions and abbreviations

- PC - TWA: Permissible Concentration-Time Weighted Average
- PC - STEL: Permissible Concentration-Short Term Exposure Limit
- IARC: International Agency for Research on Cancer
- ACGIH: American Conference of Governmental Industrial Hygienists
- STEL: Short Term Exposure Limit
- TEEL: Temporary Emergency Exposure Limit,
- IDLH: Immediately Dangerous to Life or Health Concentrations
- ES: Exposure Standard
- OSF: Odour Safety Factor
- NOAEL: No Observed Adverse Effect Level
- LOAEL: Lowest Observed Adverse Effect Level
- TLV: Threshold Limit Value
- LOD: Limit Of Detection
- OTV: Odour Threshold Value
- BCF: BioConcentration Factors
- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration
  
- 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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