

Chemwatch Material Safety Data Sheets

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EVIC 901 EVASEAL FLOORCOAT

Chemwatch Material Safety Data Sheet

Issue Date: 26-Sep-2008

NA317TC

CHEMWATCH 5094-62

Version No:4

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

EVIC 901 EVASEAL FLOORCOAT

PROPER SHIPPING NAME

RESIN SOLUTION

PRODUCT USE

Single component moisture cured polyurethane coating used for hard wear interior timber and cork floors

SUPPLIER

Company: Evic Pty Ltd

Address:

20 Lancaster Street

Ingleburn

NSW, 2565

AUS

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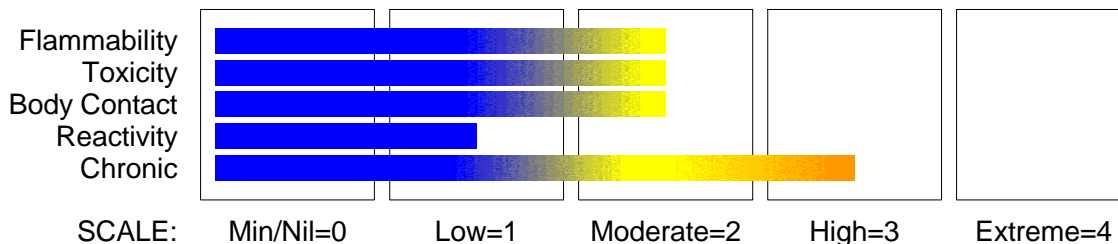
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Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE

HAZARDOUS SUBSTANCE. DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.

CHEMWATCH HAZARD RATINGS



POISONS SCHEDULE

None

RISK

- » Flammable.
- » Harmful by inhalation and in contact

SAFETY

- » Do not breathe gas/fumes/vapour/spray.
- » Use only in well ventilated areas.

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Section 2 - HAZARDS IDENTIFICATION

with skin.

- » Irritating to skin.
- » May cause SENSITISATION by inhalation and skin contact.
- » Harmful to aquatic organisms.
- » HARMFUL- May cause lung damage if swallowed.
- » Keep container in a well ventilated place.
- » Avoid exposure - obtain special instructions before use.
- » To clean the floor and all objects contaminated by this material use water and detergent.
- » Keep container tightly dosed.
- » Keep away from food drink and animal feeding stuffs.
- » In case of contact with eyes rinse with plenty of water and contact Doctor or Poisons Information Centre.
- » If swallowed IMMEDIATELY contact Doctor or Poisons Information Centre. (show this container or label).
- » This material and its container must be disposed of as hazardous waste.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
urethane prepolymer		35-45
xylene	1330-20-7	55-65
toluene diisocyanate	26471-62-5	0-0.5

Section 4 - FIRST AID MEASURES

SWALLOWED

- 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.

EYE

- » 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.
 - If pain persists or recurs seek medical attention.
 - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

- » 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.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.

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Section 4 - FIRST AID MEASURES

- 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.

NOTES TO PHYSICIAN

» 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.

Toluene diisocyanate is a known pulmonary sensitiser. Annual medical surveillance should be conducted including pulmonary history, examination of the heart and lungs, 14 x 17 inch (35 x 47 cm) x-ray and pulmonary function testing (FCV, FEV1).

In normal commercial preparations of toluene diisocyanate, the 2,4-isomer dominates in the ratio 4:1. However it is also hydrolysed, in air, more rapidly than the 2,6-isomer. Airway sensitivities may result from the appearance of immunoglobulins in the blood. Frequent inability to detect antibodies to TDI in clinical cases may result from the routine use of diagnostic antigens containing predominantly 2,4-TDI, whereas individuals may have been exposed to atmospheres in which 2,6-TDI was the predominant isomer. [Karol & Jin, Frontiers of Molecular Toxicology, pp 55-61, 1992].

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 (pO₂ < 50 mm Hg or pCO₂ > 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial 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
Methylhippuric acids in urine	1.5 gm/gm creatinine	End of shift	
	2 mg/min	Last 4 hrs of shift	

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

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Section 5 - FIRE FIGHTING MEASURES

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- If safe, switch off electrical equipment until vapour fire hazard removed.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- Avoid spraying water onto liquid pools.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.

FIRE/EXPLOSION HAZARD

- Liquid and vapour are flammable.
- Moderate fire hazard when exposed to heat or flame.
- Vapour forms an explosive mixture with air.
- Moderate explosion hazard when exposed to heat or flame.
- Vapour may travel a considerable distance to source of ignition.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).

Combustion products include: carbon dioxide (CO₂), carbon monoxide (CO), isocyanates, and minor amounts of, hydrogen cyanide, nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.

FIRE INCOMPATIBILITY

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

HAZCHEM: None

Personal Protective Equipment

Gas tight chemical resistant suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb small quantities with vermiculite or other absorbent material.
- Wipe up.
- Collect residues in a flammable waste container.

MAJOR SPILLS

» Chemical Class: aromatic hydrocarbons

For release onto land: recommended sorbents listed in order of priority.

SORBENT TYPE	RANK	APPLICATION	COLLECTION	LIMITATIONS
LAND SPILL - SMALL				
Feathers - pillow	1	throw	pitchfork	DGC, RT
cross- linked polymer -	2	shovel	shovel	R, W, SS

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Section 6 - ACCIDENTAL RELEASE MEASURES

particulate cross- linked polymer- pillow sorbent clay - particulate treated clay/ treated natural organic - particulate wood fibre - pillow	2	throw	pitchfork	R, DGC, RT
particulate treated clay/ treated natural organic - particulate wood fibre - pillow	3	shovel	shovel	R, I, P,
particulate treated clay/ treated natural organic - particulate wood fibre - pillow	3	shovel	shovel	R, I
particulate wood fibre - pillow	4	throw	pitchfork	R, P, DGC, RT

LAND SPILL - MEDIUM

cross- linked polymer - particulate treated clay/ treated natural organic - particulate sorbent clay - particulate polypropylene - particulate feathers - pillow expanded mineral - particulate	1	blower	skid loader	R, W, SS
particulate treated clay/ treated natural organic - particulate sorbent clay - particulate polypropylene - particulate feathers - pillow expanded mineral - particulate	2	blower	skid loader	R, I
particulate sorbent clay - particulate polypropylene - particulate feathers - pillow expanded mineral - particulate	3	blower	skid loader	R, I, P
particulate polypropylene - particulate feathers - pillow expanded mineral - particulate	3	blower	skid loader	W, SS, DGC
particulate feathers - pillow expanded mineral - particulate	3	throw	skid loader	DGC, RT
particulate expanded mineral - particulate	4	blower	skid loader	R, I, W, P, DGC

Legend

DGC: Not effective where ground cover is dense

R; Not reusable

I: Not incinerable

P: Effectiveness reduced when rainy

RT: Not effective where terrain is rugged

SS: Not for use within environmentally sensitive sites

W: Effectiveness reduced when windy

Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control;

R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988.

- 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.

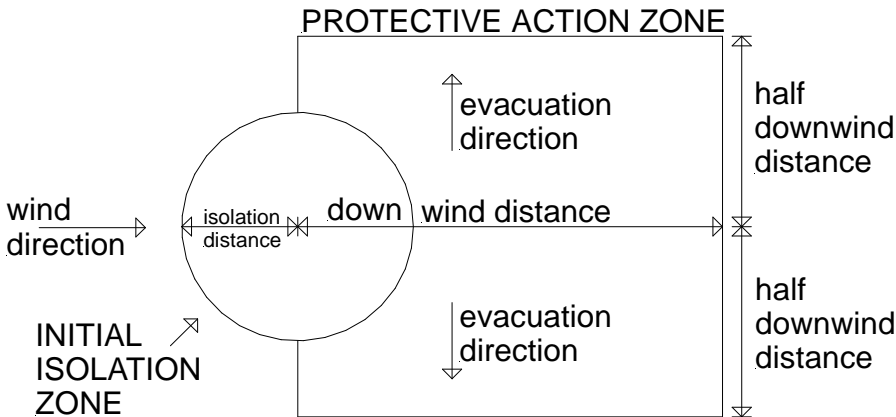
PROTECTIVE ACTIONS FOR SPILL

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 Section 6 - ACCIDENTAL RELEASE MEASURES



From IERG (Canada/Australia)

Isolation Distance	25 metres
Downwind Protection Distance	300 metres
IERG Number	14

FOOTNOTES

- 1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.
- 2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.
- 3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.
- 4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills".
 LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.
- 5 Guide 127 is taken from the US DOT emergency response guide book.
- 6 IERG information is derived from CANUTEC - Transport Canada.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:
 toluene diisocyanate 0.6ppm

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:
 toluene diisocyanate 0.15ppm

other than mild, transient adverse effects without perceiving a clearly defined odour is:
 toluene diisocyanate 0.01ppm

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	>= 0.1%	Toxic (T)	>= 3.0%
R50	>= 0.25%	Corrosive (C)	>= 5.0%

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R51 >= 2.5%
else >= 10%
where percentage is percentage of ingredient found in the mixture

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR 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.
- 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 overexposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- Avoid smoking, naked lights or ignition sources.
- Avoid generation of static electricity.
- DO NOT use plastic buckets.
- Earth all lines and equipment.
- Use spark-free tools when handling.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.

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.

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Section 7 - HANDLING AND STORAGE

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidising agents.

STORAGE REQUIREMENTS

- Store in original containers in approved flammable liquid storage area.
 - Store away from incompatible materials in a cool, dry, well-ventilated area.
 - DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
 - No smoking, naked lights, heat or ignition sources.
 - Storage areas should be clearly identified, well illuminated, clear of obstruction and accessible only to trained and authorised personnel - adequate security must be provided so that unauthorised personnel do not have access.
 - Store according to applicable regulations for flammable materials for storage tanks, containers, piping, buildings, rooms, cabinets, allowable quantities and minimum storage distances.
 - Use non-sparking ventilation systems, approved explosion proof equipment and intrinsically safe electrical systems.
 - Have appropriate extinguishing capability in storage area (e.g. portable fire extinguishers - dry chemical, foam or carbon dioxide) and flammable gas detectors.
 - Keep adsorbents for leaks and spills readily available.
 - Protect containers against physical damage and check regularly for leaks.
 - Observe manufacturer's storing and handling recommendations
- In addition, for tank storages (where appropriate):
- Store in grounded, properly designed and approved vessels and away from incompatible materials
 - For bulk storages, consider use of floating roof or nitrogen blanketed vessels; where venting to atmosphere is possible, equip storage tank vents with flame arrestors; inspect tank vents during winter conditions for vapour/ ice build-up
 - Storage tanks should be above ground and diked to hold entire contents.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL mg/m ³
Australia Exposure Standards	xylene (Xylene (o-, m-, p-isomers))	80	350	150	655
Australia Exposure Standards	toluene diisocyanate (Isocyanates, all (as- NCO))		0.02		0.07

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m ³)	Revised IDLH Value (ppm)
xylene		900

MATERIAL DATA

» for toluene diisocyanate:

NOTE: Detector tubes for toluene diisocyanate, measuring in excess of 0.02 ppm, are commercially available. The odour recognition threshold, 0.05-0.4 ppm in air, is not reliable and being above exposure standard, gives no warning of exposure.

A substantial proportion of the working population (4.3% to 25%) can be sensitised to TDI at the ES-TWA. Such sensitisation was not limited to highly susceptible individuals and workers often developed symptoms early. Preplacement exams have been unsuccessful in identifying those who may develop sensitisation. Allergy, bronchial asthma and chronic bronchitis sufferers should be excluded from exposure to TDI. Chronic low level exposures below 0.02 ppm have been reported to cause sensitisation. Workers complained of cough, phlegm production, breathlessness and wheezing 2 to 17 years after the last exposure and it is reported that several workers developed chronic bronchitis 40 months after removal from exposure. Effects of TDI appear to be dose-related and there is a threshold

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(0.005 ppm) below which no respiratory effects are produced by at least the isomer 2,4-TDI. It should be noted that some polyurethane production facilities also emit amines which are the most important cause of respiratory symptoms and occupational asthma.

Odour Safety Factor(OSF)

OSF=0.029 ("2,4-TOLUENEDIISOCYANATE").

INGREDIENT DATA

XYLENE:

» for xylenes:

IDLH Level: 900 ppm

Odour Threshold Value: 20 ppm (detection), 40 ppm (recognition)

NOTE: Detector tubes for o-xylene, measuring in excess of 10 ppm, are available commercially. (m-xylene and p-xylene give almost the same response).

Xylene vapour is an irritant to the eyes, mucous membranes and skin and causes narcosis at high concentrations. Exposure to doses sufficiently high to produce intoxication and unconsciousness also produces transient liver and kidney toxicity. Neurologic impairment is NOT evident amongst volunteers inhaling up to 400 ppm though complaints of ocular and upper respiratory tract irritation occur at 200 ppm for 3 to 5 minutes.

Exposure to xylene at or below the recommended TLV-TWA and STEL is thought to minimise the risk of irritant effects and to produce neither significant narcosis or chronic injury. An earlier skin notation was deleted because percutaneous absorption is gradual and protracted and does not substantially contribute to the dose received by inhalation.

Odour Safety Factor(OSF)

OSF=4 (XYLENE).

TOLUENE DIISOCYANATE:

» for toluene diisocyanate:

NOTE: Detector tubes for toluene diisocyanate, measuring in excess of 0.02 ppm, are commercially available.

The odour recognition threshold, 0.05-0.4 ppm in air, is not reliable and being above exposure standard, gives no warning of exposure.

A substantial proportion of the working population (4.3% to 25%) can be sensitised to TDI at the ES-TWA. Such sensitisation was not limited to highly susceptible individuals and workers often developed symptoms early. Preplacement exams have been unsuccessful in identifying those who may develop sensitisation. Allergy, bronchial asthma and chronic bronchitis sufferers should be excluded from exposure to TDI. Chronic low level exposures below 0.02 ppm have been reported to cause sensitisation. Workers complained of cough, phlegm production, breathlessness and wheezing 2 to 17 years after the last exposure and it is reported that several workers developed chronic bronchitis 40 months after removal from exposure. Effects of TDI appear to be dose-related and there is a threshold (0.005 ppm) below which no respiratory effects are produced by at least the isomer 2,4-TDI. It should be noted that some polyurethane production facilities also emit amines which are the most important cause of respiratory symptoms and occupational asthma.

Odour Safety Factor(OSF)

OSF=0.029 ("2,4-TOLUENEDIISOCYANATE").

PERSONAL PROTECTION

EYE

- 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 lens 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].

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

HANDS/FEET

- Wear chemical protective gloves, eg. PVC.
- Wear safety footwear or safety gumboots, eg. Rubber.

NOTE:

• The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

Suitability and durability of glove type is dependent on usage. Factors such as:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity,

are important in the selection of gloves.

OTHER

- 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.

RESPIRATOR

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

Breathing Zone Level ppm (volume)	Maximum Protection Factor	Half- face Respirator	Full- Face Respirator
1000	10	A- AUS	-
1000	50	-	A- AUS
5000	50	Airline *	-
5000	100	-	A- 2
10000	100	-	A- 3
	100+		Airline**

* - Continuous Flow

** - Continuous-flow or positive pressure demand.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

» CARE: Use of a quantity of this material in confined space or poorly ventilated area, where rapid build up of concentrated atmosphere may occur, could require increased ventilation and/or protective gear.

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:
solvent, vapours, degreasing etc., evaporating
from tank (in still air).
aerosols, fumes from pouring operations,
intermittent container filling, low speed
conveyer transfers, welding, spray drift,
plating acid fumes, pickling (released at low

Air Speed:
0.25- 0.5 m/s (50- 100 f/min.)

0.5- 1 m/s (100- 200 f/min.)

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velocity into zone of active generation)
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

1: Room air currents minimal or favourable to capture

2: Contaminants of low toxicity or of nuisance value only.

3: Intermittent, low production.

4: Large hood or large air mass in motion

Upper end of the range

1: Disturbing room air currents

2: Contaminants of high toxicity

3: High production, heavy use

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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Clear yellowish-amber flammable liquid with a solvent odour; does not mix with water.

Will react with water to release carbon dioxide.

PHYSICAL PROPERTIES

Liquid.

Does not mix with water.

Floats on water.

Molecular Weight: Not Available

Melting Range (°C): Not Available

Solubility in water (g/L): Immiscible

pH (1% solution): Not Available

Volatile Component (%vol): Not Available

Relative Vapour Density (air=1): 3.7

Lower Explosive Limit (%): 1.1 (xylene)

Autoignition Temp (°C): Not Available

State: Liquid

Boiling Range (°C): 137- 143

Specific Gravity (water= 1): 0.96

pH (as supplied): Not Available

Vapour Pressure (kPa): 5.2 @38C

Evaporation Rate: 0.7 BuAC = 1

Flash Point (°C): 27 (T CC) (xylene)

Upper Explosive Limit (%): 7.7 (xylene)

Decomposition Temp (°C): Not Available

Viscosity: Not Available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

For incompatible materials - refer to Section 7 - Handling and Storage.

continued...

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Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

» Accidental ingestion of the material may be damaging to the health of the individual. Considered an unlikely route of entry in commercial/industrial environments. The liquid may produce considerable gastrointestinal discomfort and may be harmful or toxic if swallowed. Ingestion may result in nausea, pain and vomiting. Vomit entering the lungs by aspiration may cause potentially lethal chemical pneumonitis.

EYE

» The liquid produces a high level of eye discomfort and is capable of causing pain and severe conjunctivitis. Corneal injury may develop, with possible permanent impairment of vision, if not promptly and adequately treated. 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.

SKIN

» Skin contact with the material may be harmful; systemic effects may result following absorption. The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either

- produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or
- produces significant, but moderate, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period.

Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

Open cuts, abraded or irritated skin should not be exposed to this material. Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

» Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant 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 hazard is increased at higher temperatures. 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. 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

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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. Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.

CHRONIC HEALTH EFFECTS

» Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.

Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative effects involving organs or biochemical systems.

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on 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.

With most allergens, removal of the offending agent results in the individual becoming asymptomatic. Toluene diisocyanate (TDI)-induced asthma may continue for months or even years after exposure ceases. This may be due to a non-allergenic condition known as reactive airway dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Evidence of carcinogenic potential of commercial grade TDI in female mice included induction of haemangiomas in the spleen and subcutaneous tissues, hepatocellular adenomas, and haemangiosarcomas in the liver, ovary and peritoneum. Ingestion of commercial grade TDI produced subcutaneous fibromas, pancreatic acinar cell adenomas, mammary gland fibroadenomas and subcutaneous fibromas and fibrosarcomas in female rats. No treatment related tumours were induced in male mice.

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 mixed 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.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis). Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS].

TOXICITY AND IRRITATION

» unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

» Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in

continued...

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their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).

Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

XYLENE:

» unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY

Oral (human) LDLo: 50 mg/kg
Oral (rat) LD50: 4300 mg/kg
Inhalation (human) TLo: 200 ppm
Inhalation (man) LLo: 10000 ppm/6h
Inhalation (rat) LC50: 5000 ppm/4h
Oral (Human) LD: 50 mg/kg
Inhalation (Human) TLo: 200 ppm/4h
Intraperitoneal (Rat) LD50: 2459 mg/kg
Subcutaneous (Rat) LD50: 1700 mg/kg
Oral (Mouse) LD50: 2119 mg/kg
Intraperitoneal (Mouse) LD50: 1548 mg/kg
Intravenous (Rabbit) LD: 129 mg/kg
Inhalation (Guinea) pig: LC 450 ppm/4h

» The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

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.

Reproductive effector in rats

IRRITATION

Skin (rabbit):500 mg/24h Moderate
Eye (human): 200 ppm Irritant
Eye (rabbit): 87 mg Mild
Eye (rabbit): 5 mg/24h SEVERE

TOLUENE DIISOCYANATE:

» unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

continued...

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» Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-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.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).

Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

for diisocyanates:

In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Diisocyanates are moderate to strong dermal sensitisers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.

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For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L. The experimental animal data available on prepolymeric diisocyanates show similar adverse effects at levels that range from 0.002 mg/L to 0.026 mg/L.

There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route

Oncogenicity: Most members of the diisocyanate category have not been tested for carcinogenic potential. Commercially available Poly-MDI was tested in a 2-year inhalation study in rats. The tested material contained 47% aromatic 4,4'-methylenediphenyl diisocyanate (MDI) and 53% higher molecular weight oligomers. Interim sacrifices at one year showed that males and females in the highest dose group (6 mg/m³) had treatment related histological changes in the nasal cavity, lungs and mediastinal lymph nodes. The incidence and severity of degeneration and basal cell hyperplasia of the olfactory epithelium and Bowman's gland hyperplasia were increased in males at the mid and high doses and in females at the high dose following the two year exposure period. Pulmonary adenomas were found in 6 males and 2 females, and pulmonary adenocarcinoma in one male in the high dose group. However, aliphatic hexamethylene diisocyanate (HDI) was found not to be carcinogenic in a two year repeated dose study in rats by the inhalation route. HDI has not been tested in mice by the inhalation route.

Though the oral route is not an expected route of exposure to humans, it should be noted that in two year repeated dose studies by the oral route, aromatic toluene diisocyanate (TDI) and 3,3'-dimethoxy-benzidine-4,4'-diisocyanate (dianisidine diisocyanate, DADI) were found to be carcinogenic in rodents. TDI induced a statistically significant increase in the incidence of liver tumors in rats and mice as well as dose-related hemangiosarcomas of the circulatory system and has been classified by the Agency as a B2 carcinogen. DADI was found to be carcinogenic in rats, but not in mice, with a statistically increase in the incidence of pancreatic tumors observed.

Respiratory and Dermal Sensitization: Based on the available toxicity data in animals and epidemiologic studies of humans, aromatic diisocyanates such as TDI and MDI are strong respiratory sensitizers. Aliphatic diisocyanates are generally not active in animal models for respiratory sensitization. However, HDI and possibly isophorone diisocyanate (IPDI), are reported to be associated with respiratory sensitization in humans. Symptoms resulting from occupational exposure to HDI include shortness of breath, increased bronchoconstriction reaction to histamine challenges, asthmatic reactions, wheezing and coughing. Two case reports of human exposure to IPDI by inhalation suggest IPDI is a respiratory sensitizer in humans. In view of the information from case reports in humans, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitizers. Studies in both human and mice using TDI, HDI, MDI and dicyclohexylmethane-4,4'-diisocyanate (HMDI) suggest cross-reactivity with the other diisocyanates, irrespective of whether the challenge compound was an aliphatic or aromatic diisocyanate. Diisocyanates are moderate to strong dermal sensitizers in animal studies. There seems to be little or no difference in the level of reactivity between aromatic and aliphatic diisocyanates.

Dermal Irritation: Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. The level of irritation ranged from slightly to severely irritating to the skin. One chemical, hydrogenated MDI (1,1-methylenebis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.

Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities.

Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages.

Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.

CARCINOGEN

xylene	International Agency for Research on Cancer (IARC) Carcinogens	Group	3
toluene diisocyanate	International Agency for Research on Cancer	Group	2B

continued...

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(IARC) Carcinogens

REPROTOXIN

xylene

ILO Chemicals in the electronics industry that have toxic effects on reproduction

Reduced fertility or sterility

Section 12 - ECOLOGICAL INFORMATION

Harmful to aquatic organisms.

This material and its container must be disposed of as hazardous waste.

Section 13 - DISPOSAL CONSIDERATIONS

- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.

- Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction,
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- 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 licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material).
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION

Labels Required: FLAMMABLE LIQUID
HAZCHEM: 3[Y]E (ADG6)

UNDG:

Dangerous Goods Class: 3

UN Number: 1866

Shipping Name: RESIN SOLUTION flammable

Subrisk:

Packing Group:

None

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Section 14 - TRANSPORTATION INFORMATION

Air Transport IATA:

ICAO/IATA Class:	3	ICAO/IATA Subrisk:	None
UN/ID Number:	1866	Packing Group:	III
Special provisions:	A3		
Shipping Name:	RESIN SOLUTION FLAMMABLE		

Maritime Transport IMDG:

IMDG Class:	3	IMDG Subrisk:	None
UN Number:	1866	Packing Group:	III
EMS Number:	F- E, S- E	Special provisions:	223 944 955
Limited Quantities:	5 L	Marine Pollutant:	Not Determined
Shipping Name:	RESIN SOLUTION flammable		

Section 15 - REGULATORY INFORMATION

POISONS SCHEDULE: None

REGULATIONS

Evic 901 Evaseal Floorcoat (CAS: None):
No regulations applicable

xylene (CAS: 1330-20-7) is found on the following regulatory lists;

- Australia - Australian Capital Territory - Environment Protection Regulation: Ambient environmental standards (Domestic water supply - organic compounds)
- Australia - Australian Capital Territory Environment Protection Regulation Pollutants entering waterways - Domestic water quality
 - Australia Exposure Standards
 - Australia Hazardous Substances
 - Australia High Volume Industrial Chemical List (HVICL)
 - Australia Inventory of Chemical Substances (AICS)
 - Australia National Pollutant Inventory
 - Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix E (Part 2)
 - Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)
 - Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix I
 - Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 5
 - Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 6
 - GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships
 - IMO IBC Code Chapter 17: Summary of minimum requirements
 - IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
 - IMO Provisional Categorization of Liquid Substances - List 1: Pure or technically pure products
 - International Agency for Research on Cancer (IARC) Carcinogens
 - International Council of Chemical Associations (ICCA) - High Production Volume List
 - OECD Representative List of High Production Volume (HPV) Chemicals
 - WHO Guidelines for Drinking-water Quality - Guideline values for chemicals that are of health significance in drinking-water

toluene diisocyanate (CAS: 26471-62-5) is found on the following regulatory lists;

- Australia - New South Wales Hazardous Substances Requiring Health Surveillance
- Australia - Queensland Hazardous Materials and Prescribed Quantities for Major Hazard Facilities
- Australia - Tasmania Hazardous Substances Requiring Health Surveillance
- Australia - Victoria Occupational Health and Safety Regulations - Schedule 9: Materials at Major Hazard Facilities (And Their Threshold Quantity) Table 2
 - Australia - Western Australia Hazardous Substances Requiring Health Surveillance
 - Australia Exposure Standards
 - Australia Hazardous Substances
 - Australia Hazardous Substances Requiring Health Surveillance
 - Australia Inventory of Chemical Substances (AICS)
 - Australia National Pollutant Inventory
 - Australia Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994 - Hazardous Substances Requiring Health Surveillance
 - Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix E (Part 2)
 - Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)
 - Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 4
 - Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 6
 - Great Lakes Binational Toxics Strategy Substances (U.S. and Canada) - Level I Substances
 - IMO IBC Code Chapter 17: Summary of minimum requirements
 - International Agency for Research on Cancer (IARC) Carcinogens
 - International Council of Chemical Associations (ICCA) - High Production Volume List
 - OECD Representative List of High Production Volume (HPV) Chemicals
 - United Nations List of Prior Informed Consent Chemicals - Spanish

toluene diisocyanate (CAS: 584-84-9) is found on the following regulatory lists;

- Australia - New South Wales Hazardous Substances Requiring Health Surveillance
- Australia - Tasmania Hazardous Substances Requiring Health Surveillance
- Australia - Western Australia Hazardous Substances Requiring Health Surveillance
- Australia Exposure Standards

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Australia Hazardous Substances
Australia Hazardous Substances Requiring Health Surveillance
Australia High Volume Industrial Chemical List (HVICL)
Australia Inventory of Chemical Substances (AICS)
Australia National Pollutant Inventory
Australia Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994 - Hazardous Substances Requiring Health Surveillance
Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix E (Part 2)
Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)
Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 6
GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships
International Council of Chemical Associations (ICCA) - High Production Volume List
OECD Representative List of High Production Volume (HPV) Chemicals
toluene diisocyanate (CAS: 91-08-7) is found on the following regulatory lists;
Australia - New South Wales Hazardous Substances Requiring Health Surveillance
Australia - Tasmania Hazardous Substances Requiring Health Surveillance
Australia - Western Australia Hazardous Substances Requiring Health Surveillance
Australia Exposure Standards
Australia Hazardous Substances
Australia Hazardous Substances Requiring Health Surveillance
Australia High Volume Industrial Chemical List (HVICL)
Australia Inventory of Chemical Substances (AICS)
Australia National Pollutant Inventory
Australia Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994 - Hazardous Substances Requiring Health Surveillance
Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix E (Part 2)
Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)
Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 4
Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 6
Great Lakes Binational Toxics Strategy Substances (U.S. and Canada) - Level I Substances
International Council of Chemical Associations (ICCA) - High Production Volume List
OECD Representative List of High Production Volume (HPV) Chemicals
United Nations List of Prior Informed Consent Chemicals - Spanish

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INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
toluene diisocyanate	26471- 62- 5, 584- 84- 9, 91- 08- 7

REPRODUCTIVE HEALTH GUIDELINES

Ingredient	ORG	UF	Endpoint	CR	Adeq TLV
xylene	1.5 mg/m3	10	D	NA	-

» These exposure guidelines have been derived from a screening level of risk assessment and should not be construed as unequivocally safe limits. ORGS represent an 8-hour time-weighted average unless specified otherwise.

CR = Cancer Risk/10000; UF = Uncertainty factor:

TLV believed to be adequate to protect reproductive health:

LOD: Limit of detection

Toxic endpoints have also been identified as:

D = Developmental; R = Reproductive; TC = Transplacental carcinogen

Jankovic J., Drake F.: A Screening Method for Occupational Reproductive

American Industrial Hygiene Association Journal 57: 641-649 (1996).

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

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

www.chemwatch.net/references.

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

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EVIC 901 EVASEAL FLOORCOAT

Chemwatch Material Safety Data Sheet

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