ColorSpec Primer Filler
Motor Active

Chemwatch Hazard Alert Code: **3**

Chemwatch: **5452-02**
Version No: **2.1.1.1**
Safety Data Sheet according to WHS and ADG requirements

Issue Date: **09/02/2021**
Print Date: **08/02/2021**
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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.

Details of the 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	+61 2 9737 9414
Website	www.motoractive.com.au
Email	andrew.spira@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	Not Applicable
Classification [1]	Flammable Liquid Category 2, Aspiration Hazard Category 1, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Acute Toxicity (Inhalation) Category 4, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - single exposure Category 3 (narcotic effects), Germ cell mutagenicity Category 2, Carcinogenicity Category 1A, Acute Aquatic Hazard Category 2, Chronic Aquatic Hazard Category 2, Specific target organ toxicity - repeated exposure Category 2, Reproductive Toxicity Category 1B
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.
H225	Highly flammable liquid and vapour.
H304	May be fatal if swallowed and enters airways.
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.
H411	Toxic to aquatic life with long lasting effects.
H373	May cause damage to organs through prolonged or repeated exposure.
H360Df	May damage the unborn child. Suspected of damaging fertility.

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/face protection/hearing protection/...
P240	Ground and bond container and receiving equipment.
P241	Use explosion-proof [electrical/ventilating/lighting/...] equipment.
P242	Use non-sparking tools.
P243	Take action to prevent static discharges.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/...
P308+P313	IF exposed or concerned: Get medical advice/attention.
P321	Specific treatment (see ... on this label).
P331	Do NOT induce vomiting.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/... if you feel unwell.
P337+P313	If eye irritation persists: Get medical advice/attention.
P391	Collect spillage.
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

Continued...

CAS No	%[weight]	Name
14807-96-6	10-30	talc
123-86-4	10-30	n-butyl acetate
67-64-1	10-20	acetone
1330-20-7	<10	xylene
13463-67-7	<10	titanium dioxide
64-17-5	<10	ethanol
108-10-1	<10	methyl isobutyl ketone
85-68-7	<10	butyl benzyl phthalate
108-65-6	<10	propylene glycol monomethyl ether acetate, alpha-isomer
108-88-3	<10	toluene
7727-43-7	<10	barium sulfate
Not Available	30-60	Ingredients determined not to be hazardous

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 contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ 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	▸ 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. ▸ Seek medical advice. ▸ Avoid giving milk or oils. ▸ Avoid giving alcohol. ▸ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

Indication of any immediate medical attention and special treatment needed

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.
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

For acute or short term repeated exposures to xylene:

- Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- Pulmonary absorption is rapid with about 60-65% retained at rest.
- Primary threat to life from ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO_2 < 50 mm Hg or pCO_2 > 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.

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
Methylhippu-ric acids in urine	1.5 gm/gm creatinine	End of shift	
	2 mg/min	Last 4 hrs of shift	

- 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.
- 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]

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.
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

Minor Spills	Environmental hazard - contain spillage. ‣ 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.

Continued...

	▸ Wipe up. ▸ Collect residues in a flammable waste container.
Major Spills	Environmental hazard - contain spillage. ▸ 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. ▸ **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. ▸ Electrostatic discharge may be generated during pumping - this may result in fire. ▸ Ensure electrical continuity by bonding and grounding (earthing) all equipment. ▸ Restrict line velocity during pumping in order to avoid generation of electrostatic discharge (<=1 m/sec until fill pipe submerged to twice its diameter, then <= 7 m/sec). ▸ Avoid splash filling. ▸ Do NOT use compressed air for filling discharging or handling operations. ▸ 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. **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
Other information	▸ Store in original containers in approved flame-proof area. ▸ No smoking, naked lights, heat or ignition sources. ▸ **DO NOT** store in pits, depressions, basements or areas where vapours may be trapped. ▸ Keep containers securely sealed. ▸ Store away from incompatible materials in a cool, dry well ventilated area.

Continued...

	▸ Protect containers against physical damage and check regularly for leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

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 oxidising agents, acids, acid chlorides, acid anhydrides, chloroformates. ▸ Avoid strong 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	n-butyl acetate	n-Butyl acetate	150 ppm / 713 mg/m3	950 mg/m3 / 200 ppm	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	xylene	Xylene (o-, m-, p-isomers)	80 ppm / 350 mg/m3	655 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	ethanol	Ethyl alcohol	1000 ppm / 1880 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	methyl isobutyl ketone	Methyl isobutyl ketone	50 ppm / 205 mg/m3	307 mg/m3 / 75 ppm	Not Available	Not Available
Australia Exposure Standards	propylene glycol monomethyl ether acetate, alpha-isomer	1-Methoxy-2-propanol acetate	50 ppm / 274 mg/m3	548 mg/m3 / 100 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	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.

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
n-butyl acetate	Butyl acetate, n-	Not Available	Not Available	Not Available
acetone	Acetone	Not Available	Not Available	Not Available
xylene	Xylenes	Not Available	Not Available	Not Available
titanium dioxide	Titanium oxide; (Titanium dioxide)	30 mg/m3	330 mg/m3	2,000 mg/m3
ethanol	Ethanol: (Ethyl alcohol)	Not Available	Not Available	15000* ppm
methyl isobutyl ketone	Methyl isobutyl ketone; (Hexone)	75 ppm	500 ppm	3000* ppm
butyl benzyl phthalate	Phthalic acid, benzyl butyl ester; (Benzyl butyl phthalate)	15 mg/m3	77 mg/m3	460 mg/m3
propylene glycol monomethyl ether acetate, alpha-isomer	Propylene glycol monomethyl ether acetate, alpha-isomer; (1-Methoxypropyl-2-acetate)	Not Available	Not Available	Not Available
toluene	Toluene	Not Available	Not Available	Not Available
barium sulfate	Barium sulfate	15 mg/m3	170 mg/m3	990 mg/m3

Ingredient	Original IDLH	Revised IDLH
talc	1,000 mg/m3	Not Available
n-butyl acetate	1,700 ppm	Not Available
acetone	2,500 ppm	Not Available
xylene	900 ppm	Not Available
titanium dioxide	5,000 mg/m3	Not Available

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Ingredient	Original IDLH	Revised IDLH
ethanol	3,300 ppm	Not Available
methyl isobutyl ketone	500 ppm	Not Available
butyl benzyl phthalate	Not Available	Not Available
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available	Not Available
toluene	500 ppm	Not Available
barium sulfate	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
butyl benzyl phthalate	D	> 0.1 to ≤ 1 ppm
Notes:	*Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.*	

MATERIAL DATA

Exposure controls

Appropriate engineering controls

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.

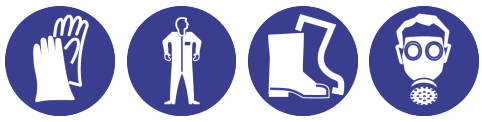
Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at 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.

Personal protection



Eye and face protection

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

Skin protection

See Hand protection below

Hands/feet protection

- 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

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	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
BUTYL	C
BUTYL/NEOPRENE	C
CPE	C
HYPALON	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE	C
PE/EVAL/PE	C
PVA	C
PVC	C
PVDC/PE/PVDC	C
SARANEX-23	C

Respiratory protection

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

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

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

^ - 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)

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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.

- 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	Grey coloured viscous highly flammable liquid with strong solvent 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**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	<6666.7
Initial boiling point and boiling range (°C)	56-145	**Molecular weight (g/mol)**	Not Applicable
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. The main effects of simple aliphatic esters are narcosis and irritation and anaesthesia at higher concentrations. These effects become greater as the molecular weights and boiling points increase. Central nervous system depression , headache, drowsiness, dizziness, coma and neurobehavioral changes may also be symptomatic of overexposure. Respiratory tract involvement may produce mucous membrane irritation, dyspnea, and tachypnea, pharyngitis, bronchitis, pneumonitis and, in massive exposures, pulmonary oedema (which may be delayed). Gastrointestinal effects include nausea, vomiting, diarrhoea and abdominal cramps. Liver and kidney damage may result from massive

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exposures.
The most common signs of inhalation overexposure to ethanol, in animals, include ataxia, incoordination and drowsiness for those surviving narcosis. The narcotic dose for rats, after 2 hours of exposure, is 19260 ppm.
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.
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
Mice exposed at up to 3000 ppm PGMEA 6 hr/day for a total of 9 days during an 11-day period showed no pronounced effect on the weights of liver, kidneys, heart, spleen, thymus or testes. Histopathological examination revealed degeneration of the olfactory epithelium in mice exposed at 300 ppm for the same time. Rats, similarly failed to show changes in internal organs and did not show olfactory epithelium degeneration until 3000 ppm. The no-effect level in rats was 1000 ppm.
The acute toxicity of inhaled alkylbenzenes is best described by central nervous system depression. As a rule, these compounds may also act as general anaesthetics.
Systemic poisoning produced by general anaesthesia is characterised by lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred or double vision, vomiting and sensations of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness and respiratory depression and arrest. Cardiac arrest may result from cardiovascular collapse. Bradycardia, and hypotension may also be produced.
Inhaled alkylbenzene vapours cause death in animals at air levels that are relatively similar (typically LC50s are in the range 5000 -8000 ppm for 4 to 8 hour exposures). It is likely that acute inhalation exposure to alkylbenzenes resembles that to general anaesthetics.
Alkylbenzenes are not generally toxic other than at high levels of exposure. This may be because their metabolites have a low order of toxicity and are easily excreted. There is little or no evidence to suggest that metabolic pathways can become saturated leading to spillover to alternate pathways. Nor is there evidence that toxic reactive intermediates, which may produce subsequent toxic or mutagenic effects, are formed
Human overexposure to MIBK vapour may produce weakness, loss of appetite, headache, a burning sensation to the eyes, stomach-ache, nausea and vomiting. Sore throat, insomnia, somnolence, heartburn and intestinal pain have been reported by some workers. Tolerance is reported to be acquired over the workweek and lost during the weekend.
Exposure to high concentrations (>1000 ppm) can produce central nervous system depression and narcosis. Lower doses (80-500 ppm) can cause weakness, headache and nausea.
Rats, mice, dogs and monkeys that inhaled 100 or 200 ppm MIBK 24 hrs/day showed no outward adverse effects during 2 weeks of exposure. At 200 ppm rats showed increased absolute liver and kidney weights and increased organ-to-body weight ratios. Examination of the proximal tubules showed toxic nephrosis (hyaline droplet degeneration and occasional focal tubular necrosis) in rats exposed to 100 ppm. This damage was considered transient and reversible. Discriminatory behaviour and memory in baboons was effected at exposures of 50 ppm for 7 days.

Headache, fatigue, lassitude, irritability and gastrointestinal disturbances (e.g., nausea, anorexia and flatulence) are the most common symptoms of xylene overexposure. Injury to the heart, liver, kidneys and nervous system has also been noted amongst workers. Transient memory loss, renal impairment, temporary confusion and some evidence of disturbance of liver function was reported in three workers overcome by gross exposure to xylene (10000 ppm). One worker died and autopsy revealed pulmonary congestion, oedema and focal alveolar haemorrhage.
Volunteers inhaling xylene at 100 ppm for 5 to 6 hours showed changes in manual coordination reaction time and slight ataxia. Tolerance developed during the workweek but was lost over the weekend. Physical exercise may antagonise this effect. Xylene body burden in humans exposed to 100 or 200 ppm xylene in air depends on the amount of body fat with 4% to 8% of total absorbed xylene accumulating in adipose tissue.
Xylene is a central nervous system depressant. 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.

Ingestion

Accidental ingestion of the material may be damaging to the health of the individual.
Swallowing of the liquid may cause aspiration of vomit into the lungs with the risk of haemorrhaging, pulmonary oedema, progressing to chemical pneumonitis; serious consequences may result.
Signs and symptoms of chemical (aspiration) pneumonitis may include coughing, gasping, choking, burning of the mouth, difficult breathing, and bluish coloured skin (cyanosis).

Ingestion of ethanol may produce nausea, vomiting, gastrointestinal bleeding, abdominal pain and diarrhoea. Systemic effects:

Blood concentration:	Effects:
<1.5 g/l	Mild: Impaired visual acuity, coordination and reaction time, emotional lability
1.5-3.0 g/l	Moderate: Slurred speech, confusion, ataxia, emotional lability, perceptual and sensation disturbances possible blackout spells, and incoordination with impaired objective performance in standardised tests. Possible diplopia, flushing, tachycardia, sweating and incontinence. Bradypnoea may occur early and tachypnoea may develop in cases of metabollic acidosis, hypoglycaemia and hypokalaemia. CNS depression may progress to coma.
3-5 g/l	Severe: Cold clammy skin, hypothermia and hypotension. Atrial fibrillation and atrioventricular block have been reported. Respiratory depression may occur, respiratory failure may follow serious intoxication, aspiration of vomitus may result in pneumonitis and pulmonary oedema. Convulsions due to severe hypoglycaemia may also occur Acute hepatitis may develop.

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)

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	was observed in male and female rats receiving a single gavage dose of 198 mg barium/kg/day as barium chloride in water. 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. In a 14-day study of butyl benzyl phthalate in rats, exposure to 25000 ppm or more resulted in lower body weight gains. Thymic atrophy occurred in all 100000 ppm rats and testicular degeneration was observed in all 50000 and 100000 ppm males. No compound related effects were seen in a companion study in mice receiving 25000 ppm in feed. In a similar 13-week study, lower body weight gains and testicular degeneration, characterised by loss of germinal epithelium of the seminiferous tubules were seen in male rats receiving 25000 ppm whereas compound related effects in mice were limited to lower body weight gains in male mice exposed to concentrations of 1600 ppm or more and in 12500 ppm females. The testicular degeneration in rats may be related to the conversion of the phthalate to monobutylphthalate which has been shown to produce testicular atrophy. Rats exposed to 2000 to 4000 mg in feed for 2-weeks showed dose-related posterior body stiffness and incoordination of the hind limbs which was more severe in males. These signs generally disappeared by the end of a 1-week recovery period. In a follow-up 6-week neurological study, body weight gains of rats exposed to 1500 or 3000 mg butyl benzyl phthalate/kg body weight were lower than those of the controls, and transient hind limb stiffness was observed in the 3000 mg/kg group, mainly in males. Histopathology of tissues from the central and peripheral nervous system no-observed-effect-level (NOEL) in a 90 day study with rats administered feed containing up to 2% of the phthalate, by weight, was 0.5%. After 14-weeks of a 2-year study with rats exposed to 6000 or 12000 ppm butyl benzyl phthalate in feed, compound related mortality in males resulted from unexplained internal haemorrhaging. It has been postulated that intraperitoneal injection produces acute depression of the central nervous system. Phthalates (aromatic dicarboxylic acid esters), in general, exhibit low toxicity, partly because of poor absorption but mainly as a result of rapid metabolism in which the esters are saponified to phthalic acid (which is rapidly excreted) and the parent alcohol (which is subsequently metabolised). The pathology of these compounds seems to be related to the released alcohol and its biological effects. The rate of absorption of ingested phthalate esters is influenced by the content of dietary fat. Ingested phthalate esters may to a lesser degree be absorbed as the monoester derivatives or in the case of di(2-ethylhexyl)phthalate, as the diester. Cumulative toxicity of the phthalates has been observed on repeated administration. Both di-n-octyl phthalate and di(2-ethylhexyl)phthalate were found to have 22-28 times greater toxicity (based on LD50s) following repeated administration to animals. The liver has been shown to be the target organ affected by the phthalates. In general phthalates have induced liver enlargement; this increase in liver weight has been attributed to rapid cell division (hyperplasia) along with the detachment of cells (hypertrophy). The increase in liver weight caused by phthalates has been found to reverse to normal or even below normal levels on prolonged exposure. Exposure to phthalates, in general, has been found to be associated with a reduction in circulating cholesterol and serum triglyceride levels which accounted for a reduction in liver steroidogenesis. The phthalates also effect carbohydrate metabolism in the liver producing depleted glycogen electron transport inhibitors following interaction with mitochondria. Testicular atrophy produced in rats during feeding studies depends on the length and structure of the alcohol; in general the lower molecular weight esters produce the more severe effects. The toxicity of phthalic acid isomers decreases in the order o-phthalic acid, isophthalic acid and terephthalic acid. Phthalic acid is not metabolised but is excreted, unchanged, in the urine and faeces. Terephthalic acid appears to potentiate the biological effects of substances such as antibiotics, thiamine and sulfonamides.
Skin Contact	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. Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Repeated application of commercial grade PGMEA to the skin of rabbits for 2-weeks caused slight redness and very slight exfoliation. 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.
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. Direct contact of the eye with ethanol may cause immediate stinging and burning with reflex closure of the lid and tearing, transient injury of the corneal epithelium and hyperaemia of the conjunctiva. Foreign-body type discomfort may persist for up to 2 days but healing is usually spontaneous and complete.

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	Undiluted propylene glycol monomethyl ether acetate (PGMEA) causes moderate discomfort, slight conjunctival redness and slight corneal injury in rabbits At concentrations of 100-200 ppm MIBK, the vapour may irritate the eyes and respiratory tract
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. Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. 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. Harmful: danger of serious damage to health by prolonged exposure through inhalation. 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 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. Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following. 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. 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). The various phthalates have different uses, chemical structures and toxicity profiles. It is therefore difficult to generalise about the safety of all phthalates as a group. The main health concern associated with some phthalates is that animal studies have shown that high regular doses can affect the reproductive system in developing young, particularly males. While there is no significant risk to the general population, young children may experience higher exposures than the general population if they chew or suck on phthalate-containing toys, or if they ingest phthalates over a long period from other products containing high levels of phthalates. In animal tests, phthalates have been shown to "feminise" male animals, increasing the likelihood of small or undeveloped testes, undescended testicles, and low sperm counts. A 2005 study also linked higher foetal exposure to phthalates through the mother's blood with increased risk of developmental abnormalities in male infants. Higher phthalate levels are also associated with lower testosterone production and reduced sperm count in men. One study suggested that high levels of phthalates may be connected to the current obesity epidemic in children. It was found that obese children show greater exposure to phthalates than non-obese children. It was reported that the obesity risk increases according to the level of the chemical found in the children's bloodstream. in a national cross-section of U.S. men, concentrations of several prevalent phthalate metabolites showed statistically significant correlations with abnormal obesity and insulin resistance. A further study found that people with elevated phthalate levels had roughly twice the risk of developing diabetes compared with those with lower levels. This study also found that phthalates were associated with disrupted insulin production. Much of the current research on effects of phthalate exposure has been focused towards children and men's health, however, women may be at higher risk for potential adverse health effects of phthalates due to increased cosmetic use. According to in vivo and observational studies there is an association between phthalate exposure and endocrine disruption leading to development of breast cancer. This finding may be associated with the demethylation of the oestrogen receptor complex in breast cancer cells. A Russian study describes exposure by workers to mixed phthalates (and other plasticisers) - pain, numbness and spasms in the upper and lower extremities were related to duration of exposures. Symptoms usually developed after the sixth or seventh year of work. Neurological studies revealed the development of polyneuritis in about 30% of the workers involved in this study. About 30% of the workforce showed depression of the vestibular receptors. Because the study described mixed exposures it is difficult to determine what, if any, unique role was played by the phthalates. Increased incidences of anovulatory reproductive cycles and low oestrogen concentrations were reported among Russian women working with phthalate plasticisers; the abnormal cycles were associated with spontaneous abortion. The specific phthalates implicated, dose levels and other data were not reported. It has been alleged that the phthalates mimic or interfere with sex packaging) and are used as ingredients in paints, inks and adhesives. Their potential for entering the human body is marked. They have been added to a list of chemicals (including alkyl phenolics, polycyclic aromatic hydrocarbons (PAHs), polychlorinated biphenyls (PCBs) and dioxins) which are implicated in reducing sperm counts and fertility in males a phenomenon which has apparently arisen since the mid 1960s. Phthalates are generally considered to be in a class of endocrine disruptors known as "xenoestrogens," for their ability to mimic the effect of oestrogen on the body. Although the human foetus is "bathed" in naturally occurring oestrogens during pregnancy it is suggested that it has developed a protective mechanism against natural oestrogens but is not safe from synthetic variants. These tend to accumulate in body fats which sets them apart from the natural product. During early pregnancy, fats are broken down and may flood the body with concentrated pollutants Human phthalate exposure during pregnancy results in decreased anogenital distance among baby boys.Boys born to mothers with the highest levels of phthalates were 7 times more likely to have a shortened anogenital distance. While anogenital distance is routinely used as a measure of foetal exposure to endocrine disruptors in animals, this parameter is rarely assessed in humans, and its significance is unknown One study also found that female animals exposed to higher levels of phthalates experienced increased risk of miscarriage, a common symptom of excessive estrogen levels in human women, and stillbirth. Prematurity may also be linked to phthalate exposure. Another study found a link between exposure to phthalates and increased rates of childhood obesity. In adult human men, phthalates have been linked to greater waist circumference and higher insulin resistance, a common precursor to type 2 (adult onset) diabetes. They have been linked to thyroid irregularities, asthma, and skin allergies in both sexes. Though the exact mechanism is unclear, studies have linked higher rates of respiratory infections and other symptoms in children living in houses with vinyl floors. One possible explanation is inhalation of dust tainted by phthalates, which are used in cosmetics such as nail polishes and hand creams precisely because of their ability to bind to human tissues. Animal studies have shown increased risks of certain birth defects (including the genital abnormalities and, in rats, extra ribs) and low birth rates in rats whose mothers were fed higher levels of phthalates. These effects on foetal development are of particular concern because young women of childbearing age often have higher than average phthalate levels in the body thanks to their use of cosmetics, many of which contain phthalates. The EU has applied limitations to the use of several phthalates in general food contact applications (packaging and closures) and medical device applications. The USA has introduced regulation of phthalate esters as components of children's toys and childcare articles for children under the age of 12 that could be 'placed in the mouth'. Endocrine disruptors such as phthalates can be add to the effects of other endocrine disruptors, so even very small amounts can interact with other chemicals to have cumulative, adverse "cocktail effects"

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Large amounts of specific phthalates fed to rodents have been shown to damage their liver and testes, and initial rodent studies also indicated hepatocarcinogenicity. Later studies on primates showed that the mechanism is specific to rodents - humans are resistant to the effect
Studies conducted on mice exposed to phthalates in utero did not result in metabolic disorder in adults. However, "At least one phthalate, monoethyhexyl phthalate (MEHP) has been found to interact with all three peroxisome proliferator-activated receptors (PPARs) PPARs are members of the nuclear receptor superfamily involved in lipid and carbohdrate metabolism.
Prenatal exposure to phthalates may affect children's mental, motor and behavioral development during the preschool year.
A 2009 study found that prenatal phthalate exposure was related to low birth weight in infants. Low birth weight is the leading cause of death in children under 5 years of age and increases the risk of cardiovascular and metabolic disease in adulthood. Another study found that women who deliver prematurely have, on average, up to three times the phthalate level in their urine compared to women who carry to term.
Several findings point to a statistically significant correlation between urine phthalate concentrations in children and symptoms of attention deficit hyperactivity disorder (ADHD)
Long-term exposure to ethanol may result in progressive liver damage with fibrosis or may exacerbate liver injury caused by other agents.
Repeated ingestion of ethanol by pregnant women may adversely affect the central nervous system of the developing foetus, producing effects collectively described as foetal alcohol syndrome. These include mental and physical retardation, learning disturbances, motor and language deficiency, behavioural disorders and reduced head size.
Consumption of ethanol (in alcoholic beverages) may be linked to the development of Type I hypersensitivities in a small number of individuals. Symptoms, which may appear immediately after consumption, include conjunctivitis, angioedema, dyspnoea, and urticarial rashes. The causative agent may be acetic acid, a metabolite (1).
(1) Boehncke W.H., & H.Gall, Clinical & Experimental Allergy, 26, 1089-1091, 1996
Repeated exposure to higher concentrations of propylene glycol monomethyl ether acetate (PGMEA) (1000 ppm and above) causes mild liver and kidney damage in animals.
A minor component, 2-methoxy-1-propyl acetate (the beta-isomer) produced birth defects on inhalation exposure of pregnant rabbits at 545 ppm, but not at 145 or 36 ppm; maternal and embryo/foetal toxicity on inhalation exposure of pregnant rats at 2710 ppm, but not at 545 or 110 ppm; and no adverse effects on dermal exposure of pregnant rabbits at applied dosages of 1000 and 2000 mg/kg of body weight per day during the critical period or embryo/foetal development. In a further study, no developmental effects were seen following exposure of pregnant rats at air concentrations of commercial propylene glycol monomethyl ether acetate (containing 3-5% of the minor component) up to 4000 ppm; slight maternal effects were seen at 5000 ppm and greater.
Exposure of pregnant rats and rabbits to the parent glycol ether, propylene glycol monomethyl ether which contained comparable amounts of the primary isomer, 2-methoxy-1-propanol, did not produce teratogenic effects at concentrations up to 3000 ppm. Foetotoxic effects were seen in rat foetuses but not in rabbit foetuses at this concentration and maternal toxicity was noted in both species at this concentration
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".
Under the conditions of a 2-year feed study with benzyl butyl phthalate, there was some evidence of carcinogenic activity in male rats based on an increased incidence of pancreatic acinar cell adenoma and of acinar cell adenoma or carcinoma (combined). There was equivocal evidence of carcinogenic activity of butyl benzyl phthalate in female rats based on a marginally increased incidence of pancreatic acinar cell adenoma and of transitional epithelial papilloma of the urinary bladder. Exposure to rats of butyl
benzyl phthalate in feed for 2-years resulted in focal hyperplasia in the pancreas in male rats and in transitional hyperplasia in the urinary bladder of female rats. Results from in vitro mutagenicity tests were uniformly negative; in vivo studies with mice showed bone marrow sister chromatid exchange at 23 and 42 hours while chromosome aberrations were induced in bone marrow cells of male mice sampled 17 hours after intraperitoneal injection of 5000 mg/kg butyl benzyl phthalate.
Embryolethality, independent of maternal toxicity, has been demonstrated in rats fed 2% butyl benzyl phthalate. Foetal malformations consisting of cleft palate and fusion of the sternebrae has been demonstrated in rats; results indicate that the susceptibility of the teratogenic effect of butyl benzyl phthalate varies with the development stage at the time of administration. Exposure during the first half of pregnancy resulted in embryolethality; similar exposure during the second half caused marked teratogenicity.
National Toxicology Program: Technical Report Series No. 458, September 97
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.
Experiments with rats exposed to MIBK have shown nerve changes characteristic of neuropathy (disease of the peripheral nerves usually

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causing weakness and numbness).
Chronic occupational exposure to 500 ppm MIBK in air (20-30 mins/day, and 80 ppm for the remainder of the workday resulted in nausea, headache, burning eyes, and weakness in over half the workers. Some workers reported somnolence, insomnia and intestinal pain, and 4/19 appeared to have enlarged livers. This study was continued 5 years after MIBK concentrations had been reduced to 100-105 ppm for the 20-30 minutes exposures and 50 ppm for the general exposure. A few workers still experienced gastrointestinal and neurological problems and slight liver enlargement was found in two individuals.
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.
Workers exposed to 700 ppm acetone for 3 hours/day for 7-15 years showed inflammation of the respiratory tract, stomach and duodenum, attacks of giddiness and loss of strength. Exposure to acetone may enhance liver toxicity of chlorinated solvents.

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]
	Oral(Rat) LD50; >5000 mg/kg[1]	Skin (human): 0.3 mg/3d-I mild
		Skin: no adverse effect observed (not irritating)[1]

n-butyl acetate	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >14100 mg/kg[2]	Eye (human): 300 mg
	Inhalation(Rat) LC50; =0.74 mg/l4hrs[2]	Eye (rabbit): 20 mg (open)-SEVERE
	Oral(Mouse) LD50; 0.006 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]

acetone	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >7.426 mg/kg[1]	Eye (human): 500 ppm - irritant
	Inhalation(Mouse) LC50; 44 mg/L4hrs[2]	Eye (rabbit): 20mg/24hr -moderate
	Oral(Mouse) LD50; 0.003 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]

xylene	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >1700 mg/kg[2]	Eye (human): 200 ppm irritant
	Inhalation(Rat) LC50; 5922 ppm4hrs[1]	Eye (rabbit): 5 mg/24h SEVERE
	Oral(Rat) LD50; 8.70 mg/kg[1]	Eye (rabbit): 87 mg mild
		Eye: adverse effect observed (irritating)[1]
		Skin (rabbit):500 mg/24h moderate
		Skin: adverse effect observed (irritating)[1]

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

ethanol	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >15800 mg/kg[1]	Eye (rabbit): 500 mg SEVERE
	Inhalation(Mouse) LC50; =39 mg/l4hrs[2]	Eye (rabbit):100mg/24hr-moderate
	Oral(Rat) LD50; >7692 mg/kg[1]	Eye: adverse effect observed (irritating)[1]
		Skin (rabbit):20 mg/24hr-moderate

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		Skin (rabbit):400 mg (open)-mild
		Skin: no adverse effect observed (not irritating)[1]
methyl isobutyl ketone	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >16 mg/kg[1]	Eye (human): 200 ppm/15m
	Inhalation(Rat) LC50; ~8.2-16.4 mg/l4hrs[2]	Eye (rabbit): 40 mg - SEVERE
	Oral(Rat) LD50; 0.002 mg/kg[1]	Eye (rabbit): 500 mg/24h - mild
		Skin (rabbit): 500 mg/24h - mild
butyl benzyl phthalate	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: 6700 mg/kg[2]	Not Available
	Inhalation(Rat) LC50; >6.7 mg/l4hrs[2]	
	Oral(Rat) LD50; =2330 mg/kg[2]	
propylene glycol monomethyl ether acetate, alpha-isomer	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Eye: no adverse effect observed (not irritating)[1]
	Oral(Rat) LD50; 5155 mg/kg[1]	Skin: no adverse effect observed (not irritating)[1]
toluene	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >5000 mg/kg[1]	Eye (rabbit): 2mg/24h - SEVERE
	Inhalation(Rat) LC50; =12.5-28.8 mg/l4hrs[2]	Eye (rabbit):0.87 mg - mild
	Oral(Mammal) LD50; 0.004 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]
barium sulfate	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Not Available
	Oral(Rat) LD50; 0.307 mg/kg[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.
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**
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

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	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.
XYLENE	Reproductive effector in rats
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. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
METHYL ISOBUTYL KETONE	For methyl isobutyl ketone (MIBK): MIBK is primarily absorbed by the lungs in animals and humans; it can however be absorbed by the gastrointestinal system and through skin. In two cases involving individuals exposed to the vapour MIBK was found in the brain, liver, lung, vitreous fluid, kidney and blood. Experiments in guinea pigs show that MIBK is metabolised to 4-hydroxy-4-methyl-2-pentanone and 4-methyl-2-pentanol. Ketones are generally excreted rapidly in expired air. Small amounts of MIBK are also excreted in the urine. Humans excreted less than 0.1% of the dose as unmetabolised MIBK in the urine within the first 3 hours post exposure. Serum half-life in guinea pigs is about 55 minutes with a clearance time of 6 hours In animal studies, the acute systemic toxicity of MIBK, via the oral and inhalation routes of exposure, is low. In a 90-day gavage study on rats, a no-observed-effect level (NOEL) of 50 mg/kg per day was found. In 90-day inhalation studies on rats and mice, concentrations of up to 4100 mg/m3 (1000 ppm) did not result in significant toxicity, though compound-related reversible morphological changes were reported in the liver and kidney. Evidence of central nervous system depression was seen in animals exposed to a level of 4100 mg/m3 (1000 ppm). In a number of studies, exposure to MIBK concentrations as low as 1025 mg/m3 (250 ppm) resulted in an increase in liver size and induced hepatic microsomal metabolism. This may be responsible for the exacerbation of haloalkane toxicity and for the potentiation of the neurotoxicity of *n*-hexane. MIBK was also found to potentiate the cholestatic effects of manganese given with, or without, bilirubin. In 90-day studies on mice, rats, dogs, and monkeys, only male rats developed hyaline droplets in the proximal tubules of the kidney. Effects on behaviour were reported in baboons exposed for 7 days to 205 mg/m3 (50 ppm). At a concentration of 4100 mg/m3 (1000 ppm), MIBK was not embryotoxic, foetotoxic, or teratogenic in rats or mice. Foetotoxicity was only observed at concentrations of MIBK that caused maternal toxicity. MIBK did not induce gene mutations in *in vitro* bacterial test systems with, or without, metabolic activation. Negative results were also obtained *in vitro* with, or without, metabolic activation, in tests for mitotic gene conversion in yeast, and for gene mutation in cultured mammalian cells. The results of *in vitro* assays for unscheduled DNA synthesis in primary rat hepatocytes and for structural chromosome damage in cultured rat liver cells were negative. An *in vivo* micronucleus test on mice was negative. These data indicate that MIBK is not genotoxic. No long-term or carcinogenicity studies are available. The toxicity of MIBK for aquatic organisms and microorganisms is low.
BUTYL BENZYL PHTHALATE	The material may produce peroxisome proliferation. Peroxisomes are single, membrane limited, cytoplasmic organelles that are found in the cells of animals, plants, fungi and protozoa. Peroxisome proliferators include certain hypolipidaemic drugs, phthalate ester plasticisers, industrial solvents, herbicides, food flavours, leukotriene D4 antagonists and hormones. Numerous studies in rats and mice have demonstrated the hepatocarcinogenic effects of peroxisome proliferators, and these compounds have been unequivocally established as carcinogens. However it is generally conceded that compounds inducing proliferation in rats and mice have little, if any, effect on human liver except at very high doses or extreme conditions of exposure. for benzyl butyl phthalate: **Repeat dose toxicity:** The repeated-dose toxicity of BBP has been well investigated in studies, primarily in the rat, in which dose-response was well characterised. Effects observed consistently have been decreases in body weight gain (often accompanied by decreases in food

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	consumption) and increases in organ to body weight ratios, particularly for the kidney and liver. Histopathological effects on the pancreas and kidney and haematological effects have also been observed. At higher doses, degenerative effects on the testes and, occasionally, histopathological effects on the liver have been reported. In specialised investigations, peroxisomal proliferation in the liver has been observed, although potency in this regard was less than that for other phthalates, such as bis(2-ethylhexyl) phthalate (DEHP). **Reproductive Toxicity and Teratology Studies** Groups of male F344/N rats given 20, 200, or 2200 mg/kg body weight butyl benzyl phthalate daily in feed for 10 weeks resulted in significantly decreased prostate gland, right cauda, right epididymis, and right testis weights at the highest dose versus those of the controls (NTP, 1997). Additionally, the epididymal spermatozoal concentrations in males given the 200 and 2200 mg/kg levels were significantly less than the controls. Females mated to 20 and 200 mg/kg males exhibited maternal body weights similar to those of females mated to control males. Litter data between the two dose groups and controls were also similar. Females mated to 2200 mg/kg males were initially found to be sperm positive; however, at necropsy, none of the females were pregnant. The fertility indices of the males and females were observed to be significantly lower than those of the controls. **Developmental Toxicity:** In several well-conducted studies in rats and mice, BBP has induced marked developmental effects, but only at dose levels that induce significant maternal toxicity. **Carcinogenicity Studies** In a 2-year study, groups of male F344/N rats were given 120, 240, or 500 mg/kg body weight butyl benzyl phthalate daily in feed and females were given 300, 600, or 1200 mg/kg/day (NTP, 1997). At the highest dose, the incidences of pancreatic acinar cell adenoma and adenoma or carcinoma (combined) were significantly greater in males than those in the controls. In females, the incidence of transitional epithelial hyperplasia was significantly greater than that in the controls. Specifically, two transitional epithelial papillomas in the urinary bladder were seen. It was concluded that there was "some evidence" of carcinogenicity in male rats, based on an increased incidence of pancreatic tumours, and equivocal evidence in female rats, based on marginal increases in pancreatic and bladder tumours. Dietary restriction prevented full expression of the pancreatic tumours and delayed appearance of the bladder tumours. There was no evidence of carcinogenicity in mice. **Genotoxicity Studies** At concentrations up to 11,550 ug/plate butyl benzyl phthalate in *Salmonella typhimurium* strains TA98, TA100, TA1535, and TA1537, no mutagenic response was obtained, in the presence or absence of metabolic activation (S9) (NTP, 1997). *In vitro* studies with L5178Y mouse lymphoma cells and cultured Chinese hamster ovary cells, both conducted with and without S9, were also negative. In germ cells of male *Drosophila melanogaster*, no induction of sex-linked recessive lethal mutations was observed. In contrast to these results, butyl benzyl phthalate gave positive responses in two *in vivo* mouse studies. In one experiment, sister chromatid exchanges were weakly positive at 23 and 42 hours. In the other study, chromosomal aberrations were induced in bone marrow cells 17 hours after intraperitoneal injection of 5000 mg/kg of the compound. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis). Reproductive effector in rats.
PROPYLENE GLYCOL MONOMETHYL ETHER ACETATE, ALPHA-ISOMER	A BASF report (in ECETOC) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects. The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.I] *Shin-Etsu SDS 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. 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

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	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. A BASF report (in ECETOC) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects. The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.I]
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 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.
TALC & TITANIUM DIOXIDE & METHYL ISOBUTYL KETONE	Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.
TALC & TITANIUM DIOXIDE & BARIUM SULFATE	No significant acute toxicological data identified in literature search.
TALC & XYLENE & BUTYL BENZYL PHTHALATE	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.
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.

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N-BUTYL ACETATE & XYLENE & ETHANOL & TOLUENE	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.
ACETONE & TITANIUM DIOXIDE & METHYL ISOBUTYL KETONE	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.
TITANIUM DIOXIDE & METHYL ISOBUTYL KETONE	**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 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
LC50	96	Fish	89581.016mg/L	2
EC50	96	Algae or other aquatic plants	7202.7mg/L	2
NOEC	720	Algae or other aquatic plants	918.089mg/L	2

n-butyl acetate

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	-17-19mg/L	4
EC50	48	Crustacea	32mg/L	2
EC50	72	Algae or other aquatic plants	246mg/L	2
EC0	192	Algae or other aquatic plants	=21mg/L	1
NOEC	504	Crustacea	23.2mg/L	2

acetone

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	>100mg/L	4
EC50	48	Crustacea	6098.4mg/L	5
EC50	96	Algae or other aquatic plants	-9.873-27.684mg/L	4
NOEC	96	Not Available	<0.000000005-=mg/L	4

xylene

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	0.0013404-mg/L	4
EC50	48	Crustacea	1.8mg/L	2
EC50	72	Algae or other aquatic plants	3.2mg/L	2
NOEL	72	Not Available	0.01-mg/L	4

titanium dioxide

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	-1.85-3.06mg/L	4
EC50	48	Crustacea	1.9mg/L	2
EC50	72	Algae or other aquatic plants	-3.75-7.58mg/L	4
BCF	24	Crustacea	0.66mg/L	4
NOEC	552	Not Available	0.01-mg/L	4

ethanol

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96	Fish	42-mg/L	4
EC50	48	Crustacea	2-mg/L	4
EC50	96	Algae or other aquatic plants	-8.358-26.503mg/L	4
EC10	168	Algae or other aquatic plants	1.91-mg/L	4
NOEC	2016	Fish	0.000375-mg/L	4

Continued...

methyl isobutyl ketone	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	LC50	96	Fish	>179mg/L	2
	EC50	48	Crustacea	=170mg/L	1
	EC50	96	Algae or other aquatic plants	=400mg/L	1
	NOEC	Not coded	Crustacea	-7.8-39mg/L	4
butyl benzyl phthalate	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	LC50	96	Fish	0.51mg/L	2
	EC50	48	Crustacea	0.97mg/L	2
	EC50	96	Algae or other aquatic plants	-0.3-2mg/L	4
	BCF	78.48	Fish	0.034-mg/L	4
	NOEC	336	Algae or other aquatic plants	<0.02mg/L	1
propylene glycol monomethyl ether acetate, alpha-isomer	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	LC50	96	Fish	>100mg/L	2
	EC50	48	Crustacea	373mg/L	2
	EC50	72	Algae or other aquatic plants	>1000mg/L	2
	NOEC	336	Fish	47.5mg/L	2
toluene	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	LC50	96	Fish	0.0031704-mg/L	4
	EC50	48	Crustacea	-5.46-9.83mg/L	4
	EC50	96	Algae or other aquatic plants	2.66-mg/L	4
	BCF	180	Not Available	50.9mg/L	4
	NOEL	168	Crustacea	0.008-mg/L	4
barium sulfate	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	LC50	96	Fish	>3.5mg/L	2
	EC50	48	Crustacea	32.00mg/L	4
	EC50	72	Algae or other aquatic plants	>1.15mg/L	2
	NOEC	72	Algae or other aquatic plants	>=1.15mg/L	2
Legend:	*Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*				

Toxic 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
n-butyl acetate	LOW	LOW
acetone	LOW (Half-life = 14 days)	MEDIUM (Half-life = 116.25 days)
xylene	HIGH (Half-life = 360 days)	LOW (Half-life = 1.83 days)
titanium dioxide	HIGH	HIGH
ethanol	LOW (Half-life = 2.17 days)	LOW (Half-life = 5.08 days)
methyl isobutyl ketone	HIGH (Half-life = 7001 days)	LOW (Half-life = 1.9 days)
butyl benzyl phthalate	HIGH (Half-life = 180 days)	LOW (Half-life = 2.5 days)
propylene glycol monomethyl ether acetate, alpha-isomer	LOW	LOW
toluene	LOW (Half-life = 28 days)	LOW (Half-life = 4.33 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
n-butyl acetate	LOW (BCF = 14)
acetone	LOW (BCF = 0.69)
xylene	MEDIUM (BCF = 740)
titanium dioxide	LOW (BCF = 10)
ethanol	LOW (LogKOW = -0.31)
methyl isobutyl ketone	LOW (LogKOW = 1.31)
butyl benzyl phthalate	MEDIUM (BCF = 663)
propylene glycol monomethyl ether acetate, alpha-isomer	LOW (LogKOW = 0.56)
toluene	LOW (BCF = 90)

Continued...

Mobility in soil

Ingredient	Mobility
n-butyl acetate	LOW (KOC = 20.86)
acetone	HIGH (KOC = 1.981)
titanium dioxide	LOW (KOC = 23.74)
ethanol	HIGH (KOC = 1)
methyl isobutyl ketone	LOW (KOC = 10.91)
butyl benzyl phthalate	LOW (KOC = 9359)
propylene glycol monomethyl ether acetate, alpha-isomer	HIGH (KOC = 1.838)
toluene	LOW (KOC = 268)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ **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	
HAZCHEM	•3YE

Land transport (ADG)

UN number	1263
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)
Transport hazard class(es)	Class: 3 Subrisk: Not Applicable
Packing group	II
Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions: 163 367 Limited quantity: 5 L

Air transport (ICAO-IATA / DGR)

UN number	1263
UN proper shipping name	Paint (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base); Paint related material (including paint thinning or reducing compounds)
Transport hazard class(es)	ICAO/IATA Class: 3 ICAO / IATA Subrisk: Not Applicable ERG Code: 3L
Packing group	II
Environmental hazard	Environmentally hazardous

Continued...

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)

UN number	1263
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)
Transport hazard class(es)	IMDG Class: 3 IMDG Subrisk: Not Applicable
Packing group	II
Environmental hazard	Marine Pollutant
Special precautions for user	EMS Number: F-E , S-E Special provisions: 163 367 Limited Quantities: 5 L

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

Not Applicable

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

Product name	Group
talc	Not Available
n-butyl acetate	Not Available
acetone	Not Available
xylene	Not Available
titanium dioxide	Not Available
ethanol	Not Available
methyl isobutyl ketone	Not Available
butyl benzyl phthalate	Not Available
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available
toluene	Not Available
barium sulfate	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
talc	Not Available
n-butyl acetate	Not Available
acetone	Not Available
xylene	Not Available
titanium dioxide	Not Available
ethanol	Not Available
methyl isobutyl ketone	Not Available
butyl benzyl phthalate	Not Available
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available
toluene	Not Available
barium sulfate	Not Available

SECTION 15 Regulatory information

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

Continued...

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

n-butyl acetate is found on the following regulatory lists

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

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)

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

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)

ethanol is found on the following regulatory lists

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

methyl isobutyl ketone 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 2B: Possibly carcinogenic to humans

butyl benzyl phthalate 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 10 / Appendix C
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

propylene glycol monomethyl ether acetate, alpha-isomer 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

barium sulfate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (talc; n-butyl acetate; acetone; xylene; ethanol; methyl isobutyl ketone; butyl benzyl phthalate; propylene glycol monomethyl ether acetate, alpha-isomer; toluene; barium sulfate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes

Continued...

National Inventory	Status
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	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 and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 Other information

Revision Date	09/02/2021
Initial Date	09/02/2021

SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	09/02/2021	Acute Health (eye), Acute Health (inhaled), Acute Health (skin), Acute Health (swallowed), Advice to Doctor, Chronic Health, Classification, Storage (storage incompatibility)

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
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