ColorSpec Bodyfiller Lightweight

Motor Active

Chemwatch Hazard Alert Code: **3**

Chemwatch: **5637-73**
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 Bodyfiller Lightweight
Chemical Name	Not Applicable
Synonyms	CSBFL1KG (1kg) CSBFL2KG (2kg) CSBFL500G (500g)
Proper shipping name	POLYESTER RESIN KIT, liquid base material
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	2		
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 3, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Acute Toxicity (Inhalation) Category 4, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Germ Cell Mutagenicity Category 2, Carcinogenicity Category 1A, Reproductive Toxicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 2
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

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

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Hazard statement(s)

AUH019	May form explosive peroxides.
H226	Flammable liquid and vapour.
H315	Causes skin irritation.
H318	Causes serious eye damage.
H332	Harmful if inhaled.
H335	May cause respiratory irritation.
H341	Suspected of causing genetic defects.
H350	May cause cancer.
H361d	Suspected of damaging the unborn child.
H373	May cause damage to organs through prolonged or repeated exposure.

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.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P370+P378	In case of fire: Use alcohol resistant foam or fine spray/water fog to extinguish.
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.
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

Mixtures

CAS No	%[weight]	Name
14807-96-6	10-30	talc
100-42-5	10-20	styrene
1317-65-3	<10	limestone
13463-67-7	<10	titanium dioxide
112926-00-8	<10	silica precipitated, crystalline free
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.*

Continued...

*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: ▸ Immediately hold eyelids apart and flush the eye continuously with running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Transport to hospital or doctor without delay. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	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

For acute or short term repeated exposures to styrene:

INHALATION:
- Severe exposures should have cardiac monitoring to detect arrhythmia.
- Catecholamines, especially epinephrine (adrenaline) should be used cautiously (if at all).
- Aminophylline and inhaled beta-two selective bronchodilators (e.g. salbutamol) are the drugs of choice for treatment of bronchospasm.

INGESTION:
- Ipecac syrup should be given for ingestions exceeding 3ml (styrene)/kg.
- For patients at risk of aspiration because of obtundation, intubation should precede lavage.
- Pneumonitis is a significant risk. Watch the patient closely in an upright (alert patient) or left lateral head-down position (obtunded patient) to reduce aspiration potential. [Ellenhorn and Barceloux: Medical Toxicology]

BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
1. Mandelic acid in urine	800 mg/gm creatinine	End of shift	NS
	300 mg/gm creatinine	Prior to next shift	NS
2. Phenylglyoxylic acid in urine	240 mg/gm creatinine	End of shift	NS
	100 mg/gm creatinine	Prior to next shift	
3. Styrene in venous blood	0.55 mg/L	End of shift	SQ
	0.02 mg/L	Prior to next shift	SQ

NS: Non-specific determinant; also seen after exposure to other materials.

SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.

B: Background levels occur in specimens collected from subjects **NOT** exposed
Treat symptomatically.

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Continued...

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. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ If safe, switch off electrical equipment until vapour fire hazard removed. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ 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 flammable. ▸ Moderate fire hazard when exposed to heat or flame. ▸ Vapour forms an explosive mixture with air. ▸ Moderate explosion hazard when exposed to heat or flame. ▸ 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 monoxide (CO) carbon dioxide (CO_2) silicon dioxide (SiO_2) metal oxides other pyrolysis products typical of burning organic material.
HAZCHEM	•2YE

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	▸ 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. The substance is a peroxidisable vinyl monomer that may exothermically polymerise as a result of decomposition of accumulated peroxides; that is, the peroxides initiate very energetic polymerisation of the bulk monomer 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 of inhibited material should not be stored for more than 12 months; they should **NOT** be stored under an inert atmosphere. Generally, storage of inhibited vinyl monomers should be under air rather than nitrogen or other inert atmosphere, because customary inhibitors are phenolic compounds, which require oxygen for their action. Most vinyl monomers may be polymerized without removal of inhibitor by proper adjustment of initiator concentration, thus making the isolation of the more hazardous uninhibited material unnecessary.

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	▸ Opened containers of uninhibited material (>500 g) should not be stored for more than 24 hours; small samples (less than 10 g) may be stored longer than 24 hours with discretion. Generally storage of uninhibited vinyl monomers should be under nitrogen and below room temperatures. For storage in excess of 24 hours, a suitable inhibitor should be added, and its name and quantity should be placed on the label. ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of overexposure occurs. ▸ Use in a well-ventilated area. ▸ Prevent concentration in hollows and sumps. ▸ **DO NOT** enter confined spaces until atmosphere has been checked. ▸ Avoid smoking, naked lights or ignition sources. ▸ Avoid generation of static electricity. ▸ **DO NOT** use plastic buckets. ▸ Earth all lines and equipment. ▸ Use spark-free tools when handling. ▸ Avoid contact with incompatible materials. ▸ When handling, **DO NOT** eat, drink or smoke. ▸ Keep containers securely sealed when not in use. ▸ Avoid physical damage to containers. ▸ Always wash hands with soap and water after handling. ▸ Work clothes should be laundered separately. ▸ 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 flammable liquid storage area. ▸ Store away from incompatible materials in a cool, dry, well-ventilated area. ▸ **DO NOT** store in pits, depressions, basements or areas where vapours may be trapped. ▸ No smoking, naked lights, heat or ignition sources. ▸ Storage areas should be clearly identified, well illuminated, clear of obstruction and accessible only to trained and authorised personnel - adequate security must be provided so that unauthorised personnel do not have access. ▸ Store according to applicable regulations for flammable materials for storage tanks, containers, piping, buildings, rooms, cabinets, allowable quantities and minimum storage distances. ▸ Use non-sparking ventilation systems, approved explosion proof equipment and intrinsically safe electrical systems. ▸ Have appropriate extinguishing capability in storage area (e.g. portable fire extinguishers - dry chemical, foam or carbon dioxide) and flammable gas detectors. ▸ Keep adsorbents for leaks and spills readily available. ▸ Protect containers against physical damage and check regularly for leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS. In addition, for tank storages (where appropriate): ▸ Store in grounded, properly designed and approved vessels and away from incompatible materials. ▸ For bulk storages, consider use of floating roof or nitrogen blanketed vessels; where venting to atmosphere is possible, equip storage tank vents with flame arrestors; inspect tank vents during winter conditions for vapour/ ice build-up. ▸ Storage tanks should be above ground and diked to hold entire contents. Easily peroxidisable. ▸ Products formed as a result of peroxidation are not only safety hazards but may chemically alter the chemical behavior of the parent compound. ▸ Should have a warning label affixed bearing the date of receipt in the laboratory and the date on which the container label is first opened, or laboratory synthesised materials are the responsibility of the individual chemist. ▸ **WARNING**:This product may form peroxides which themselves are not themselves particularly hazardous but which on decomposition may initiate explosive polymerisation of the bulk monomer (Trommsdorf effect). ▸ Should be evaluated every 12 months, redated if safe or else discarded. ▸ Quantities of uninhibited monomers exceeding 500 ml should not be stored for more than 24 hours. ▸ The oxidation of iodide to iodine or the conversion of colourless ferrothiocyanate to red ferrithiocyanate by peroxides are simple and convenient tests for most peroxides. ▸ Before distilling or evaporating a suitable polymerisation inhibitor should be added. ▸ Leave at least 10% bottoms. ▸ Use a shield when evaporating or distilling mixtures which may contain peroxidisable compounds. ▸ Store away from heat and light. ▸ Particular attention should be paid to the adequacy of the closure on storage containers. Peroxides may be removed by; ▸ passing the material over a column of ordinary activated alumina (care should be taken in disposal of the activated alumina); ▸ shaking with a concentrated solution of ferrous salt (provided the carrier solvent is water-insoluble); ▸ agitation with an approximately equimolar mixture of ferrous sulfate and sodium bisulfate; ▸ commercial quantities may be treated with a 5% solution of aqueous sodium carbonate. Jackson et al: Control of Peroxizable Compounds; Safety in the Chemical Laboratory, Journal of Chemical Education; Vol 47, 1970, pp A175-A188 ▸ When solvents have been freed from peroxides by percolation through a column of activated alumina, the adsorbed peroxides must promptly be desorbed by treatment with polar solvents, methanol or water, which must in turn be discarded safely.***

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

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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	styrene	Styrene, monomer	50 ppm / 213 mg/m3	426 mg/m3 / 100 ppm	Not Available	Not Available
Australia Exposure Standards	limestone	Calcium carbonate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
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	silica precipitated, crystalline free	Silica - Amorphous: Silica gel	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica precipitated, crystalline free	Silica - Amorphous: Precipitated silica	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
styrene	Not Available	Not Available	Not Available
limestone	45 mg/m3	210 mg/m3	1,300 mg/m3
titanium dioxide	30 mg/m3	330 mg/m3	2,000 mg/m3
silica precipitated, crystalline free	18 mg/m3	200 mg/m3	1,200 mg/m3

Ingredient	Original IDLH	Revised IDLH
talc	1,000 mg/m3	Not Available
styrene	700 ppm	Not Available
limestone	Not Available	Not Available
titanium dioxide	5,000 mg/m3	Not Available
silica precipitated, crystalline free	Not Available	Not Available

MATERIAL DATA

NOTE D: Certain substances which are susceptible to spontaneous polymerisation or decomposition are generally placed on the market in a stabilised form. It is in this form that they are listed on Annex I
When they are placed on the market in a non-stabilised form, the label must state the name of the substance followed by the words "non-stabilised"
European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

Exposure controls

Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.
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

Continued...

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 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 unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure.
- Chemical goggles. Whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted. [AS/NZS 1337.1, EN166 or national equivalent]
- Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.
- Alternatively a gas mask may replace splash goggles and face shields.
- 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

- Elbow length PVC gloves

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 Bodyfiller Lightweight

Material	CPI
PE/EVAL/PE	A
PVA	A
TEFLON	A
NATURAL RUBBER	C
NITRILE	C
NITRILE+PVC	C
PVC	C
SARANEX-23	C

* CPI - Chemwatch Performance Index

Respiratory protection

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

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

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

Continued...

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 02-100
AlphaTec® 38-612
AlphaTec® 15-554
AlphaTec® 53-001
AlphaTec® 58-005
MICROFLEX® SafeGrip™ SG-375
AlphaTec® Solvex® 37-175
BioClean™ Emerald BENS
BioClean™ Extra BLAS
BioClean™ Fusion (Sterile) S-BFAP

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Off white paste with strong solvent like odour.

Physical state	Non Slump Paste	**Relative density (Water = 1)**	0.95-1.3
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	490
pH (as supplied)	Not Available	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	>100000
Initial boiling point and boiling range (°C)	145	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	31 (CC)	**Taste**	Not Available
Evaporation rate	0.5 (BuAC = 1)	**Explosive properties**	Not Available
Flammability	Flammable.	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	6	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	1	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	1 @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	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

Continued...

	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. Central nervous system (CNS) depression may include nonspecific discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal. Central nervous system (CNS) depression is seen at styrene exposures exceeding 50 ppm, whilst headache, fatigue, nausea and dizziness are reported consistently at exposures of 100 ppm. Eye and throat irritation occurred in human volunteers exposed to 376 ppm styrene for 1 hour and was accompanied by increased nasal secretion at exposures of 800 ppm for 4 hours. At the end of an 8-hour workshift, workers exposed to 212 ppm styrene had higher urinary levels of alanine-aminopeptidase and N-acetyl-glucosaminidase than unexposed workers, indicating potential renal effects of styrene . Evidence exists that 5% to 10% reductions in sensory nerve conduction occur at 100 ppm and that slowed reaction times occur after exposure to 50 ppm. Exposure at 370 ppm produces unpleasant subjective symptoms and signs of neurological impairment. High vapour concentrations may have a toxic and anaesthetic effect which may lead to unconsciousness or death. Exposure at 1000 ppm can rapidly lead to unconsciousness whilst exposure to 10000 ppm may cause death in less than one hour. Simple reaction times were increased and coordination decreased amongst volunteers inhaling 350 ppm (via mouth tube) for 30 minutes. Controlled inhalation studies with 300 ppm (via mouth tube) for one hour found reduced ocular tracking abilities but no changes in balance or coordination. In humans exposed to styrene vapor, pulmonary retention is approximately 66% of the administered concentration. Following inhalation exposure, styrene is preferentially distributed to adipose tissue. Fat levels in rats were 10-times greater than levels in observed organs after exposure to 50-2000 ppm for 5 hours. Urinary excretion is the major route of elimination of styrene. In humans, the main urinary metabolites are mandelic acid and phenylglyoxylic acid; rats also excrete hippuric acid and glucuronide. Human volunteers exposed by inhalation to 50 to 200 parts per million (ppm) showed biphasic urinary elimination of mandelic acid with a half-life for the first phase of 4 hours and for the second phase of 25 hours. Urinary metabolite concentrations have been correlated with exposure concentrations in humans.
Ingestion	Styrene is absorbed into the body following oral or inhalation exposure. Complete absorption occurred in fasted rats given a total of 3.147 mg styrene by gavage in an aqueous solution. A peak blood level of 6 micrograms/mL was reached within minutes. Following oral administration of 20 mg/kg of radiolabeled styrene to rats, the highest organ levels were found in the kidney, liver, and pancreas. Styrene is presumed to be metabolised to styrene oxide which is then converted to styrene glycol. Styrene glycol is metabolised to either mandelic acid or to benzoic acid and then hippuric acid. Mandelic acid is also metabolized to phenylglyoxylic acid. Minor metabolic pathways include the conjugation of styrene oxide with glutathione and the formation of vinyl phenol. Following an oral dose of 50 mg/kg radiolabeled styrene to rats, 95% of the label was recovered in the urine, 1% in expired air, and 4% in the feces over 72-hours Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. 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. The material may accentuate any pre-existing dermatitis condition 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. Dermal absorption of styrene has been shown to be significantly less than absorption by the respiratory tract
Eye	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
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. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. 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. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in impaired fertility on the basis of: - clear evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in developmental toxicity, generally on the basis of: - clear results in appropriate animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. The synthetic, amorphous silicas are believed to represent a very greatly reduced silicosis hazard compared to crystalline silicas and are considered to be nuisance dusts. When heated to high temperature and a long time, amorphous silica can produce crystalline silica on cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling pulmonary fibrosis that may take years to develop. Discrepancies between various studies showing that fibrosis associated with chronic exposure to amorphous silica and those that do not may be explained by assuming that diatomaceous earth (a non-synthetic silica commonly used in industry) is either weakly fibrogenic or nonfibrogenic and that fibrosis is due to contamination by crystalline silica content Repeated exposure to synthetic amorphous silicas may produce skin dryness and cracking. Available data confirm the absence of significant toxicity by oral and dermal routes of exposure. Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted in a number of species, at airborne concentrations ranging from 0.5 mg/m3 to 150 mg/m3. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m3. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m3. Differences in values may be due to particle size, and therefore the number of particles administered per unit dose. Generally, as particle size diminishes so does the NOAEL/ LOAEL. Exposure produced transient increases in lung inflammation, markers of cell injury and lung collagen content. There was no evidence of interstitial pulmonary fibrosis. Exposure to styrene may aggravate central nervous system disorders, chronic respiratory disease, skin disease, kidney disease and liver disease.

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Workers engaged in the manufacture of styrene polymers with exposure to generally <1 ppm for 1-36 years had low erythrocyte counts and altered liver enzyme profiles. Blood and liver effects do not appear to be of concern for human exposures to styrene. Occupational studies in humans show styrene to be a neurotoxicant.
Occupational styrene exposure causes central and peripheral nervous system effects. It causes a reversible decrease in colour discrimination and in some studies effects on hearing have been reported.
Neuro-optic pathways have been shown to be particularly vulnerable to organic solvent exposure and studies support the proposition that styrene exposure can induce dose-dependent colour vision loss. In the fibre-glass reinforced plastics industry, visual colour impairment was detected were exposure was above 4 ppm. Campagna D. et al, Neurotoxicology, 17(2), pp 367-374, 1996
Studies of effects of styrene on the haematopoietic and immune systems, liver and kidney, in exposed workers, do not reveal consistent changes. Central nervous system effects of styrene in rats, guinea pigs and rabbits, have been reported. Styrene exposure causes liver and lung toxicity in mice and nasal toxicity in rats and mice.
Chromosomal abnormalities (micronucleii, chromosome gaps or breaks, nuclear bridges and unscheduled DNA synthesis in peripheral lymphocytes) have been recorded in workers exposed to styrene. Such aberrations however are not always apparent in epidemiological studies and the status of styrene as a DNA effector is equivocal.
Death due to cancers among workers exposed to styrene is statistically unremarkable.
The dominant first metabolite of styrene is styrene-7,8-epoxide which binds covalently to DNA and shows activity in various in-vitro and in-vivo assays for genetic effects where it induces dose-related responses of chromosomal damage at low concentrations. Styrene-7,8-oxide is detected in the blood of workers exposed to styrene. Adducts in haemoglobin and DNA, DNA single-strand breaks/ alkali-labile sites as well as significant increases in the frequency of chromosomal damage have been found in workers exposed to styrene in the reinforced plastics industry.
In humans there is little evidence for an association between workplace exposure to styrene and spontaneous abortions, malformations or decreased male fecundity.
Spontaneous abortions amongst female worker, exposed to styrene, has been reported in some studies. This finding has not been substantiated in other studies. Increased congenital malformations, embryonic foetal deaths or reduced birth weights have also been reported but simultaneous exposure to other substances makes the link to styrene conjectural. In rats, there is some evidence for reduced sperm count and peripubertal animals may be more sensitive than adult animals. Styrene crosses the placenta in rats and mice. It increases prenatal death at doses levels causing decreased maternal weight gain. Decreased pup weight, postnatal developmental delays as well as neurobehavioral and neurochemical abnormalities have been reported in rats exposed to styrene during pre- or postnatal development. The potential for developmental toxicity appears to be much higher for styrene-7,8-oxide, a metabolite.
Rats given weekly doses of styrene by gavage at 500 mg/kg for 102 weeks showed liver, kidney, and stomach lesions; no effects were seen in mice. Reduced weight gain and increased liver and kidney weights occurred in rats receiving 285 or 475 mg/kg/day for 185 days but no effects at 95 mg/kg/day . Male and female rats were given 0, 1000, or 2000 mg/kg and male and female mice were given 0, 150, or 300 mg/kg by gavage for 78 weeks . Reduced body weight occurred in both treated male rat groups, high-dose female rats, and both treated female mouse groups. In another study, male and female mice were treated weekly with 1350 mg/kg . At 20 weeks, mortality was 50% and 20% for males and females, respectively accompanied by liver necrosis, splenic hypoplasia, and lung congestion. Male and female mice were exposed to 0, 62.5, 125, 250, or 500 ppm styrene for 6 hours/day, 5 days/week for 13 weeks . In both sexes the liver to body weight ratio was increased at the two highest doses; histopathology of the respiratory tract revealed metaplasia and degeneration of the olfactory epithelium of the nasal cavity at the lowest dose, necrosis at higher concentrations, and bronchiolar regeneration at all concentrations. Male and female rats exposed to 0, 125, 500, 1000, or 1500 ppm on the same schedule had increased liver to body weight ratios at the three highest levels in males and the two highest levels in females; degeneration of the olfactory epithelium occurred in both sexes at around 1000 ppm. Pathological changes were observed in the respiratory mucosa of rats following exposure to 1000 ppm 4 hours/day, 5 days/week for 3 weeks
Chromosomal abnormalities (micronucleii, chromosome gaps or breaks, nuclear bridges and unscheduled DNA synthesis in peripheral lymphocytes) have been recorded in workers exposed to styrene. Such aberrations however are not always apparent in epidemiological studies and the status of styrene as a DNA effector is equivocal.
Death due to cancers among workers exposed to styrene is statistically unremarkable.
The dominant first metabolite of styrene is styrene-7,8-epoxide which binds covalently to DNA and shows activity in various in-vitro and in-vivo assays for genetic effects where it induces dose-related responses of chromosomal damage at low concentrations. Styrene-7,8-oxide is detected in the blood of workers exposed to styrene. Adducts in haemoglobin and DNA, DNA single-strand breaks/ alkali-labile sites as well as significant increases in the frequency of chromosomal damage have been found in workers exposed to styrene in the reinforced plastics industry.
On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.
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 Bodyfiller Lightweight

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]

styrene

TOXICITY	IRRITATION
dermal (rat) LD50: >2000 mg/kg[1]	Eye (rabbit): 100 mg/24h - moderate
Inhalation(Mouse) LC50; 9.5 mg/L4h[2]	Eye (rabbit): 100 mg/24h - moderate
Oral (Mouse) LD50; 316 mg/kg[2]	Skin (rabbit): 500 mg - mild
	Skin (rabbit): 500 mg - mild

limestone

Continued...

	TOXICITY	IRRITATION
	Oral (Rat) LD50: 6450 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
		Skin (rabbit): 500 mg/24h-moderate
		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]

silica precipitated, crystalline free	TOXICITY	IRRITATION
	Not Available	Eye (rabbit) : 8.3 mg/48h

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. 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.
LIMESTONE	Eye (rabbit) 0.75: mg/24h - No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
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. 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.

Continued...

	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. 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.
SILICA PRECIPITATED, CRYSTALLINE FREE	For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification. Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser. Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact. Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure. Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m3 to 150 mg/m3. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m3. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m3. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL. Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected. For Synthetic Amorphous Silica (SAS) Repeated dose toxicity Oral (rat), 2 weeks to 6 months, no significant treatment-related adverse effects at doses of up to 8% silica in the diet. Inhalation (rat), 13 weeks, Lowest Observed Effect Level (LOEL) =1.3 mg/m3 based on mild reversible effects in the lungs. Inhalation (rat), 90 days, LOEL = 1 mg/m3 based on reversible effects in the lungs and effects in the nasal cavity. For silane treated synthetic amorphous silica: Repeated dose toxicity: oral (rat), 28-d, diet, no significant treatment-related adverse effects at the doses tested. There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.
TALC & TITANIUM DIOXIDE & SILICA PRECIPITATED, CRYSTALLINE FREE	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	No significant acute toxicological data identified in literature search.
STYRENE & LIMESTONE	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.
STYRENE & TITANIUM DIOXIDE	**WARNING:** This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

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 Bodyfiller Lightweight

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

Continued...

	LC50	96h	Fish	89581.016mg/l	2
	NOEC(ECx)	720h	Algae or other aquatic plants	918.089mg/l	2

styrene

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	96h	Algae or other aquatic plants	0.72mg/l	1
EC50	72h	Algae or other aquatic plants	1.4mg/l	1
EC50	48h	Crustacea	4.7mg/l	1
LC50	96h	Fish	3.29-5.05mg/l	4
NOEC(ECx)	96h	Algae or other aquatic plants	0.063mg/l	1

limestone

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>14mg/l	2
NOEC(ECx)	1h	Fish	4-320mg/l	4
LC50	96h	Fish	>165200mg/L	4

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

silica precipitated, crystalline free

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

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
styrene	HIGH (Half-life = 210 days)	LOW (Half-life = 0.3 days)
titanium dioxide	HIGH	HIGH
silica precipitated, crystalline free	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
styrene	LOW (BCF = 77)
titanium dioxide	LOW (BCF = 10)
silica precipitated, crystalline free	LOW (LogKOW = 0.5294)

Mobility in soil

Ingredient	Mobility
styrene	LOW (KOC = 517.8)
titanium dioxide	LOW (KOC = 23.74)
silica precipitated, crystalline free	LOW (KOC = 23.74)

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.

Continued...

- 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	•2YE

Land transport (ADG)

14.1. **UN number or ID number**	3269
14.2. **UN proper shipping name**	POLYESTER RESIN KIT, liquid base material
14.3. **Transport hazard class(es)**	Class: 3 Subsidiary Hazard: Not Applicable
14.4. **Packing group**	III
14.5. **Environmental hazard**	Not Applicable
14.6. **Special precautions for user**	Special provisions: 236 340 Limited quantity: 5 L

Air transport (ICAO-IATA / DGR)

14.1. **UN number**	3269
14.2. **UN proper shipping name**	Polyester resin kit liquid base material
14.3. **Transport hazard class(es)**	ICAO/IATA Class: 3 ICAO / IATA Subsidiary Hazard: Not Applicable ERG Code: 3L
14.4. **Packing group**	III
14.5. **Environmental hazard**	Not Applicable
14.6. **Special precautions for user**	Special provisions: A66 A163 Cargo Only Packing Instructions: 370 Cargo Only Maximum Qty / Pack: 10 kg Passenger and Cargo Packing Instructions: 370 Passenger and Cargo Maximum Qty / Pack: 10 kg Passenger and Cargo Limited Quantity Packing Instructions: Y370 Passenger and Cargo Limited Maximum Qty / Pack: 5 kg

Sea transport (IMDG-Code / GGVSee)

14.1. **UN number**	3269
14.2. **UN proper shipping name**	POLYESTER RESIN KIT, liquid base material
14.3. **Transport hazard class(es)**	IMDG Class: 3 IMDG Subsidiary Hazard: Not Applicable
14.4. **Packing group**	III
14.5 **Environmental hazard**	Not Applicable
14.6. **Special precautions for user**	EMS Number: F-E, S-D Special provisions: 236 340 Limited Quantities: 5 L

Continued...

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
styrene	Not Available
limestone	Not Available
titanium dioxide	Not Available
silica precipitated, crystalline free	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
talc	Not Available
styrene	Not Available
limestone	Not Available
titanium dioxide	Not Available
silica precipitated, crystalline free	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)

styrene 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)
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 2A: Probably carcinogenic to humans

limestone 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)

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)

silica precipitated, crystalline free 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)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (talc; styrene; silica precipitated, crystalline free)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (silica precipitated, crystalline free)
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	No (silica precipitated, crystalline free)
Taiwan - TCSI	Yes

Continued...

National Inventory	Status
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。
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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