

SPRAYLAC

Mirotone

Chemwatch: 5026-55

Version No: 6.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: 16/09/2016

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L.GHS.AUS.EN

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

Product Identifier

Product name	SPRAYLAC
Synonyms	Not Available
Proper shipping name	AEROSOLS
Other means of identification	Not Available

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

Relevant identified uses	<p>The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.</p> <p>Application is by spray atomisation from a hand held aerosol pack</p> <p>Use according to manufacturer's directions.</p> <p>A clear aerosol lacquer finish for touch up.</p>
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Details of the supplier of the safety data sheet

Registered company name	Mirotone
Address	21 Marigold Street Revesby NSW 2212 Australia
Telephone	+61 2 9795 3700
Fax	+61 2 9771 3601
Website	www.mirotone.com, www.polycure.com.au
Email	Not Available

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	1800 039 008 (Aust)
Other emergency telephone numbers	+61 3 9573 3112 (International)

CHEMWATCH EMERGENCY RESPONSE

Primary Number	Alternative Number 1	Alternative Number 2
1800 039 008	1800 039 008	+612 9186 1132

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	S5
Classification ^[1]	Aerosols Category 1, Gas under Pressure (Compressed gas), Acute Toxicity (Oral) Category 4, Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Reproductive Toxicity Category 2, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - single exposure Category 3 (narcotic effects), Specific target organ toxicity - repeated exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

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SPRAYLAC

Label elements

Hazard pictogram(s)	
SIGNAL WORD	DANGER

Hazard statement(s)

H222	Extremely flammable aerosol.
H280	Contains gas under pressure; may explode if heated.
H302	Harmful if swallowed.
H332	Harmful if inhaled.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H361	Suspected of damaging fertility or the unborn child.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.
H373	May cause damage to organs through prolonged or repeated exposure.
AUH044	Risk of explosion if heated under confinement.
AUH066	Repeated exposure may cause skin dryness and cracking.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P211	Do not spray on an open flame or other ignition source.
P251	Pressurized container: Do not pierce or burn, even after use.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P281	Use personal protective equipment as required.
P270	Do not eat, drink or smoke when using this product.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.
P362	Take off contaminated clothing and wash before reuse.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	IF eye irritation persists: Get medical advice/attention.
P301+P312	IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P330	Rinse mouth.
P332+P313	IF skin irritation occurs: Get medical advice/attention.

Precautionary statement(s) Storage

P405	Store locked up.
P410+P403	Protect from sunlight. Store in a well-ventilated place.
P410+P412	Protect from sunlight. Do not expose to temperatures exceeding 50 °C/122 °F.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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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	10-30	alkyl ketone
Not Available	10-30	resins, nonhazardous
Not Available	0-10	mixed ester plasticiser
108-88-3	5-15	<u>toluene</u>
Not Available	5-15	esters
Not Available	0-10	alkyl alcohol
Not Available	0-10	aromatic solvent
50-00-0	<0.02	<u>formaldehyde</u>
	balance	Ingredients determined not to be hazardous
		propellant as
115-10-6	30-60	<u>dimethyl ether</u>

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	<p>If aerosols come in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold the eyelids apart and flush the eye continuously for at least 15 minutes 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. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If solids or aerosol mists are deposited upon the skin:</p> <ul style="list-style-type: none"> ▶ Flush skin and hair with running water (and soap if available). ▶ Remove any adhering solids with industrial skin cleansing cream. ▶ DO NOT use solvents. ▶ Seek medical attention in the event of irritation.
Inhalation	<p>If aerosols, fumes or combustion products are inhaled:</p> <ul style="list-style-type: none"> ▶ Remove to fresh air. ▶ Lay patient down. Keep warm and rested. ▶ Prosthesis such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ If breathing is shallow or has stopped, ensure clear airway and apply resuscitation, 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"> ▶ Avoid giving milk or oils. ▶ Avoid giving alcohol. ▶ Not considered a normal route of entry.

Indication of any immediate medical attention and special treatment needed

For acute or short term repeated exposures to petroleum distillates or related hydrocarbons:

- ▶ Primary threat to life, from pure petroleum distillate ingestion and/or inhalation, is respiratory failure.
- ▶ Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO₂ 50 mm Hg) should be intubated.
- ▶ Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- ▶ A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- ▶ Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.
- ▶ Lavage is indicated in patients who require decontamination; ensure use of cuffed endotracheal tube in adult patients. [Ellenhorn and Barceloux: Medical Toxicology]

Treat symptomatically.

for lower alkyl ethers:

BASIC TREATMENT

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

 ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension without signs of hypovolaemia may require vasopressors.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

 EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Ethers may produce anion gap acidosis. Hyperventilation and bicarbonate therapy might be indicated.
- Haemodialysis might be considered in patients with impaired renal function.
- Consult a toxicologist as necessary.

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

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

for simple ketones:

 BASIC TREATMENT

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

 ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Consider intubation at first sign of upper airway obstruction resulting from oedema.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

 EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Consult a toxicologist as necessary.

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

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

To treat poisoning by the higher aliphatic alcohols (up to C7):

- Gastric lavage with copious amounts of water.
- It may be beneficial to instill 60 ml of mineral oil into the stomach.
- Oxygen and artificial respiration as needed.
- Electrolyte balance: it may be useful to start 500 ml. M/6 sodium bicarbonate intravenously but maintain a cautious and conservative attitude toward electrolyte replacement unless shock or severe acidosis threatens.

- ▶ To protect the liver, maintain carbohydrate intake by intravenous infusions of glucose.
- ▶ Haemodialysis if coma is deep and persistent. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, Ed 5)

BASIC TREATMENT

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

ADVANCED TREATMENT

- ▶ Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.
- ▶ Monitor and treat, where necessary, for arrhythmias.
- ▶ Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- ▶ If the patient is hypoglycaemic (decreased or loss of consciousness, tachycardia, pallor, dilated pupils, diaphoresis and/or dextrose strip or glucometer readings below 50 mg), give 50% dextrose.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Treat seizures with diazepam.
- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- ▶ Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Acidosis may respond to hyperventilation and bicarbonate therapy.
- ▶ Haemodialysis might be considered in patients with severe intoxication.
- ▶ Consult a toxicologist as necessary. BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

For C8 alcohols and above.

Symptomatic and supportive therapy is advised in managing patients.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

SMALL FIRE:

- ▶ Water spray, dry chemical or CO2

LARGE FIRE:

- ▶ Water spray or fog.

Special hazards arising from the substrate or mixture

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

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ May be violently or explosively reactive. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ If safe, switch off electrical equipment until vapour fire hazard removed. ▶ Use water delivered as a fine spray to control fire and cool adjacent 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"> ▶ Liquid and vapour are highly flammable. ▶ Severe fire hazard when exposed to heat or flame. ▶ Vapour forms an explosive mixture with air. ▶ Severe explosion hazard, in the form of vapour, when exposed to flame or spark.

	<ul style="list-style-type: none"> ▶ Vapour may travel a considerable distance to source of ignition. ▶ Heating may cause expansion or decomposition with violent container rupture. ▶ Aerosol cans may explode on exposure to naked flames. ▶ Rupturing containers may rocket and scatter burning materials. ▶ Hazards may not be restricted to pressure effects. ▶ May emit acrid, poisonous or corrosive fumes. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). <p>Combustion products include:</p> <ul style="list-style-type: none"> , carbon dioxide (CO₂) , carbon monoxide (CO) , nitrogen oxides (NO_x) , other pyrolysis products typical of burning organic material. <p>Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.</p>
HAZCHEM	2Y

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Wear protective clothing, impervious gloves and safety glasses. ▶ Shut off all possible sources of ignition and increase ventilation. ▶ Wipe up. ▶ If safe, damaged cans should be placed in a container outdoors, away from all ignition sources, until pressure has dissipated. ▶ Undamaged cans should be gathered and stowed safely.
Major Spills	<ul style="list-style-type: none"> ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▶ Remove leaking cylinders to a safe place if possible. ▶ Release pressure under safe, controlled conditions by opening the valve. ▶ DO NOT exert excessive pressure on valve; DO NOT attempt to operate damaged valve. ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ May be violently or explosively reactive. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water courses ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Water spray or fog may be used to disperse / absorb vapour. ▶ Absorb or cover spill with sand, earth, inert materials or vermiculite. ▶ If safe, damaged cans should be placed in a container outdoors, away from ignition sources, until pressure has dissipated. ▶ Undamaged cans should be gathered and stowed safely. ▶ Collect residues and seal in labelled drums for disposal.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials.
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	<ul style="list-style-type: none"> ▶ When handling, DO NOT eat, drink or smoke. ▶ DO NOT incinerate or puncture aerosol cans. ▶ DO NOT spray directly on humans, exposed food or food utensils. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Store in an upright position. ▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped. ▶ No smoking, naked lights, heat or ignition sources. ▶ Keep containers securely sealed. ▶ Contents under pressure. ▶ Store in a cool, dry, well ventilated area; away from incompatible materials. ▶ Avoid storage at temperatures higher than 40 deg C. ▶ Protect containers against physical damage. ▶ Check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Keep dry to avoid corrosion of cans. Corrosion may result in container perforation and internal pressure may eject contents of can ▶ Store in original containers in approved flammable liquid storage area. ▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped. ▶ No smoking, naked lights, heat or ignition sources. ▶ Keep containers securely sealed. Contents under pressure. ▶ Store away from incompatible materials. ▶ Store in a cool, dry, well ventilated area. ▶ Avoid storage at temperatures higher than 40 deg C. ▶ Store in an upright position. ▶ Protect containers against physical damage. ▶ Check regularly for spills and leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Aerosol dispenser. ▶ Check that containers are clearly labelled.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	toluene	Toluene	191 mg/m ³ / 50 ppm	574 mg/m ³ / 150 ppm	Not Available	Not Available
Australia Exposure Standards	formaldehyde.	Formaldehyde	1.2 mg/m ³ / 1 ppm	2.5 mg/m ³ / 2 ppm	Not Available	Not Available
Australia Exposure Standards	dimethyl ether	Dimethyl ether	760 mg/m ³ / 400 ppm	950 mg/m ³ / 500 ppm	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
toluene	Toluene	Not Available	Not Available	Not Available
formaldehyde.	Formaldehyde	Not Available	Not Available	Not Available
dimethyl ether	Methyl ether; (Dimethyl ether)	3,000 ppm	3800 ppm	7200 ppm

Ingredient	Original IDLH	Revised IDLH
alkyl ketone	Not Available	Not Available
resins, nonhazardous	Not Available	Not Available
mixed ester plasticiser	Not Available	Not Available

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toluene	500 ppm	Not Available
esters	Not Available	Not Available
alkyl alcohol	Not Available	Not Available
aromatic solvent	Not Available	Not Available
formaldehyde.	20 ppm	Not Available
dimethyl ether	Not Available	Not Available

MATERIAL DATA

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- ▶ cause inflammation
- ▶ cause increased susceptibility to other irritants and infectious agents
- ▶ lead to permanent injury or dysfunction
- ▶ permit greater absorption of hazardous substances and
- ▶ acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

NOTE D: Certain substances which are susceptible to spontaneous polymerisation or decomposition are generally placed on the market in a stabilised form. It is in this form that they are listed on Annex I

When they are placed on the market in a non-stabilised form, the label must state the name of the substance followed by the words "non-stabilised" European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

Exposure controls

Appropriate engineering 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 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:	Speed:
aerosols, (released at low velocity into zone of active generation)	0.5-1 m/s
direct spray, spray painting in shallow booths, 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 (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

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	factors of 10 or more when extraction systems are installed or used.
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	<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. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturizer is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> - frequency and duration of contact, - chemical resistance of glove material, - glove thickness and - dexterity <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>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.</p> <p>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.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> - 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 <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> <ul style="list-style-type: none"> ▶ No special equipment needed when handling small quantities. ▶ OTHERWISE: ▶ For potentially moderate exposures: ▶ Wear general protective gloves, eg. light weight rubber gloves. ▶ For potentially heavy exposures: ▶ Wear chemical protective gloves, eg. PVC. and safety footwear.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ The clothing worn by process operators insulated from earth may develop static charges far higher (up to 100 times) than the minimum ignition energies for various flammable gas-air mixtures. This holds true for a wide range of clothing materials including cotton. ▶ Avoid dangerous levels of charge by ensuring a low resistivity of the surface material worn outermost. <p>BREThERICK: Handbook of Reactive Chemical Hazards.</p> <p>No special equipment needed when handling small quantities.</p> <p>OTHERWISE:</p> <ul style="list-style-type: none"> ▶ Overalls.

	<ul style="list-style-type: none"> ▶ Skin cleansing cream. ▶ Eyewash unit. ▶ Do not spray on hot surfaces.
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:

SPRAYLAC

Material	CPI
BUTYL	C
BUTYL/NEOPRENE	C
CPE	C
HYPALON	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE	C
PE/EVAL/PE	C
PVA	C
PVC	C
PVDC/PE/PVDC	C
SARANEX-23	C
SARANEX-23 2-PLY	C
TEFLON	C
VITON	C
VITON/CHLOROBUTYL	C
VITON/NEOPRENE	C
##dimethyl	ether

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

Respiratory protection

Type BAX 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	BAX-AUS	-	BAX-PAPR-AUS / Class 1
up to 50 x ES	-	BAX-AUS / Class 1	-
up to 100 x ES	-	BAX-2	BAX-PAPR-2 ^

^ - 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	Supplied as an aerosol pack. Contents under PRESSURE . Contains highly flammable ether propellant. Clear highly flammable liquid with sweet odour; partly miscible with water.		
Physical state	Liquid	Relative density (Water = 1)	0.860
Odour	Not Available	Partition coefficient n-octanol / water	Not Available

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SPRAYLAC

Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	-22 initial	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	-41 (propellant)	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available
Upper Explosive Limit (%)	10	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	2	Volatile Component (%vol)	75
Vapour pressure (kPa)	8.6	Gas group	Not Available
Solubility in water (g/L)	Partly miscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	539.82

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Elevated temperatures. ▶ Presence of open flame. ▶ 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	<p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. 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>Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in arrhythmias and hypotension. Gastrointestinal effects may include nausea and vomiting. Kidney and liver damage may result following massive exposures. The alcohols are potential irritants being, generally, stronger irritants than similar organic structures that lack functional groups (e.g. alkanes) but are much less irritating than the corresponding amines, aldehydes or ketones. Alcohols and glycols (diols) rarely represent serious hazards in the workplace, because their vapour concentrations are usually less than the levels which produce significant irritation which, in turn, produce significant central nervous system effects as well.</p> <p>Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination</p> <p>Central nervous system (CNS) depression may include nonspecific discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal.</p> <p>Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of</p>
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	<p>overexposure.</p> <p>If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.</p> <p>WARNING: Intentional misuse by concentrating/inhaling contents may be lethal.</p> <p>Exposure to ketone vapours may produce nose, throat and mucous membrane irritation. High concentrations of vapour may produce central nervous system depression characterised by headache, vertigo, loss of coordination, narcosis and cardiorespiratory failure. Some ketones produce neurological disorders (polyneuropathy) characterised by bilateral symmetrical paresthesia and muscle weakness primarily in the legs and arms.</p> <p>Ethers produce narcosis following inhalation.</p> <p>Inhalation of lower alkyl ethers may result in central nervous system depression or stimulation, intoxication, headache, dizziness, weakness, blurred vision, seizures and possible coma. Cardiovascular involvement may produce hypotension, bradycardia and cardiovascular collapse, whilst respiratory symptoms might include irritation of nose and throat, cough, laryngeal spasm, pharyngitis, irregular respiration, depression, pulmonary oedema and respiratory arrest. Nausea, vomiting and salivation might also indicate overexposure.</p> <p>Convulsions, respiratory distress or paralysis, asphyxia, pneumonitis, and unconsciousness are all serious manifestations of poisoning. Fatalities have been reported. Kidney and liver damage with interstitial cystitis may result from massive exposures.</p>
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Not normally a hazard due to physical form of product.</p> <p>Considered an unlikely route of entry in commercial/industrial environments</p> <p>Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury. Those possessing lower viscosity elicit a greater response. The result is a high blood level and prompt death at doses otherwise tolerated by ingestion without aspiration. In general the secondary alcohols are less toxic than the corresponding primary isomers. As a general observation, alcohols are more powerful central nervous system depressants than their aliphatic analogues. In sequence of decreasing depressant potential, tertiary alcohols with multiple substituent OH groups are more potent than secondary alcohols, which, in turn, are more potent than primary alcohols. The potential for overall systemic toxicity increases with molecular weight (up to C7), principally because the water solubility is diminished and lipophilicity is increased.</p> <p>Within the homologous series of aliphatic alcohols, narcotic potency may increase even faster than lethality</p> <p>Only scanty toxicity information is available about higher homologues of the aliphatic alcohol series (greater than C7) but animal data establish that lethality does not continue to increase with increasing chain length. Aliphatic alcohols with 8 carbons are less toxic than those immediately preceding them in the series. 10 -Carbon n-decyl alcohol has low toxicity as do the solid fatty alcohols (e.g. lauryl, myristyl, cetyl and stearyl). However the rat aspiration test suggests that decyl and melted dodecyl (lauryl) alcohols are dangerous if they enter the trachea. In the rat even a small quantity (0.2 ml) of these behaves like a hydrocarbon solvent in causing death from pulmonary oedema.</p> <p>Primary alcohols are metabolised to corresponding aldehydes and acids; a significant metabolic acidosis may occur.</p> <p>Secondary alcohols are converted to ketones, which are also central nervous system depressants and which, in the case of the higher homologues persist in the blood for many hours. Tertiary alcohols are metabolised slowly and incompletely so their toxic effects are generally persistent.</p> <p>Ingestion of alkyl ethers may produce symptoms similar to those produced following inhalation.</p>
Skin Contact	<p>The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either</p> <ul style="list-style-type: none"> ▶ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or ▶ produces significant, but moderate, 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 (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>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</p> <p>Spray mist may produce discomfort</p> <p>Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man.</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> <p>Alkyl ethers may defat and dehydrate the skin producing dermatoses. Absorption may produce headache, dizziness, and central nervous system depression.</p> <p>Aromatic hydrocarbons may produce skin irritation, vasodilation with erythema and changes in endothelial cell permeability. Systemic intoxication, resulting from contact with the light aromatics, is unlikely due to the slow rate of permeation. Branching of the side chain appears to increase percutaneous absorption.</p>
Eye	<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.</p> <p>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> <p>Direct contact with the eye may not cause irritation because of the extreme volatility of the gas; however concentrated</p>

SPRAYLAC

	<p>atmospheres may produce irritation after brief exposures.. Eye contact with alkyl ethers (vapours or liquid) may produce irritation, redness and lachrymation.</p> <p>Petroleum hydrocarbons may produce pain after direct contact with the eyes. Slight, but transient disturbances of the corneal epithelium may also result. The aromatic fraction may produce irritation and lachrymation.</p>
Chronic	<p>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.</p> <p>Harmful: danger of serious damage to health by prolonged exposure through inhalation.</p> <p>Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.</p> <p>Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS]</p> <p>Chronic toluene habituation occurs following intentional abuse (glue sniffing) or from occupational exposure. Ataxia, incoordination and tremors of the hands and feet (as a consequence of diffuse cerebral atrophy), headache, abnormal speech, transient memory loss, convulsions, coma, drowsiness, reduced colour perception, frank blindness, nystagmus (rapid, involuntary eye-movements), hearing loss leading to deafness and mild dementia have all been associated with chronic abuse. Peripheral nerve damage, encephalopathy, giant axonopathy electrolyte disturbances in the cerebrospinal fluid and abnormal computer tomographic (CT scans) are common amongst toluene addicts. Although toluene abuse has been linked with kidney disease, this does not commonly appear in cases of occupational toluene exposures. Cardiac and haematological toxicity are however associated with chronic toluene exposures. Cardiac arrhythmia, multifocal and premature ventricular contractions and supraventricular tachycardia are present in 20% of patients who abused toluene-containing paints. Previous suggestions that chronic toluene inhalation produced human peripheral neuropathy have been discounted. However central nervous system (CNS) depression is well documented where blood toluene exceeds 2.2 mg%. Toluene abusers can achieve transient circulating concentrations of 6.5 %. Amongst workers exposed for a median time of 29 years, to toluene, no subacute effects on neurasthenic complaints and psychometric test results could be established.</p> <p>The prenatal toxicity of very high toluene concentrations has been documented for several animal species and man. Malformations indicative of specific teratogenicity have not generally been found. Neonatal toxicity, described in the literature, takes the form of embryo death or delayed foetal growth and delayed skeletal system development. Permanent damage of children has been seen only when mothers have suffered from chronic intoxication as a result of "sniffing".</p>

SPRAYLAC	TOXICITY	IRRITATION
	Not Available	Not Available
toluene	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 12124 mg/kg ^[2]	Eye (rabbit): 2mg/24h - SEVERE
	Inhalation (rat) LC50: 49 mg/l/4H ^[2]	Eye (rabbit):0.87 mg - mild
	Oral (rat) LD50: 636 mg/kg ^[2]	Eye (rabbit):100 mg/30sec - mild
		Skin (rabbit):20 mg/24h-moderate
		Skin (rabbit):500 mg - moderate
formaldehyde.	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 270 mg/kg ^[2]	Eye (human): 4 ppm/5m
	Inhalation (rat) LC50: 249.71475 mg/l/4H ^[2]	Eye (rabbit): 0.75 mg/24H SEVERE
	Oral (rat) LD50: 100 mg/kg ^[2]	Skin (human): 0.15 mg/3d-I mild
		Skin (rabbit): 2 mg/24H SEVERE
dimethyl ether	TOXICITY	IRRITATION
	Inhalation (rat) LC50: 309 mg/l/4H ^[2]	Not Available

Legend:

1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

TOLUENE	For toluene: Acute Toxicity
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Humans exposed to intermediate to high levels of toluene for short periods of time experience adverse central nervous system effects ranging from headaches to intoxication, convulsions, narcosis, and death. Similar effects are observed in short-term animal studies.

Humans - Toluene ingestion or inhalation can result in severe central nervous system depression, and in large doses, can act as a narcotic. The ingestion of about 60 mL resulted in fatal nervous system depression within 30 minutes in one reported case.

Constriction and necrosis of myocardial fibers, markedly swollen liver, congestion and haemorrhage of the lungs and acute tubular necrosis were found on autopsy.

Central nervous system effects (headaches, dizziness, intoxication) and eye irritation occurred following inhalation exposure to 100 ppm toluene 6 hours/day for 4 days.

Exposure to 600 ppm for 8 hours resulted in the same and more serious symptoms including euphoria, dilated pupils, convulsions, and nausea. Exposure to 10,000-30,000 ppm has been reported to cause narcosis and death

Toluene can also strip the skin of lipids causing dermatitis

Animals - The initial effects are instability and incoordination, lachrymation and sniffles (respiratory exposure), followed by narcosis. Animals die of respiratory failure from severe nervous system depression. Cloudy swelling of the kidneys was reported in rats following inhalation exposure to 1600 ppm, 18-20 hours/day for 3 days

Subchronic/Chronic Effects:

Repeat doses of toluene cause adverse central nervous system effects and can damage the upper respiratory system, the liver, and the kidney. Adverse effects occur as a result from both oral and the inhalation exposures. A reported lowest-observed-effect level in humans for adverse neurobehavioral effects is 88 ppm.

Humans - Chronic occupational exposure and incidences of toluene abuse have resulted in hepatomegaly and liver function changes. It has also resulted in nephrotoxicity and, in one case, was a cardiac sensitiser and fatal cardiotoxin.

Neural and cerebellar dystrophy were reported in several cases of habitual "glue sniffing." An epidemiological study in France on workers chronically exposed to toluene fumes reported leukopenia and neutropenia. Exposure levels were not given in the secondary reference; however, the average urinary excretion of hippuric acid, a metabolite of toluene, was given as 4 g/L compared to a normal level of 0.6 g/L

Animals - The major target organs for the subchronic/chronic toxicity of toluene are the nervous system, liver, and kidney. Depressed immune response has been reported in male mice given doses of 105 mg/kg/day for 28 days. Toluene in corn oil administered to F344 male and female rats by gavage 5 days/week for 13 weeks, induced prostration, hypoactivity, ataxia, piloerection, lachrymation, excess salivation, and body tremors at doses 2500 mg/kg. Liver, kidney, and heart weights were also increased at this dose and histopathologic lesions were seen in the liver, kidneys, brain and urinary bladder. The no-observed-adverse effect level (NOAEL) for the study was 312 mg/kg (223 mg/kg/day) and the lowest-observed-adverse effect level (LOAEL) for the study was 625 mg/kg (446 mg/kg/day).

Developmental/Reproductive Toxicity

Exposures to high levels of toluene can result in adverse effects in the developing human foetus. Several studies have indicated that high levels of toluene can also adversely effect the developing offspring in laboratory animals.

Humans - Variable growth, microcephaly, CNS dysfunction, attentional deficits, minor craniofacial and limb abnormalities, and developmental delay were seen in three children exposed to toluene in utero as a result of maternal solvent abuse before and during pregnancy

Animals - Sternebral alterations, extra ribs, and missing tails were reported following treatment of rats with 1500 mg/m³ toluene 24 hours/day during days 9-14 of gestation. Two of the dams died during the exposure. Another group of rats received 1000 mg/m³ 8 hours/day during days 1-21 of gestation. No maternal deaths or toxicity occurred, however, minor skeletal retardation was present in the exposed fetuses. CFLP Mice were exposed to 500 or 1500 mg/m³ toluene continuously during days 6-13 of pregnancy. All dams died at the high dose during the first 24 hours of exposure, however none died at 500 mg/m³. Decreased foetal weight was reported, but there were no differences in the incidences of skeletal malformations or anomalies between the treated and control offspring.

Absorption - Studies in humans and animals have demonstrated that toluene is readily absorbed via the lungs and the gastrointestinal tract. Absorption through the skin is estimated at about 1% of that absorbed by the lungs when exposed to toluene vapor.

Dermal absorption is expected to be higher upon exposure to the liquid; however, exposure is limited by the rapid evaporation of toluene.

Distribution - In studies with mice exposed to radiolabeled toluene by inhalation, high levels of radioactivity were present in body fat, bone marrow, spinal nerves, spinal cord, and brain white matter. Lower levels of radioactivity were present in blood, kidney, and liver. Accumulation of toluene has generally been found in adipose tissue, other tissues with high fat content, and in highly vascularised tissues.

Metabolism - The metabolites of inhaled or ingested toluene include benzyl alcohol resulting from the hydroxylation of the methyl group. Further oxidation results in the formation of benzaldehyde and benzoic acid. The latter is conjugated with glycine to yield hippuric acid or reacted with glucuronic acid to form benzoyl glucuronide. o-cresol and p-cresol formed by ring hydroxylation are considered minor metabolites

Excretion - Toluene is primarily (60-70%) excreted through the urine as hippuric acid. The excretion of benzoyl glucuronide accounts for 10-20%, and excretion of unchanged toluene through the lungs also accounts for 10-20%. Excretion of hippuric acid is usually complete within 24 hours after exposure.

FORMALDEHYDE.

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.

SPRAYLAC

	<p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.</p> <p>Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p> <p>WARNING: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS. Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen [National Toxicology Program: U.S. Dep. of Health & Human Services 2002]</p>
SPRAYLAC & FORMALDEHYDE.	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic 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 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.</p>
SPRAYLAC & TOLUENE	<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>

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 available but does not fill the criteria for classification
✓ – Data available to make classification
⊘ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
SPRAYLAC	Not Available	Not Available	Not Available	Not Available	Not Available
toluene	LC50	96	Fish	0.0073mg/L	4
	EC50	48	Crustacea	3.78mg/L	5
	EC50	72	Algae or other aquatic plants	12.5mg/L	4
	BCF	24	Algae or other aquatic plants	10mg/L	4
	NOEC	168	Crustacea	0.74mg/L	5
formaldehyde.	LC50	96	Fish	0.035mg/L	4
	EC50	48	Crustacea	0.3mg/L	4
	EC50	96	Algae or other aquatic plants	0.788mg/L	4
	NOEC	96	Algae or other aquatic plants	<0.1mg/L	4
dimethyl ether	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE

Continued...

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LC50	96	Fish	>4100.0mg/L	2
EC50	48	Crustacea	>4400.0mg/L	2
NOEC	48	Crustacea	>4000mg/L	1

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 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*

For hydrocarbons:

Environmental fate:

The lower molecular weight hydrocarbons are expected to form a "slick" on the surface of waters after release in calm sea conditions. This is expected to evaporate and enter the atmosphere where it will be degraded through reaction with hydroxy radicals.

Some hydrocarbon will become associated with benthic sediments, and it is likely to be spread over a fairly wide area of sea floor. Marine sediments may be either aerobic or anaerobic. The material, in probability, is biodegradable, under aerobic conditions (isomerised olefins and alkenes show variable results). Evidence also suggests that the hydrocarbons may be degradable under anaerobic conditions although such degradation in benthic sediments may be a relatively slow process.

Under aerobic conditions hydrocarbons degrade to water and carbon dioxide, while under anaerobic processes they produce water, methane and carbon dioxide.

Alkenes have low log octanol/water partition coefficients (Kow) of about 1 and estimated bioconcentration factors (BCF) of about 10; aromatics have intermediate values (log Kow values of 2-3 and BCF values of 20-200), while C5 and greater alkanes have fairly high values (log Kow values of about 3-4.5 and BCF values of 100-1,500)

The estimated volatilisation half-lives for alkanes and benzene, toluene, ethylbenzene, xylene (BTEX) components were predicted as 7 days in ponds, 1.5 days in rivers, and 6 days in lakes. The volatilisation rate of naphthalene and its substituted derivatives were estimated to be slower.

Indigenous microbes found in many natural settings (e.g., soils, groundwater, ponds) have been shown to be capable of degrading organic compounds. Unlike other fate processes that disperse contaminants in the environment, biodegradation can eliminate the contaminants without transferring them across media.

The final products of microbial degradation are carbon dioxide, water, and microbial biomass. The rate of hydrocarbon degradation depends on the chemical composition of the product released to the environment as well as site-specific environmental factors. Generally the straight chain hydrocarbons and the aromatics are degraded more readily than the highly branched aliphatic compounds. The n-alkanes, n-alkyl aromatics, and the aromatics in the C10-C22 range are the most readily biodegradable; n-alkanes, n-alkyl aromatics, and aromatics in the C5-C9 range are biodegradable at low concentrations by some microorganisms, but are generally preferentially removed by volatilisation and thus are unavailable in most environments; n-alkanes in the C1-C4 ranges are biodegradable only by a narrow range of specialised hydrocarbon degraders; and n-alkanes, n-alkyl aromatics, and aromatics above C22 are generally not available to degrading microorganisms. Hydrocarbons with condensed ring structures, such as PAHs with four or more rings, have been shown to be relatively resistant to biodegradation. PAHs with only 2 or 3 rings (e.g., naphthalene, anthracene) are more easily biodegraded. In almost all cases, the presence of oxygen is essential for effective biodegradation of oil. The ideal pH range to promote biodegradation is close to neutral (6-8). For most species, the optimal pH is slightly alkaline, that is, greater than 7.

All biological transformations are affected by temperature. Generally, as the temperature increases, biological activity tends to increase up to a temperature where enzyme denaturation occurs.

Atmospheric fate: Alkanes, isoalkanes, and cycloalkanes have half-lives on the order of 1-10 days, whereas alkenes, cycloalkenes, and substituted benzenes have half-lives of 1 day or less. Photochemical oxidation products include aldehydes, hydroxy compounds, nitro compounds, and peroxyacyl nitrates. Alkenes, certain substituted aromatics, and naphthalene are potentially susceptible to direct photolysis.

Ecotoxicity:

Hydrocarbons are hydrophobic (high log Kow and low water solubility). Such substances produce toxicity in aquatic organisms by a mechanism referred to as "non-polar narcosis" or "baseline" toxicity. The hydrophobicity increases and water solubility decreases with increasing carbon number for a particular class of hydrocarbon. Substances with the same carbon number show increased hydrophobicity and decreased solubility with increasing saturation. Quantitative structure activity relationships (QSAR), relating both solubility and toxicity to Kow predict that the water solubility of single chemical substances decreases more rapidly with increasing Kow than does the acute toxicity.

Based on test results, as well as theoretical considerations, the potential for bioaccumulation may be high. Toxic effects are often observed in species such as blue mussel, daphnia, freshwater green algae, marine copepods and amphipods.

The values of log Kow for individual hydrocarbons increase with increasing carbon number within homologous series of generic types. Quantitative structure activity relationships (QSAR), relating log Kow values of single hydrocarbons to toxicity, show that water solubility decreases more rapidly with increasing Kow than does the concentration causing effects. This relationship varies somewhat with species of hydrocarbon, but it follows that there is a log Kow limit for hydrocarbons, above which, they will not exhibit acute toxicity; this limit is at a log Kow value of about 4 to 5. It has been confirmed experimentally that for fish and invertebrates, paraffinic hydrocarbons with a carbon number of 10 or higher (log Kow >5) show no acute toxicity and that alkylbenzenes with a carbon number of 14 or greater (log Kow >5) similarly show no acute toxicity.

QSAR equations for chronic toxicity also suggest that there should be a point where hydrocarbons with high log Kow values become so insoluble in water that they will not cause chronic toxicity, that is, that there is also a solubility cut-off for chronic toxicity. Thus, paraffinic hydrocarbons with carbon numbers of greater than 14 (log Kow >7.3) should show no measurable chronic toxicity. Experimental support for this cut-off is demonstrated by chronic toxicity studies on lubricant base oils and one "heavy" solvent grade (substances composed of paraffins of C20 and greater) which show no effects after exposures to concentrations well above solubility.

The initial criteria for classification of substances as dangerous to the aquatic environment are based upon acute toxicity data in fish, daphnids and algae. However, for substances that have low solubility and show no acute toxicity, the possibility of a long-term or chronic hazard to the environment is recognised in the R53 phrase or so-called "safety net". The R53 assignment for possible long-term harm is a surrogate for chronic toxicity test results and is triggered by substances that are both bioaccumulative and persistent. The indicators of bioaccumulation and persistence are taken as a BCF > 100 (or log Kow > 3 if no BCF data) and lack of ready biodegradability. For low solubility substances which have direct chronic toxicity data demonstrating no chronic toxicity at 1 mg/L or higher, these data take precedence such that no classification for long term toxicity is required.

Drinking Water Standards: hydrocarbon total: 10 ug/l (UK max.).

DO NOT discharge into sewer or waterways.

Persistence and degradability

Continued...

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Ingredient	Persistence: Water/Soil	Persistence: Air
toluene	LOW (Half-life = 28 days)	LOW (Half-life = 4.33 days)
formaldehyde.	LOW (Half-life = 14 days)	LOW (Half-life = 2.97 days)
dimethyl ether	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
toluene	LOW (BCF = 90)
formaldehyde.	LOW (LogKOW = 0.35)
dimethyl ether	LOW (LogKOW = 0.1)

Mobility in soil

Ingredient	Mobility
toluene	LOW (KOC = 268)
formaldehyde.	HIGH (KOC = 1)
dimethyl ether	HIGH (KOC = 1.292)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	
	<ul style="list-style-type: none"> ▶ Consult State Land Waste Management Authority for disposal. ▶ Discharge contents of damaged aerosol cans at an approved site. ▶ Allow small quantities to evaporate. ▶ DO NOT incinerate or puncture aerosol cans. ▶ Bury residues and emptied aerosol cans at an approved site.

SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO
HAZCHEM	2Y

Land transport (ADG)

UN number	1950				
UN proper shipping name	AEROSOLS				
Transport hazard class(es)	<table border="0"> <tr> <td>Class</td> <td>2.1</td> </tr> <tr> <td>Subrisk</td> <td>Not Applicable</td> </tr> </table>	Class	2.1	Subrisk	Not Applicable
Class	2.1				
Subrisk	Not Applicable				
Packing group	Not Applicable				
Environmental hazard	Not Applicable				
Special precautions for user	<table border="0"> <tr> <td>Special provisions</td> <td>63 190 277 327 344</td> </tr> <tr> <td>Limited quantity</td> <td>1000ml</td> </tr> </table>	Special provisions	63 190 277 327 344	Limited quantity	1000ml
Special provisions	63 190 277 327 344				
Limited quantity	1000ml				

Air transport (ICAO-IATA / DGR)

UN number	1950
UN proper shipping name	Aerosols, flammable; Aerosols, flammable (engine starting fluid)

SPRAYLAC

Transport hazard class(es)	ICAO/IATA Class	2.1
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	10L
Packing group	Not Applicable	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	A145 A167 A802; A1 A145 A167 A802
	Cargo Only Packing Instructions	203
	Cargo Only Maximum Qty / Pack	150 kg
	Passenger and Cargo Packing Instructions	203; Forbidden
	Passenger and Cargo Maximum Qty / Pack	75 kg; Forbidden
	Passenger and Cargo Limited Quantity Packing Instructions	Y203; Forbidden
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G; Forbidden

Sea transport (IMDG-Code / GGVSee)

UN number	1950	
UN proper shipping name	AEROSOLS	
Transport hazard class(es)	IMDG Class	2.1
	IMDG Subrisk	Not Applicable
Packing group	Not Applicable	
Environmental hazard	Not Applicable	
Special precautions for user	EMS Number	F-D, S-U
	Special provisions	63 190 277 327 344 381 959
	Limited Quantities	1000ml

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

Not Applicable

SECTION 15 REGULATORY INFORMATION**Safety, health and environmental regulations / legislation specific for the substance or mixture****TOLUENE(108-88-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Exposure Standards

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

FORMALDEHYDE.(50-00-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

DIMETHYL ETHER(115-10-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (toluene; formaldehyde.; dimethyl ether)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y

Continued...

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

Ingredients with multiple cas numbers

Name	CAS No
dimethyl ether	115-10-6, 157621-61-9

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
 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

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