ColorSpec Primer Filler

Motor Active

Chemwatch Hazard Alert Code: **3**

Chemwatch: **5637-71**
Version No: **2.1**
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: **18/10/2023**
Print Date: **19/10/2023**
L.GHS.AUS.EN.E

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

Product Identifier

Product name	ColorSpec Primer Filler
Chemical Name	Not Applicable
Synonyms	CSPF1L (1 Litre) CSPF2L (2 Litre)
Proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Automotive refinish. Use according to manufacturer's directions.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	**Motor Active**
Address	35 Slough Business Park, Holker Street Silverwater NSW 2128 Australia
Telephone	+61 2 9737 9422|1800 350 622
Fax	Not Available
Website	www.motoractive.com.au
Email	info@motoractive.com.au

Emergency telephone number

Association / Organisation	**MotorActive**
Emergency telephone numbers	+61 2 9737 9422 (For General Information Monday to Friday 8:30am to 5:pm)
Other emergency telephone numbers	13 11 26 (In Case of Emergency contact: Poison Information Hotline)

SECTION 2 Hazards identification

Classification of the substance or mixture

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

Chemwatch Hazard Ratings

		Min	Max
Flammability	3		
Toxicity	2		
Body Contact	2		
Reactivity	1		
Chronic	3		

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

Poisons Schedule	S5
Classification [1]	Flammable Liquids Category 2, Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2A, Acute Toxicity (Inhalation) Category 4, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Germ Cell Mutagenicity Category 2, Carcinogenicity Category 1A, Reproductive Toxicity Category 1A, Specific Target Organ Toxicity - Repeated Exposure Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

Hazard pictogram(s)	

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Signal word	**Danger**

Hazard statement(s)

AUH019	May form explosive peroxides.
H225	Highly flammable liquid and vapour.
H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H332	Harmful if inhaled.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.
H341	Suspected of causing genetic defects.
H350	May cause cancer.
H360	May damage fertility or the unborn child.
H373	May cause damage to organs through prolonged or repeated exposure.
H412	Harmful to aquatic life with long lasting effects.

Supplementary statement(s)

Not Applicable

CLP classification (additional)

Not Applicable

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P260	Do not breathe mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P240	Ground and bond container and receiving equipment.
P241	Use explosion-proof electrical/ventilating/lighting/intrinsically safe equipment.
P242	Use non-sparking tools.
P243	Take action to prevent static discharges.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.
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/doctor/physician/first aider if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of water.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330	Rinse mouth.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Continued...

Mixtures

CAS No	%[weight]	Name
14807-96-6	10-30	talc
67-64-1	10-30	acetone
123-86-4	10-30	n-butyl acetate
108-88-3	10-30	toluene
13463-67-7	<10	titanium dioxide
1330-20-7	<10	xylene
7727-43-7	<10	barium sulfate
67-63-0	<10	isopropanol
108-65-6	<10	propylene glycol monomethyl ether - mixture of isomers
Not Available	balance	Ingredients determined not to be hazardous
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available*	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Wash out immediately with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▸ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▸ Quickly remove all contaminated clothing, including footwear. ▸ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▸ Transport to hospital, or doctor.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay.
Ingestion	▸ 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

Treat symptomatically.
for simple esters:

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 (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.
- 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.

Continued...

- 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.
For acute or short term repeated exposures to acetone:

- Symptoms of acetone exposure approximate ethanol intoxication.
- About 20% is expired by the lungs and the rest is metabolised. Alveolar air half-life is about 4 hours following two hour inhalation at levels near the Exposure Standard; in overdose, saturable metabolism and limited clearance, prolong the elimination half-life to 25-30 hours.
- There are no known antidotes and treatment should involve the usual methods of decontamination followed by supportive care.

[Ellenhorn and Barceloux: Medical Toxicology]
Management:
Measurement of serum and urine acetone concentrations may be useful to monitor the severity of ingestion or inhalation.
Inhalation Management:

- Maintain a clear airway, give humidified oxygen and ventilate if necessary.
- If respiratory irritation occurs, assess respiratory function and, if necessary, perform chest X-rays to check for chemical pneumonitis.
- Consider the use of steroids to reduce the inflammatory response.
- Treat pulmonary oedema with PEEP or CPAP ventilation.

Dermal Management:

- Remove any remaining contaminated clothing, place in double sealed, clear bags, label and store in secure area away from patients and staff.
- Irrigate with copious amounts of water.
- An emollient may be required.

Eye Management:

- Irrigate thoroughly with running water or saline for 15 minutes.
- Stain with fluorescein and refer to an ophthalmologist if there is any uptake of the stain.

Oral Management:

- No **GASTRIC LAVAGE OR EMETIC**
- Encourage oral fluids.

Systemic Management:

- Monitor blood glucose and arterial pH.
- Ventilate if respiratory depression occurs.
- If patient unconscious, monitor renal function.
- Symptomatic and supportive care.

The Chemical Incident Management Handbook:
Guy's and St. Thomas' Hospital Trust, 2000
BIOLOGICAL EXPOSURE INDEX
These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Sampling Time	Index	Comments
Acetone in urine	End of shift	50 mg/L	NS

NS: Non-specific determinant; also observed after exposure to other material

- After ingestion of barium acid salts, severe gastro-intestinal irritation followed by muscle twitching, progressive flaccid paralysis and severe hypokalaemia and hypertension, occurs.
- Respiratory failure, renal failure and occasional cardiac dysrhythmias may result from an acute ingestion.

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- Use sodium sulfate as a cathartic. Add 5-10 gm of sodium sulfate to lavage solution or as fluid supplement to Ipecac syrup (the sulfate salt is not absorbed)
- Monitor cardiac rhythm and serum potassium closely to establish the trend over the first 24 hours. Large doses of potassium may be needed to correct the hypokalaemia.
- Administer generous amounts of fluid replacement but monitor the urine and serum for evidence of renal failure. [Ellenhorn and Barceloux: Medical Toxicology]

Following acute or short term repeated exposures to toluene:

- Toluene is absorbed across the alveolar barrier, the blood/air mixture being 11.2/15.6 (at 37 degrees C.) The concentration of toluene, in expired breath, is of the order of 18 ppm following sustained exposure to 100 ppm. The tissue/blood proportion is 1/3 except in adipose where the proportion is 8/10.
- Metabolism by microsomal mono-oxygenation, results in the production of hippuric acid. This may be detected in the urine in amounts between 0.5 and 2.5 g/24 hr which represents, on average 0.8 gm/gm of creatinine. The biological half-life of hippuric acid is in the order of 1-2 hours.
- Primary threat to life from ingestion and/or inhalation is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (eg cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO2 <50 mm Hg or pCO2 > 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial damage 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 (adrenaline) 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.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
o-Cresol in urine	0.5 mg/L	End of shift	B
Hippuric acid in urine	1.6 g/g creatinine	End of shift	B, NS
Toluene in blood	0.05 mg/L	Prior to last shift of workweek	

NS: Non-specific determinant; also observed after exposure to other material

B: Background levels occur in specimens collected from subjects NOT exposed

SECTION 5 Firefighting measures

Extinguishing media

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

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

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ May be violently or explosively reactive. ▸ Wear breathing apparatus plus protective gloves in the event of a fire. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Consider evacuation (or protect in place). ▸ Fight fire from a safe distance, with adequate cover. ▸ If safe, switch off electrical equipment until vapour fire hazard removed. ▸ Use water delivered as a fine spray to control the fire and cool adjacent area. ▸ Avoid spraying water onto liquid pools. ▸ **Do not** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	▸ Liquid and vapour are highly flammable. ▸ Severe fire hazard when exposed to heat, flame and/or oxidisers. ▸ Vapour may travel a considerable distance to source of ignition. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). Combustion products include: carbon dioxide (CO_2) silicon dioxide (SiO_2) metal oxides other pyrolysis products typical of burning organic material. **Contains low boiling substance:** Closed containers may rupture due to pressure buildup under fire conditions. Decomposes at high temperatures to produce barium oxide. Barium oxide is strongly alkaline and, upon contact with water, is exothermic. When barium oxide reacts with oxygen to give a peroxide, there is a fire and explosion risk.
HAZCHEM	•3YE

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

Continued...

Minor Spills	▸ Remove all ignition sources. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb small quantities with vermiculite or other absorbent material. ▸ Wipe up. ▸ Collect residues in a flammable waste container.
Major Spills	▸ 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 course. ▸ Consider evacuation (or protect in place). ▸ 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. ▸ Contain spill with sand, earth or vermiculite. ▸ Use only spark-free shovels and explosion proof equipment. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ Containers, even those that have been emptied, may contain explosive vapours. ▸ Do NOT cut, drill, grind, weld or perform similar operations on or near containers. **Contains low boiling substance:** Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately. ▸ Check for bulging containers. ▸ Vent periodically ▸ Always release caps or seals slowly to ensure slow dissipation of vapours ▸ **DO NOT** allow clothing wet with material to stay in contact with skin The tendency of many ethers to form explosive peroxides is well documented. Ethers lacking non-methyl hydrogen atoms adjacent to the ether link are thought to be relatively safe ▸ **DO NOT** concentrate by evaporation, or evaporate extracts to dryness, as residues may contain explosive peroxides with DETONATION potential. ▸ Any static discharge is also a source of hazard. ▸ Before any distillation process remove trace peroxides by shaking with excess 5% aqueous ferrous sulfate solution or by percolation through a column of activated alumina. ▸ Distillation results in uninhibited ether distillate with considerably increased hazard because of risk of peroxide formation on storage. ▸ Add inhibitor to any distillate as required. ▸ When solvents have been freed from peroxides by percolation through columns of activated alumina, the absorbed peroxides must promptly be desorbed by treatment with polar solvents such as methanol or water, which should then be disposed of safely. The substance accumulates peroxides which may become hazardous only if it evaporates or is distilled or otherwise treated to concentrate the peroxides. The substance may concentrate around the container opening for example. Purchases of peroxidisable chemicals should be restricted to ensure that the chemical is used completely before it can become peroxidised. ▸ A responsible person should maintain an inventory of peroxidisable chemicals or annotate the general chemical inventory to indicate which chemicals are subject to peroxidation. An expiration date should be determined. The chemical should either be treated to remove peroxides or disposed of before this date. ▸ The person or laboratory receiving the chemical should record a receipt date on the bottle. The individual opening the container should add an opening date. ▸ Unopened containers received from the supplier should be safe to store for 18 months. ▸ Opened containers should not be stored for more than 12 months. ▸ 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, heat or ignition sources. ▸ When handling, **DO NOT** eat, drink or smoke. ▸ Vapour may ignite on pumping or pouring due to static electricity. ▸ **DO NOT** use plastic buckets. ▸ Earth and secure metal containers when dispensing or pouring product. ▸ Use spark-free tools when handling. ▸ Avoid contact with incompatible materials. ▸ Keep containers securely sealed. ▸ 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.
Other information	▸ Store in original containers in approved flame-proof area. ▸ No smoking, naked lights, heat or ignition sources. ▸ **DO NOT** store in pits, depression, basement or areas where vapours may be trapped. ▸ Keep containers securely sealed. ▸ Store away from incompatible materials in a cool, dry well ventilated area. ▸ Protect containers against physical damage and check regularly for leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this MSDS.

Continued...

	▸ Tank storage: Tanks must be specifically designed for use with this product. Bulk storage tanks should be diked (bunded). Locate tanks away from heat and other sources of ignition. Cleaning, inspection and maintenance of storage tanks is a specialist operation, which requires the implementation of strict procedures and precautions. ▸ Keep in a cool place. Electrostatic charges will be generated during pumping. Electrostatic discharge may cause fire. Ensure electrical continuity by bonding and grounding (earthing) all equipment to reduce the risk. The vapours in the head space of the storage vessel may lie in the flammable/explosive range and hence may be flammable. ▸ For containers, or container linings use mild steel, stainless steel. Examples of suitable materials are: high density polyethylene (HDPE), polypropylene (PP), and Viton (FMK), which have been specifically tested for compatibility with this product. ▸ For container linings, use amine-adduct cured epoxy paint. ▸ For seals and gaskets use: graphite, PTFE, Viton A, Viton B. ▸ Unsuitable material: Some synthetic materials may be unsuitable for containers or container linings depending on the material specification and intended use. Examples of materials to avoid are: natural rubber (NR), nitrile rubber (NBR), ethylene propylene rubber (EPDM), polymethyl methacrylate (PMMA), polystyrene, polyvinyl chloride (PVC), polyisobutylene. However, some may be suitable for glove materials. ▸ Do not cut, drill, grind, weld or perform similar operations on or near containers. Containers, even those that have been emptied, can contain explosive vapours.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Packing as supplied by manufacturer. ▸ Plastic containers may only be used if approved for flammable liquid. ▸ Check that containers are clearly labelled and free from leaks. ▸ For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : Where a can is to be used as an inner package, the can must have a screwed enclosure. ▸ For materials with a viscosity of at least 2680 cSt. (23 deg. C) ▸ For manufactured product having a viscosity of at least 250 cSt. (23 deg. C) ▸ Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C): (i) Removable head packaging; (ii) Cans with friction closures and (iii) low pressure tubes and cartridges may be used. ▸ Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages ▸ In addition, where inner packagings are glass and contain liquids of packing group I there must be sufficient inert absorbent to absorb any spillage, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.
Storage incompatibility	▸ Avoid strong acids, bases.

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	talc	Talc, (containing no asbestos fibres)	2.5 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	acetone	Acetone	500 ppm / 1185 mg/m3	2375 mg/m3 / 1000 ppm	Not Available	Not Available
Australia Exposure Standards	n-butyl acetate	n-Butyl acetate	150 ppm / 713 mg/m3	950 mg/m3 / 200 ppm	Not Available	Not Available
Australia Exposure Standards	toluene	Toluene	50 ppm / 191 mg/m3	574 mg/m3 / 150 ppm	Not Available	Not Available
Australia Exposure Standards	titanium dioxide	Titanium dioxide	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	xylene	Xylene (o-, m-, p-isomers)	80 ppm / 350 mg/m3	655 mg/m3 / 150 ppm	Not Available	Not Available
Australia Exposure Standards	barium sulfate	Barium sulphate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	isopropanol	Isopropyl alcohol	400 ppm / 983 mg/m3	1230 mg/m3 / 500 ppm	Not Available	Not Available
Australia Exposure Standards	propylene glycol monomethyl ether - mixture of isomers	1-Methoxy-2-propanol acetate	50 ppm / 274 mg/m3	548 mg/m3 / 100 ppm	Not Available	Not Available
Australia Exposure Standards	propylene glycol monomethyl ether - mixture of isomers	Propylene glycol monomethyl ether	100 ppm / 369 mg/m3	553 mg/m3 / 150 ppm	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
acetone	Not Available	Not Available	Not Available
n-butyl acetate	Not Available	Not Available	Not Available
toluene	Not Available	Not Available	Not Available
titanium dioxide	30 mg/m3	330 mg/m3	2,000 mg/m3

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Ingredient	TEEL-1	TEEL-2	TEEL-3
xylene	Not Available	Not Available	Not Available
barium sulfate	15 mg/m3	170 mg/m3	990 mg/m3
isopropanol	400 ppm	2000* ppm	12000** ppm
propylene glycol monomethyl ether - mixture of isomers	100 ppm	160 ppm	660 ppm
propylene glycol monomethyl ether - mixture of isomers	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
talc	1,000 mg/m3	Not Available
acetone	2,500 ppm	Not Available
n-butyl acetate	1,700 ppm	Not Available
toluene	500 ppm	Not Available
titanium dioxide	5,000 mg/m3	Not Available
xylene	900 ppm	Not Available
barium sulfate	Not Available	Not Available
isopropanol	2,000 ppm	Not Available
propylene glycol monomethyl ether - mixture of isomers	Not Available	Not Available

MATERIAL DATA

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.
For flammable liquids and flammable gases, local exhaust ventilation or a process enclosure ventilation system may be required. Ventilation equipment should be explosion-resistant.
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.)

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.
· Adequate ventilation is typically taken to be that which limits the average concentration to no more than 25% of the LEL within the building, room or enclosure containing the dangerous substance.
· Ventilation for plant and machinery is normally considered adequate if it limits the average concentration of any dangerous substance that might potentially be present to no more than 25% of the LEL. However, an increase up to a maximum 50% LEL can be acceptable where additional safeguards are provided to prevent the formation of a hazardous explosive atmosphere. For example, gas detectors linked to emergency shutdown of the process might be used together with maintaining or increasing the exhaust ventilation on solvent evaporating ovens and gas turbine enclosures.
· Temporary exhaust ventilation systems may be provided for non-routine higher-risk activities, such as cleaning, repair or maintenance in tanks or other confined spaces or in an emergency after a release. The work procedures for such activities should be carefully considered.. The atmosphere should be continuously monitored to ensure that ventilation is adequate and the area remains safe. Where workers will

Continued...

	enter the space, the ventilation should ensure that the concentration of the dangerous substance does not exceed 10% of the LEL (irrespective of the provision of suitable breathing apparatus)
Individual protection measures, such as personal protective equipment	
Eye and face protection	‣ Safety glasses with side shields. ‣ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ‣ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].
Skin protection	See Hand protection below
Hands/feet protection	‣ Wear chemical protective gloves, e.g. PVC. ‣ Wear safety footwear or safety gumboots, e.g. Rubber For esters: ‣ Do NOT use natural rubber, butyl rubber, EPDM or polystyrene-containing materials. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.
Body protection	See Other protection below
Other protection	‣ Overalls. ‣ PVC Apron. ‣ PVC protective suit may be required if exposure severe. ‣ Eyewash unit. ‣ Ensure there is ready access to a safety shower. ‣ Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity. ‣ For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets). ‣ Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds. Electrical resistance must range between 0 to 500,000 ohms. Conductive shoes should be stored in lockers close to the room in which they are worn. Personnel who have been issued conductive footwear should not wear them from their place of work to their homes and return.

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:
ColorSpec Primer Filler

Material	CPI

Respiratory protection

Type AX 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.

Continued...

PE/EVAL/PE	A
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
PVA	C
PVC	C
PVDC/PE/PVDC	C
SARANEX-23	C
SARANEX-23 2-PLY	C
TEFLON	C
VITON	C
VITON/BUTYL	C
VITON/CHLOROBUTYL	C
VITON/NEOPRENE	C

* CPI - Chemwatch Performance Index
A: Best Selection
B: Satisfactory; may degrade after 4 hours continuous immersion
C: Poor to Dangerous Choice for other than short term immersion
NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -
* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Ansell Glove Selection

Glove — *In order of recommendation*
AlphaTec® 38-612
BioClean™ Ultimate BUPS
AlphaTec® 53-001
AlphaTec® 58-005
MICROFLEX® MidKnight® XTRA 93-862
BioClean™ Emerald BENS
BioClean™ Extra BLAS
BioClean™ Fusion (Sterile) S-BFAP
BioClean™ N-Plus BNPS
MICROFLEX® LifeStar EC™ 93-868

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

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

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

** - Continuous-flow or positive pressure demand.
A(All classes) = Organic vapours, B AUS or B1 = Acid gases, 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 deg C)

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Grey highly flammable liquid with strong solvent like odour.

Physical state	Liquid	**Relative density (Water = 1)**	1.15-1.25
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	354
pH (as supplied)	Not Available	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	<8000
Initial boiling point and boiling range (°C)	56-145	**Molecular weight (g/mol)**	Not Applicable

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Flash point (°C)	-18 (OC)	**Taste**	Not Available
Evaporation rate	0.4-6.3 (BuAC = 1)	**Explosive properties**	Not Available
Flammability	HIGHLY FLAMMABLE.	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	12.8	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	1	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	24.7 @20C	**Gas group**	Not Available
Solubility in water	Not Available	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▸ 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. 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. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. 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
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. 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. Within the homologous series of aliphatic alcohols, narcotic potency may increase even faster than lethality 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. Primary alcohols are metabolised to corresponding aldehydes and acids; a significant metabolic acidosis may occur. Secondary alcohols are converted to ketones, which are also central nervous system depressants and which, in he 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. At sufficiently high doses the material may be hepatotoxic (i.e. poisonous to the liver). Signs may include nausea, stomach pains, low fever, loss of appetite, dark urine, clay-coloured stools, jaundice (yellowing of the skin or eyes) All cases of acute oral barium poisoning in adults exhibit gastrointestinal disturbances as the initial symptoms. These include gastric pain, vomiting, and diarrhea. Ingestion of soluble barium compounds may result in ulceration of the mucous membranes of the gastrointestinal tract, tightness in the muscles of the face and neck, gastroenteritis, vomiting, diarrhoea, muscular tremors and paralysis, anxiety, weakness, laboured breathing, cardiac irregularity due to contractions of smooth, striated and cardiac muscles (often violent and painful), slow irregular pulse, hypertension, convulsions and respiratory failure. The predominant musculoskeletal effect observed in cases of barium toxicity in humans is progressive muscle weakness, often leading to partial or total paralysis. In severe cases, the paralysis affects the respiratory system. The likely cause of the muscle weakness was the barium-induced hypokalaemia (low potassium levels) rather than a direct effect on muscles. Numbness and tingling around the mouth and neck were sometimes among the first symptoms of barium toxicity in humans. Occasionally, these neurological symptoms extended to the extremities. Partial and complete paralysis occurred in severe cases, often accompanied by an absence of deep tendon reflexes Toxic effects on the kidneys have been observed in several adult cases of acute barium poisoning. Effects include hemoglobin in the urine (which may be indicative of kidney damage), renal insufficiency , degeneration of the kidneys, and acute renal failure. Studies in animals suggest that the kidney is a critical target of barium toxicity. An increase in relative kidney weight (kidney/brain weight ratio) was observed in male and female rats receiving a single gavage dose of 198 mg barium/kg/day as barium chloride in water.

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	Acute exposure to presumably high doses of barium carbonate, barium sulfate, or barium chloride can result in serious effects on heart rhythm. Barium adversely affects cardiac automaticity resulting in ventricular tachycardia and other disruptions of rhythm. Hypotension has also been reported in some cases. The likely cause of these effects was barium-induced hypokalaemia. Several human studies have investigated a possible association between exposure to low levels of barium and alterations in blood pressure and cardiac rhythms. In a small-scale (11 subjects) study of individuals exposed to 0.1 or 0.2 mg barium/kg/day as barium chloride in drinking water for 4 weeks, no significant alterations in blood pressure or ECG readings were found. There was no significant alteration in blood pressure measurements or alterations in hypertension, heart disease, or stroke among residents of two communities with elevated (0.2 mg barium/kg/day) or low (0.003 mg barium/kg/day) levels of barium in drinking water. Significantly higher mortality rates for cardiovascular disease and heart disease (arteriosclerosis) were found in the elevated barium communities (0.06-0.3 mg barium/kg/day) than in the low barium communities (0.006 mg barium/kg/day). The largest difference between the groups was in individuals 65 years of age and older. These results should be interpreted cautiously because the study did not control for a number of potential confounding variables such as the use of water softeners, which would reduce the amount of barium and increase sodium levels, duration of exposure, or actual barium intakes. Several animal studies have examined potential cardiovascular end points following acute-, intermediate-, or chronic-duration exposures. Significant increases in systolic blood pressure were observed in rats exposed to 8.6 or 11 mg barium/kg/day for 1 or 4 months, respectively; no effect levels were 1.0 and 1.2 mg barium/kg/day. When the duration of exposure was longer (8-16 months), the LOAEL for increased blood pressure was 0.80 mg barium/kg/day and the NOAEL was 0.17 mg barium/kg/day. Depressed rates of cardiac contraction and cardiac conductivity and decreased cardiac ATP levels were observed in another group of rats exposed to 7.2 mg barium/kg/day. In contrast to the findings in this study, a second study could find no significant alterations in blood pressure were observed in rats exposed to up to 150 mg barium/kg/day in drinking water for 16 weeks; it should be noted that the second was conducted in uninephrectomized rats or Dahl salt-sensitive and salt-resistant rats. NTP (1994) also found no significant alterations in blood pressure, heart rate, or ECG readings in rats exposed to 180 mg barium/kg/day for 45 or 90 days. The low metal diet used in the first study may have influenced the study outcome. When evaluating the health effects of barium compounds, it is important to keep in mind that different barium compounds have different solubilities in water and body fluids and therefore serve as variable sources of the Ba2+ ion. The Ba2+ ion and the soluble compounds of barium (notably chloride, nitrate, and hydroxide) are generally highly toxic to humans and experimental animals. The insoluble barium compounds (notably sulfate) are inefficient sources of the Ba2+ ion and therefore are generally nontoxic. Although barium carbonate is insoluble in water, barium ions would be released from ingested barium carbonate in the acid milieu of the stomach. Swallowing 10 millilitres of isopropanol may cause serious injury; 100 millilitres may be fatal if not properly treated. The adult single lethal dose is approximately 250 millilitres. Isopropanol is twice as poisonous as ethanol, and the effects caused are similar, except that isopropanol does not cause an initial feeling of well-being. Swallowing may cause nausea, vomiting and diarrhea; vomiting and stomach inflammation is more prominent with isopropanol than with ethanol. Animals given near-lethal doses also showed inco-ordination, lethargy, inactivity and loss of consciousness. There is evidence that a slight tolerance to isopropanol may be acquired. Considered an unlikely route of entry in commercial/industrial environments. The liquid may produce gastrointestinal discomfort and may be harmful if swallowed. Ingestion may result in nausea, pain and vomiting. Vomit entering the lungs by aspiration may cause potentially lethal chemical pneumonitis
Skin Contact	Skin contact with the material may be harmful; systemic effects may result following absorption. The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either ▸ 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. 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. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected. 511ipa
Eye	Evidence exists, or practical experience predicts, that the material may cause severe 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. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur. Isopropanol vapour may cause mild eye irritation at 400 ppm. Splashes may cause severe eye irritation, possible corneal burns and eye damage. Eye contact may cause tearing or blurring of vision. The liquid may produce eye discomfort and is capable of causing temporary impairment of vision and/or transient eye inflammation, ulceration The liquid produces a high level of eye discomfort and is capable of causing pain and severe conjunctivitis. Corneal injury may develop, with possible permanent impairment of vision, if not promptly and adequately treated.
Chronic	On the basis of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. 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. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following. 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. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Studies with some glycol ethers (principally the monoethylene glycols) and their esters indicate reproductive changes, testicular atrophy, infertility and kidney function changes. The metabolic acetic acid derivatives of glycol ethers (alkoxyacetic acids), not the ether itself, have been found to be the proximal reproductive toxin in animals. The potency of these metabolites decreases 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 Which produces haemolytic anaemia). 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.

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Glycol ethers based on propylene oxides, propylene glycol ethers, dipropylene glycol ethers and tripropylene glycol ethers are mainly available, commercially, as alpha-isomers (because of thermodynamic considerations); these are incapable of forming alkoxyacetic or alkoxypropionic acids as metabolites and therefore do not produce erythrocyte fragility unless contaminated by ethylene glycol ethers or to a significant degree by the beta-isomer . beta-Isomers are able to form the alkoxypropionic acids and these are linked to teratogenic effects (and possibly haemolytic effects).
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.
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".
Repeated oral doses of 3 g/kg for propylene glycol monomethyl ether (PGME) produced minor changes in the liver and kidneys in rats. Repeated doses on the skin over a 90-day period resulted in absorption and anaesthetic death at 7-10 ml/kg/day. Mild narcosis was observed after topical application of 2-4 ml/kg/day.
Administration of 2% PGME in drinking water ad libitum to males for 25 days did not elicit significant changes in testes or seminal vesicle and coagulating gland weights or in peripheral leukocyte counts. No significant testicular toxicity was found in rats or rabbits that were exposed at up to 3000 PGME, 6 hours/day, 5 days/week for 13 weeks. Oral and parenteral administration to pregnant rabbits, mice and rats did not induce congenital malformations at concentrations up to 1800 mg/kg/day.
In a study on the teratogenic potential of the acetate of the beta-isomer (2-methoxy-1-propyl acetate), a significant increase in the number of litters with abnormal rats and rabbits was found after inhalation exposure by the mothers to 2700 ppm or 550 ppm, respectively, on days 6 to 15, or 6 to 18 of gestation. The rabbit inhalation no-observed-adverse effect concentration was 145 ppm. A similar embryotoxicity profile was seen after inhalation of 2-methoxy-1-propanol (beta-PGMA). In contrast to the alpha-isomer, beta-PGMA is oxidised in rats to 2-methoxypropionic acid.
Male dogs exposed to the beta-isomer, developed numerous spermiophages in epididymi. Administration of high doses of the beta-isomer to rats, by gavage, caused delayed ossification of the skull of rat foetus.
Whilst alpha-PGMA undergoes hepatic O-demethylation as the principal pathway, the beta-isomer is detoxified by alcohol/ aldehyde dehydrogenase. Commercial PGME contains low concentrations of the beta-isomer.
Workers exposed to barium compounds have been reported to show an increased incidence of hypertension, irritation of the respiratory system, and damage to the spleen, liver and bone marrow. Long term exposure to some barium compounds (especially inorganic species) may produce a condition known as baritosis, a form of benign pneumoconiosis. X-ray may show this when no other abnormal signs are present.
Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. Barium sulfate produces noncollagenous pneumoconiosis identified by minimal stromal reaction, consisting mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible. Miners of ores containing barium sulfate do not show symptoms, abnormal physical signs, an incapacity to work, diminished lung function, an increased likelihood of developing pulmonary or other bronchial infections or other thoracic disease despite the fact that particulate matter may have been retained in the lungs for many years.
No changes in mortality were observed in rats chronically exposed to doses as high as 60 mg barium/kg/day as barium chloride in the drinking water. An increase in mortality, attributable to nephropathy, was observed in mice chronically exposed to 160 mg barium/kg/day as barium chloride in drinking water; the number of deaths was similar to controls in mice exposed to 75 mg barium/kg/day. In male mice exposed to 0.95 mg barium/kg/day as barium acetate in drinking water, a significant decrease in longevity (defined as average lifespan of the last five surviving animals) was observed; however, no significant differences in mean lifespan were observed. Similarly, lifespan was not significantly altered in female mice exposed to 0.95 mg barium/kg/day or male or female rats exposed to 0.7 mg barium/kg/day as barium acetate in drinking water.
The potential for barium to induce reproductive and developmental effects has not been well investigated. Decreases in the number of sperm and sperm quality and a shortened estrous cycle and morphological alterations in the ovaries were observed in rats exposed to 2.2 mg barium/m3 and higher in air for an intermediate duration. Interpretation of these data is limited by the poor reporting of the study design and results, in particular, whether the incidence was significantly different from controls. In general, oral exposure studies have not found morphological alterations in reproductive tissues of rats or mice exposed to 180 or 450 mg barium/kg/day, respectively, as barium chloride in drinking water for an intermediate duration. Additionally, no significant alterations in reproductive performance was observed in rats or mice exposed to 200 mg barium/kg/day as barium chloride in drinking water. Decreased pup birth weight and a nonsignificant decrease in litter size have been observed in the offspring of rats exposed to 180/200 mg barium/kg/day as barium chloride in drinking water prior to mating.
Several studies have examined the carcinogenic potential of barium following oral exposure and did not find significant increases in the tumour incidence.
On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.
Prolonged or repeated contact with xylenes may cause defatting dermatitis with drying and cracking. Chronic inhalation of xylenes has been associated with central nervous system effects, loss of appetite, nausea, ringing in the ears, irritability, thirst anaemia, mucosal bleeding, enlarged liver and hyperplasia. Exposure may produce kidney and liver damage. In chronic occupational exposure, xylene (usually mix ed with other solvents) has produced irreversible damage to the central nervous system and ototoxicity (damages hearing and increases sensitivity to noise), probably due to neurotoxic mechanisms.
Industrial workers exposed to xylene with a maximum level of ethyl benzene of 0.06 mg/l (14 ppm) reported headaches and irritability and tired quickly. Functional nervous system disturbances were found in some workers employed for over 7 years whilst other workers had enlarged livers.
Xylene has been classed as a developmental toxin in some jurisdictions.
Small excess risks of spontaneous abortion and congenital malformation were reported amongst women exposed to xylene in the first trimester of pregnancy. In all cases, however, the women were also been exposed to other substances. Evaluation of workers chronically exposed to xylene has demonstrated lack of genotoxicity. Exposure to xylene has been associated with increased risks of haemopoietic malignancies but, again, simultaneous exposure to other substances (including benzene) complicates the picture. A long-term gavage study to mixed xylenes (containing 17% ethyl benzene) found no evidence of carcinogenic activity in rats and mice of either sex.
Long term, or repeated exposure of isopropanol may cause inco-ordination and tiredness.
Repeated inhalation exposure to isopropanol may produce sleepiness, inco-ordination and liver degeneration. Animal data show developmental effects only at exposure levels that produce toxic effects in adult animals. Isopropanol does not cause genetic damage.
There are inconclusive reports of human sensitisation from skin contacts with isopropanol. Chronic alcoholics are more tolerant of the whole-body effects of isopropanol.
Animal testing showed the chronic exposure did not produce reproductive effects.

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NOTE: Commercial isopropanol does not contain "isopropyl oil", which caused an excess incidence of sinus and throat cancers in isoproanol production workers in the past. "Isopropyl oil" is no longer formed during production of isopropanol.
Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).
Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.
Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

ColorSpec Primer Filler

TOXICITY	IRRITATION
Not Available	Not Available

talc

TOXICITY	IRRITATION
dermal (rat) LD50: >2000 mg/kg[1]	Eye: no adverse effect observed (not irritating)[1]
Inhalation(Rat) LC50: >2.1 mg/l4h[1]	Skin (human): 0.3 mg/3d-I mild
Oral (Rat) LD50: >5000 mg/kg[1]	Skin: no adverse effect observed (not irritating)[1]

acetone

TOXICITY	IRRITATION
Dermal (rabbit) LD50: 20000 mg/kg[2]	Eye (human): 500 ppm - irritant
Inhalation(Mouse) LC50; 44 mg/L4h[2]	Eye (rabbit): 20mg/24hr -moderate
Oral (Rat) LD50: 5800 mg/kg[2]	Eye (rabbit): 3.95 mg - SEVERE
	Eye: adverse effect observed (irritating)[1]
	Skin (rabbit): 500 mg/24hr - mild
	Skin (rabbit):395mg (open) - mild
	Skin: no adverse effect observed (not irritating)[1]

n-butyl acetate

TOXICITY	IRRITATION
Dermal (rabbit) LD50: 3200 mg/kg[2]	Eye (human): 300 mg * [PPG]
Inhalation(Rat) LC50: 0.74 mg/l4h[2]	Eye (rabbit): 20 mg (open)-SEVERE
Oral (Rabbit) LD50; 3200 mg/kg[2]	Eye (rabbit): 20 mg/24h - moderate
	Eye: no adverse effect observed (not irritating)[1]
	Skin (rabbit): 500 mg/24h-moderate
	Skin: no adverse effect observed (not irritating)[1]

toluene

TOXICITY	IRRITATION
Dermal (rabbit) LD50: 12124 mg/kg[2]	Eye (rabbit): 2mg/24h - SEVERE
Inhalation(Rat) LC50: >13350 ppm4h[2]	Eye (rabbit):0.87 mg - mild
Oral (Rat) LD50: 636 mg/kg[2]	Eye (rabbit):100 mg/30sec - mild
	Eye: adverse effect observed (irritating)[1]
	Skin (rabbit):20 mg/24h-moderate
	Skin (rabbit):500 mg - moderate
	Skin: adverse effect observed (irritating)[1]
	Skin: no adverse effect observed (not irritating)[1]

titanium dioxide

TOXICITY	IRRITATION
dermal (hamster) LD50: >=10000 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
Inhalation(Rat) LC50: >2.28 mg/l4h[1]	Skin (human): 0.3 mg /3D (int)-mild *
Oral (Rat) LD50: >=2000 mg/kg[1]	Skin: no adverse effect observed (not irritating)[1]

xylene

TOXICITY	IRRITATION
Dermal (rabbit) LD50: >1700 mg/kg[2]	Eye (human): 200 ppm irritant
Inhalation(Rat) LC50: 5000 ppm4h[2]	Eye (rabbit): 5 mg/24h SEVERE
Oral (Mouse) LD50; 2119 mg/kg[2]	Eye (rabbit): 87 mg mild
	Eye: adverse effect observed (irritating)[1]
	Skin (rabbit):500 mg/24h moderate

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		Skin: adverse effect observed (irritating)[1]
barium sulfate	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Not Available
	Oral (Mouse) LD50; >3000 mg/kg[2]	
isopropanol	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 12800 mg/kg[2]	Eye (rabbit): 10 mg - moderate
	Inhalation(Mouse) LC50; 53 mg/L4h[2]	Eye (rabbit): 100 mg - SEVERE
	Oral (Mouse) LD50; 3600 mg/kg[2]	Eye (rabbit): 100mg/24hr-moderate
		Skin (rabbit): 500 mg - mild
propylene glycol monomethyl ether - mixture of isomers	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Eye (rabbit) 230 mg mild
	Oral (Rat) LD50: 3739 mg/kg[2]	Eye (rabbit) 500 mg/24 h. - mild
		Eye: no adverse effect observed (not irritating)[1]
		Skin (rabbit) 500 mg open - mild
		Skin: no adverse effect observed (not irritating)[1]
Legend:	*1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*	

TALC	For talc (a form of magnesium silicate) The overuse of talc in nursing infants has resulted in pulmonary oedema, pneumonia and death within hours of inhaling talcum powder.The powder dries the mucous membranes of the bronchioles, disrupts pulmonary clearance, clogs smaller airways. Victims display wheezing, rapid or difficult breathing, increased pulse, cyanosis, fever. Mild exposure may cause relatively minor inflammatory lung disease. Long term exposure may show wheezing, weakness, productive cough, limited chest expansion, scattered rales, cyanosis.
ACETONE	For acetone: The acute toxicity of acetone is low. Acetone is not a skin irritant or sensitiser but is a defatting agent to the skin. Acetone is an eye irritant. The subchronic toxicity of acetone has been examined in mice and rats that were administered acetone in the drinking water and again in rats treated by oral gavage. Acetone-induced increases in relative kidney weight changes were observed in male and female rats used in the oral 13-week study. Acetone treatment caused increases in the relative liver weight in male and female rats that were not associated with histopathologic effects and the effects may have been associated with microsomal enzyme induction. Haematologic effects consistent with macrocytic anaemia were also noted in male rats along with hyperpigmentation in the spleen. The most notable findings in the mice were increased liver and decreased spleen weights. Overall, the no-observed-effect-levels in the drinking water study were 1% for male rats (900 mg/kg/d) and male mice (2258 mg/kg/d), 2% for female mice (5945 mg/kg/d), and 5% for female rats (3100 mg/kg/d). For developmental effects, a statistically significant reduction in foetal weight, and a slight, but statistically significant increase in the percent incidence of later resorptions were seen in mice at 15,665 mg/m3 and in rats at 26,100 mg/m3. The no-observable-effect level for developmental toxicity was determined to be 5220 mg/m3 for both rats and mice. Teratogenic effects were not observed in rats and mice tested at 26,110 and 15,665 mg/m3, respectively. Lifetime dermal carcinogenicity studies in mice treated with up to 0.2 mL of acetone did not reveal any increase in organ tumor incidence relative to untreated control animals. The scientific literature contains many different studies that have measured either the neurobehavioural performance or neurophysiological response of humans exposed to acetone. Effect levels ranging from about 600 to greater than 2375 mg/m3 have been reported. Neurobehavioral studies with acetone-exposed employees have recently shown that 8-hr exposures in excess of 2375 mg/m3 were not associated with any dose-related changes in response time, vigilance, or digit span scores. Clinical case studies, controlled human volunteer studies, animal research, and occupational field evaluations all indicate that the NOAEL for this effect is 2375 mg/m3 or greater.
N-BUTYL ACETATE	Generally,linear and branched-chain alkyl esters are hydrolysed to their component alcohols and carboxylic acids in the intestinal tract, blood and most tissues throughout the body. Following hydrolysis the component alcohols and carboxylic acids are metabolized Oral acute toxicity studies have been reported for 51 of the 67 esters of aliphatic acyclic primary alcohols and aliphatic linear saturated carboxylic acids. The very low oral acute toxicity of this group of esters is demonstrated by oral LD50 values greater than 1850 mg/kg bw Genotoxicity studies have been performed in vitro using the following esters of aliphatic acyclic primary alcohols and aliphatic linear saturated carboxylic acids: methyl acetate, butyl acetate, butyl stearate and the structurally related isoamyl formate and demonstrates that these substances are not genotoxic. The JEFCA Committee concluded that the substances in this group would not present safety concerns at the current levels of intake the esters of aliphatic acyclic primary alcohols and aliphatic linear saturated carboxylic acids are generally used as flavouring substances up to average maximum levels of 200 mg/kg. Higher levels of use (up to 3000 mg/kg) are permitted in food categories such as chewing gum and hard candy. In Europe the upper use levels for these flavouring substances are generally 1 to 30 mg/kg foods and in special food categories like candy and alcoholic beverages up to 300 mg/kg foods **Internationl Program on Chemical Safety: the Joint FAO/WHO Expert Committee on Food Additives (JECFA)** **Esters of Aliphatic acyclic primary alcohols with aliphatic linear saturated carboxylic acids.; 1998**
TOLUENE	For toluene: **Acute Toxicity** 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

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	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.
TITANIUM DIOXIDE	* IUCLID Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies. For titanium dioxide: Humans can be exposed to titanium dioxide via inhalation, ingestion or dermal contact. In human lungs, the clearance kinetics of titanium dioxide is poorly characterized relative to that in experimental animals. (General particle characteristics and host factors that are considered to affect deposition and retention patterns of inhaled, poorly soluble particles such as titanium dioxide are summarized in the monograph on carbon black.) With regard to inhaled titanium dioxide, human data are mainly available from case reports that showed deposits of titanium dioxide in lung tissue as well as in lymph nodes. A single clinical study of oral ingestion of fine titanium dioxide showed particle size-dependent absorption by the gastrointestinal tract and large interindividual variations in blood levels of titanium dioxide. Studies on the application of sunscreens containing ultrafine titanium dioxide to healthy skin of human volunteers revealed that titanium dioxide particles only penetrate into the outermost layers of the stratum corneum, suggesting that healthy skin is an effective barrier to titanium dioxide. There are no studies on penetration of titanium dioxide in compromised skin. Respiratory effects that have been observed among groups of titanium dioxide-exposed workers include decline in lung function, pleural disease with plaques and pleural thickening, and mild fibrotic changes. However, the workers in these studies were also exposed to asbestos and/or silica. No data were available on genotoxic effects in titanium dioxide-exposed humans. Many data on deposition, retention and clearance of titanium dioxide in experimental animals are available for the inhalation route. Titanium dioxide inhalation studies showed differences — both for normalized pulmonary burden (deposited mass per dry lung, mass per body weight) and clearance kinetics — among rodent species including rats of different size, age and strain. Clearance of titanium dioxide is also affected by pre-exposure to gaseous pollutants or co-exposure to cytotoxic aerosols. Differences in dose rate or clearance kinetics and the appearance of focal areas of high particle burden have been implicated in the higher toxic and inflammatory lung responses to intratracheally instilled vs inhaled titanium dioxide particles. Experimental studies with titanium dioxide have demonstrated that rodents experience dose-dependent impairment of alveolar macrophage-mediated clearance. Hamsters have the most efficient clearance of inhaled titanium dioxide. Ultrafine primary particles of titanium dioxide are more slowly cleared than their fine counterparts. Titanium dioxide causes varying degrees of inflammation and associated pulmonary effects including lung epithelial cell injury, cholesterol granulomas and fibrosis. Rodents experience stronger pulmonary effects after exposure to ultrafine titanium dioxide particles compared with fine particles on a mass basis. These differences are related to lung burden in terms of particle surface area, and are considered to result from impaired phagocytosis and sequestration of ultrafine particles into the interstitium. Fine titanium dioxide particles show minimal cytotoxicity to and inflammatory/pro-fibrotic mediator release from primary human alveolar macrophages in vitro compared with other particles. Ultrafine titanium dioxide particles inhibit phagocytosis of alveolar macrophages in vitro at mass dose concentrations at which this effect does not occur with fine titanium dioxide. In-vitro studies with fine and ultrafine titanium dioxide and purified DNA show induction of DNA damage that is suggestive of the generation of reactive oxygen species by both particle types. This effect is stronger for ultrafine than for fine titanium oxide, and is markedly enhanced by exposure to simulated sunlight/ultraviolet light. **Animal carcinogenicity data** Pigmentary and ultrafine titanium dioxide were tested for carcinogenicity by oral administration in mice and rats, by inhalation in rats and female mice, by intratracheal administration in hamsters and female rats and mice, by subcutaneous injection in rats and by intraperitoneal administration in male mice and female rats. In one inhalation study, the incidence of benign and malignant lung tumours was increased in female rats. In another inhalation study, the incidences of lung adenomas were increased in the high-dose groups of male and female rats. Cystic keratinizing lesions that were diagnosed as squamous-cell carcinomas but re-evaluated as non-neoplastic pulmonary keratinizing cysts were also observed in the high-dose groups of female rats. Two inhalation studies in rats and one in female mice were negative.

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	Intratracheally instilled female rats showed an increased incidence of both benign and malignant lung tumours following treatment with two types of titanium dioxide. Tumour incidence was not increased in intratracheally instilled hamsters and female mice. In-vivo studies have shown enhanced micronucleus formation in bone marrow and peripheral blood lymphocytes of intraperitoneally instilled mice. Increased Hprt mutations were seen in lung epithelial cells isolated from titanium dioxide-instilled rats. In another study, no enhanced oxidative DNA damage was observed in lung tissues of rats that were intratracheally instilled with titanium dioxide. The results of most in-vitro genotoxicity studies with titanium dioxide were negative. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. **WARNING:** This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.
XYLENE	Reproductive effector in rats
ISOPROPANOL	For isopropanol (IPA): **Acute toxicity:** Isopropanol has a low order of acute toxicity. It is irritating to the eyes, but not to the skin. Very high vapor concentrations are irritating to the eyes, nose, and throat, and prolonged exposure may produce central nervous system depression and narcosis. Human volunteers reported that exposure to 400 ppm isopropanol vapors for 3 to 5 min. caused mild irritation of the eyes, nose and throat. Although isopropanol produced little irritation when tested on the skin of human volunteers, there have been reports of isolated cases of dermal irritation and/or sensitization. The use of isopropanol as a sponge treatment for the control of fever has resulted in cases of intoxication, probably the result of both dermal absorption and inhalation. There have been a number of cases of poisoning reported due to the intentional ingestion of isopropanol, particularly among alcoholics or suicide victims. These ingestions typically result in a comatose condition. Pulmonary difficulty, nausea, vomiting, and headache accompanied by various degrees of central nervous system depression are typical. In the absence of shock, recovery usually occurred. **Repeat dose studies**: The systemic (non-cancer) toxicity of repeated exposure to isopropanol has been evaluated in rats and mice by the inhalation and oral routes. The only adverse effects-in addition to clinical signs identified from these studies were to the kidney. **Reproductive toxicity**: A recent two-generation reproductive study characterised the reproductive hazard for isopropanol associated with oral gavage exposure. This study found that the only reproductive parameter apparently affected by isopropanol exposure was a statistically significant decrease in male mating index of the F1 males. It is possible that the change in this reproductive parameter was treatment related and significant, although the mechanism of this effect could not be discerned from the results of the study. However, the lack of a significant effect of the female mating index in either generation, the absence of any adverse effect on litter size, and the lack of histopathological findings of the testes of the high-dose males suggest that the observed reduction in male mating index may not be biologically meaningful. **Developmental toxicity:** The developmental toxicity of isopropanol has been characterized in rat and rabbit developmental toxicity studies. These studies indicate that isopropanol is not a selective developmental hazard. Isopropanol produced developmental toxicity in rats, but not in rabbits. In the rat, the developmental toxicity occurred only at maternally toxic doses and consisted of decreased foetal body weights, but no teratogenicity **Genotoxicity:** All genotoxicity assays reported for isopropanol have been negative **Carcinogenicity:** rodent inhalation studies were conduct to evaluate isopropanol for cancer potential. The only tumor rate increase seen was for interstitial (Leydig) cell tumors in the male rats. Interstitial cell tumors of the testis is typically the most frequently observed spontaneous tumor in aged male Fischer 344 rats. These studies demonstrate that isopropanol does not exhibit carcinogenic potential relevant to humans. Furthermore, there was no evidence from this study to indicate the development of carcinomas of the testes in the male rat, nor has isopropanol been found to be genotoxic. Thus, the testicular tumors seen in the isopropanol exposed male rats are considered of no significance in terms of human cancer risk assessment
PROPYLENE GLYCOL MONOMETHYL ETHER - MIXTURE OF ISOMERS	NOTE: Exposure of pregnant rats and rabbits to the substance did not give rise to teratogenic effects at concentrations up to 3000 ppm. Fetotoxic effects were seen in rats but not in rabbits at this concentration; maternal toxicity was noted in both species. for propylene glycol ethers (PGEs): Typical propylene glycol ethers include propylene glycol n-butyl ether (PnB); dipropylene glycol n-butyl ether (DPnB); dipropylene glycol methyl ether acetate (DPMA); tripropylene glycol methyl ether (TPM). Testing of a wide variety of propylene glycol ethers Testing of a wide variety of propylene glycol ethers has shown that propylene glycol-based ethers are less toxic than some ethers of the ethylene series. The common toxicities associated with the lower molecular weight homologues of the ethylene series, such as adverse effects on reproductive organs, the developing embryo and fetus, blood (haemolytic effects), or thymus, are not seen with the commercial-grade propylene glycol ethers. In the ethylene series, metabolism of the terminal hydroxyl group produces an alkoxyacetic acid. The reproductive and developmental toxicities of the lower molecular weight homologues in the ethylene series are due specifically to the formation of methoxyacetic and ethoxyacetic acids. Longer chain length homologues in the ethylene series are not associated with the reproductive toxicity but can cause haemolysis in sensitive species, also through formation of an alkoxyacetic acid. The predominant alpha isomer of all the PGEs (thermodynamically favored during manufacture of PGEs) is a secondary alcohol incapable of forming an alkoxypropionic acid. In contrast beta-isomers are able to form the alkoxypropionic acids and these are linked to teratogenic effects (and possibly haemolytic effects). This alpha isomer comprises greater than 95% of the isomeric mixture in the commercial product. Because the alpha isomer cannot form an alkoxypropionic acid, this is the most likely reason for the lack of toxicity shown by the PGEs as distinct from the lower molecular weight ethylene glycol ethers. More importantly, however, very extensive empirical test data show that this class of commercial-grade glycol ether presents a low toxicity hazard. PGEs, whether mono, di- or tripropylene glycol-based (and no matter what the alcohol group), show a very similar pattern of low to non-detectable toxicity of any type at doses or exposure levels greatly exceeding those showing pronounced effects from the ethylene series. One of the primary metabolites of the propylene glycol ethers is propylene glycol, which is of low toxicity and completely metabolised in the body. As a class, the propylene glycol ethers are rapidly absorbed and distributed throughout the body when introduced by inhalation or oral exposure. Dermal absorption is somewhat slower but subsequent distribution is rapid. Most excretion for PGEs is via the urine and expired air. A small portion is excreted in the faeces. As a group PGEs exhibits low acute toxicity by the oral, dermal, and inhalation routes. Rat oral LD50s range from >3,000 mg/kg (PnB) to >5,000 mg/kg (DPMA). Dermal LD50s are all > 2,000 mg/kg (PnB, & DPnB; where no deaths occurred), and ranging up to >15,000 mg/kg (TPM). Inhalation LC50 values were higher than 5,000 mg/m3 for DPMA (4-hour exposure), and TPM (1-hour exposure). For DPnB the 4-hour LC50 is >2,040 mg/m3. For PnB, the 4-hour LC50 was >651 ppm (>3,412 mg/m3), representing the highest practically attainable vapor level. No deaths occurred at these concentrations. PnB and TPM are moderately irritating to eyes while the remaining category members are only slightly irritating to nonirritating. PnB is moderately irritating to skin while the remaining category members are slightly to non-irritating None are skin sensitisers. In repeated dose studies ranging in duration from 2 to 13 weeks, few adverse effects were found even at high exposure levels and effects that did occur were mild in nature. By the oral route of administration, NOAELs of 350 mg/kg-d (PnB – 13 wk) and 450 mg/kg-d (DPnB – 13 wk) were observed for liver and kidney weight increases (without accompanying histopathology). LOAELs for these two chemicals were 1000 mg/kg-d (highest dose tested). Dermal repeated-dose toxicity tests have been performed for many PGEs. For PnB, no effects were seen in a 13-wk study at doses as high as 1,000 mg/kg-d. A dose of 273 mg/kg-d constituted a LOAEL (increased organ weights without histopathology) in a 13-week dermal study for DPnB. For TPM, increased kidney weights (no histopathology) and transiently decreased body weights were found at a dose of 2,895 mg/kg-d in a 90-day study in rabbits. By inhalation, no effects were observed in 2-week studies in rats at the highest tested concentrations of 3244 mg/m3 (600 ppm) for PnB and 2,010 mg/m3 (260 ppm) for DPnB. TPM caused increased liver weights without histopathology by inhalation in a 2-week study at a LOAEL of 360 mg/m3 (43 ppm). In this study, the highest tested TPM concentration, 1010 mg/m3 (120 ppm), also caused increased liver weights without accompanying histopathology. Although no repeated-dose studies are available for the oral route for TPM, or for any route for DPMA, it is anticipated that these chemicals would behave similarly to other category members.

Continued...

	One and two-generation reproductive toxicity testing has been conducted in mice, rats, and rabbits via the oral or inhalation routes of exposure on PM and PMA. In an inhalation rat study using PM, the NOAEL for parental toxicity is 300 ppm (1106 mg/m3) with decreases in body and organ weights occurring at the LOAEL of 1000 ppm (3686 mg/m3). For offspring toxicity the NOAEL is 1000 ppm (3686 mg/m3), with decreased body weights occurring at 3000 ppm (11058 mg/m3). For PMA, the NOAEL for parental and offspring toxicity is 1000 mg/kg/d. in a two generation gavage study in rats. No adverse effects were found on reproductive organs, fertility rates, or other indices commonly monitored in such studies. In addition, there is no evidence from histopathological data from repeated-dose studies for the category members that would indicate that these chemicals would pose a reproductive hazard to human health. In developmental toxicity studies many PGEs have been tested by various routes of exposure and in various species at significant exposure levels and show no frank developmental effects. Due to the rapid hydrolysis of DPMA to DPM, DPMA would not be expected to show teratogenic effects. At high doses where maternal toxicity occurs (e.g., significant body weight loss), an increased incidence of some anomalies such as delayed skeletal ossification or increased 13th ribs, have been reported. Commercially available PGEs showed no teratogenicity. The weight of the evidence indicates that propylene glycol ethers are not likely to be genotoxic. *In vitro*, negative results have been seen in a number of assays for PnB, DPnB, DPMA and TPM. Positive results were only seen in 3 out of 5 chromosome aberration assays in mammalian cells with DPnB. However, negative results were seen in a mouse micronucleus assay with DPnB and PM. Thus, there is no evidence to suggest these PGEs would be genotoxic *in vivo*. In a 2-year bioassay on PM, there were no statistically significant increases in tumors in rats and mice. The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
TALC & TITANIUM DIOXIDE & ISOPROPANOL & PROPYLENE GLYCOL MONOMETHYL ETHER - MIXTURE OF ISOMERS	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
TALC & TITANIUM DIOXIDE & BARIUM SULFATE & PROPYLENE GLYCOL MONOMETHYL ETHER - MIXTURE OF ISOMERS	No significant acute toxicological data identified in literature search.
TALC & XYLENE & ISOPROPANOL	The substance is classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.
ACETONE & TITANIUM DIOXIDE & ISOPROPANOL & PROPYLENE GLYCOL MONOMETHYL ETHER - MIXTURE OF ISOMERS	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.
N-BUTYL ACETATE & XYLENE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
N-BUTYL ACETATE & TOLUENE & XYLENE	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.

Acute Toxicity	✔	**Carcinogenicity**	✔
Skin Irritation/Corrosion	✔	**Reproductivity**	✔
Serious Eye Damage/Irritation	✔	**STOT - Single Exposure**	✔
Respiratory or Skin sensitisation	✘	**STOT - Repeated Exposure**	✔
Mutagenicity	✔	**Aspiration Hazard**	✘

Legend: ✘ *– Data either not available or does not fill the criteria for classification*
✔ *– Data available to make classification*

SECTION 12 Ecological information

Toxicity

ColorSpec Primer Filler

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

talc

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	96h	Algae or other aquatic plants	7202.7mg/l	2
LC50	96h	Fish	89581.016mg/l	2
NOEC(ECx)	720h	Algae or other aquatic plants	918.089mg/l	2

acetone

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96h	Fish	3744.6-5000.7mg/L	4
NOEC(ECx)	12h	Fish	0.001mg/L	4
EC50	72h	Algae or other aquatic plants	5600-	4

Continued...

				10000mg/l	
	EC50	48h	Crustacea	6098.4mg/L	5
	EC50	96h	Algae or other aquatic plants	9.873-27.684mg/l	4

n-butyl acetate

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	246mg/l	2
EC50	48h	Crustacea	32mg/l	1
LC50	96h	Fish	17-19mg/l	4
EC50(ECx)	96h	Fish	18mg/l	2

toluene

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	96h	Algae or other aquatic plants	>376.71mg/L	4
EC50	72h	Algae or other aquatic plants	12.5mg/l	4
EC50	48h	Crustacea	3.78mg/L	5
LC50	96h	Fish	5-35mg/l	4
NOEC(ECx)	168h	Crustacea	0.74mg/L	5

titanium dioxide

Endpoint	Test Duration (hr)	Species	Value	Source
BCF	1008h	Fish	<1.1-9.6	7
EC50	72h	Algae or other aquatic plants	3.75-7.58mg/l	4
EC50	48h	Crustacea	1.9mg/l	2
EC50	96h	Algae or other aquatic plants	179.05mg/l	2
LC50	96h	Fish	1.85-3.06mg/l	4
NOEC(ECx)	672h	Fish	>=0.004mg/L	2

xylene

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	4.6mg/l	2
EC50	48h	Crustacea	1.8mg/l	2
LC50	96h	Fish	2.6mg/l	2
NOEC(ECx)	73h	Algae or other aquatic plants	0.44mg/l	2

barium sulfate

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>1.15mg/l	2
EC50	48h	Crustacea	32mg/L	2
NOEC(ECx)	72h	Algae or other aquatic plants	>=1.15mg/l	2
LC50	96h	Fish	>3.5mg/l	2

isopropanol

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>1000mg/l	1
EC50	48h	Crustacea	7550mg/l	4
EC50	96h	Algae or other aquatic plants	>1000mg/l	1
LC50	96h	Fish	>1400mg/l	4
EC50(ECx)	24h	Algae or other aquatic plants	0.011mg/L	4

propylene glycol monomethyl ether - mixture of isomers

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	96h	Algae or other aquatic plants	>1000mg/l	2
EC50	72h	Algae or other aquatic plants	>1000mg/l	2
EC50	48h	Crustacea	373mg/l	2
LC50	96h	Fish	100mg/l	1
NOEC(ECx)	336h	Fish	47.5mg/l	2

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

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
acetone	LOW (Half-life = 14 days)	MEDIUM (Half-life = 116.25 days)

Continued...

Ingredient	Persistence: Water/Soil	Persistence: Air
n-butyl acetate	LOW	LOW
toluene	LOW (Half-life = 28 days)	LOW (Half-life = 4.33 days)
titanium dioxide	HIGH	HIGH
xylene	HIGH (Half-life = 360 days)	LOW (Half-life = 1.83 days)
isopropanol	LOW (Half-life = 14 days)	LOW (Half-life = 3 days)
propylene glycol monomethyl ether - mixture of isomers	LOW (Half-life = 56 days)	LOW (Half-life = 1.7 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
acetone	LOW (BCF = 0.69)
n-butyl acetate	LOW (BCF = 14)
toluene	LOW (BCF = 90)
titanium dioxide	LOW (BCF = 10)
xylene	MEDIUM (BCF = 740)
isopropanol	LOW (LogKOW = 0.05)
propylene glycol monomethyl ether - mixture of isomers	LOW (BCF = 2)

Mobility in soil

Ingredient	Mobility
acetone	HIGH (KOC = 1.981)
n-butyl acetate	LOW (KOC = 20.86)
toluene	LOW (KOC = 268)
titanium dioxide	LOW (KOC = 23.74)
isopropanol	HIGH (KOC = 1.06)
propylene glycol monomethyl ether - mixture of isomers	HIGH (KOC = 1)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▸ Where possible retain label warnings and SDS and observe all notices pertaining to the product. ▸ **DO NOT** allow wash water from cleaning or process equipment to enter drains. ▸ It may be necessary to collect all wash water for treatment before disposal. ▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▸ Where in doubt contact the responsible authority. ▸ Recycle wherever possible. ▸ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▸ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material). ▸ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	•3YE

Land transport (ADG)

14.1. **UN number or ID number**	1263
14.2. **UN proper shipping name**	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
14.3. **Transport hazard**	

Continued...

class(es)	Class	3
	Subsidiary Hazard	Not Applicable
14.4. **Packing group**	II	
14.5. **Environmental hazard**	Not Applicable	
14.6. **Special precautions for user**	Special provisions	163 367
	Limited quantity	5 L

Air transport (ICAO-IATA / DGR)

14.1. **UN number**	1263	
14.2. **UN proper shipping name**	Paint (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base)	
14.3. **Transport hazard class(es)**	ICAO/IATA Class	3
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	3L
14.4. **Packing group**	II	
14.5. **Environmental hazard**	Not Applicable	
14.6. **Special precautions for user**	Special provisions	A3 A72 A192
	Cargo Only Packing Instructions	364
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	353
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y341
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

14.1. **UN number**	1263	
14.2. **UN proper shipping name**	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)	
14.3. **Transport hazard class(es)**	IMDG Class	3
	IMDG Subsidiary Hazard	Not Applicable
14.4. **Packing group**	II	
14.5 **Environmental hazard**	Not Applicable	
14.6. **Special precautions for user**	EMS Number	F-E, S-E
	Special provisions	163 367
	Limited Quantities	5 L

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

Not Applicable

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

Product name	Group
talc	Not Available
acetone	Not Available
n-butyl acetate	Not Available
toluene	Not Available
titanium dioxide	Not Available
xylene	Not Available
barium sulfate	Not Available
isopropanol	Not Available
propylene glycol monomethyl ether - mixture of isomers	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
talc	Not Available
acetone	Not Available
n-butyl acetate	Not Available

Continued...

Product name	Ship Type
toluene	Not Available
titanium dioxide	Not Available
xylene	Not Available
barium sulfate	Not Available
isopropanol	Not Available
propylene glycol monomethyl ether - mixture of isomers	Not Available

SECTION 15 Regulatory information

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

talc is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

acetone is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australian Inventory of Industrial Chemicals (AIIC)

n-butyl acetate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)

toluene is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

titanium dioxide is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

xylene is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

barium sulfate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

isopropanol is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

propylene glycol monomethyl ether - mixture of isomers is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (talc; acetone; n-butyl acetate; toluene; xylene; barium sulfate; isopropanol)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes

Continued...

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

SECTION 16 Other information

Revision Date	18/10/2023
Initial Date	18/10/2023

Other information

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

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit
IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit$_o$
IDLH: Immediately Dangerous to Life or Health Concentrations
ES: Exposure Standard
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index
DNEL: Derived No-Effect Level
PNEC: Predicted no-effect concentration
AIIC: Australian Inventory of Industrial Chemicals
DSL: Domestic Substances List
NDSL: Non-Domestic Substances List
IECSC: Inventory of Existing Chemical Substance in China
EINECS: European INventory of Existing Commercial chemical Substances
ELINCS: European List of Notified Chemical Substances
NLP: No-Longer Polymers
ENCS: Existing and New Chemical Substances Inventory
KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances
TSCA: Toxic Substances Control Act
TCSI: Taiwan Chemical Substance Inventory
INSQ: Inventario Nacional de Sustancias Químicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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