CCS Duratrac HB Epoxy - Part B

Concrete Colour Systems

Chemwatch Hazard Alert Code: **4**

Chemwatch: **5357-32**
Version No: **3.1.1.1**
Safety Data Sheet according to WHS and ADG requirements

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S.GHS.AUS.EN

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

Product Identifier

Product name	CCS Duratrac HB Epoxy - Part B
Synonyms	Not Available
Proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains isophorone diamine)
Other means of identification	Not Available

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

Relevant identified uses	Base component of epoxy floor coating.

Details of the supplier of the safety data sheet

Registered company name	**Concrete Colour Systems**
Address	683 Beenleigh-Redland Bay Road Carbrook QLD 4130 Australia
Telephone	+61 7 3412 8111|1800 077 744
Fax	+61 7 3287 6445
Website	www.riversands.com.au
Email	ccscolour@riversands.com.au

Emergency telephone number

Association / Organisation	**Poisons Information Centre**
Emergency telephone numbers	13 11 26
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	S5
Classification [1]	Metal Corrosion Category 1, Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 1A, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Respiratory Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (narcotic effects), Chronic Aquatic Hazard Category 2
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

Hazard pictogram(s)	
SIGNAL WORD	**DANGER**

Hazard statement(s)

H290	May be corrosive to metals.
H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H332	Harmful if inhaled.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H336	May cause drowsiness or dizziness.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.

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P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P285	In case of inadequate ventilation wear respiratory protection.
P234	Keep only in original container.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER or doctor/physician.
P321	Specific treatment (see advice on this label).
P322	Specific measures (see advice on this label).
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.
P363	Wash contaminated clothing before reuse.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P390	Absorb spillage to prevent material damage.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

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

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
100-51-6	10-29	benzyl alcohol
2855-13-2	10-29	isophorone diamine
1477-55-0	10-29	m-xylenediamine
69-72-7	1-9	salicylic acid
Not Available	balance	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: ▸ Immediately hold eyelids apart and flush the eye continuously with running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Transport to hospital or doctor without delay. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▸ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▸ Quickly remove all contaminated clothing, including footwear. ▸ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▸ Transport to hospital, or doctor.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor.

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	▸ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▸ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▸ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▸ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. **This must definitely be left to a doctor or person authorised by him/her.** (ICSC13719)
Ingestion	▸ For advice, contact a Poisons Information Centre or a doctor at once. ▸ Urgent hospital treatment is likely to be needed. ▸ If swallowed do **NOT** induce vomiting. ▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▸ Observe the patient carefully. ▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▸ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

for salicylate intoxication:
- Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. Do not give ipecac after charcoal.
- Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.
- Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[*GOSSELIN, et.al.: Clinical Toxicology of Commercial Products*]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

HyperTox 3.0 http://www.ozemail.com.au/-ouad/SALI0001.HTA
For acute or short-term repeated exposures to highly alkaline materials:
- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.
INGESTION:
- Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.
- Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.
* Activated charcoal does not absorb alkali.
* Gastric lavage should not be used.
Supportive care involves the following:
- Withhold oral feedings initially.
- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:
- Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]
Clinical experience of benzyl alcohol poisoning is generally confined to premature neonates in receipt of preserved intravenous salines.
- Metabolic acidosis, bradycardia, skin breakdown, hypotonia, hepatorenal failure, hypotension and cardiovascular collapse are characteristic.
- High urine benzoate and hippuric acid as well as elevated serum benzoic acid levels are found.
- The so-called "gasping syndrome describes the progressive neurological deterioration of poisoned neonates.
- Management is essentially supportive.

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for non-steroidal anti-inflammatories (NSAIDs)

- Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.
- Patients should be managed by symptomatic and supportive care following a NSAIDs overdose.
- There are no specific antidotes.
- Emesis and/or activated charcoal (60 to 100 grams in adults, 1 to 2 g/kg in children), and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose).
- Forced diuresis, alkalinisation of urine, hemodialysis, or haemoperfusion may not be useful due to high protein binding.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- 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. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use fire fighting procedures suitable for surrounding area. ▸ **Do not** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire. ▸ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke. ▸ Mists containing combustible materials may be explosive. Combustion products include: carbon dioxide (CO_2) aldehydes nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. May emit corrosive fumes.
HAZCHEM	2X

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. ▸ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. ▸ Check regularly for spills and leaks. ▸ 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 spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	Environmental hazard - contain spillage. ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Consider evacuation (or protect in place). ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Neutralise/decontaminate residue (see Section 13 for specific agent). ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	▸ **DO NOT USE** brass or copper containers / stirrers ▸ **DO NOT** allow clothing wet with material to stay in contact with skin ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ Avoid contact with moisture. ▸ 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. Launder contaminated clothing before re-use. ▸ Use good occupational work practice. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS. ▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	▸ Store in original containers. ▸ Keep containers securely sealed. ▸ Store in a cool, dry, well-ventilated area. ▸ Store away from incompatible materials and foodstuff containers. ▸ Protect containers against physical damage and check regularly for leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS. ▸ **DO NOT** store near acids, or oxidising agents ▸ No smoking, naked lights, heat or ignition sources.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Glass container is suitable for laboratory quantities ▸ Lined metal can, lined metal pail/ can. ▸ Plastic pail. ▸ Polyliner drum. ▸ Packing as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks. For low viscosity materials ▸ Drums and jerricans must be of the non-removable head type. ▸ 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) and solids (between 15 C deg. and 40 deg C.): ▸ Removable head packaging; ▸ Cans with friction closures and ▸ low pressure tubes and cartridges may be used. - Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.
Storage incompatibility	▸ Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air. ▸ Avoid contact with copper, aluminium and their alloys.

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	m-xylenediamine	m-Xylene-alpha,alpha'-diamine	Not Available	Not Available	0.1 mg/m3	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
benzyl alcohol	Benzyl alcohol	30 ppm	52 ppm	740 ppm

Ingredient	Original IDLH	Revised IDLH
benzyl alcohol	Not Available	Not Available
isophorone diamine	Not Available	Not Available
m-xylenediamine	Not Available	Not Available
salicylic acid	Not Available	Not Available

OCCUPATIONAL EXPOSURE BANDING

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
benzyl alcohol	E	≤ 0.1 ppm
isophorone diamine	D	> 0.1 to ≤ 1 ppm
salicylic acid	E	≤ 0.01 mg/m³

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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.*

Exposure controls

Appropriate engineering controls

For potent pharmacological agents:
Powders
To prevent contamination and overexposure, no open handling of powder should be allowed.
- Powder handling operations are to be done in a powders weighing hood, a glove box, or other equivalent ventilated containment system.
- In situations where these ventilated containment hoods have not been installed, a non-ventilated enclosed containment hood should be used.
- Pending changes resulting from additional air monitoring data, up to 300 mg can be handled outside of an enclosure provided that no grinding, crushing or other dust-generating process occurs.
- An air-purifying respirator should be worn by all personnel in the immediate area in cases where non-ventilated containment is used, where significant amounts of material (e.g., more than 2 grams) are used, or where the material may become airborne (as through grinding, etc.).
- Powder should be put into solution or a closed or covered container after handling.
- If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.

Solutions Handling:
- Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area.
- Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation.
- In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.
- Ensure gloves are protective against solvents in use.

Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.

HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.

When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.

Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.

Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required.

Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. 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, 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 (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, 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 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 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.

The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.

The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:

10; high efficiency particulate (HEPA) filters or cartridges

10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.

25-50; a full face-piece negative pressure respirator with HEPA filters

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	50-100; tight-fitting, full face-piece HEPA PAPR 100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.
Personal protection	
Eye and face protection	When handling very small quantities of the material eye protection may not be required. For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs: ▸ Chemical goggles. ▸ Face shield. Full face shield may be required for supplementary but never for primary protection of eyes. ▸ 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	▸ Elbow length PVC gloves ▸ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. **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. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and.has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. ▸ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▸ Double gloving should be considered. ▸ PVC gloves. ▸ Change gloves frequently and when contaminated, punctured or torn. ▸ Wash hands immediately after removing gloves. ▸ Protective shoe covers. [AS/NZS 2210] ▸ Head covering.
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.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

Respiratory protection

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

Continued...

"Forsberg Clothing Performance Index".
The effect(s) of the following substance(s) are taken into account in the ***computer-generated*** selection:
CCS Duratrac HB Epoxy - Part B

Material	CPI
BUTYL	A
VITON	A

* 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.

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

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AK-AUS / Class1 P2	-
up to 50	1000	-	AK-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	AK-2 P2
up to 100	10000	-	AK-3 P2
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Yellowish liquid with amine like odour; does not mix with water.

Physical state	Liquid	**Relative density (Water = 1)**	1.0
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Applicable
pH (as supplied)	Not Applicable	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Applicable	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water	Immiscible	**pH as a solution (1%)**	Not Applicable
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

Continued...

Information on toxicological effects

Inhaled	Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo. Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. Acute effects from inhalation of high vapour concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.
Ingestion	The material can produce severe chemical burns within the oral cavity and gastrointestinal tract following ingestion. Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.
Skin Contact	The material can produce severe chemical burns following direct contact with the skin. Skin contact with the material may be harmful; systemic effects may result following absorption. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions 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	The material can produce severe chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. If applied to the eyes, this material causes severe eye damage.
Chronic	Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Sensitisation may give severe responses to very low levels of exposure, i.e. hypersensitivity.

CCS Duratrac HB Epoxy - Part B		
	TOXICITY	**IRRITATION**
	Not Available	Not Available

benzyl alcohol		
	TOXICITY	**IRRITATION**
	Dermal (rabbit) LD50: 2000 mg/kg[2]	Eye (rabbit): 0.75 mg open SEVERE
	Inhalation (rat) LC50: >4.178 mg/l/4h[2]	Eye: adverse effect observed (irritating)[1]
	Oral (rat) LD50: 1230 mg/kg[2]	Skin (man): 16 mg/48h-mild
		Skin (rabbit):10 mg/24h open-mild
		Skin: no adverse effect observed (not irritating)[1]

isophorone diamine		
	TOXICITY	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Not Available
	Oral (rat) LD50: 1030 mg/kg[2]	

m-xylenediamine		
	TOXICITY	**IRRITATION**
	Dermal (rabbit) LD50: 2000 mg/kg[2]	Eye (rabbit): 0.05 mg/24h SEVERE
	Inhalation (rat) LC50: 174.800325 mg/l/1hE[2]	Skin (rabbit): 0.75 mg/24h SEVERE
	Oral (rat) LD50: >200 mg/kg[1]	

salicylic acid		
	TOXICITY	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[2]	Eye (rabbit): 100 mg - SEVERE
	Oral (rat) LD50: 500-2000 mg/kg[1]	Eye: adverse effect observed (irritating)[1]
		Skin (rabbit): 500 mg/24h - mild
		Skin: no adverse effect observed (not irritating)[1]

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

BENZYL ALCOHOL	Unlike benzylic alcohols, the beta-hydroxyl group of the members of benzyl alkyl alcohols contributes to break down reactions but do not undergo phase II metabolic activation. Though structurally similar to cancer causing ethyl benzene, phenethyl alcohol is only of negligible concern due to limited similarity in their pattern of activity. For benzoates: Benzyl alcohol, benzoic acid and its sodium and potassium salt have a common metabolic and excretion pathway. All but benzyl alcohol are considered to be unharmful and of low acute toxicity. They may cause slight irritation by oral, dermal or inhalation exposure except sodium benzoate which doesn't irritate the skin. Studies showed increased mortality, reduced weight gain, liver and kidney effects at higher doses, also, lesions of the brains, thymus and skeletal muscles may occur with benzyl alcohol. However, they do not cause cancer, genetic or reproductive toxicity. Developmental toxicity may occur but only at maternal toxic level. Adverse reactions to fragrances in perfumes and fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, sensitivity to light, immediate contact reactions, and pigmented contact dermatitis. Airborne and connubial contact dermatitis occurs. Contact allergy is a lifelong condition, so symptoms may occur on re-exposure. Allergic contact dermatitis can be severe and widespread, with significant impairment of quality of life and potential consequences for fitness for work. If the perfume contains a sensitizing component, intolerance to perfumes by inhalation may occur. Symptoms may include general unwellness, coughing, phlegm, wheezing, chest tightness, headache, shortness of breath with exertion, acute respiratory illness, hayfever, asthma and other respiratory diseases. Perfumes can induce excess reactivity of the airway without producing allergy or airway obstruction. Breathing through a carbon filter mask had no protective effect. Occupational asthma caused by perfume substances, such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms, even though the exposure is below occupational exposure limits. Prevention of contact sensitization to fragrances is an important objective of public health risk management. Hands: Contact sensitization may be the primary cause of hand eczema or a complication of irritant or atopic hand eczema. However hand

Continued...

	eczema is a disease involving many factors, and the clinical significance of fragrance contact allergy in severe, chronic hand eczema may not be clear. Underarm: Skin inflammation of the armpits may be caused by perfume in deodorants and, if the reaction is severe, it may spread down the arms and to other areas of the body. In individuals who consulted a skin specialist, a history of such first-time symptoms was significantly related to the later diagnosis of perfume allergy. Face: An important manifestation of fragrance allergy from the use of cosmetic products is eczema of the face. In men, after-shave products can cause eczema around the beard area and the adjacent part of the neck. Men using wet shaving as opposed to dry have been shown to have an increased risk of allergic to fragrances. Irritant reactions: Some individual fragrance ingredients, such as citral, are known to be irritant. Fragrances may cause a dose-related contact urticaria (hives) which is not allergic; cinnamal, cinnamic alcohol and Myroxylon pereirae are known to cause hives, but others, including menthol, vanillin and benzaldehyde have also been reported. Pigmentary anomalies: Type IV allergy is responsible for “pigmented cosmetic dermatitis”, referring to increased pigmentation on the face and neck. Testing showed a number of fragrance ingredients were associated, including jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol and geranium oil. Light reactions: Musk ambrette produced a number of allergic reactions mediated by light and was later banned from use in Europe. Furocoumarins (psoralens) in some plant-derived fragrances have caused phototoxic reactions, with redness. There are now limits for the amount of furocoumarins in fragrances. Phototoxic reactions still occur, but are rare. General/respiratory: Fragrances are volatile, and therefore, in addition to skin exposure, a perfume also exposes the eyes and the nose / airway. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma. Asthma-like symptoms can be provoked by sensory mechanisms. A significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients and hand eczema. Fragrance allergens act as haptens, low molecular weight chemicals that cause an immune response only when attached to a carrier protein. However, not all sensitizing fragrance chemicals are directly reactive, but require previous activation. A prehapten is a chemical that itself causes little or no sensitization, but is transformed into a hapten in the skin (bioactivation), usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prehapten or a prohapten , or both. Prohaptens: Compounds that are bioactivated in the skin and thereby form haptens are referred to prohaptens. The possibility of a prohapten being activated cannot be avoided by outside measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Various enzymes play roles in both activating and deactivating prohaptens. Skin-sensitizing prohaptens can be recognized and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or studies of sensitization. QSAR prediction: Prediction of sensitization activity of these substances is complex, especially for those substances that can act both as pre- and prohaptens. This is a member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS), based partly on their self-limiting properties as flavouring substances in food. In humans and other animals, they are rapidly absorbed, broken down and excreted, with a wide safety margin. They also lack significant potential to cause genetic toxicity and mutations. The intake of benzyl derivatives as natural components of traditional foods is actually higher than the intake as intentionally added flavouring substances. The aryl alkyl alcohol (AAA) fragrance ingredients have diverse chemical structures, with similar metabolic and toxicity profiles. The AAA fragrances demonstrate low acute and subchronic toxicity by skin contact and swallowing. At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin. The potential for eye irritation is minimal. With the exception of benzyl alcohol, phenethyl and 2-phenoxyethyl AAA alcohols, testing in humans indicate that AAA fragrance ingredients generally have no or low sensitization potential. Available data indicate that the potential for photosensitization is low. Testing suggests that at current human exposure levels, this group of chemicals does not cause maternal or developmental toxicity. Animal testing shows no cancer-causing evidence, with little or no genetic toxicity. It has been concluded that these materials would not present a safety concern at current levels of use, as fragrance ingredients.
ISOPHORONE DIAMINE	Isophorone diamine is a strong skin irritant, corrosive with repeated application. Frequent occupational exposure may lead to the development of allergic skin inflammation. There could be damage to the smell organ, throat and lungs following inhalational exposure. Reduced kidney weight can result. No effects on reproduction gene alteration and cancer formation have been observed. The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function.
M-XYLENEDIAMINE	Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. 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. For benzene-1,3-dimethanamine (m-xylene-alpha,alpha’-diamine): Animal testing showed that benzene-1,3-methanamine caused tissue damage to the digestive and respiratory organs, if given by mouth or inhaled, respectively. The chemical is corrosive to animal skin, and may cause sensitization. Testing has not shown any reproductive toxicity or ability to cause mutations. In humans, it appears to act as a gastrointestinal irritant, and has been shown to cause contact sensitization, even at low concentrations. The material may cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration. Overexposure to most of these materials may cause adverse health effects. Many amine-based compounds can cause release of histamines, which, in turn, can trigger allergic and other physiological effects, including constriction of the bronchi or asthma and inflammation of the cavity of the nose. Whole-body symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, rapid heartbeat, itching, reddening of the skin, urticaria (hives) and swelling of the face, which are usually transient. There are generally four routes of possible or potential exposure: inhalation, skin contact, eye contact, and swallowing. Inhalation: Inhaling vapours may result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs. Higher concentrations of certain amines can produce severe respiratory irritation, characterized by discharge from the nose, coughing, difficulty in breathing and chest pain. Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, inflammation of the bronchi and lungs, and possible lung damage. Repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice and liver enlargement. Some amines have been shown to cause kidney, blood and central nervous system disorders in animal studies. While most polyurethane amine catalysts are not sensitisers, some certain individuals may also become sensitized to amines and my experience distress while breathing, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapours. Once sensitized, these individuals must avoid any further exposure to amines. Chronic overexposure may lead to permanent lung injury, including reduction in lung function, breathlessness, chronic inflammation of the bronchi, and immunologic lung disease. Products with higher vapour pressures may reach higher concentrations in the air, and this increases the likelihood of worker exposure. Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists or heated vapours. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis and emphysema. Skin contact: Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury, from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative skin inflammation. Skin contact with some amines may result in allergic sensitization. Sensitised persons should avoid all contact with amine catalysts. Whole-body effects resulting from the absorption of the amines though skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually temporary.

Continued...

	Eye contact: Amine catalysts are alkaline and their vapours are irritating to the eyes, even at low concentrations. Direct contact with liquid amine may cause severe irritation and tissue injury, and the "burning" may lead to blindness. Contact with solid products may result in mechanical irritation, pain and corneal injury. Exposed persons may experience excessive tearing, burning, inflammation of the conjunctiva, and swelling of the cornea, which manifests as a blurred or foggy vision with a blue tint, and sometimes a halo phenomenon around lights. These symptoms are temporary and usually disappear when exposure ends. Some people may experience this effect even when exposed to concentrations that do not cause respiratory irritation. Ingestion: Amine catalysts have moderate to severe toxicity if swallowed. Some amines can cause severe irritation, ulcers and burns of the mouth, throat, gullet and gastrointestinal tract. Material aspirated due to vomiting can damage the bronchial tubes and the lungs. Affected people may also experience pain in the chest or abdomen, nausea, bleeding of the throat and gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, collapse of circulation, coma and even death.
SALICYLIC ACID	For certain benzyl derivatives: The members of this group are rapidly absorbed through the gastrointestinal tract, metabolised primarily in the liver, and excreted primarily in the urine either unchanged or as conjugates of benzoic acid derivatives. At high dose levels, gut micro-organisms may act to produce minor amounts of breakdown products. However, no adverse effects have been reported even at repeated high doses. Similarly, no effects were observed on reproduction, foetal development and tumour potential. A member or analogue of a group of hydroxy and alkoxy-substituted benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption. metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances. All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The structural features common to all members of the group is a primary oxygenated functional group bonded directly to a benzene ring. The ring also contains hydroxy or alkoxy substituents. The hydroxy- and alkoxy- substituted benzyl derivatives are raidly absorbed by the gastrointestinal tract, metabolised in the liver to yield benzoic acid derivatives and excreted primarily in the urine either unchanged or conjugated. It is expected than aromatic esters and acetals will be hydrolysed in vivo through the catalytic activity of carboxylesterases, (A-esterases), Acetals hydrolyse uncatalysed in gastric juices and intestinal fluids to yield acetaldehydes. Substituted benzyl esters and benzaldehyde acetals are hydrolysed to the corresponding alcoholic alcohols and carboxylic acid. In general hydroxy- and alkoxy- derivatives of benzaldehyde and benzyl alcohol are oxidised to the corresponding benzoic aid derivatives and, to a lesser extent reduced to corresponding benzyl alcohol derivatives. Following conjugation these are excreted in the urine. Benzyl alcohol derivatives may also be reduced in gut microflora to toluene derivatives. Flavor and Extract Manufacturers Association (FEMA) The salicylates are well absorbed by mouth, and oral bioavailability is assumed to be total. In humans, absorption through skin is more limited. The salicylates are expected to be broken down to salicylic acid, mostly in the liver, and then conjugated with glycine or glucuronide and excreted in the urine. The expected metabolism of the salicylates do not present toxicological concerns. Animal testing shows that acute toxicity by skin contact is very low, while acute toxicity by mouth is moderate. Salicylates do not possess genetic toxicity, and generally do not have the potential to cause cancer. The reproductive and developmental toxicity data on methyl salicylate shows that high doses which are toxic to the mother may cause toxicity to the embryo and birth defects. At concentrations likely to be encountered through their use as fragrance ingredients, salicylates are considered to be non-irritating to the skin. The salicylates in general have no, or very limited, potential to sensitise skin. They do not possess light-mediated toxicity and do not cause light-mediated irritation or allergies.
BENZYL ALCOHOL & ISOPHORONE DIAMINE & M-XYLENEDIAMINE	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.
BENZYL ALCOHOL & ISOPHORONE DIAMINE & SALICYLIC ACID	The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.
ISOPHORONE DIAMINE & M-XYLENEDIAMINE & SALICYLIC ACID	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
M-XYLENEDIAMINE & SALICYLIC ACID	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

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

	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
CCS Duratrac HB Epoxy - Part B	Not Available	Not Available	Not Available	Not Available	Not Available

Continued...

benzyl alcohol	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	10mg/L	2
	EC50	48	Crustacea	230mg/L	2
	EC50	96	Algae or other aquatic plants	76.828mg/L	2
	NOEC	336	Fish	5.1mg/L	2
isophorone diamine	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	54.352mg/L	3
	EC50	48	Crustacea	17.4mg/L	2
	EC50	96	Algae or other aquatic plants	7.221mg/L	3
	NOEC	72	Algae or other aquatic plants	=1.5mg/L	1
m-xylenediamine	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	75mg/L	2
	EC50	48	Crustacea	15.2mg/L	2
	EC50	72	Algae or other aquatic plants	12mg/L	2
	NOEC	504	Crustacea	4.7mg/L	2
salicylic acid	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	1-370mg/L	2
	EC50	48	Crustacea	1-945.32mg/L	2
	EC50	72	Algae or other aquatic plants	>100mg/L	2
	BCF	72	Algae or other aquatic plants	<50mg/L	4
	NOEC	504	Crustacea	10mg/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.
Prevent, by any means available, spillage from entering drains or water courses.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
benzyl alcohol	LOW	LOW
isophorone diamine	HIGH	HIGH
m-xylenediamine	HIGH	HIGH
salicylic acid	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
benzyl alcohol	LOW (LogKOW = 1.1)
isophorone diamine	LOW (BCF = 3.4)
m-xylenediamine	LOW (BCF = 2.7)
salicylic acid	MEDIUM (BCF = 1000)

Mobility in soil

Ingredient	Mobility
benzyl alcohol	LOW (KOC = 15.66)
isophorone diamine	LOW (KOC = 340.4)
m-xylenediamine	LOW (KOC = 914.6)
salicylic acid	LOW (KOC = 23.96)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▸ Where possible retain label warnings and SDS and observe all notices pertaining to the product. ▸ **DO NOT** allow wash water from cleaning or process equipment to enter drains.

Continued...

	▸ It may be necessary to collect all wash water for treatment before disposal. ▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▸ Where in doubt contact the responsible authority. ▸ Recycle wherever possible. ▸ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▸ Treat and neutralise at an approved treatment plant. ▸ Treatment should involve: Neutralisation with suitable dilute acid followed 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	2X

Land transport (ADG)

UN number	2735
UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains isophorone diamine)
Transport hazard class(es)	Class: 8 Subrisk: Not Applicable
Packing group	III
Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions: 223 274 Limited quantity: 5 L

Air transport (ICAO-IATA / DGR)

UN number	2735
UN proper shipping name	Amines, liquid, corrosive, n.o.s. * (contains isophorone diamine); Polyamines, liquid, corrosive, n.o.s. * (contains isophorone diamine)
Transport hazard class(es)	ICAO/IATA Class: 8 ICAO / IATA Subrisk: Not Applicable ERG Code: 8L
Packing group	III
Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions: A3 A803 Cargo Only Packing Instructions: 856 Cargo Only Maximum Qty / Pack: 60 L Passenger and Cargo Packing Instructions: 852 Passenger and Cargo Maximum Qty / Pack: 5 L Passenger and Cargo Limited Quantity Packing Instructions: Y841 Passenger and Cargo Limited Maximum Qty / Pack: 1 L

Sea transport (IMDG-Code / GGVSee)

UN number	2735
UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains isophorone diamine)
Transport hazard class(es)	IMDG Class: 8 IMDG Subrisk: Not Applicable
Packing group	III
Environmental hazard	Marine Pollutant

Continued...

Special precautions for user	EMS Number	F-A , S-B
	Special provisions	223 274
	Limited Quantities	5 L

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

BENZYL ALCOHOL IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Inventory of Chemical Substances (AICS)
GESAMP/EHS Composite List - GESAMP Hazard Profiles
IMO IBC Code Chapter 17: Summary of minimum requirements
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk
International Air Transport Association (IATA) Dangerous Goods Regulations
International Maritime Dangerous Goods Requirements (IMDG Code)
United Nations Recommendations on the Transport of Dangerous Goods Model Regulations

ISOPHORONE DIAMINE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
GESAMP/EHS Composite List - GESAMP Hazard Profiles
IMO IBC Code Chapter 17: Summary of minimum requirements
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk
International Air Transport Association (IATA) Dangerous Goods Regulations
International Maritime Dangerous Goods Requirements (IMDG Code)
United Nations Recommendations on the Transport of Dangerous Goods Model Regulations

M-XYLENEDIAMINE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes
Australia Exposure Standards
Australia Inventory of Chemical Substances (AICS)
International Air Transport Association (IATA) Dangerous Goods Regulations
International Maritime Dangerous Goods Requirements (IMDG Code)
United Nations Recommendations on the Transport of Dangerous Goods Model Regulations

SALICYLIC ACID IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix H
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 3

National Inventory Status

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (benzyl alcohol; salicylic acid; m-xylenediamine)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
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	01/11/2019
Initial Date	24/06/2019

SDS Version Summary

Version	Issue Date	Sections Updated
3.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

Continued...

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