Mirotone

Chemwatch: **5089-36** Version No: **12.1.5.1**

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	MIROTHANE PU 5747	
Chemical Name	Not Applicable	
Synonyms	hardener curing agent catalyst isocyanate	
Proper shipping name	RESIN SOLUTION, flammable	
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

Hardener for MIROTHANE PU 55555 (T4632) and MIROTHANE PU 5650 (T4630)

Isocyanates are a family of highly reactive, low molecular weight chemicals. They are widely used in the manufacture of flexible and rigid foams, fibres, coatings such as paints and varnishes, and elastomers, and are increasingly used in the automobile industry, autobody repair, and building insulation materials.

Di-isocyanates are manufactured for reactions with polyols in the production of polyurethanes, a class of polymers. Isocyanate is the functional group with the formula R–N=C=O. Organic compounds that contain an isocyanate group are referred to as isocyanates.

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 prefered 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	Not Applicable
Classification ^[1]	Flammable Liquid Category 2, Acute Toxicity (Inhalation) Category 3, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Skin Sensitizer Category 1, Respiratory Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - single exposure Category 3 (narcotic effects), Acute Aquatic Hazard Category 3
	*LIMITED EVIDENCE

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Legend:

1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements









Signal word

Danger

Hazard statement(s)

H225	Highly flammable liquid and vapour.
H331	Toxic if inhaled.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H317	May cause an allergic skin reaction.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.
H402	Harmful to aquatic life.

*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

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P261	Avoid breathing mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection/hearing protection.
P284	[In case of inadequate ventilation] wear respiratory protection.

Precautionary statement(s) Response

P304+P340 IF INHALED: Remove person to fresh air and keep comfortable for breathing.	
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.
P302+P352	IF ON SKIN: Wash with plenty of water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.

Precautionary statement(s) Disposal

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

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

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Mixtures

CAS No	%[weight]	Name
63368-95-6	30-60	toluene diisocyanate/ hexamethylene diisocyanate copolymer
584-84-9	<0.5	toluene-2,4-diisocyanate
822-06-0	<0.5	hexamethylene diisocyanate
1330-20-7	10-30	xylene
78-93-3	10-30	methyl ethyl ketone
Not Available	10-30	alkyl esters
Legend:	1	watch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - ation drawn from C&L * EU IOELVs available

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	 If this product comes in contact with the eyes: Wash out immediately with fresh running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation.
Inhalation	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay. Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.
Ingestion	 If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Seek medical advice. Avoid giving milk or oils. Avoid giving alcohol.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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

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.
- $\mbox{\ensuremath{\,^{\blacktriangleright}}}$ 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.

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

For sub-chronic and chronic exposures to isocyanates:

- This material may be a potent pulmonary sensitiser which causes bronchospasm even in patients without prior airway hyperreactivity.
- Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
- ▶ Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
- Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.
- Some cross-sensitivity occurs between different isocyanates.
- Noncardiogenic pulmonary oedema and bronchospasm are the most serious consequences of exposure. Markedly symptomatic patients should receive oxygen, ventilatory support and an intravenous line.
- Treatment for asthma includes inhaled sympathomimetics (epinephrine [adrenalin], terbutaline) and steroids.
- Activated charcoal (1 g/kg) and a cathartic (sorbitol, magnesium citrate) may be useful for ingestion.
- Mydriatics, systemic analgesics and topical antibiotics (Sulamyd) may be used for corneal abrasions.
- There is no effective therapy for sensitised workers.

[Ellenhorn and Barceloux; Medical Toxicology]

NOTE: Isocyanates cause airway restriction in naive individuals with the degree of response dependant on the concentration and duration of exposure. They induce smooth muscle contraction which leads to bronchoconstrictive episodes. Acute changes in lung function, such as decreased FEV1, may not represent sensitivity.

[Karol & Jin, Frontiers in Molecular Toxicology, pp 56-61, 1992]

Personnel who work with isocyanates, isocyanate prepolymers or polyisocyanates should have a pre-placement medical examination and periodic examinations thereafter, including a pulmonary function test. Anyone with a medical history of chronic respiratory disease, asthmatic or bronchial attacks, indications of allergic responses, recurrent eczema or sensitisation conditions of the skin should not handle or work with isocyanates. Anyone who develops chronic respiratory distress when working with isocyanates should be removed from exposure and examined by a physician. Further exposure must be avoided if a sensitivity to isocyanates or polyisocyanates has developed.

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

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

For acute or short term repeated exposures to xylene:

- Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- Pulmonary absorption is rapid with about 60-65% retained at rest.
- ▶ Primary threat to life from ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen.
 Patients with inadequate tidal volumes or poor arterial blood gases (pO2 < 50 mm Hg or pCO2 > 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.

BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant Index Sampling Time Comments

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

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Extinguishing media

- F Small quantities of water in contact with hot liquid may react violently with generation of a large volume of rapidly expanding hot sticky semi-solid foam.
- ▶ Presents additional hazard when fire fighting in a confined space.
- Cooling with flooding quantities of water reduces this risk.
- ▶ Water spray or fog may cause frothing and should be used in large quantities.
- Water spray or fog.
- Alcohol stable foam.
- Dry chemical powder.
- Carbon dioxide.

Do not use a water jet to fight fire.

Special hazards arising from the substrate or mixture

Fire Incompatibility

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

Advice for firefighters	
Fire Fighting	 Alert Fire Brigade and tell them location and nature of hazard. May be violently or explosively reactive. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water course. Consider evacuation (or protect in place).
Fire/Explosion Hazard	 Liquid and vapour are highly flammable. Severe fire hazard when exposed to heat, flame and/or oxidisers. Vapour may travel a considerable distance to source of ignition. Heating may cause expansion or decomposition leading to violent rupture of containers. On combustion, may emit toxic fumes of carbon monoxide (CO). Combustion products include: carbon dioxide (CO2) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions. When heated at high temperatures many isocyanates decompose rapidly generating a vapour which pressurises containers, possibly to the point of rupture. Release of toxic and/or flammable isocyanate vapours may then occur Burns with acrid black smoke.
HAZCHEM	•3YE

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	► Control personal	immediately. apours and con contact with the	subst	ance, by u	sing protect	iive equipment. absorbent material.	
	Chemical Class: keto For release onto land SORBENT TYPE RAN	d: recommended			in order of p	priority.	
Major Spills	LAND SPILL - SMAL			 	 	n w oo	
major opino	cross-linked polyme	•	1	shovel	shovel	R, W, SS R, DGC, RT	
	sorbent clay - partic	•	2	shovel	shovel	R,I, P	
	wood fiber - pillow		3	throw	pitchfork	R, P, DGC, RT	
	treated wood fiber -	pillow	3	throw	pitchfork	DGC, RT	

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foamed glass - pillow	4	throw	pitchfork	R, P, DGC, RT
LAND SPILL - MEDIUM				
cross-linked polymer - particulate	1	blower	skiploader	R,W, SS
cross-linked polymer - pillow	2	throw	skiploader	R, DGC, RT
sorbent clay - particulate	3	blower	skiploader	R, I, P
polypropylene - particulate	3	blower	skiploader	R, SS, DGC
expanded mineral - particulate	4	blower	skiploader	R, I, W, P, DGC
polypropylene - mat	4	throw	skiploader	DGC, RT

Legend

DGC: Not effective where ground cover is dense

R: Not reusable

I: Not incinerable

P: Effectiveness reduced when rainy

RT:Not effective where terrain is rugged

SS: Not for use within environmentally sensitive sites

W: Effectiveness reduced when windy

Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control;

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

Liquid Isocyanates and high isocyanate vapour concentrations will penetrate seals on self contained breathing apparatus - SCBA should be used inside encapsulating suit where this exposure may occur.

For isocyanate spills of less than 40 litres (2 m2):

- Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible.
- Notify supervision and others as necessary.
- Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots).
- ► Control source of leakage (where applicable).
- ▶ Dike the spill to prevent spreading and to contain additions of decontaminating solution.
- Avoid contamination with water, alkalies and detergent solutions.
- Material reacts with water and generates gas, pressurises containers with even drum rupture resulting.
- ► DO NOT reseal container if contamination is suspected.
- Open all containers with care.
- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- ▶ May be violently or explosively reactive.
- ▶ Wear breathing apparatus plus protective gloves.
- ▶ Prevent, by any means available, spillage from entering drains or water course.

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

SECTION 7 Handling and storage

Precautions for safe handling

- ▶ Containers, even those that have been emptied, may contain explosive vapours.
- ▶ Do NOT cut, drill, grind, weld or perform similar operations on or near containers.

Contains low boiling substance:

Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately.

- Check for bulging containers.
- Vent periodically
- ▶ Always release caps or seals slowly to ensure slow dissipation of vapours
- ▶ DO NOT allow clothing wet with material to stay in contact with skin
- ▶ Electrostatic discharge may be generated during pumping this may result in fire.
- ► Ensure electrical continuity by bonding and grounding (earthing) all equipment.
- Restrict line velocity during pumping in order to avoid generation of electrostatic discharge (<=1 m/sec until fill pipe submerged to twice its diameter, then <= 7 m/sec).
- Avoid splash filling.
- ▶ Do NOT use compressed air for filling discharging or handling operations.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- ▶ DO NOT enter confined spaces until atmosphere has been checked.

Other information

Safe handling

for commercial quantities of isocyanates:

·lsocyanates should be stored in adequately bunded areas. Nothing else should be kept within the same bunding. Pre-polymers need not be segregated. Drums of isocyanates should be stored under cover, out of direct sunlight, protected from rain, protected from physical damage and well away from moisture, acids and alkalis.

Where isocyanates are stored at elevated temperatures to prevent solidifying, adequate controls should be installed to prevent

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the high temperatures and precautions against fire should be taken.

- Store in original containers in approved flame-proof area.
- ▶ No smoking, naked lights, heat or ignition sources.
- ▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
- Keep containers securely sealed.
- ▶ Store away from incompatible materials in a cool, dry well ventilated area.

Conditions for safe storage, including any incompatibilities

▶ Packing as supplied by manufacturer.

- ▶ Plastic containers may only be used if approved for flammable liquid.
- Check that containers are clearly labelled and free from leaks.

Suitable container

- For low viscosity materials (i): Drums and jerry cans must be of the non-removable head type. (ii): Where a can is to be used as an inner package, the can must have a screwed enclosure.
- For materials with a viscosity of at least 2680 cSt. (23 deg. C)
- ► For manufactured product having a viscosity of at least 250 cSt. (23 deg. C)
- Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C): (i) Removable head packaging; (ii) Cans with friction closures and (iii) low pressure tubes and cartridges may be used.

Storage incompatibility

·Avoid reaction with water, alcohols and detergent solutions. Isocyanates are electrophiles, and as such they are reactive toward a variety of nucleophiles including alcohols, amines, and even water. Upon treatment with an alcohol, an isocyanate forms a urethane linkage. If a di-isocyanate is treated with a compound containing two or more hydroxyl groups, such as a diol or a polyol, polymer chains are formed, which are known as polyurethanes. Reaction between a di-isocyanate and a compound containing two or more amine groups, produces long polymer chains known as polyureas.

- A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol.
- The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment.
- For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g.

BRETHERICK: Handbook of Reactive Chemical Hazards, 4th Edition

- Avoid cross contamination between the two liquid parts of product (kit).
- If two part products are mixed or allowed to mix in proportions other than manufacturer's recommendation, polymerisation with gelation and evolution of heat (exotherm) may occur.
- ▶ This excess heat may generate toxic vapour

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 diisocyanate/ hexamethylene diisocyanate copolymer	Isocyanates, all (as-NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
Australia Exposure Standards	toluene-2,4-diisocyanate	Toluene- 2,4-diisocyanate (TDI)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
Australia Exposure Standards	hexamethylene diisocyanate	Hexamethylene diisocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
Australia Exposure Standards	xylene	Xylene (o-, m-, p- isomers)	80 ppm / 350 mg/m3	655 mg/m3 / 150 ppm	Not Available	Not Available
Australia Exposure Standards	methyl ethyl ketone	Methyl ethyl ketone (MEK)	150 ppm / 445 mg/m3	890 mg/m3 / 300 ppm	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
toluene-2,4-diisocyanate	0.02 ppm	0.083 ppm	0.51 ppm
toluene-2,4-diisocyanate	Not Available	Not Available	Not Available
hexamethylene diisocyanate	0.018 ppm	0.2 ppm	3 ppm
xylene	Not Available	Not Available	Not Available
methyl ethyl ketone	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
toluene diisocyanate/ hexamethylene diisocyanate	Not Available	Not Available

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Ingredient	Original IDLH	Revised IDLH
copolymer		
toluene-2,4-diisocyanate	2.5 ppm	Not Available
hexamethylene diisocyanate	Not Available	Not Available
xylene	900 ppm	Not Available
methyl ethyl ketone	3,000 ppm	Not Available

MATERIAL DATA

Exposure controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.

The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly.

Appropriate engineering controls

- All processes in which isocvanates are used should be enclosed wherever possible.
- Total enclosure, accompanied by good general ventilation, should be used to keep atmospheric concentrations below the relevant exposure standards.
- If total enclosure of the process is not feasible, local exhaust ventilation may be necessary. Local exhaust ventilation is essential where lower molecular weight isocyanates (such as TDI or HDI) is used or where isocyanate or polyurethane is sprayed.
- Where other isocyanates or pre-polymers are used and aerosol formation cannot occur, local exhaust ventilation may not be necessary if the atmospheric concentration can be kept below the relevant exposure standards.

Personal protection











Eye and face protection

- Safety glasses with side shields.
- Chemical goggles.
- · Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience.

Skin protection

See Hand protection below

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.

- Do NOT wear natural rubber (latex gloves).
- ▶ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves.
- Protective gloves and overalls should be worn as specified in the appropriate national standard.
- Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated.
- ▶ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates
- DO NOT use skin cream unless necessary and then use only minimum amount.
- Isocyanate vapour may be absorbed into skin cream and this increases hazard.

Body protection

Hands/feet protection

See Other protection below

All employees working with isocyanates must be informed of the hazards from exposure to the contaminant and the precautions necessary to prevent damage to their health. They should be made aware of the need to carry out their work so that as little contamination as possible is produced, and of the importance of the proper use of all safeguards against exposure to themselves and their fellow workers. Adequate training, both in the proper execution of the task and in the use of all associated engineering controls, as well as of any personal protective equipment, is essential.

Employees exposed to contamination hazards should be educated in the need for, and proper use of, facilities, clothing and equipment and thereby maintain a high standard of personal cleanliness. Special attention should be given to ensuring that all

personnel understand instructions, especially newly recruited employees and those with local-language difficulties, where they

Other protection

are known. Overalls.

- PVC Apron.
- ▶ PVC protective suit may be required if exposure severe.
- Eyewash unit.

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- ▶ Ensure there is ready access to a safety shower.
- Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity.
- For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets).
- Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds. Electrical resistance must range between 0 to 500,000 ohms.

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:

MIROTHANE PU 5747

Material	СРІ
BUTYL	С
BUTYL/NEOPRENE	С
HYPALON	С
NAT+NEOPR+NITRILE	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE	С
NEOPRENE/NATURAL	С
NITRILE	С
NITRILE+PVC	С
PE/EVAL/PE	С
PVA	С
PVC	С
PVDC/PE/PVDC	С
SARANEX-23	С
TEFLON	С
VITON	С
VITON/NEOPRENE	С

^{*} 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

Full face respirator with supplied air.

- In certain circumstances, personal protection of the individual employee is necessary. Personal protective devices should be regarded as being supplementary to substitution and engineering control and should not be used in preference to them as they do nothing to eliminate the hazard.
- However, in some situations, minimising exposure to isocyanates by enclosure and ventilation is not possible, and occupational exposure standards may be exceeded, particularly during on-site mixing of paints, spray-painting, foaming and maintenance of machine and ventilation systems. In these situations, air-line respirators or self-contained breathing apparatus complying with the appropriate nationals standard must be
- Organic vapour respirators with particulate pre- filters and powered, air-purifying respirators are NOT suitable.
- Personal protective equipment must be appropriately selected, individually fitted and workers trained in their correct use and maintenance. Personal protective equipment must be regularly checked and maintained to ensure that the worker is being protected.
- Air- line respirators or self-contained breathing apparatus complying with the appropriate national standard should be used during the clean-up of spills and the repair or clean-up of contaminated equipment and similar situations which cause emergency exposures to hazardous atmospheric concentrations of isocyanate.

Full face respirator with supplied air.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Pale straw highly flammable liquid with a slight sweet odour; partially miscible with water		
Physical state	Liquid	Relative density (Water = 1)	0.95
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available

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	1		1
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	80 (initial)	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	-3 (CC)	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available
Upper Explosive Limit (%)	10.6	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	1.2	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	6.00 @25C	Gas group	Not Available
Solubility in water	Partly miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	>1	VOC g/L	508.56

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of

Inhaled

The vapour/mist may be highly irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning for several hours after exposure. Sensitized people can react to very low doses, and should not be allowed to work in situations allowing exposure to this material.

Central nervous system (CNS) depression may include nonspecific discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal.

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

Ingestion

Accidental ingestion of the material may be damaging to the health of the individual.

reflexes, lack of coordination and vertigo.

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

...900...

Skin contact with the material may be harmful; systemic effects may result following absorption.

The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either

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

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

Skin Contact

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the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.

Open cuts, abraded or irritated skin should not be exposed to this material

Eye

Evidence exists, or practical experience predicts, that the material may cause severe eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

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

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.

Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

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

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

Limited information is available on the chronic (long-term) effects of methyl ethyl ketone in humans. Chronic inhalation studies in animals have reported slight neurological, liver, kidney, and respiratory effects. No information is available on the developmental, reproductive, or carcinogenic effects of methyl ethyl ketone in humans. Developmental effects, including decreased foetal weight and foetal malformations, have been reported in mice and rats exposed to methyl ethyl ketone via inhalation and ingestion.

Methyl ethyl ketone is considered to have a low order of toxicity; however methyl ethyl ketone is often used in combination with other solvents and the toxic effects of the mix may be greater than either solvent alone.

Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates.

Chronic

The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components.

This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces.

A 90-day inhalation study in rats with polymeric MDI (6 hours/day, 5 days/week) produced moderate to severe hyperplastic inflammatory lesions in the nasal cavities and lungs at levels of 8 mg/m3 or greater.

Rats exposed for two years to a respirable aerosol of polymeric MDI exhibited chronic pulmonary irritation at high concentrations. Only at the highest level (6 mg/m3), was there a significant incidence of a benign tumour of the lung (adenoma) and one malignant tumour (adenocarcinoma). There were no lung tumours at 1 mg/m3 and no effects at 0.2 mg/m3. Overall, the tumour incidence, both benign and malignant and the number of animals with the tumours were not different from controls. The increased incidence of lung tumours is associated with prolonged respiratory irritation and the concurrent accumulation of yellow material in the lung, which occurred throughout the study. In the absence of prolonged exposure to high concentrations leading to chronic irritation and lung damage, it is highly unlikely that tumour formation will occur.

With most allergens, removal of the offending agent results in the individual becoming asymptomatic. Toluene diisocyanate (TDI)-induced asthma may continue for months or even years after exposure ceases. This may be due to a non-allergenic condition known as reactive airway dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Evidence of carcinogenic potential of commercial grade TDI in female mice included induction of haemangiomas in the spleen and subcutaneous tissues, hepatocellular adenomas, and haemangiosarcomas in the liver, ovary and peritoneum. Ingestion of commercial grade TDI produced subcutaneous fibromas, pancreatic acinar cell adenomas, mammary gland fibroadenomas and subcutaneous fibromas and fibrosarcomas in female rats.

Prolonged or repeated contact with xylenes may cause defatting dermatitis with drying and cracking. Chronic inhalation of xylenes has been associated with central nervous system effects, loss of appetite, nausea, ringing in the ears, irritability, thirst anaemia, mucosal bleeding, enlarged liver and hyperplasia. Exposure may produce kidney and liver damage. In chronic occupational exposure, xylene (usually mix ed with other solvents) has produced irreversible damage to the central nervous system and ototoxicity (damages hearing and increases sensitivity to noise), probably due to neurotoxic mechanisms. Industrial workers exposed to xylene with a maximum level of ethyl benzene of 0.06 mg/l (14 ppm) reported headaches and irritability and tired quickly.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

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TOXICITY	IRRITATION
Not Available	Not Available

METHYL ETHYL KETONE

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toluene diisocyanate/	TOXICITY	IRRITATION
hexamethylene diisocyanate copolymer	Not Available	Not Available
	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg - SEVERE
	Inhalation(Mouse) LC50; 10 ppm4h ^[2]	Eye: adverse effect observed (irritating) ^[1]
toluene-2,4-diisocyanate	Oral(Rat) LD50; >2000 mg/kg ^[1]	Skin (rabbit): 500 mg(open)-SEVERE
		Skin (rabbit):500 mg/24hr-moderate
		Skin: adverse effect observed (irritating) ^[1]
	TOXICITY	IRRITATION
hexamethylene	dermal (rat) LD50: >525 mg/kg ^[1]	Eye: adverse effect observed (irritating) ^[1]
diisocyanate	Inhalation(Rat) LC50; 0.124 mg/L4h ^[1]	Skin: adverse effect observed (corrosive) ^[1]
	Oral(Mouse) LD50; 350 mg/kg ^[2]	Skin: adverse effect observed (irritating) ^[1]
	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >1700 mg/kg ^[2]	Eye (human): 200 ppm irritant
	Inhalation(Rat) LC50; 5922 ppm4h ^[1]	Eye (rabbit): 5 mg/24h SEVERE
xylene	Oral(Mouse) LD50; 1548 mg/kg ^[2]	Eye (rabbit): 87 mg mild
		Eye: adverse effect observed (irritating) ^[1]
		Skin (rabbit):500 mg/24h moderate
		Skin: adverse effect observed (irritating) ^[1]
	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: ~6400-8000 mg/kg ^[2]	Eye (human): 350 ppm -irritant
methyl ethyl ketone	Inhalation(Mouse) LC50; 32 mg/L4h ^[2]	Eye (rabbit): 80 mg - irritant
	Oral(Rat) LD50; 2054 mg/kg ^[1]	Skin (rabbit): 402 mg/24 hr - mild
		Skin (rabbit):13.78mg/24 hr open
Legend:	Nalue obtained from Europe ECHA Registered Subs Unless otherwise specified data extracted from RTECS	tances - Acute toxicity 2.* Value obtained from manufacturer's SDS. S - Register of Toxic Effect of chemical Substances
	The material may produce severe skin irritation after pr	olonged or repeated exposure, and may produce a contact dermatitis
TOLUENE- 2,4-DIISOCYANATE	Histologically there may be intercellular oedema of the	sed by skin redness (erythema) thickening of the epidermis. spongy layer (spongiosis) and intracellular oedema of the epidermis. onse, but repeated exposures may produce severe ulceration. IARC as Group 2B: Possibly Carcinogenic to Humans.
	Tenth Annual Report on Carcinogens: Substance antici [National Toxicology Program: U.S. Dep. of Health & H	•
HEXAMETHYLENE DIISOCYANATE	(HDI-BT), which is widely used as a hardener in autom HDI. There is evidence that diisocyanate prepolymers in therefore, there is a need to assess the potential for hu 1,6-Hexamethylene diisocyanate is corrosive to the skii 1,6-Hexamethylene diisocyanate was found to induce of threshold known for this effect. Inhalation studies with repeated exposures to 1,6-hexamethylene diisocyanate showing primarily diisocyanate did not show a neurotoxic effect in a comb	to its prepolymers, especially to a trimeric biuretic prepolymer of HDI obile and airplane paints, and which typically contains 0.5-1% unreacted may induce asthma at the same or greater frequency as the monomers; man exposure to prepolymeric HDI as well as monomeric HDI. In and the eye. Idermal and respiratory sensitization in animals and humans. There is no methylene diisocyanate vapor show that the respiratory tract is the target upper respiratory tract lesions (nasal cavity). 1,6-Hexamethylene bined reproduction/developmental/neurotoxicity study. Life-time inhalation stic respiratory tract lesions, primarily to the nasal cavity, and represented
XYLENE	Reproductive effector in rats The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limit	ed in animal testing.

Methyl ethyl ketone is considered to have a low order of toxicity; however methyl ethyl ketone is often used in combination with other solvents and the toxic effects of the mix may be greater than either solvent alone. Combinations of n-hexane with methyl

ethyl ketone and also methyl n-butyl ketone with methyl ethyl ketone show increase in peripheral neuropathy, a progressive

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disorder of nerves of extremities.

Combinations with chloroform also show increase in toxicity

TOLUENE DIISOCYANATE/
HEXAMETHYLENE
DIISOCYANATE
COPOLYMER & TOLUENE2,4-DIISOCYANATE &
HEXAMETHYLENE
DIISOCYANATE

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.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

TOLUENE DIISOCYANATE/
HEXAMETHYLENE
DIISOCYANATE
COPOLYMER &
HEXAMETHYLENE
DIISOCYANATE

No significant acute toxicological data identified in literature search.

TOLUENE-2,4-DIISOCYANATE & HEXAMETHYLENE DIISOCYANATE & METHYL ETHYL KETONE

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance.

TOLUENE-2,4-DIISOCYANATE & HEXAMETHYLENE DIISOCYANATE

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

for diisocyanates:

In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route.

TOLUENE-2,4-DIISOCYANATE & XYLENE

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

XYLENE & METHYL ETHYL KETONE

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

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: X − Data either not available or does not fill the criteria for classification

✓ – Data available to make classification

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Toxicity

	Endpoint	Test Duration (hr)	Species		Value	Source
MIROTHANE PU 5747	Not Available	Not Available	Not Available	lable Not Ava		Not Available
toluene diisocyanate/	Endpoint	Test Duration (hr)	Species		Value	Source
hexamethylene diisocyanate copolymer	Not Available	Not Available	Not Available Not Available		Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	e	Source
	NOEC(ECx)	504h	Crustacea	0.5m	g/l	2
	EC50	48h	Crustacea	12.5r	mg/l	2
toluene-2,4-diisocyanate	LC50	96h	Fish	108.8	3-240.4mg/l	4
	EC50	96h	Algae or other aquatic plants	3230	mg/l	2
	BCF	1440h	Fish	25-38	30	7
	Endpoint	Test Duration (hr)	Species	ies Value		Source
hexamethylene	EC50	72h	Algae or other aquatic plants	e or other aquatic plants >77.4mg/l		2
diisocyanate	LC50	96h	Fish 22mg/l		22mg/l	1
	EC0(ECx)	24h	Crustacea <0.33mg/l		1	
	Endpoint	Test Duration (hr)	Species Value		Value	Source
	EC50(ECx)	Not Reportedh	Fish		0.017mg/L	4
xylene	EC50	72h	Algae or other aquatic plants 4.6mg/l		4.6mg/l	2
	EC50	48h	Crustacea 1.8mg/l		1.8mg/l	2
	LC50	96h	Fish		2.6mg/l	2
	Endpoint	Test Duration (hr)	Species		Value	Source
	NOEC(ECx)	96h	Fish		1.18mg/L	4
	EC50	96h	Algae or other aquatic plants	Algae or other aquatic plants >500m		4
methyl ethyl ketone	EC50	72h	Algae or other aquatic plants	Algae or other aquatic plants 1972mg		2
	EC50	48h	Crustacea		308mg/l	2
	LC50	96h	Fish		>1.18mg/L	4
Legend:	3. EPIWIN Sui	te V3.12 (QSAR) - Aquatic Toxicity Data (A Registered Substances - Ecotoxicologic (Estimated) 4. US EPA, Ecotox database apan) - Bioconcentration Data 7. METI (Ja	- Aquati	ic Toxicity Da	ta 5.

Harmful to aquatic organisms.

For aromatic hydrocarbons:

Within an aromatic series, acute toxicity increases with increasing alkyl substitution on the aromatic nucleus. For example, there is an increase in toxicity as alkylation of the naphthalene structure increases. The order of most toxic to least in a study using grass shrimp (Palaemonetes pugio) and brown shrimp (Penaeus aztecus) was dimethylnaphthalenes > methylnaphthalenes > naphthalenes.

Studies conclude that the toxicity of an oil appears to be a function of its di-aromatic and tri-aromatic hydrocarbons, which includes three-ring hydrocarbons such as phenanthrene.

The heavier (4-, 5-, and 6-ring) PAHs are more persistent than the lighter (2- and 3-ring) PAHs and tend to have greater carcinogenic and other chronic impact potential.

for polyisocyanates:

Polyisocyanates are not readily biodegradable. However, due to other elimination mechanisms (hydrolysis, adsorption), long retention times in water are not to be expected. The resulting polyurea is more or less inert and, due to its molecular size, not bioavailable. Within the limits of water solubility, polyisocyanates have a low to moderate toxicity for aquatic organisms.

For methyl ethyl ketone: log Kow: 0.26-0.69

log Koc : 0.69 Koc : 34

Half-life (hr) air : 2.3

Half-life (hr) H2O surface water : 72-288

Henry's atm m3 /mol: 1.05E-05 BOD 5 : 1.5-2.24, 46%

COD: 2.2-2.31, 100% ThOD: 2.44

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BCF:1

Environmental fate:

TERRESTRIAL FATE: Measured Koc values of 29 and 34 were obtained for methyl ethyl ketone in silt loams. Methyl ethyl ketone is expected to have very high mobility in soil. Volatilisation of methyl ethyl ketone from dry soil surfaces is expected based upon an experimental vapor pressure of 91 mm Hg at 25 deg C. Volatilization from moist soil surfaces is also expected given the measured Henry's Law constant of 4.7x10-5 atm-cu m/mole. The volatilisation half-life of methyl ethyl ketone from silt and sandy loams was measured as 4.9 days. Methyl ethyl ketone is expected to biodegrade under both aerobic and anaerobic conditions as indicated by numerous screening tests.

Hydrolysis would represents the primary fate mechanism for the majority of the commercial isocyanate monomers, but, is tempered somewhat by the lack of water solubility. In the absence of hydrolysis, sorption to solids (e.g., sludge and sediments) will be the primary mechanism of removal. Hydrolysis products are predominantly insoluble stable polyureas.

Biodegradation is minimal for most compounds and volatilisation is negligible. Atmospheric degradation is not expected with removal from air occurring by washout or dry deposition.

For xylenes : log Koc : 2.05-3.08 Koc : 25.4-204

Half-life (hr) air : 0.24-42

Half-life (hr) H2O surface water : 24-672 Half-life (hr) H2O ground : 336-8640

Half-life (hr) soil : 52-672 Henry's Pa m3 /mol: 637-879 Henry's atm m3 /mol: 7.68E-03 BOD 5 if unstated: 1.4,1%

COD: 2.56,13% ThOD: 3.125 BCF: 23

log BCF : 1.17-2.41 Environmental Fate

Terrestrial fate: Measured Koc values of 166 and 182, indicate that 3-xylene is expected to have moderate mobility in soil. Volatilisation of p-xylene is expected to be important from moist soil surfaces given a measured Henry's Law constant of 7.18x10-3 atm-cu m/mole. The potential for volatilisation of 3-xylene from dry soil surfaces may exist based on a measured vapor pressure of 8.29 mm Hg. p-Xylene may be degraded during its passage through soil). The extent of the degradation is expected to depend on its concentration, residence time in the soil, the nature of the soil, and whether resident microbial populations have been acclimated.

For ketones

Ketones, unless they are alpha, beta--unsaturated ketones, can be considered as narcosis or baseline toxicity compounds

Hydrolysis may also involve the addition of water to ketones to yield ketals under mild acid conditions. However, this addition of water is thermodynamically favorable only for low molecular weight ketones. This addition is an equilibrium reaction that is reversible upon a change of water concentration and the reaction ultimately leads to no permanent change in the structure of the ketone substrateThe higher molecular weight ketones do no form stable ketals. Therefore, the ketones are stable to water under ambient environmental conditions

Another possible reaction of ketones in water involves the enolic hydrogen on the carbons bonded to the carbonyl function. Under conditions of high pH (pH greater than 10), the enolic proton is abstracted by base (OH-) forming a carbanion intermediate that may react with other organic substrates (e.g., ketones, esters, aldehydes) containing a center for nucleophilic attack.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air	
toluene-2,4-diisocyanate	HIGH	HIGH	
hexamethylene diisocyanate	LOW	LOW	
xylene	HIGH (Half-life = 360 days)	LOW (Half-life = 1.83 days)	
methyl ethyl ketone	LOW (Half-life = 14 days)	LOW (Half-life = 26.75 days)	

Bioaccumulative potential

Ingredient	Bioaccumulation
toluene-2,4-diisocyanate	LOW (BCF = 5)
hexamethylene diisocyanate	LOW (LogKOW = 3.1956)
xylene	MEDIUM (BCF = 740)
methyl ethyl ketone	LOW (LogKOW = 0.29)

Mobility in soil

Ingredient	Mobility
toluene-2,4-diisocyanate	LOW (KOC = 9114)
hexamethylene diisocyanate	LOW (KOC = 5864)
methyl ethyl ketone	MEDIUM (KOC = 3.827)

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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.

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

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

- Reduction
- ▶ Reuse
- ► Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means.

- ▶ DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- ► Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material).
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 Transport information

Labels Required



HAZCHEM •3YE

Land transport (ADG)

UN number	1866		
UN proper shipping name	RESIN SOLUTION, flammable		
Transport hazard class(es)	Class 3 Subrisk Not Applicable		
Packing group			
Environmental hazard	Not Applicable		
Special precautions for user	Special provisions Not Applicable Limited quantity 5 L		

Air transport (ICAO-IATA / DGR)

UN number	1866		
UN proper shipping name	Resin solution flammabl	е	
Transport hazard class(es)	ICAO/IATA Class ICAO / IATA Subrisk ERG Code	3 Not Applicable 3L	
Packing group	II		

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Environmental hazard	Not Applicable	
	Special provisions	А3
	Cargo Only Packing Instructions	364
	Cargo Only Maximum Qty / Pack	60 L
Special precautions for user	Passenger and Cargo Packing Instructions	353
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y341
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1866	1866		
UN proper shipping name	RESIN SOLUTION fl	ammable		
Transport hazard class(es)				
Packing group	II.			
Environmental hazard	Not Applicable			
Special precautions for user	EMS Number Special provisions Limited Quantities	F-E , S-E Not Applicable 5 L		

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

Not Applicable

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

Product name	Group
toluene diisocyanate/ hexamethylene diisocyanate copolymer	Not Available
toluene-2,4-diisocyanate	Not Available
hexamethylene diisocyanate	Not Available
xylene	Not Available
methyl ethyl ketone	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
toluene diisocyanate/ hexamethylene diisocyanate copolymer	Not Available
toluene-2,4-diisocyanate	Not Available
hexamethylene diisocyanate	Not Available
xylene	Not Available
methyl ethyl ketone	Not Available

SECTION 15 Regulatory information

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

toluene diisocyanate/ hexamethylene diisocyanate copolymer is found on the following regulatory lists

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

Australia Standard for the Uniform Scheduling of Medicines and Poisons

(SUSMP) - Schedule 6

Australian Inventory of Industrial Chemicals (AIIC)

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Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

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

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List International Agency for Research on Cancer (IARC) - Agents Classified by

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

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans

hexamethylene diisocyanate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

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

Australian Inventory of Industrial Chemicals (AIIC)

xylene is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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

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

Australian Inventory of Industrial Chemicals (AIIC)

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

methyl ethyl ketone is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (toluene diisocyanate/ hexamethylene diisocyanate copolymer; toluene-2,4-diisocyanate; hexamethylene diisocyanate; xylene; methyl ethyl ketone)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (toluene diisocyanate/ hexamethylene diisocyanate copolymer)
Japan - ENCS	No (toluene diisocyanate/ hexamethylene diisocyanate copolymer)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (toluene diisocyanate/ hexamethylene diisocyanate copolymer)
Vietnam - NCI	Yes
Russia - FBEPH	No (toluene diisocyanate/ hexamethylene diisocyanate copolymer)
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	01/11/2009

SDS Version Summary

Version	Date of Update	Sections Updated
11.1.1.1	30/05/2018	Exposure Standard, Personal Protection (Respirator), Toxicity and Irritation (Other)
12.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

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Sections Updated

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Date of Update Version 12.1.2.1 26/04/2021 Regulation Change Regulation Change 12.1.3.1 03/05/2021 12.1.4.1 06/05/2021 Regulation Change 12.1.5.1 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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