

Polymax 7540L

EnerMech WA

Chemwatch Hazard Alert Code: 3

Chemwatch: 5184-60

Version No: 5.1

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

Issue Date: 23/12/2022

Print Date: 04/12/2023

L.GHS.AUS.EN

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

Product Identifier

Product name	Polymax 7540L
Chemical Name	Not Applicable
Synonyms	Not Available
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	Effluent treatment
--------------------------	--------------------

Details of the manufacturer or supplier of the safety data sheet

Registered company name	EnerMech WA
Address	931 Cockburn Road, Henderson WA 6166 Australia
Telephone	+61 8 6555 6560
Fax	Not Available
Website	Not Available
Email	australia.sales@enermech.com

Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE (24/7)
Emergency telephone numbers	+61 1800 951 288
Other emergency telephone numbers	+61 3 9573 3188

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

Poisons Schedule	Not Applicable
Classification [1]	Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Hazardous to the Aquatic Environment Acute Hazard Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

H302	Harmful if swallowed.
H315	Causes skin irritation.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H400	Very toxic to aquatic life.

Precautionary statement(s) Prevention

Polymax 7540L

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of water.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330	Rinse mouth.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

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

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
12042-91-0	40-60	<u>aluminium chlorohydrate</u>
26062-79-3	10-30	<u>diallyldimethylammonium chloride homopolymer</u>
527-07-1	0-1	<u>sodium gluconate</u>
7732-18-5	balance	<u>water</u>

Legend: 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

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none">▶ Immediately hold eyelids apart and flush the eye continuously with running water.▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.▶ Transport to hospital or doctor without delay.▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none">▶ 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	<ul style="list-style-type: none">▶ If fumes or combustion products are inhaled remove from contaminated area.▶ Lay patient down. Keep warm and rested.▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.▶ Transport to hospital, or doctor, without delay.
Ingestion	<ul style="list-style-type: none">▶ 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.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

- ▶ Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech,

- asterixis, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.
- Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.
 - Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.
 - Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa₂EDTA is less effective in chelating aluminium.
- [Ellenhorn and Barceloux: Medical Toxicology]

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ Avoid spraying water onto liquid pools. ▸ DO NOT approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke. ▸ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) hydrogen chloride phosgene nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p>
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"> ▸ Remove all ignition sources. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	<p>Moderate hazard.</p> <ul style="list-style-type: none"> ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ No smoking, naked lights or ignition sources. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<p>Avoid metals including steel, copper zinc and silver.</p> <ul style="list-style-type: none"> ▶ Avoid strong acids, bases. ▶ Avoid reaction with oxidising agents

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	aluminium chlorohydrate	Aluminium, soluble salts (as Al)	2 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
diallyldimethylammonium chloride homopolymer	6 mg/m3	65 mg/m3	590 mg/m3

Ingredient	Original IDLH	Revised IDLH
aluminium chlorohydrate	Not Available	Not Available
diallyldimethylammonium chloride homopolymer	Not Available	Not Available
sodium gluconate	Not Available	Not Available
water	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
diallyldimethylammonium chloride homopolymer	E	≤ 0.01 mg/m ³

Notes: Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

MATERIAL DATA

Exposure controls

Appropriate engineering controls	<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> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in special circumstances. If risk of overexposure exists, wear approved respirator. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. Provide adequate ventilation in warehouses and enclosed storage areas. Air contaminants generated in the</p>
---	---

	<p>workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.</p> <table border="1"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>solvent, vapours, degreasing etc., evaporating from tank (in still air).</td> <td>0.25-0.5 m/s (50-100 f/min)</td> </tr> <tr> <td>aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> <tr> <td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion)</td> <td>2.5-10 m/s (500-2000 f/min.)</td> </tr> </tbody> </table> <p>Within each range the appropriate value depends on:</p> <table border="1"> <thead> <tr> <th>Lower end of the range</th> <th>Upper end of the range</th> </tr> </thead> <tbody> <tr> <td>1: Room air currents minimal or favourable to capture</td> <td>1: Disturbing room air currents</td> </tr> <tr> <td>2: Contaminants of low toxicity or of nuisance value only.</td> <td>2: Contaminants of high toxicity</td> </tr> <tr> <td>3: Intermittent, low production.</td> <td>3: High production, heavy use</td> </tr> <tr> <td>4: Large hood or large air mass in motion</td> <td>4: Small hood-local control only</td> </tr> </tbody> </table> <p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.</p>	Type of Contaminant:	Air Speed:	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min)	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion)	2.5-10 m/s (500-2000 f/min.)	Lower end of the range	Upper end of the range	1: Room air currents minimal or favourable to capture	1: Disturbing room air currents	2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity	3: Intermittent, low production.	3: High production, heavy use	4: Large hood or large air mass in motion	4: Small hood-local control only
Type of Contaminant:	Air Speed:																				
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min)																				
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)																				
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)																				
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion)	2.5-10 m/s (500-2000 f/min.)																				
Lower end of the range	Upper end of the range																				
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents																				
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity																				
3: Intermittent, low production.	3: High production, heavy use																				
4: Large hood or large air mass in motion	4: Small hood-local control only																				
<p>Individual protection measures, such as personal protective equipment</p> 																					
<p>Eye and face protection</p>	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59]. 																				
<p>Skin protection</p>	<p>See Hand protection below</p>																				
<p>Hands/feet protection</p>	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <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. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p>																				
<p>Body protection</p>	<p>See Other protection below</p>																				

Other protection

- ▶ Overalls.
- ▶ P.V.C apron.
- ▶ Barrier cream.
- ▶ Skin cleansing cream.
- ▶ Eye wash unit.

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:

Polymax 7540L

Material	CPI
BUTYL	A
NEOPRENE	A
VITON	A
NATURAL RUBBER	C
PVA	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 AK-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

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

^ - Full-face

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

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

76ak-p()

SECTION 9 Physical and chemical properties**Information on basic physical and chemical properties**

Appearance	Pale, yellow to water white odourless liquid.		
Physical state	Liquid	Relative density (Water = 1)	1.32
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	2.0	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Partly miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7

Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	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.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	<p>The material produces mild skin irritation; evidence exists, or practical experience predicts, that the material either</p> <ul style="list-style-type: none"> ▸ produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or ▸ produces significant, but mild, 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. <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>Open cuts, abraded or irritated skin should not be exposed to this material</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>
Eye	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
Chronic	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>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.</p> <p>Occupational exposure to aluminium compounds may produce asthma, chronic obstructive lung disease and pulmonary fibrosis. Long-term overexposure may produce dyspnoea, cough, pneumothorax, variable sputum production and nodular interstitial fibrosis; death has been reported. Chronic interstitial pneumonia with severe cavitations in the right upper lung and small cavities in the remaining lung tissue, have been observed in gross pathology. Shaver's Disease may result from occupational exposure to fumes or dusts; this may produce respiratory distress and fibrosis with large blebs. Animal studies produce no indication that aluminium or its compounds are carcinogenic.</p> <p>Because aluminium competes with calcium for absorption, increased amounts of dietary aluminium may contribute to the reduced skeletal mineralisation (osteopenia) observed in preterm infants and infants with growth retardation. In very high doses, aluminium can cause neurotoxicity, and is associated with altered function of the blood-brain barrier. A small percentage of people are allergic to aluminium and experience contact dermatitis, digestive disorders, vomiting or other symptoms upon contact or ingestion of products containing aluminium, such as deodorants or antacids. In those without allergies, aluminium is not as toxic as heavy metals, but there is evidence of some toxicity if it is consumed in excessive amounts. Although the use of aluminium cookware has not been shown to lead to aluminium toxicity in general, excessive consumption of antacids containing aluminium compounds and excessive use of aluminium-containing antiperspirants provide more significant exposure levels. Studies have shown that consumption of acidic foods or liquids with aluminium significantly increases aluminium absorption, and maltol has been shown to increase the accumulation of aluminium in nervous and osseous tissue. Furthermore, aluminium increases oestrogen-related gene expression in human breast cancer cells cultured in the laboratory. These salts' estrogen-like effects have led to their classification as a metalloestrogen. Some researchers have expressed concerns that the aluminium in antiperspirants may increase the risk of breast cancer.</p> <p>After absorption, aluminium distributes to all tissues in animals and humans and accumulates in some, in particular bone. The main carrier of the aluminium ion in plasma is the iron binding protein, transferrin. Aluminium can enter the brain and reach the placenta and foetus. Aluminium may persist for a very long time in various organs and tissues before it is excreted in the urine. Although retention times for aluminium appear to be longer in humans than in rodents, there is little information allowing extrapolation from rodents to the humans.</p> <p>At high levels of exposure, some aluminium compounds may produce DNA damage in vitro and in vivo via indirect mechanisms. The database on carcinogenicity of aluminium compounds is limited. No indication of any carcinogenic potential was obtained in mice given aluminium potassium sulphate at high levels in the diet.</p> <p>Aluminium has shown neurotoxicity in patients undergoing dialysis and thereby chronically exposed parenterally to high concentrations of aluminium. It has been suggested that aluminium is implicated in the aetiology of Alzheimer's disease and associated with other neurodegenerative diseases in humans. However, these hypotheses remain controversial. Several compounds containing aluminium have the potential to produce neurotoxicity (mice, rats) and to affect the male reproductive system (dogs). In addition, after maternal exposure they have shown embryotoxicity (mice) and have affected the developing nervous system in the offspring (mice, rats). The available studies have a number of limitations and do not allow any dose-response relationships to be established. The combined evidence from several studies in mice, rats and dogs that used dietary administration of aluminium compounds produce lowest-observed-adverse-effect levels (LOAELs) for effects on neurotoxicity, testes, embryotoxicity, and the developing nervous system of 52, 75, 100, and 50 mg aluminium/kg bw/day, respectively. Similarly, the lowest no-observed-adverse-effect levels (NOAELs) for effects on these endpoints were reported at 30, 27, 100, and for effects on the developing nervous system, between 10 and 42 mg aluminium/kg bw per day, respectively.</p> <p>Controversy exists over whether aluminium is the cause of degenerative brain disease (Alzheimer's disease or AD). Several epidemiological studies show a possible correlation between the incidence of AD and high levels of aluminium in drinking water. A study in Toronto, for example, found a 2.6 times increased risk in people residing for at least 10 years in communities where drinking water contained more than 0.15 mg/l aluminium compared with communities where the aluminium level was lower than 0.1 mg/l. A neurochemical model has been suggested linking aluminium exposure to brain disease. Aluminium concentrates in brain regions, notably the hippocampus, cerebral cortex and amygdala where it preferentially binds to large pyramid-shaped cells - it does not bind to a substantial degree to the smaller interneurons. Aluminium displaces magnesium in key metabolic reactions in brain cells and also interferes with calcium metabolism and inhibits phosphoinositide metabolism. Phosphoinositide normally controls calcium ion levels at critical concentrations.</p> <p>Under the microscope the brain of AD sufferers show thickened fibrils (neurofibrillary tangles - NFT) and plaques consisting of amyloid protein deposited in the matrix between brain cells. Tangles result from alteration of "tau" a brain cytoskeletal protein. AD tau is distinguished from normal tau because it is hyperphosphorylated. Aluminium hyperphosphorylates tau in vitro. When AD tau is injected into rat brain NFT-like aggregates form but soon degrade. Aluminium stabilises these aggregates rendering them resistant to protease degradation. Plaque formation is also enhanced by aluminium which induces the accumulation of amyloid precursor protein in the thread-like extensions of nerve cells (axons and dendrites). In addition aluminium has been shown to depress the activity of most neuro-transmitters similarly depressed in AD (acetylcholine,</p>

	norepinephrine, glutamate and GABA). Aluminium enters the brain in measurable quantities, even when trace levels are contained in a glass of tap water. Other sources of bioavailable aluminium include baking powder, antacids and aluminium products used for general food preparation and storage (over 12 months, aluminium levels in soft drink packed in aluminium cans rose from 0.05 to 0.9 mg/l). [Walton, J and Bryson-Taylor, D. - Chemistry in Australia, August 1995]	
Polymax 7540L	TOXICITY	IRRITATION
	Not Available	Not Available
aluminium chlorohydrate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Inhalation(Rat) LC50: >1<5 mg/l4h ^[1]	Skin (human): 150 mg/30 s - mild
	Oral (Mouse) LD50; 316 mg/kg ^[2]	Skin: no adverse effect observed (not irritating) ^[1]
diallyldimethylammonium chloride homopolymer	TOXICITY	IRRITATION
	Oral (Mouse) LD50; 1720 mg/kg ^[2]	Not Available
sodium gluconate	TOXICITY	IRRITATION
	Oral (Rat) LD50: >2000 mg/kg ^[2]	Not Available
water	TOXICITY	IRRITATION
	Oral (Rat) LD50: >90000 mg/kg ^[2]	Not Available
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

ALUMINIUM CHLOROHYDRATE	for aluminium chloride: Reproductive effector in rats Aluminium compounds are widely used in antiperspirants without harmful effects to the skin Some people, however, are unusually sensitive to topically applied aluminium compounds. Skin irritation was reported in subjects following the application of aluminium chloride hexahydrate in ethanol used for the treatment of axillary or palmar hyperhidrosis (excessive sweating) or the use of a crystal deodorant containing alum Aluminium in antiperspirants is thought to work by (a) precipitating inside the eccrine sweat ducts as insoluble aluminium hydroxide, and (b) altering sweating by either a direct constrictor effect on the eccrine duct lumen or via an anticholinergic action. For cosmetic uses of aluminium, the majority would be applied in formulations where the aluminium would be insoluble, which means that very little of the applied aluminium might be bioaccessible for skin absorption. The notable exception being antiperspirants where the aluminium is soluble at low pH in the formulation, before being rendered insoluble as it is neutralised by the sweat on the skin s surface and within the sweat ducts. There are limited human data on the dermal absorption of aluminium. Aluminium compounds are common additives in underarm antiperspirants. The active ingredient is usually an aluminium chlorohydrate salt, which is thought to form an obstructive plug of aluminium hydroxide within the sweat duct A preliminary study of the dermal absorption of aluminium from antiperspirants using aluminum-26 has been performed . After repeated exposure for 6 days to aluminum chlorohydrate 21 % (about 13 mg of aluminium) to each axilla under occlusive dressing in two volunteers (one man and a woman), on skin previously tape stripped twice, blood and urine samples were collected. Aluminium was detected in the blood 6 hours after the first application and remained detectable for 15 days. The results of this study estimate that the proportion of aluminium is absorbed averaged 0.012% The shortcomings of this study are that it was not done in accordance with good practice (GCP) and it was performed using only 2 volunteers. A case of hyperalumaemia 3.88 +/- 0.07 umol/L in a 43-year-old woman who applied about 1g of an aluminium chlorhydrate-containing antiperspirant cream on each shaved underarm every morning for 4 years was reported A decrease in aluminium concentration in plasma and urine was observed, reaching the reference range in the third (for urine) and eighth (for plasma) month after antiperspirant use was discontinued. Beside this case report, for which only brief details are available, there is no evidence for a link between hyperalumaemia and antiperspirant uses. Based on the observation of a high incidence of breast cancer in the upper outer quadrant adjacent to the usual area of application of deodorants and/or antiperspirants, some scientific teams have advanced the hypothesis of a possible link between antiperspirants and breast cancer. Aluminium was measured in human breast tissue in a study which separated a tissue component from the fat. Higher levels of aluminium were found in outer regions than inner regions of the breast tissue (but not the breast fat). The reasons for the disproportionate deposition of aluminium could relate to physiological mechanisms not yet understood, it would also be consistent with local absorption of aluminium from long-term antiperspirant use in that region of the body In another study, aluminium was measured at very high levels in breast cyst fluid On the basis that antiperspirant is designed to block sweat ducts under the arm and breast cysts arise from blocked breast ducts in the adjacent region of the body, it is possible that antiperspirant use could be a cause of breast cysts if sufficient aluminium is absorbed into breast tissue over long-term usage of underarm aluminium salts. For the authors, finding of high levels of aluminium in breast cyst fluid is relevant to this issue. The known genotoxic effects of aluminium might play a role in the development of breast cancer. However, the data currently available on the subject are not sufficient to establish a causal relationship between aluminium exposure and the augmented risk of developing breast cancer. Few epidemiological studies have attempted to address the issue of exposure to antiperspirant and risk of breast cancer development. A group of clinical experts in oncology have analysed published data concerning the link between the use of deodorants/antiperspirants and an increased risk of breast cancer. Fifty-nine studies resulting from the literature search were reviewed and nineteen articles with various methodologies were selected for in-depth analysis. Among these nineteen articles, any are methodologically unsound, do not answer to the questions posed or deal with the question of parabens and were therefore discarded by the reflection group. The expert group's conclusion coincides with those of the French, European and American health authorities. After analysis of the available literature on the subject, no scientific evidence to support the hypothesis was identified and no validated hypothesis appears likely to open the way to interesting avenues of research. The indirect mechanisms of genotoxicity, occurring at relatively high levels of exposure, are unlikely to be of relevance for humans exposed to aluminium via the diet. In addition, the animal studies did not show any carcinogenic potential. Moreover, epidemiological data do not establish any conclusive link between dermal aluminium exposure and development of cancer. In conclusion, there are insufficient data to establish a clear relationship between the use of underarm aluminium-based antiperspirants and breast cancer Studies have shown that aluminium chloride promotes nchorage-independent growth in human mammary epithelial cells. Their results suggest that aluminium is not generally mutagenic, but it induces proliferation stress, DSBs and senescence in normal mammary epithelial cells; and that long-term exposure to AICl(3) generates and selects for cells able to bypass p53/p21(Waf1)-mediated cellular senescence. The authors conclude that these observations do not formally identify aluminium as a breast carcinogen, but challenge the safety ascribed to its widespread use in underarm cosmetic

The Scientific Committee on Consumer Safety (SCCS) of the European Commission is of the opinion that due to the lack of adequate data on dermal penetration to estimate the internal dose of aluminium following cosmetic uses, risk assessment cannot be performed. Therefore internal exposure to aluminium after skin application should be determined using a human exposure study under use conditions

OPINION ON the safety of aluminium in cosmetic products: March 2014

For aluminium compounds:

Aluminium present in food and drinking water is poorly absorbed through the gastrointestinal tract. The bioavailability of aluminium is dependent on the form in which it is ingested and the presence of dietary constituents with which the metal cation can complex. Ligands in food can have a marked effect on absorption of aluminium, as they can either enhance uptake by forming absorbable (usually water soluble) complexes (e.g., with carboxylic acids such as citric and lactic), or reduce it by forming insoluble compounds (e.g., with phosphate or dissolved silicate). Considering the available human and animal data it is likely that the oral absorption of aluminium can vary 10-fold based on chemical form alone. Although bioavailability appears to generally parallel water solubility, insufficient data are available to directly extrapolate from solubility in water to bioavailability.

For oral intake from food, the European Food Safety Authority (EFSA) has derived a tolerable weekly intake (TWI) of 1 milligram (mg) of aluminium per kilogram of bodyweight. In its health assessment, the EFSA states a medium bioavailability of 0.1 % for all aluminium compounds which are ingested with food. This corresponds to a systemically available tolerable daily dose of 0.143 microgrammes (μg) per kilogramme (kg) of body weight. This means that for an adult weighing 60 kg, a systemically available dose of 8.6 μg per day is considered safe.

Based on a neuro-developmental toxicity study of aluminium citrate administered via drinking water to rats, the Joint FAO/WHO Expert Committee on Food Additives (JECFA) established a Provisional Tolerable Weekly Intake (PTWI) of 2 mg/kg bw (expressed as aluminium) for all aluminium compounds in food, including food additives. The Committee on Toxicity of chemicals in food, consumer products and the environment (COT) considers that the derivation of this PTWI was sound and that it should be used in assessing potential risks from dietary exposure to aluminium.

The Federal Institute for Risk Assessment (BfR) of Germany has assessed the estimated aluminium absorption from antiperspirants. For this purpose, the data, derived from experimental studies, on dermal absorption of aluminium from antiperspirants for healthy and damaged skin was used as a basis. At about 10.5 μg , the calculated systemic intake values for healthy skin are above the 8.6 μg per day that are considered safe for an adult weighing 60 kg. If aluminium-containing antiperspirants are used on a daily basis, the tolerable weekly intake determined by the EFSA is therefore exceeded. The values for damaged skin, for example injuries from shaving, are many times higher. This means that in case of daily use of an aluminium-containing antiperspirant alone, the TWI may be completely exhausted. In addition, further aluminium absorption sources such as food, cooking utensils and other cosmetic products must be taken into account

Systemic toxicity after repeated exposure

No studies were located regarding dermal effects in animals following intermediate or chronic-duration dermal exposure to various forms of aluminium.

When orally administered to rats, aluminium compounds (including aluminium nitrate, aluminium sulfate and potassium aluminium sulfate) have produced various effects, including decreased gain in body weight and mild histopathological changes in the spleen, kidney and liver of rats (104 mg Al/kg bw/day) and dogs (88-93 mg Al/kg bw/day) during subchronic oral exposure. Effects on nerve cells, testes, bone and stomach have been reported at higher doses. Severity of effects increased with dose.

The main toxic effects of aluminium that have been observed in experimental animals are neurotoxicity and nephrotoxicity. Neurotoxicity has also been described in patients dialysed with water containing high concentrations of aluminium, but epidemiological data on possible adverse effects in humans at lower exposures are inconsistent

Reproductive and developmental toxicity:

Studies of reproductive toxicity in male mice (intraperitoneal or subcutaneous administration of aluminium nitrate or chloride) and rabbits (administration of aluminium chloride by gavage) have demonstrated the ability of aluminium to cause testicular toxicity, decreased sperm quality in mice and rabbits and reduced fertility in mice. No reproductive toxicity was seen in females given aluminium nitrate by gavage or dissolved in drinking water. Multi-generation reproductive studies in which aluminium sulfate and aluminium ammonium sulfate were administered to rats in drinking water, showed no evidence of reproductive toxicity

High doses of aluminium compounds given by gavage have induced signs of embryotoxicity in mice and rats in particular, reduced fetal body weight or pup weight at birth and delayed ossification. Developmental toxicity studies in which aluminium chloride was administered by gavage to pregnant rats showed evidence of foetotoxicity, but it was unclear whether the findings were secondary to maternal toxicity. A twelve-month neuro-development with aluminium citrate administered via the drinking water to Sprague-Dawley rats, was conducted according to Good Laboratory Practice (GLP). Aluminium citrate was selected for the study since it is the most soluble and bioavailable aluminium salt. Pregnant rats were exposed to aluminium citrate from gestational day 6 through lactation, and then the offspring were exposed post-weaning until postnatal day 364. An extensive functional observational battery of tests was performed at various times. Evidence of aluminium toxicity was demonstrated in the high (300 mg/kg bw/day of aluminium) and to a lesser extent, the mid-dose groups (100 mg/kg bw/day of aluminium). In the high-dose group, the main effect was renal damage, resulting in high mortality in the male offspring. No major neurological pathology or neurobehavioural effects were observed, other than in the neuromuscular subdomain (reduced grip strength and increased foot splay). Thus, the lowest observed adverse effect level (LOAEL) was 100 mg/kg bw/day and the no observed adverse effect level (NOAEL) was 30 mg/kg bw/day. Bioavailability of aluminium chloride, sulfate and nitrate and aluminium hydroxide was much lower than that of aluminium citrate. This study was used by JECFA as key study to derive the PTWI.

Genotoxicity

Aluminium compounds were non-mutagenic in bacterial and mammalian cell systems, but some produced DNA damage and effects on chromosome integrity and segregation in vitro. Clastogenic effects were also observed in vivo when aluminium sulfate was administered at high doses by gavage or by the intraperitoneal route. Several indirect mechanisms have been proposed to explain the variety of genotoxic effects elicited by aluminium salts in experimental systems. Cross-linking of DNA with chromosomal proteins, interaction with microtubule assembly and mitotic spindle functioning, induction of oxidative damage, damage of lysosomal membranes with liberation of DNAase, have been suggested to explain the induction of structural chromosomal aberrations, sister chromatid exchanges, chromosome loss and formation of oxidized bases in experimental systems. The EFSA Panel noted that these indirect mechanisms of genotoxicity, occurring at relatively high levels of exposure, are unlikely to be of relevance for humans exposed to aluminium via the diet. Aluminium compounds do not cause gene mutations in either bacteria or mammalian cells. Exposure to aluminium compounds does result in both structural and numerical chromosome aberrations both in in-vitro and in-vivo mutagenicity tests. DNA damage is probably the result of indirect mechanisms. The DNA damage was observed only at high exposure levels.

Carcinogenicity.

The available epidemiological studies provide limited evidence that certain exposures in the aluminium production industry are carcinogenic to humans, giving rise to cancer of the lung and bladder. However, the aluminium exposure was confounded by exposure to other agents including polycyclic aromatic hydrocarbons, aromatic amines, nitro compounds and asbestos. There is no evidence of increased cancer risk in non-occupationally exposed persons.

Neurodegenerative diseases.

Following the observation that high levels of aluminium in dialysis fluid could cause a form of dementia in dialysis patients, a number of studies were carried out to determine if aluminium could cause dementia or cognitive impairment as a consequence of environmental exposure over long periods. Aluminium was identified, along with other elements, in the amyloid plaques that are one of the diagnostic lesions in the brain for Alzheimer disease, a common form of senile and pre-senile dementia. Some of the epidemiology studies suggest the possibility of an association of Alzheimer disease with aluminium in water, but other studies do not confirm this association. All studies lack information on ingestion of aluminium from food and how concentrations of aluminium in food affect the association between aluminium in water and Alzheimer disease." There are suggestions that persons with some genetic variants may absorb more aluminium than others, but there is a need for more analytical research to determine whether aluminium from various sources has a significant causal association with Alzheimer disease and other neurodegenerative diseases. Aluminium is a neurotoxicant in experimental animals. However, most of the animal studies performed have several limitations and therefore cannot be used for quantitative risk assessment.

Contact sensitivity:

It has been suggested that the body burden of aluminium may be linked to different diseases. Macrophagic myofasciitis and chronic fatigue syndrome can be caused by aluminium-containing adjuvants in vaccines. Macrophagic myofasciitis (MMF) has been described as a disease in

adults presenting with ascending myalgia and severe fatigue following exposure to aluminium hydroxide-containing vaccines. The corresponding histological findings include aluminium-containing macrophages infiltrating muscle tissue at the injection site. The hypothesis is that the long-lasting granuloma triggers the development of the systemic syndrome.

Aluminium acts not only as an adjuvant, stimulating the immune system either to fend off infections or to tolerate antigens, it also acts as a sensitiser causing contact allergy and allergic contact dermatitis. In general, metal allergies are very common and aluminium is considered to be a weak allergen. A metal must be ionised to be able to act as a contact allergen, then it has to undergo haptenisation to be immunogenic and to initiate an immune response. Once inside the skin, the metal ions must bind to proteins to become immunologically reactive. The most important routes of exposure and sensitisation to aluminium are through aluminium-containing vaccines. One Swedish study showed a statistically significant association between contact allergy to aluminium and persistent itching nodules in children treated with allergen-specific immunotherapy (ASIT). Nodules were overrepresented in patients with contact allergy to aluminium.

Other routes of sensitisation reported in the literature are the prolonged use of aluminium-containing antiperspirants, topical medication, and tattooing of the skin with aluminium-containing pigments. Most of the patients experienced eczematous reactions whereas tattooing caused granulomas. Even though aluminium is used extensively in industry, only a low number of cases of occupational skin sensitisation to aluminium have been reported. Systemic allergic contact dermatitis in the form of flare-up reactions after re-exposure to aluminium has been documented: pruritic nodules at present and previous injection sites, eczema at the site of vaccination as well as at typically atopic localisations after vaccination with aluminium-containing vaccines and/or patch testing with aluminium, and also after use of aluminium-containing toothpaste. The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

Somnolence, convulsions, respiratory depression recorded.

As cationic polymers possess unique physical structures and surface properties, various kinds of cationic polymers have been developed over the past few decades for a wide spectrum of nanomedical applications in the central nervous system (CNS). Although cationic polymers could be successfully used for gene transfer, drug delivery, and diagnostic imaging, after entering into the CNS, they may cause neurotoxicity and induce CNS damage, which seriously limits their applications. The neurotoxic effects of cationic polymers on CNS are mostly studied in mice, and have not been examined in detail.

While evaluating the neurotoxicity of cationic polymers, the surface charge, surface area, coating, size, shape, and the basic materials that cationic polymers are made up of are expected to show important roles, and should be carefully considered. Apoptosis, necrosis, autophagy, oxidative stress, inflammation, and inflammasome; which are expected to be the most important problems in the evaluation of cationic polymer-induced neurotoxicity.

No specific data describing the health effects of cationic dialkyldimethylammonium (DADMA - dimonium) salts are readily available. However, many of the properties described for alkyltrimethylammonium (ATMA) salts also apply to DADMA salts, although these are generally less irritating than the corresponding ATMA salts.

For alkyltrimethylammonium chloride (ATMAC)

Most undiluted cationic surfactants satisfy the criteria for classification as Harmful (Xn) with R22 and as Irritant (Xi) for skin and eyes with R38 and R41. In addition, certain surfactants will satisfy the criteria for classification as Corrosive with R34 in addition to the acute toxicity.

According to Centre Europeen des Agents de Surface et de leurs Intermediaires Organiques (CESIO), C8-18 alkyltrimethylammonium chloride (ATMAC) (i.e., lauryl, coco, soya, and tallow) are classified as Corrosive (C) with the risk phrases R22 (Harmful if swallowed) and R34 (Causes burns). C16 ATMAC is classified as Harmful (Xn) with the risk phrases R22 (Harmful if swallowed), R38 (Irritating to skin), and R41 (Risk of serious damage to eyes). C20-22 ATMAC are classified as Irritant (Xi) with R36/38 (Irritating to eyes and skin).

Toxicokinetics and Acute Toxicity: The few available absorption studies conducted with cationic surfactants indicate that absorption occurs in small amounts through the skin. Percutaneous absorption of radiolabelled C12 alkyltrimethylammonium bromide (ATMAB) in 3% aqueous solution (applied to an 8 cm² area with occlusion) in the rat was low and corresponded to 0.6% of the applied 14C activity in 72 hours. Most of the absorbed surfactant was excreted in the urine, i.e. 0.35% of the applied 14C activity within the first 24 hours, whereas 13.2% remained on the skin after rinsing. Cutaneous application of the surfactant without rinsing resulted in a greater degree of percutaneous absorption (3.15%) in 48 hours. In the rat elimination after parenteral administration was rapid and was effected primarily via the urine, - more than 80% of the radioactivity was eliminated within 24 hours of application. About 80% of the 14C activity was found in the gastrointestinal tract 8 hours after oral administration of 14C-labelled C16 ATMAB. Only small amounts of the applied radioactivity were found in the urine and in the blood plasma. This indicates poor intestinal absorption. Similar small amounts of 14C were found in the liver, kidneys, spleen, heart, lungs and skeletal muscles. Within 3 days of ingestion, 92% of the administered radioactivity had been excreted in the faeces and 1% in the urine. No appreciable enterohepatic circulation of the radioactivity was found.

The acute oral toxicity of alkyltrimethylammonium salts is somewhat higher than the toxicity of anionic and nonionic surfactants. This may be due to the strongly irritating effect which cationic surfactants exhibit on the mucous membrane of the gastrointestinal tract (SFT 1991). Cationic surfactants are generally about 10 times more toxic when administered by the intravenous route compared to oral administration.

Skin and Eye Irritation: Skin irritation depends on surfactant concentration. Regardless of the structure, cationic surfactants lead to serious destruction of the skin at high concentrations. Solutions of approximately 0.1% are rarely irritating, whereas irritation is usually pronounced at concentrations between 1.0 and 10.0% surfactant. C16 ATMAC was severely irritating to rabbit skin in a concentration of 2.5%. The surfactant was applied to intact and abraded sites and scored after 34 hours. Then the skin was rinsed and then scored again after 48 hours. The erythema and Eschar Index was 3.75 (maximum 4) and the edema Index was 2.0 (maximum 4).

With regard to eye irritation, cationic surfactants are the most irritating of the surfactants. The longer chained alkyltrimethylammonium salts are less irritating to the rabbit eye than the shorter alkyl chain homologues. C10 ATMAB, C12 ATMAB, and C16 ATMAB were tested in concentrations between 0.1 and 1.0% in water and were found to be significantly irritating or injurious to the rabbit eye. A 5% solution of C18 ATMAB was instilled into the eyes of guinea pigs, and this concentration was very irritating with a total PII (The Primary Irritation Index) score of 96 (maximum 110).

A homologous series of ATMAB produced very little swelling of the stratum corneum and some homologues produced a shrinkage of the stratum corneum after prolonged exposure.

Many proteins in the skin are considerably more resistant to the denaturing effects of cationic surfactants compared to those of anionic surfactants. As cationic surfactants frequently have a lower critical micelle concentration than the anionic surfactants, a saturation of the surfactant/protein complex is prevented by the formation of micelles.

Compared to a representative anionic surfactant, the cooperative binding with subsequent protein denaturation requires about a tenfold higher concentration of a cationic surfactant. Contrary to the irreversible denaturing effect of sodium dodecyl sulfate, the adverse effects of some cationic surfactants on proteins may be reversible. Cationic surfactants can interact with proteins or peptides by polar and hydrophobic binding. Polar interactions result in electrostatic bonds between the negatively charged groups of the protein molecule and the positively charged surfactant molecule.

Sensitisation: A repeated insult patch test of C16 ATMAC was conducted with 114 volunteers. Seventeen days after the last induction of 0.25% surfactant, a challenge patch of 0.25% was applied. No sensitization was observed.

Sub-chronic toxicity: C16 ATMAB was administered at concentrations of 10, 20, and 45 mg/kg/day via the drinking water to rats for one year. The only effect observed was a decrease in body weight gain in the 45 mg/day dose group.

Reproductive Toxicity: No embryo toxic effects were seen, when C18 ATMAB was applied dermally to pregnant rats during the period of major organogenesis (day 6-15 of gestation). The concentrations of C18 ATMAB were 0.9, 1.5 and 2.5%. There was no increase in the incidence of fetal malformations. C16 ATMAB was not teratogenic in rats after oral doses. Mild embryonic effects were observed with 50 mg/kg/day, but these effects were attributed to maternal toxicity rather than to a primary embryonic effect. Lower doses of C16 ATMAB showed no embryo toxic or teratogenic effects.

Mutagenicity: C16 ATMAC was studied in in vitro short-term tests to detect potential mutagenic effects. Cultures of Syrian golden hamster embryo cells were used for an in vitro bioassay. No in vitro transformation of hamster embryo cells was induced, and C16 ATMAC was not mutagenic in *Salmonella typhimurium* (Inoue and Sunakawa 1980). No mutagenic effects or genetic damages were indicated in a survey of nine short-term genotoxicity tests with C16 and C18 ATMAB (Yam *et al.* 1984).

Environmental and Health Assessment of Substances in Household Detergents and Cosmetic Detergent Products, Environment Project, 615, 2001. Torben Madsen *et al.*: Miljøministeriet (Danish Environmental Protection Agency)

DIALKYLDIMETHYLAMMONIUM CHLORIDE HOMOPOLYMER

	<p>For quaternary ammonium compounds (QACs): Quaternary ammonium compounds (QACs) are cationic surfactants. They are synthetic organically tetra-substituted ammonium compounds, where the R substituents are alkyl or heterocyclic radicals. A common characteristic of these synthetic compounds is that one of the R s is a long-chain hydrophobic aliphatic residue.</p> <p>The cationic surface active compounds are in general more toxic than the anionic and non-ionic surfactants. The positively-charged cationic portion is the functional part of the molecule and the local irritation effects of QACs appear to result from the quaternary ammonium cation. Due to their relative ability to solubilise phospholipids and cholesterol in lipid membranes, QACs affect cell permeability which may lead to cell death. Further QACs denature proteins as cationic materials precipitate protein and are accompanied by generalised tissue irritation. It has been suggested that the experimentally determined decrease in acute toxicity of QACs with chain lengths above C16 is due to decreased water solubility.</p> <p>In general it appears that QACs with a single long-chain alkyl groups are more toxic and irritating than those with two such substitutions, The straight chain aliphatic QACs have been shown to release histamine from minced guinea pig lung tissue. However, studies with benzalkonium chloride have shown that the effect on histamine release depends on the concentration of the solution. When cell suspensions (11% mast cells) from rats were exposed to low concentrations, a decrease in histamine release was seen. When exposed to high concentrations the opposite result was obtained.</p> <p>In addition, QACs may show curare-like properties (specifically benzalkonium and cetylpyridinium derivatives, a muscular paralysis with no involvement of the central nervous system. This is most often associated with lethal doses. Parenteral injections in rats, rabbits and dogs have resulted in prompt but transient limb paralysis and sometimes fatal paresis of the respiratory muscles. This effect seems to be transient. From human testing of different QACs the generalised conclusion is obtained that all the compounds investigated to date exhibit similar toxicological properties.</p> <p>Most undiluted cationic surfactants satisfy the criteria for classification as Harmful (Xn) with R22 and as Irritant (Xi) for skin and eyes with R38 and R41.</p>		
SODIUM GLUCONATE	<p>* PMP MSDS for gluconic acid and its salts: Gluconic acid and its mineral salts freely dissociate to the gluconate anion and the respective cations. Glucono-delta-lactone (GDL), the 1,5-inner ester of gluconic acid, is formed from the free acid by the removal of water. On the basis of these spontaneous chemical rearrangements, glucono-delta-lactone, gluconic acid and its sodium, calcium and potassium salts can be considered as a category, with all members sharing the same representative moiety, the gluconate anion.</p> <p>Acute toxicity: Gluconic acid and its derivatives are naturally occurring substances. In mammalian organisms both D-gluconic acid and its 1,5-lactone are important intermediates in the carbohydrate metabolism. Gluconate is a metabolite of glucose oxidation. The daily production of gluconate from endogenous sources is about 450 mg/kg for a 60 kg person. A significant portion (60-85%) of parenterally administered gluconate is excreted unchanged in the urine.</p> <p>The LD50 calculated after oral administration (gavage) of potassium gluconate on Wistar rats is 6060 mg/kg bw.</p> <p>These compounds are neither irritant to the eye or the skin nor show sensitizing properties.</p> <p>Repeat dose toxicity: None of the repeated dose toxicity studies of any duration (4 weeks, 6 months, or 24 months) showed any significant toxicological effects of gluconates. Potential side effects were attributed to high doses of cation intake, evidenced by results from assays designed for the gluconate anion effect specifically. The NOAEL of sodium gluconate determined from the 28 days studies on rats was equal to 1000 mg/kg bw for males and 2000 mg/kg bw for females.</p> <p>Genotoxicity: The available in vitro and in vivo mutagenicity data with glucono-delta-lactone, sodium or calcium gluconate were negative. No carcinogenicity studies, and no inhalation toxicity data were available for any of the gluconates of the category.</p> <p>Reproductive and developmental toxicity: Testing requirements regarding reproductive toxicity were satisfied with histopathology of the reproductive organs in repeat dose studies on sodium gluconate and with developmental toxicity studies on glucono-delta-lactone. No changes were observed on the reproductive organs in 28 days oral studies with sodium gluconate (dosage up to 4400 mg/kg bw) and developmental toxicity studies on GDL on different species were all negative.</p>		
WATER	No significant acute toxicological data identified in literature search.		
ALUMINIUM CHLOROHYDRATE & DIALYLDIMETHYLAMMONIUM CHLORIDE HOMOPOLYMER	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.		
Acute Toxicity	✓	Carcinogenicity	✗
Skin Irritation/Corrosion	✓	Reproductivity	✗
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	✗	STOT - Repeated Exposure	✗
Mutagenicity	✗	Aspiration Hazard	✗

Legend: ✗ – Data either not available or does not fill the criteria for classification
✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

Endpoint	Test Duration (hr)	Species	Value	Source
Polymax 7540L	Not Available	Not Available	Not Available	Not Available
aluminium chlorohydrate	EC50	72h	Algae or other aquatic plants	0.075mg/l 2
	EC50	48h	Crustacea	0.214-1.26mg/l 2
	EC50	96h	Algae or other aquatic plants	0.173mg/L 2
	LC50	96h	Fish	1mg/l 2
	NOEC(ECx)	1440h	Fish	0.013mg/L 2

	Endpoint	Test Duration (hr)	Species	Value	Source
	diallyldimethylammonium chloride homopolymer	EC50	48h	Crustacea	0.059-0.11mg/L
LC50		96h	Fish	0.043-0.12mg/L	4
EC20(ECx)		168h	Crustacea	0.004mg/l	4
sodium gluconate	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
water	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

Toxic to aquatic organisms.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients


SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ 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 or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal. ▶ Bury or incinerate residue at an approved site. ▶ Recycle containers if possible, or dispose of in an authorised landfill.
------------------------------	---

SECTION 14 Transport information

Labels Required

Marine Pollutant	
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

Not Applicable

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

Product name	Group
aluminium chlorohydrate	Not Available
diallyldimethylammonium chloride homopolymer	Not Available
sodium gluconate	Not Available
water	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
aluminium chlorohydrate	Not Available
diallyldimethylammonium chloride homopolymer	Not Available
sodium gluconate	Not Available
water	Not Available

SECTION 15 Regulatory information**Safety, health and environmental regulations / legislation specific for the substance or mixture****aluminium chlorohydrate is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

diallyldimethylammonium chloride homopolymer is found on the following regulatory lists

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)

sodium gluconate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

water is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (aluminium chlorohydrate; diallyldimethylammonium chloride homopolymer; sodium gluconate; water)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (diallyldimethylammonium chloride homopolymer)
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
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	23/12/2022
Initial Date	05/06/2015

SDS Version Summary

Version	Date of Update	Sections Updated
4.1	07/03/2020	Classification change due to full database hazard calculation/update.
5.1	23/12/2022	Classification review due to GHS Revision 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.

Definitions and abbreviations

- PC—TWA: Permissible Concentration-Time Weighted Average
- PC—STEL: Permissible Concentration-Short Term Exposure Limit

- IARC: International Agency for Research on Cancer
 - ACGIH: American Conference of Governmental Industrial Hygienists
 - STEL: Short Term Exposure Limit
 - TEEL: Temporary Emergency Exposure Limit.
 - IDLH: Immediately Dangerous to Life or Health Concentrations
 - ES: Exposure Standard
 - OSF: Odour Safety Factor
 - NOAEL: No Observed Adverse Effect Level
 - LOAEL: Lowest Observed Adverse Effect Level
 - TLV: Threshold Limit Value
 - LOD: Limit Of Detection
 - OTV: Odour Threshold Value
 - BCF: BioConcentration Factors
 - BEI: Biological Exposure Index
 - DNEL: Derived No-Effect Level
 - PNEC: Predicted no-effect concentration
-
- AIIIC: Australian Inventory of Industrial Chemicals
 - DSL: Domestic Substances List
 - NDSL: Non-Domestic Substances List
 - IECSC: Inventory of Existing Chemical Substance in China
 - EINECS: European INventory of Existing Commercial chemical Substances
 - ELINCS: European List of Notified Chemical Substances
 - NLP: No-Longer Polymers
 - ENCS: Existing and New Chemical Substances Inventory
 - KECL: Korea Existing Chemicals Inventory
 - NZIoC: New Zealand Inventory of Chemicals
 - PICCS: Philippine Inventory of Chemicals and Chemical Substances
 - TSCA: Toxic Substances Control Act
 - TCSI: Taiwan Chemical Substance Inventory
 - INSQ: Inventario Nacional de Sustancias Químicas
 - NCI: National Chemical Inventory
 - FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

This document is copyright.

Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH.

TEL (+61 3) 9572 4700.