

CCS Concrete Graffiti Guard - Part B

Concrete Colour Systems

Chemwatch Hazard Alert Code: 2

Chemwatch: 45-2144

Version No: 4.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Issue Date: 03/23/2015

Print Date: 03/24/2015

Initial Date: Not Available

L.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	CCS Concrete Graffiti Guard - Part B
Synonyms	Not Available
Other means of identification	Not Available

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

Relevant identified uses	Requires that the two parts be mixed by hand or mixer before use, in accordance with manufacturers directions. Mix only as much as is required. Do not return the mixed material to the original containers Used as a water borne system for protecting substrates from graffiti.
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Details of the manufacturer/importer

Registered company name	Concrete Colour Systems
Address	683 Beenleigh-Redland Bay Road Carbrook 4130 QLD Australia
Telephone	+61 7 3412 8111; 1800 077 744
Fax	+61 7 3287 6445
Website	www.riversands.com.au
Email	info@riversands.com.au

Emergency telephone number

Association / Organisation	Poisons Information Centre
Emergency telephone numbers	13 11 26
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the Model WHS Regulations and the ADG Code.

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	0	
Toxicity	2	
Body Contact	2	
Reactivity	1	
Chronic	2	


0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	S6
GHS Classification [1]	Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 4, Skin Sensitizer Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

Continued...

CCS Concrete Graffiti Guard - Part B

GHS label elements	
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SIGNAL WORD	WARNING
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Hazard statement(s)

H312	Harmful in contact with skin
H332	Harmful if inhaled
H317	May cause an allergic skin reaction

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P302+P352	IF ON SKIN: Wash with plenty of water and soap
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.
P362+P364	Take off contaminated clothing and wash it before reuse.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised chemical landfill or if organic to high temperature incineration
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
Not Available	>60	isocyanate prepolymer
112-07-2	>25	ethylene glycol monobutyl ether acetate
822-06-0	<0.12	hexamethylene diisocyanate

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"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<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.

Continued...

	<ul style="list-style-type: none"> ▶ 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.
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

Followed acute or short term repeated exposures to ethylene glycol monoalkyl ethers and their acetates:

- ▶ Hepatic metabolism produces ethylene glycol as a metabolite.
- ▶ Clinical presentation, following severe intoxication, resembles that of ethylene glycol exposures.
- ▶ Monitoring the urinary excretion of the alkoxyacetic acid metabolites may be a useful indication of exposure.

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or short term repeated exposures to ethylene glycol:

- ▶ Early treatment of ingestion is important. Ensure emesis is satisfactory.
- ▶ Test and correct for metabolic acidosis and hypocalcaemia.
- ▶ Apply sustained diuresis when possible with hypertonic mannitol.
- ▶ Evaluate renal status and begin haemodialysis if indicated. [I.L.O.]
- ▶ Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.
- ▶ Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.
- ▶ Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.
- ▶ Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.
- ▶ Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]

It has been suggested that there is a need for establishing a new biological exposure limit before a workshift that is clearly below 100 mmol ethoxy-acetic acids per mole creatinine in morning urine of people occupationally exposed to ethylene glycol ethers. This arises from the finding that an increase in urinary stones may be associated with such exposures.

Laitinen J., et al: Occupational & Environmental Medicine 1996; 53, 595-600

Treat symptomatically.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

	<ul style="list-style-type: none"> ▶ There is no restriction on the type of extinguisher which may be used. ▶ Use extinguishing media suitable for surrounding area.
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Special hazards arising from the substrate or mixture

Fire Incompatibility	<ul style="list-style-type: none"> ▶ 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 breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ 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"> ▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn. <p>Decomposes on heating and produces; carbon dioxide (CO₂) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material May emit poisonous fumes. May emit corrosive fumes.</p>

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

CCS Concrete Graffiti Guard - Part B

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	<p>Moderate hazard.</p> <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 breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ 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 MSDS.

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ 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 MSDS. ▶ 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 MSDS.

Conditions for safe storage, including any incompatibilities

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

PACKAGE MATERIAL INCOMPATIBILITIES

Not Available

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
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CCS Concrete Graffiti Guard - Part B

Australia Exposure Standards	ethylene glycol monobutyl ether acetate	2-Butoxyethyl acetate	133 mg/m ³ / 20 ppm	333 mg/m ³ / 50 ppm	Not Available	Sk
Australia Exposure Standards	hexamethylene diisocyanate	Hexamethylene diisocyanate	Not Available	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
ethylene glycol monobutyl ether acetate	Butoxyethanol acetate, 2-; (Ethylene glycol monobutyl ether acetate)	20 ppm	20 ppm	73 ppm
hexamethylene diisocyanate	Hexamethylene diisocyanate; (1,6-Diisocyanatohexane)	0.005 ppm	0.02 ppm	0.8 ppm

Ingredient	Original IDLH	Revised IDLH
isocyanate prepolymer	Not Available	Not Available
ethylene glycol monobutyl ether acetate	Not Available	Not Available
hexamethylene diisocyanate	Not Available	Not Available

MATERIAL DATA

Exposure controls

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

The basic types of engineering controls are:

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

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

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

General exhaust is adequate under normal operating conditions. If risk of overexposure exists, wear SAA approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

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


Within each range the appropriate value depends on:

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

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min.) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Appropriate engineering controls

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Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <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>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 <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> ▶ 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. <p>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>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.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.
Thermal hazards	Not Available

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:

CCS Concrete Graffiti Guard - Part B

Material	CPI
NAT+NEOPR+NITRILE	C
SARANEX-23	C
##hexamethylene	diisocyanate

* 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

Respiratory protection

Type A 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 5 x ES	A-AUS / Class 1	-	A-PAPR-AUS / Class 1
up to 25 x ES	Air-line*	A-2	A-PAPR-2
up to 50 x ES	-	A-3	-
50+ x ES	-	Air-line**	-

Continued...

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.

^ - Full-face

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Clear liquid with a slight odour; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	1.04
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	>100	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	<300 g/L (VOC)
Vapour pressure (kPa)	<2	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution	Not Available
Vapour density (Air = 1)	>1	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

Inhaled	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of vapours, fumes or aerosols, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.

Skin Contact	<p>Skin contact with the material may be harmful; systemic effects may result following absorption.</p> <p>The material may produce mild skin irritation; limited evidence or practical experience suggests, that the material either:</p> <ul style="list-style-type: none"> ▶ produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or ▶ produces significant, but mild, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period. <p>Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (non allergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	<p>Limited evidence or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>
Chronic	<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>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Exposure to the material may cause concerns for human fertility, on the basis that similar materials provide some evidence 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>Studies with some ethylene glycol ethers and their esters indicate reproductive changes, testicular atrophy, infertility and kidney function changes. The metabolic acetic acid derivatives of the glycol ethers (alkoxyacetic acids), not the ether itself, have been found to be the proximal reproductive toxin in animals. The potency of these metabolites decrease significantly as the chain length of the ether increases. Consequently glycol ethers with longer substituents (e.g diethylene glycols, triethylene glycols) have not generally been associated with reproductive effects. One of the most sensitive indicators of toxic effects observed from many of the glycol ethers is an increase in the erythrocytic osmotic fragility in rats. This appears to be related to the development of haemoglobinuria (blood in the urine) at higher exposure levels or as a result of chronic exposure. Ethylene glycol ethers and acetates are mainly metabolised to alkoxyacetic acids but there is also a minor pathway through ethylene glycol to oxalic acid. The main pathway of ethylene glycol ethers is associated with significant clinical or experimental health effects, but the minor pathway is also interesting because formation of urinary stones depends principally upon urinary concentration of oxalate and calcium. In one study (1) the tendency to form urinary stones was 2.4 times higher amongst silk-screen printers exposed to ethylene glycol ethers, than among office workers. (1) Laitinen J., et al: Occupational Environmental Medicine 1996, 53 595-600</p>

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dermal (rat) LD50: >7000 mg/kg ^[1]	Not Available												
Inhalation (rat) LC50: 0.06 mg/L/4h ^[2]													
Inhalation (rat) LC50: 0.124 mg/L/4H ^[2]													
Inhalation (rat) LC50: 0.462 mg/L/4H ^[2]													
Oral (rat) LD50: 710 mg/kg ^[1]													
Legend:	<p>1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's msds. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances</p>												

ETHYLENE GLYCOL MONOBUTYL ETHER ACETATE	<p>The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</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 epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p> <p>For ethylene glycol:</p>
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Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol.

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

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

Cardiovascular Effects. Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12-24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol. Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned cases. Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in humans. The effects of a long-term, low-dose exposure are unknown.

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

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

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

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

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

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

Effects on cranial nerves appear late (generally 5-20 days post-ingestion), are relatively rare, and according to some investigators constitute a fourth, late cerebral phase in ethylene glycol intoxication. Clinical manifestations of the cranial neuropathy commonly involve lower motor neurons of the facial and bulbar nerves and are reversible over many months.

Reproductive Effects: Reproductive function after intermediate-duration oral exposure to ethylene glycol has been tested in three multi-generation studies (one in rats and two in mice) and several shorter studies (15-20 days in rats and mice). In these studies, effects on fertility, foetal viability, and male reproductive organs were observed in mice, while the only effect in rats was an increase in gestational duration.

Developmental Effects: The developmental toxicity of ethylene glycol has been assessed in several acute-duration

studies using mice, rats, and rabbits. Available studies indicate that malformations, especially skeletal malformations occur in both mice and rats exposed during gestation; mice are apparently more sensitive to the developmental effects of ethylene glycol. Other evidence of embryotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight.

Cancer: No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol.

Genotoxic Effects: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available *in vivo* and *in vitro* laboratory studies provide consistently negative genotoxicity results for ethylene glycol.

For ethylene glycol monoalkyl ethers and their acetates (EGMAEs):

Typical members of this category are ethylene glycol propylene ether (EGPE), ethylene glycol butyl ether (EGBE) and ethylene glycol hexyl ether (EGHE) and their acetates.

EGMAEs are substrates for alcohol dehydrogenase isozyme ADH-3, which catalyzes the conversion of their terminal alcohols to aldehydes (which are transient metabolites). Further, rapid conversion of the aldehydes by aldehyde dehydrogenase produces alkoxyacetic acids, which are the predominant urinary metabolites of mono substituted glycol ethers.

Acute Toxicity: Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m³) for EGHE, LC50 > 400ppm (2620 mg/m³) for EGBEA to LC50 > 2132 ppm (9061 mg/m³) for EGPE. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 435 mg/kg bw (EGBE) to 1500 mg/kg bw (EGBEA). Overall these category members can be considered to be of low to moderate acute toxicity. All category members cause reversible irritation to skin and eyes, with EGBEA less irritating and EGHE more irritating than the other category members. EGPE and EGBE are not sensitizers in experimental animals or humans. Signs of acute toxicity in rats, mice and rabbits are consistent with haemolysis (with the exception of EGHE) and non-specific CNS depression typical of organic solvents in general. Alkoxyacetic acid metabolites, propoxyacetic acid (PAA) and butoxyacetic acid (BAA), are responsible for the red blood cell hemolysis. Signs of toxicity in humans deliberately ingesting cleaning fluids containing 9-22% EGBE are similar to those of rats, with the exception of haemolysis. Although decreased blood haemoglobin and/or haemoglobinuria were observed in some of the human cases, it is not clear if this was due to haemolysis or haemodilution as a result of administration of large volumes of fluid. Red blood cells of humans are many-fold more resistant to toxicity from EGPE and EGBE *in vitro* than those of rats.

Repeat dose toxicity: The fact that the NOAEL for repeated dose toxicity of EGBE is less than that of EGPE is consistent with red blood cells being more sensitive to EGBE than EGPE. Blood from mice, rats, hamsters, rabbits and baboons were sensitive to the effects of BAA *in vitro* and displayed similar responses, which included erythrocyte swelling (increased haematocrit and mean corpuscular hemoglobin), followed by hemolysis. Blood from humans, pigs, dogs, cats, and guinea pigs was less sensitive to haemolysis by BAA *in vitro*.

Mutagenicity: In the absence and presence of metabolic activation, EGBE tested negative for mutagenicity in Ames tests conducted in *S. typhimurium* strains TA97, TA98, TA100, TA1535 and TA1537 and EGHE tested negative in strains TA98, TA100, TA1535, TA1537 and TA1538. *In vitro* cytogenetic and sister chromatid exchange assays with EGBE and EGHE in Chinese Hamster Ovary Cells with and without metabolic activation and *in vivo* micronucleus tests with EGBE in rats and mice were negative, indicating that these glycol ethers are not genotoxic.

Carcinogenicity: In a 2-year inhalation chronic toxicity and carcinogenicity study with EGBE in rats and mice a significant increase in the incidence of liver haemangiosarcomas was seen in male mice and forestomach tumours in female mice. It was decided that based on the mode of action data available, there was no significant hazard for human carcinogenicity

Reproductive and developmental toxicity. The results of reproductive and developmental toxicity studies indicate that the glycol ethers in this category are not selectively toxic to the reproductive system or developing fetus, developmental toxicity is secondary to maternal toxicity. The repeated dose toxicity studies in which reproductive organs were examined indicate that the members of this category are not associated with toxicity to reproductive organs (including the testes). Results of the developmental toxicity studies conducted via inhalation exposures during gestation periods on EGPE (rabbits -125, 250, 500 ppm or 531, 1062, or 2125 mg/m³ and rats - 100, 200, 300, 400 ppm or 425, 850, 1275, or 1700 mg/m³), EGBE (rat and rabbit - 25, 50, 100, 200 ppm or 121, 241, 483, or 966 mg/m³), and EGHE (rat and rabbit - 20.8, 41.4, 79.2 ppm or 124, 248, or 474 mg/m³) indicate that the members of the category are not teratogenic. The NOAELs for developmental toxicity are greater than 500 ppm or 2125 mg/m³ (rabbit-EGPE), 100 ppm or 425 mg/m³ (rat-EGPE), 50 ppm or 241 mg/m³ (rat EGBE) and 100 ppm or 483 mg/m³ (rabbit EGBE) and greater than 79.2 ppm or 474 mg/m³ (rat and rabbit-EGHE).

mae

HEXAMETHYLENE DIISOCYANATE

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 ceases. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within

CCS Concrete Graffiti Guard - Part B

minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

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.

for 1,6-hexamethylene diisocyanate:

Exposures to HDI are often associated with exposures to its prepolymers, especially to a trimeric biuretic prepolymer of HDI (HDI-BT), which is widely used as a hardener in automobile and airplane paints, and which typically contains 0.5-1% unreacted HDI. There is evidence that diisocyanate prepolymers may induce asthma at the same or greater frequency as the monomers; therefore, there is a need to assess the potential for human exposure to prepolymeric HDI as well as monomeric HDI.

1,6-Hexamethylene diisocyanate is corrosive to the skin and the eye.

1,6-Hexamethylene diisocyanate was found to induce dermal and respiratory sensitization in animals and humans. There is no threshold known for this effect.

Inhalation studies with repeated exposures to 1,6-hexamethylene diisocyanate vapor show that the respiratory tract is the target with 1,6-hexamethylene diisocyanate showing primarily upper respiratory tract lesions (nasal cavity).

1,6-Hexamethylene diisocyanate did not show a neurotoxic effect in a combined reproduction/developmental /neurotoxicity study. Life-time inhalation exposure to rats revealed a progression of non-neoplastic respiratory tract lesions, primarily to the nasal cavity, and represented the sequelae of non-specific irritation. Based on the presence of only reversible tissue responses to irritation at the low concentration of 0.005 ppm, this concentration was a NOAEL. No carcinogenic potential in rats was observed after life-time inhalation.

1,6-Hexamethylene diisocyanate showed no mutagenic activity *in vitro* in bacterial and in mammalian cell test systems.

1,6-Hexamethylene diisocyanate showed no clastogenic activity *in vivo*.

1,6-Hexamethylene diisocyanate has no effect on fertility and post-natal viability through post-natal day 4 in the rat after inhalation up to 0.299 ppm. The overall NOEL was 0.005 ppm.

Inhalation of 1,6-hexamethylene diisocyanate during the pregnancy of rats produced maternal effects (nasal turbinate histopathology) at concentrations ³ 0.052 ppm. No developmental toxicity was observed up to 0.308 ppm.

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.

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 required to make classification available

✗ – Data available but does not fill the criteria for classification

⊖ – Data Not Available to make classification

SKIN	ethylene glycol monobutyl ether acetate	Australia Exposure Standards - Skin	Sk
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SECTION 12 ECOLOGICAL INFORMATION

Toxicity

NOT AVAILABLE

Ingredient	Endpoint	Test Duration	Effect	Value	Species	BCF
isocyanate prepolymer	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
ethylene glycol monobutyl ether acetate	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
hexamethylene diisocyanate	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethylene glycol monobutyl ether acetate	LOW	LOW
hexamethylene diisocyanate	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
ethylene glycol monobutyl ether acetate	LOW (BCF = 3.2)
hexamethylene diisocyanate	LOW (LogKOW = 3.1956)

Mobility in soil

Ingredient	Mobility
ethylene glycol monobutyl ether acetate	LOW (KOC = 10)
hexamethylene diisocyanate	LOW (KOC = 5864)

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. Otherwise: <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 MSDS and observe all notices pertaining to the product.
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SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

Transport in bulk according to Annex II of MARPOL 73 / 78 and the IBC code

Continued...

Source	Ingredient	Pollution Category
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	ethylene glycol monobutyl ether acetate	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	hexamethylene diisocyanate	Y

SECTION 15 REGULATORY INFORMATION

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

ethylene glycol monobutyl ether acetate(112-07-2) is found on the following regulatory lists	"Australia Exposure Standards", "Australia Inventory of Chemical Substances (AICS)", "Australia Hazardous Substances Information System - Consolidated Lists"
hexamethylene diisocyanate(822-06-0) is found on the following regulatory lists	"Australia Exposure Standards", "Australia Inventory of Chemical Substances (AICS)", "Australia Hazardous Substances Information System - Consolidated Lists"

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

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.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net/references

The (M)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.

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