

# SPRAYLAC

## Mirotone

Chemwatch: 5026-55

Version No: 7.1.5.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: 01/11/2019

Print Date: 17/05/2021

L.GHS.AUS.EN.RISK

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

#### Product Identifier

Product name	SPRAYLAC
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	AEROSOLS
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	<p>A clear aerosol lacquer finish for touch up.</p> <p>The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.</p> <p>Application is by spray atomisation from a hand held aerosol pack</p> <p>Use according to manufacturer's directions.</p>
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#### Details of the supplier of the safety data sheet

Registered company name	Mirotone
Address	21 Marigold Street Revesby NSW 2212 Australia
Telephone	+61 2 9795 3700
Fax	+61 2 9771 3601
Website	www.mirotone.com, www.polycure.com.au
Email	Not Available

#### Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+61 2 9186 1132
Other emergency telephone numbers	+61 1800 951 288

Once connected and if the message is not in your preferred language then please dial 01

### SECTION 2 Hazards identification

#### Classification of the substance or mixture

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

Poisons Schedule	S5
Classification [1]	<p>Aerosols Category 1, Acute Toxicity (Oral) Category 4, Aspiration Hazard Category 1, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - single exposure Category 3 (narcotic effects), Reproductive Toxicity Category 2, Specific target organ toxicity - repeated exposure Category 2</p> <p><i>*LIMITED EVIDENCE</i></p>
Legend:	<p>1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI</p>

## Label elements

Hazard pictogram(s)	
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Signal word	<b>Danger</b>
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## Hazard statement(s)

AUH044	Risk of explosion if heated under confinement.
H222+H229	Extremely flammable aerosol; Pressurized container: may burst if heated.
H302	Harmful if swallowed.
H304	May be fatal if swallowed and enters airways.
H315	Causes skin irritation.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.
H361d	Suspected of damaging the unborn child.
H373	May cause damage to organs through prolonged or repeated exposure.

*\*LIMITED EVIDENCE*

## Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read carefully and follow all instructions.

## Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P211	Do not spray on an open flame or other ignition source.
P251	Do not pierce or burn, even after use.
P260	Do not breathe mist/vapours/spray.

## Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P331	Do NOT induce vomiting.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.

## Precautionary statement(s) Storage

P405	Store locked up.
P410+P412	Protect from sunlight. Do not expose to temperatures exceeding 50 °C/122 °F.
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.
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## SECTION 3 Composition / information on ingredients

### Substances

See section below for composition of Mixtures

**Mixtures**

CAS No	%[weight]	Name
Not Available	10-30	alkyl ketone
Not Available	10-30	resins, nonhazardous
Not Available	0-10	mixed ester plasticiser
108-88-3	5-15	<u>toluene</u>
Not Available	5-15	esters
Not Available	0-10	alkyl alcohol
Not Available	0-10	aromatic solvent
50-00-0	<0.02	<u>formaldehyde</u>
Not Available	balance	Ingredients determined not to be hazardous
Not Available		propellant as
115-10-6	30-60	<u>dimethyl ether</u>
<b>Legend:</b>	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available	

**SECTION 4 First aid measures****Description of first aid measures**

<b>Eye Contact</b>	<p>If aerosols come in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold the eyelids apart and flush the eye continuously for at least 15 minutes with fresh running water.</li> <li>▶ 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.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If solids or aerosol mists are deposited upon the skin:</p> <ul style="list-style-type: none"> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Remove any adhering solids with industrial skin cleansing cream.</li> <li>▶ <b>DO NOT use solvents.</b></li> <li>▶ Seek medical attention in the event of irritation.</li> </ul>
<b>Inhalation</b>	<p>If aerosols, fumes or combustion products are inhaled:</p> <ul style="list-style-type: none"> <li>▶ Remove to fresh air.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ If breathing is shallow or has stopped, ensure clear airway and apply resuscitation, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>▶ Transport to hospital, or doctor.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ Avoid giving milk or oils.</li> <li>▶ Avoid giving alcohol.</li> <li>▶ Not considered a normal route of entry.</li> </ul>

**Indication of any immediate medical attention and special treatment needed**

For acute or short term repeated exposures to petroleum distillates or related hydrocarbons:

- ▶ Primary threat to life, from pure petroleum distillate ingestion and/or inhalation, is respiratory failure.
- ▶ Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO<sub>2</sub> 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.
- ▶ Lavage is indicated in patients who require decontamination; ensure use of cuffed endotracheal tube in adult patients. [Ellenhorn and Barceloux: Medical Toxicology]

Treat symptomatically.

for lower alkyl ethers:

**BASIC TREATMENT**

- ▶ Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.

- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- A low-stimulus environment must be maintained.
- Monitor and treat, where necessary, for shock.
- Anticipate and treat, where necessary, for seizures.
- **DO NOT use emetics.** Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

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#### ADVANCED TREATMENT

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- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension without signs of hypovolaemia may require vasopressors.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

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#### EMERGENCY DEPARTMENT

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- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Ethers may produce anion gap acidosis. Hyperventilation and bicarbonate therapy might be indicated.
- Haemodialysis might be considered in patients with impaired renal function.
- Consult a toxicologist as necessary.

*BRONSTEIN, A.C. and CURRANCE, P.L.*

*EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994*

for simple ketones:

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#### BASIC TREATMENT

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- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- **DO NOT use emetics.** Where ingestion is suspected rinse mouth and give up to 200 ml water (5mL/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- Give activated charcoal.

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#### ADVANCED TREATMENT

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- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Consider intubation at first sign of upper airway obstruction resulting from oedema.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

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#### EMERGENCY DEPARTMENT

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- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Consult a toxicologist as necessary.

*BRONSTEIN, A.C. and CURRANCE, P.L.*

*EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994*

To treat poisoning by the higher aliphatic alcohols (up to C7):

- Gastric lavage with copious amounts of water.
- It may be beneficial to instill 60 ml of mineral oil into the stomach.
- Oxygen and artificial respiration as needed.
- Electrolyte balance: it may be useful to start 500 ml. M/6 sodium bicarbonate intravenously but maintain a cautious and conservative attitude toward electrolyte replacement unless shock or severe acidosis threatens.
- To protect the liver, maintain carbohydrate intake by intravenous infusions of glucose.

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- Haemodialysis if coma is deep and persistent. [GOSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, Ed 5]

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for shock.
- Monitor and treat, where necessary, for pulmonary oedema.
- Anticipate and treat, where necessary, for seizures.
- **DO NOT use emetics.** Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- Give activated charcoal.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- If the patient is hypoglycaemic (decreased or loss of consciousness, tachycardia, pallor, dilated pupils, diaphoresis and/or dextrose strip or glucometer readings below 50 mg), give 50% dextrose.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Acidosis may respond to hyperventilation and bicarbonate therapy.
- Haemodialysis might be considered in patients with severe intoxication.
- Consult a toxicologist as necessary. BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

For C8 alcohols and above.

Symptomatic and supportive therapy is advised in managing patients.

SECTION 5 Firefighting measures

Extinguishing media

SMALL FIRE:

- Water spray, dry chemical or CO2

LARGE FIRE:

- Water spray or fog.

Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	▸ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

<b>Fire Fighting</b>	<ul style="list-style-type: none"><li>▸ Alert Fire Brigade and tell them location and nature of hazard.</li><li>▸ May be violently or explosively reactive.</li><li>▸ Wear breathing apparatus plus protective gloves.</li><li>▸ Prevent, by any means available, spillage from entering drains or water course.</li><li>▸ If safe, switch off electrical equipment until vapour fire hazard removed.</li></ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"><li>▸ Liquid and vapour are highly flammable.</li><li>▸ Severe fire hazard when exposed to heat or flame.</li><li>▸ Vapour forms an explosive mixture with air.</li><li>▸ Severe explosion hazard, in the form of vapour, when exposed to flame or spark.</li><li>▸ Vapour may travel a considerable distance to source of ignition.</li></ul> <p>Combustion products include: carbon dioxide (CO2)</p>

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	carbon monoxide (CO) nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. <b>Contains low boiling substance:</b> Closed containers may rupture due to pressure buildup under fire conditions.
HAZCHEM	Not Applicable

**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	<ul style="list-style-type: none"> <li>▸ Clean up all spills immediately.</li> <li>▸ Avoid breathing vapours and contact with skin and eyes.</li> <li>▸ Wear protective clothing, impervious gloves and safety glasses.</li> <li>▸ Shut off all possible sources of ignition and increase ventilation.</li> <li>▸ Wipe up.</li> </ul>
Major Spills	<ul style="list-style-type: none"> <li>▸ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.</li> <li>▸ Remove leaking cylinders to a safe place if possible.</li> <li>▸ Release pressure under safe, controlled conditions by opening the valve.</li> <li>▸ <b>DO NOT exert excessive pressure on valve; DO NOT attempt to operate damaged valve.</b></li> <li>▸ Clear area of personnel and move upwind.</li> <li>▸ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▸ May be violently or explosively reactive.</li> <li>▸ Wear breathing apparatus plus protective gloves.</li> <li>▸ Prevent, by any means available, spillage from entering drains or water courses</li> <li>▸ No smoking, naked lights or ignition sources.</li> </ul>

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

**SECTION 7 Handling and storage**

**Precautions for safe handling**

Safe handling	<ul style="list-style-type: none"> <li>▸ Avoid all personal contact, including inhalation.</li> <li>▸ Wear protective clothing when risk of exposure occurs.</li> <li>▸ Use in a well-ventilated area.</li> <li>▸ Prevent concentration in hollows and sumps.</li> <li>▸ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> </ul>
Other information	<ul style="list-style-type: none"> <li>▸ Store in original containers.</li> <li>▸ Store in an upright position.</li> <li>▸ <b>DO NOT store in pits, depressions, basements or areas where vapours may be trapped.</b></li> <li>▸ No smoking, naked lights, heat or ignition sources.</li> <li>▸ Keep containers securely sealed.</li> <li>▸ Keep dry to avoid corrosion of cans. Corrosion may result in container perforation and internal pressure may eject contents of can</li> <li>▸ Store in original containers in approved flammable liquid storage area.</li> <li>▸ <b>DO NOT store in pits, depressions, basements or areas where vapours may be trapped.</b></li> <li>▸ No smoking, naked lights, heat or ignition sources.</li> <li>▸ Keep containers securely sealed. Contents under pressure.</li> </ul>

**Conditions for safe storage, including any incompatibilities**

Suitable container	<ul style="list-style-type: none"> <li>▸ Aerosol dispenser.</li> <li>▸ Check that containers are clearly labelled.</li> </ul>
Storage incompatibility	<ul style="list-style-type: none"> <li>▸ Avoid reaction with oxidising agents</li> </ul>

**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	toluene	Toluene	50 ppm / 191 mg/m3	574 mg/m3 / 150 ppm	Not Available	Not Available
Australia Exposure Standards	formaldehyde.	Formaldehyde	1 ppm / 1.2 mg/m3	2.5 mg/m3 / 2 ppm	Not Available	Not Available
Australia Exposure Standards	dimethyl ether	Dimethyl ether	400 ppm / 760 mg/m3	950 mg/m3 / 500 ppm	Not Available	Not Available

### Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
toluene	Not Available	Not Available	Not Available
formaldehyde.	Not Available	Not Available	Not Available
dimethyl ether	3,000 ppm	3800* ppm	7200* ppm

Ingredient	Original IDLH	Revised IDLH
toluene	500 ppm	Not Available
formaldehyde.	20 ppm	Not Available
dimethyl ether	Not Available	Not Available

### MATERIAL DATA


Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit.

NOTE D: Certain substances which are susceptible to spontaneous polymerisation or decomposition are generally placed on the market in a stabilised form. It is in this form that they are listed on Annex I

When they are placed on the market in a non-stabilised form, the label must state the name of the substance followed by the words "non-stabilised"

European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

### Exposure controls

<b>Appropriate engineering controls</b>	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <ul style="list-style-type: none"> <li>Process controls which involve changing the way a job activity or process is done to reduce the risk.</li> <li>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly.</li> </ul>
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>Safety glasses with side shields.</li> <li>Chemical goggles.</li> <li>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.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<p>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.</p> <p>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.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands.</p> <ul style="list-style-type: none"> <li>No special equipment needed when handling small quantities.</li> <li><b>OTHERWISE:</b></li> <li>For potentially moderate exposures: <ul style="list-style-type: none"> <li>Wear general protective gloves, eg. light weight rubber gloves.</li> </ul> </li> <li>For potentially heavy exposures: <ul style="list-style-type: none"> <li>Wear chemical protective gloves, eg. PVC. and safety footwear.</li> </ul> </li> </ul>

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<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ The clothing worn by process operators insulated from earth may develop static charges far higher (up to 100 times) than the minimum ignition energies for various flammable gas-air mixtures. This holds true for a wide range of clothing materials including cotton.</li> <li>▶ Avoid dangerous levels of charge by ensuring a low resistivity of the surface material worn outermost.</li> </ul> <p>BRETHERRICK: Handbook of Reactive Chemical Hazards. No special equipment needed when handling small quantities.</p> <p><b>OTHERWISE:</b></p> <ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ Skin cleansing cream.</li> <li>▶ Eyewash unit.</li> <li>▶ Do not spray on hot surfaces.</li> </ul>

### Recommended material(s)

#### GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

**"Forsberg Clothing Performance Index".**

The effect(s) of the following substance(s) are taken into account in the

**computer-generated** selection:

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Material	CPI
BUTYL	C
BUTYL/NEOPRENE	C
CPE	C
HYPALON	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE	C
PE/EVAL/PE	C
PVA	C
PVC	C
PVDC/PE/PVDC	C
SARANEX-23	C
SARANEX-23 2-PLY	C
TEFLON	C
VITON	C
VITON/CHLOROBUTYL	C
VITON/NEOPRENE	C

\* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

**NOTE:** As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

\* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

### Respiratory protection

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

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

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

^ - Full-face

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

<b>Appearance</b>	Clear highly flammable liquid with sweet odour; partly miscible with water.
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	Supplied as an aerosol pack. Contents under <b>PRESSURE</b> . Contains highly flammable ether propellant.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	0.860
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Applicable	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	-22 initial	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	-41 (propellant)	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	HIGHLY FLAMMABLE.	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	10	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	2	<b>Volatile Component (%vol)</b>	75
<b>Vapour pressure (kPa)</b>	8.6	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Partly miscible	<b>pH as a solution (1%)</b>	Not Applicable
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## SECTION 10 Stability and reactivity

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▶ Elevated temperatures.</li> <li>▶ Presence of open flame.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 Toxicological information

### Information on toxicological effects

<b>Inhaled</b>	<p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in arrhythmias and hypotension. Gastrointestinal effects may include nausea and vomiting.</p> <p>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. 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.</p> <p>Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure. If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.</p>
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	<p><b>WARNING: Intentional misuse by concentrating/inhaling contents may be lethal.</b></p> <p>Exposure to ketone vapours may produce nose, throat and mucous membrane irritation. High concentrations of vapour may produce central nervous system depression characterised by headache, vertigo, loss of coordination, narcosis and cardiorespiratory failure. Some ketones produce neurological disorders (polyneuropathy) characterised by bilateral symmetrical paresthesia and muscle weakness primarily in the legs and arms.</p> <p>Ethers produce narcosis following inhalation.</p> <p>Inhalation of lower alkyl ethers may result in central nervous system depression or stimulation, intoxication, headache, dizziness, weakness, blurred vision, seizures and possible coma. Cardiovascular involvement may produce hypotension, bradycardia and cardiovascular collapse, whilst respiratory symptoms might include irritation of nose and throat, cough, laryngeal spasm, pharyngitis, irregular respiration, depression, pulmonary oedema and respiratory arrest. Nausea, vomiting and salivation might also indicate overexposure.</p> <p>Convulsions, respiratory distress or paralysis, asphyxia, pneumonitis, and unconsciousness are all serious manifestations of poisoning.</p>
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Not normally a hazard due to physical form of product.</p> <p>Considered an unlikely route of entry in commercial/industrial environments</p> <p>Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury.</p> <p>Ingestion of alkyl ethers may produce symptoms similar to those produced following inhalation.</p>
Skin Contact	<p>The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either</p> <ul style="list-style-type: none"> <li>▸ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or</li> <li>▸ 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.</li> </ul> <p>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.</p> <p>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</p> <p>Spray mist may produce discomfort</p> <p>Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man.</p> <p>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.</p> <p>Alkyl ethers may defat and dehydrate the skin producing dermatoses. Absorption may produce headache, dizziness, and central nervous system depression.</p> <p>Aromatic hydrocarbons may produce skin irritation, vasodilation with erythema and changes in endothelial cell permeability. Systemic intoxication, resulting from contact with the light aromatics, is unlikely due to the slow rate of permeation. Branching of the side chain appears to increase percutaneous absorption.</p>
Eye	<p>Evidence exists, or practical experience predicts, that the material may cause 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.</p> <p>Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p> <p>Direct contact with the eye may not cause irritation because of the extreme volatility of the gas; however concentrated atmospheres may produce irritation after brief exposures..</p> <p>Eye contact with alkyl ethers (vapours or liquid) may produce irritation, redness and lachrymation.</p> <p>Petroleum hydrocarbons may produce pain after direct contact with the eyes. Slight, but transient disturbances of the corneal epithelium may also result. The aromatic fraction may produce irritation and lachrymation.</p>
Chronic	<p>On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> <p>Harmful: danger of serious damage to health by prolonged exposure through inhalation.</p> <p>Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.</p> <p>Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS]</p> <p>Chronic toluene habituation occurs following intentional abuse (glue sniffing) or from occupational exposure. Ataxia, incoordination and tremors of the hands and feet (as a consequence of diffuse cerebral atrophy), headache, abnormal speech,</p>

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transient memory loss, convulsions, coma, drowsiness, reduced colour perception, frank blindness, nystagmus (rapid, involuntary eye-movements), hearing loss leading to deafness and mild dementia have all been associated with chronic abuse. Peripheral nerve damage, encephalopathy, giant axonopathy electrolyte disturbances in the cerebrospinal fluid and abnormal computer tomographic (CT scans) are common amongst toluene addicts. Although toluene abuse has been linked with kidney disease, this does not commonly appear in cases of occupational toluene exposures. Cardiac and haematological toxicity are however associated with chronic toluene exposures.

SPRAYLAC	TOXICITY	IRRITATION
	Not Available	Not Available
toluene	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >5000 mg/kg <sup>[1]</sup>	Eye (rabbit): 2mg/24h - SEVERE
	Inhalation(Rat) LC50; 12.5-28.8 mg/14h <sup>[2]</sup>	Eye (rabbit):0.87 mg - mild
	Oral(Rat) LD50; 636 mg/kg <sup>[2]</sup>	Eye (rabbit):100 mg/30sec - mild
		Eye: adverse effect observed (irritating) <sup>[1]</sup>
		Skin (rabbit):20 mg/24h-moderate
		Skin (rabbit):500 mg - moderate
		Skin: adverse effect observed (irritating) <sup>[1]</sup>
	Skin: no adverse effect observed (not irritating) <sup>[1]</sup>	
formaldehyde.	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 270 mg/kg <sup>[2]</sup>	Eye (human): 4 ppm/5m
	Inhalation(Rat) LC50; <463 ppm4h <sup>[1]</sup>	Eye (rabbit): 0.75 mg/24H SEVERE
	Oral(Mouse) LD50; 42 mg/kg <sup>[2]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
		Skin (human): 0.15 mg/3d-I mild
		Skin (rabbit): 2 mg/24H SEVERE
	Skin: adverse effect observed (corrosive) <sup>[1]</sup>	
dimethyl ether	TOXICITY	IRRITATION
	Inhalation(Rat) LC50; >20000 ppm4h <sup>[1]</sup>	Not Available
<b>Legend:</b>	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	

**TOLUENE**

For toluene:  
**Acute Toxicity**  
Humans exposed to intermediate to high levels of toluene for short periods of time experience adverse central nervous system effects ranging from headaches to intoxication, convulsions, narcosis, and death. Similar effects are observed in short-term animal studies.  
**Humans** - Toluene ingestion or inhalation can result in severe central nervous system depression, and in large doses, can act as a narcotic. The ingestion of about 60 mL resulted in fatal nervous system depression within 30 minutes in one reported case. Constriction and necrosis of myocardial fibers, markedly swollen liver, congestion and haemorrhage of the lungs and acute tubular necrosis were found on autopsy.  
Central nervous system effects (headaches, dizziness, intoxication) and eye irritation occurred following inhalation exposure to 100 ppm toluene 6 hours/day for 4 days.  
Exposure to 600 ppm for 8 hours resulted in the same and more serious symptoms including euphoria, dilated pupils, convulsions, and nausea . Exposure to 10,000-30,000 ppm has been reported to cause narcosis and death  
Toluene can also strip the skin of lipids causing dermatitis  
**Animals** - The initial effects are instability and incoordination, lachrymation and sniffles (respiratory exposure), followed by narcosis. Animals die of respiratory failure from severe nervous system depression.

**FORMALDEHYDE.**

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.

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.

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	<p>Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p> <p><b>WARNING:</b> This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b>. Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen [National Toxicology Program: U.S. Dep. of Health &amp; Human Services 2002]</p>
<b>SPRAYLAC &amp; FORMALDEHYDE.</b>	<p>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.</p>
<b>SPRAYLAC &amp; TOLUENE</b>	<p>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.</p>

<b>Acute Toxicity</b>	✓	<b>Carcinogenicity</b>	✗
<b>Skin Irritation/Corrosion</b>	✓	<b>Reproductivity</b>	✓
<b>Serious Eye Damage/Irritation</b>	✓	<b>STOT - Single Exposure</b>	✓
<b>Respiratory or Skin sensitisation</b>	✗	<b>STOT - Repeated Exposure</b>	✓
<b>Mutagenicity</b>	✗	<b>Aspiration Hazard</b>	✓

**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
<b>SPRAYLAC</b>	Not Available	Not Available	Not Available	Not Available	Not Available
<b>toluene</b>	NOEC(ECx)	96h	Crustacea	0.104mg/L	4
	EC50	48h	Crustacea	3.78mg/L	5
	LC50	96h	Fish	>1.055<1.809mg/L	4
	EC50	96h	Algae or other aquatic plants	>1.632mg/L	4
<b>formaldehyde.</b>	NOEC(ECx)	96h	Algae or other aquatic plants	0.005mg/l	4
	EC50	96h	Algae or other aquatic plants	0.67-1.113mg/l	4
	EC50	72h	Algae or other aquatic plants	1.034-1.984mg/l	4
	LC50	96h	Fish	1.98mg/l	2
	EC50	48h	Crustacea	3.26mg/l	4
<b>dimethyl ether</b>	NOEC(ECx)	48h	Crustacea	>4000mg/l	1
	EC50	48h	Crustacea	>4400mg/L	2
	LC50	96h	Fish	1783.04mg/l	2
	EC50	96h	Algae or other aquatic plants	154.917mg/l	2
<b>Legend:</b>	<p>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</p>				

For hydrocarbons:  
**Environmental fate:**

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The lower molecular weight hydrocarbons are expected to form a "slick" on the surface of waters after release in calm sea conditions. This is expected to evaporate and enter the atmosphere where it will be degraded through reaction with hydroxy radicals. Some hydrocarbon will become associated with benthic sediments, and it is likely to be spread over a fairly wide area of sea floor. Marine sediments may be either aerobic or anaerobic. The material, in probability, is biodegradable, under aerobic conditions (isomerised olefins and alkenes show variable results). Drinking Water Standards: hydrocarbon total: 10 ug/l (UK max.).

**DO NOT** discharge into sewer or waterways.

**Persistence and degradability**

Ingredient	Persistence: Water/Soil	Persistence: Air
toluene	LOW (Half-life = 28 days)	LOW (Half-life = 4.33 days)
formaldehyde.	LOW (Half-life = 14 days)	LOW (Half-life = 2.97 days)
dimethyl ether	LOW	LOW

**Bioaccumulative potential**

Ingredient	Bioaccumulation
toluene	LOW (BCF = 90)
formaldehyde.	LOW (LogKOW = 0.35)
dimethyl ether	LOW (LogKOW = 0.1)

**Mobility in soil**

Ingredient	Mobility
toluene	LOW (KOC = 268)
formaldehyde.	HIGH (KOC = 1)
dimethyl ether	HIGH (KOC = 1.292)


**SECTION 13 Disposal considerations**

**Waste treatment methods**

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ Consult State Land Waste Management Authority for disposal.</li> <li>▶ Discharge contents of damaged aerosol cans at an approved site.</li> <li>▶ Allow small quantities to evaporate.</li> <li>▶ <b>DO NOT incinerate or puncture aerosol cans.</b></li> <li>▶ Bury residues and emptied aerosol cans at an approved site.</li> </ul>
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**SECTION 14 Transport information**

**Labels Required**

	
<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	Not Applicable

**Land transport (ADG)**

<b>UN number</b>	1950	
<b>UN proper shipping name</b>	AEROSOLS	
<b>Transport hazard class(es)</b>	Class	2.1
	Subrisk	Not Applicable
<b>Packing group</b>	Not Applicable	
<b>Environmental hazard</b>	Not Applicable	
<b>Special precautions for user</b>	Special provisions	63 190 277 327 344 381
	Limited quantity	1000ml

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**Air transport (ICAO-IATA / DGR)**

<b>UN number</b>	1950	
<b>UN proper shipping name</b>	Aerosols, flammable (engine starting fluid); Aerosols, flammable	
<b>Transport hazard class(es)</b>	ICAO/IATA Class	2.1
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	10L
<b>Packing group</b>	Not Applicable	
<b>Environmental hazard</b>	Not Applicable	
<b>Special precautions for user</b>	Special provisions	A145 A167 A802; A1 A145 A167 A802
	Cargo Only Packing Instructions	203
	Cargo Only Maximum Qty / Pack	150 kg
	Passenger and Cargo Packing Instructions	203; Forbidden
	Passenger and Cargo Maximum Qty / Pack	75 kg; Forbidden
	Passenger and Cargo Limited Quantity Packing Instructions	Y203; Forbidden
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G; Forbidden

**Sea transport (IMDG-Code / GGVSee)**

<b>UN number</b>	1950	
<b>UN proper shipping name</b>	AEROSOLS	
<b>Transport hazard class(es)</b>	IMDG Class	2.1
	IMDG Subrisk	Not Applicable
<b>Packing group</b>	Not Applicable	
<b>Environmental hazard</b>	Not Applicable	
<b>Special precautions for user</b>	EMS Number	F-D , S-U
	Special provisions	63 190 277 327 344 381 959
	Limited Quantities	1000 ml

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

Not Applicable

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

Product name	Group
toluene	Not Available
formaldehyde.	Not Available
dimethyl ether	Not Available

**Transport in bulk in accordance with the ICG Code**

Product name	Ship Type
toluene	Not Available
formaldehyde.	Not Available
dimethyl ether	Not Available

**SECTION 15 Regulatory information**

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

toluene is found on the following regulatory lists

## SPRAYLAC

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

### formaldehyde. is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2

Australian Inventory of Industrial Chemicals (AIIC)

### dimethyl ether is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

Australian Inventory of Industrial Chemicals (AIIC)

## National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (toluene; formaldehyde.; dimethyl ether)
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 - FBEPH	Yes
<b>Legend:</b>	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

<b>Revision Date</b>	01/11/2019
<b>Initial Date</b>	15/09/2006

## SDS Version Summary

Version	Date of Update	Sections Updated
6.1.1.1	16/09/2016	Classification, Ingredients
7.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
7.1.2.1	26/04/2021	Regulation Change
7.1.3.1	03/05/2021	Regulation Change
7.1.4.1	06/05/2021	Regulation Change
7.1.5.1	10/05/2021	Regulation Change

## 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.

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