



ERAPOL EMD65ACC SLOW POLYOL

Era Polymers Pty Ltd

Chemwatch Hazard Alert Code: 2

Version No: 2.3

Safety Data Sheet according to WHS and ADG requirements

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S.GHS.AUS.EN

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

Product Identifier

Product name	ERAPOL EMD65ACC SLOW POLYOL
Synonyms	Not Available
Other means of identification	Not Available

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

Relevant identified uses	Polyurethane curative
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Details of the supplier of the safety data sheet

Registered company name	Era Polymers Pty Ltd
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Emergency telephone number

Association / Organisation	CHEMWATCH
Emergency telephone numbers	Not Available
Other emergency telephone numbers	Not Available

CHEMWATCH EMERGENCY RESPONSE

Primary Number	Alternative Number 1	Alternative Number 2
1800 039 008	+612 9186 1132	Not Available

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

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

Poisons Schedule	S5
Classification [1]	Acute Toxicity (Oral) Category 4, Acute Aquatic Hazard Category 3, Chronic Aquatic Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

GHS label elements	
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SIGNAL WORD **WARNING**

Hazard statement(s)

Continued...

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H302	Harmful if swallowed.
H402	Harmful to aquatic life
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read label before use.
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

P301+P312	IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.
P330	Rinse mouth.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
25322-69-4	>60	<u>polypropylene glycol</u>
107-21-1	<10	<u>ethylene glycol</u>
27236-65-3	<0.1	<u>bis(phenylmercury) dodeceny/succinate</u>

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"> 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	<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, aerosols or combustion products are inhaled remove from contaminated area. Other measures are usually unnecessary.
Ingestion	<ul style="list-style-type: none"> IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. For advice, contact a Poisons Information Centre or a doctor. Urgent hospital treatment is likely to be needed. In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. <p>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</p> <ul style="list-style-type: none"> INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. <p>NOTE: Wear a protective glove when inducing vomiting by mechanical means.</p>

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For acute and short term repeated exposures to aryl and alkylmethoxy compounds of mercury: Absorption proceeds more rapidly than its inorganic counterpart but once inside the body biotransformation releases inorganic mercury. [Ellenhorn and Barceloux: Medical Toxicology]

- Moderate adsorption of inorganic mercury compounds through the gastro-intestinal tract (7-15%) is the principal cause of poisoning. These compounds are highly concentrated (as the mercuric (Hg (2+) form) in the kidney; acute ingestion may lead to oliguric renal failure. Severe mucosal necrosis may also result from ingestion.
- Chronic effects range from proteinuria to nephrotic syndrome. Chronic presentation also involves dermatitis, gingivitis, stomatitis, tremor and neuropsychiatric symptoms of erethism.
- Absorbed inorganic mercury does not significantly cross the blood-brain barrier.

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- ▶ Emesis and lavage should be initiated following acute ingestion.
- ▶ Activated charcoal interrupts absorption; cathartics should be administered when charcoal is given.
- ▶ The use of British Anti-Lewisite is indicated in severe inorganic poisoning. Newer derivatives of BAL (e.g. dimercaptosuccinic acid, [DMSA] and 2,3-dimercapto-1-propanesulfate [DMPS]) may prove more effective. [Ellenhorn and Barceloux: Medical Toxicology]

BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
1. Total inorganic mercury in urine	35 ug/gm creatinine	Preshift	B
2. Total inorganic mercury in blood	15 ug/L	End of shift at end of workweek	B

B: Background levels occur in specimens collected from subjects **NOT** exposed.

For acute or short term repeated exposures to ethylene glycol:

- ▶ Early treatment of ingestion is important. Ensure emesis is satisfactory.
- ▶ Test and correct for metabolic acidosis and hypocalcaemia.
- ▶ Apply sustained diuresis when possible with hypertonic mannitol.
- ▶ Evaluate renal status and begin haemodialysis if indicated. [I.L.O.]
- ▶ Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.
- ▶ Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.
- ▶ Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.
- ▶ Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.
- ▶ Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]

It has been suggested that there is a need for establishing a new biological exposure limit before a workshift that is clearly below 100 mmol ethoxy-acetic acids per mole creatinine in morning urine of people occupationally exposed to ethylene glycol ethers. This arises from the finding that an increase in urinary stones may be associated with such exposures.

Laitinen J., et al: *Occupational & Environmental Medicine* 1996; 53, 595-600

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
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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 acid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include; carbon dioxide (CO₂) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p>

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

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.

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- ▶ 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"> ▶ 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. ▶ DO NOT allow clothing wet with material to stay in contact with skin
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>Ethylene glycol:</p> <ul style="list-style-type: none"> ▶ reacts violently with oxidisers and oxidising acids, sulfuric acid, chlorosulfonic acid, chromyl chloride, perchloric acid ▶ forms explosive mixtures with sodium perchlorate ▶ is incompatible with strong acids, caustics, aliphatic amines, isocyanates, chlorosulfonic acid, oleum, potassium bichromate, phosphorus pentasulfide, sodium chlorite ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ 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	ethylene glycol	Ethylene glycol (particulate) / Ethylene glycol (vapour)	10 mg/m ³ / 52 mg/m ³ / 20 ppm	104 mg/m ³ / 40 ppm	Not Available	Sk
Australia Exposure Standards	bis(phenylmercury) dodecenylnsuccinate	Mercury, aryl compounds (as Hg)	0.1 mg/m ³	Not Available	Not Available	Sk

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
polypropylene glycol	Polypropylene glycols	30 mg/m ³	80 mg/m ³	480 mg/m ³
ethylene glycol	Ethylene glycol	10 ppm	40 ppm	60 ppm

Ingredient	Original IDLH	Revised IDLH
polypropylene glycol	Not Available	Not Available
ethylene glycol	Not Available	Not Available
bis(phenylmercury) dodecenylnsuccinate	28 mg/m ³	10 mg/m ³

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. 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>
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General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, 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.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 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.

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. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

Skin protection

See Hand protection below

Hands/feet protection

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.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

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

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- ▶ When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- ▶ When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- ▶ Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- ▶ Contaminated gloves should be replaced.

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.

WARNING: Do NOT use latex or PVC gloves

- ▶ In 1997, a researcher (Dr. Karen E. Wetterhahn) died from organic mercury poisoning, resulting from a single exposure to dimethylmercury almost a year before.
- ▶ Heavy metals and organic metal compounds, in particular, have posed special hazards in worker protection. At the time of diagnosis and before she lapsed into a vegetative state, Dr. Wetterhahn asked that her case be made known to others.

Permeation testing of the potential of dermal exposure to dimethylmercury produced the following results*.

Glove material	Thickness in mm*	Breakthrough Time
Nitrile	0.2	0.25 minutes
Neoprene	0.8	<10 mins.
Butyl	0.33	<15 mins.
Viton	0.28	<15 mins.
Silver Shield	0.13	>240 mins.
Silver Shield & Neoprene Pair	0.7	>240 mins.

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	*Michael B Blayney: Applied Occupational and Environmental Hygiene: 16, pp 233-236, 2001 * Originally quoted as mil (one mil = 0.001 inches)
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.
Thermal hazards	Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

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Material	CPI
NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NEOPRENE	A
NEOPRENE/NATURAL	A
NITRILE	A
NITRILE+PVC	A
PE/EVAL/PE	A
PVC	A
TEFLON	A
PVA	B

* 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 A-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 5 x ES	A-AUS / Class 1 P2	-	A-PAPR-AUS / Class 1 P2
up to 25 x ES	Air-line*	A-2 P2	A-PAPR-2 P2
up to 50 x ES	-	A-3 P2	-
50+ x ES	-	Air-line**	-

^ - 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)

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Thin clear liquid		
Physical state	Liquid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
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)	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 (g/L)	Not Available	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
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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	The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Ingestion	<p>Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>for ethylene glycol: Ingestion symptoms include respiratory failure, central nervous depression, cardiovascular collapse, pulmonary oedema, acute kidney failure, and even brain damage. Ingestion of 100 ml has caused death. (ChemInfo)</p> <p>Toxicity of ethylene glycol to human (KB) cell cultures has been reported as less than that of ethanol. (NIOSH/ITC)</p> <p>Ethylene glycol produces a three-stage response with the severity of each stage dependent on the amount of ingestion. Hepatic damage is usually minimal. Central nervous system depression characterise the first 12 hours post ingestion.</p> <p>Transient exhilaration occurs without the odour of ethanol.</p> <p>Gastrointestinal complaints include nausea and vomiting. Acidosis, coma, convulsions and myoclonic jerks may also be evident. The optic fundus is usually normal although the presence of papilloedema may confuse the presentation with that produced by methanol. Nystagmus and ophthalmoplegias may appear.</p> <p>Cardiopulmonary effects are seen 12-24 hours post-ingestion and are characterised by tachycardia, tachypnea, and mild hypertension. Congestive heart failure and circulatory collapse may occur in severe intoxications.</p> <p>Renal effects are seen 24-72 hours post-ingestion and are characterised by oliguria, flank pain, acute tubular necrosis, renal failure, and rarely, bone marrow arrest. Renal damage may be permanent.</p> <p>Toxic effects of ethylene glycol are similar to those produced by ethanol but ethylene glycol produces toxic metabolites. Metabolic acidosis and anion gap result primarily from glycolic acid formation and some lactic acid formation. The citric acid cycle is inhibited as a result of reduced NAD/NADH ratios and to a limited extent, the formation of oxalic acid, and to metabolic acidosis. Oxalate formation produces myocardial depression and acute tubular necrosis. Glycoaldehyde, glycolic acid and glyoxylic acid may contribute to CNS depression and may also produce renal toxicity by producing renal oedema. Hypocalcaemia may result from chelation by oxalate. Oxalic acid, glycoxalic acid, glycoaldehyde and formic acid appear to form to only a limited degree during intoxication.</p> <p>Oral administration to pregnant mice and rats produced birth defects amongst the off-spring.</p>
Skin Contact	<p>There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons.</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 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	There is some evidence to suggest that this material can cause eye irritation and damage in some persons.
Chronic	<p>Long-term exposure to the product is not thought to produce chronic effects adverse to the health (as classified by EC Directives using animal models); nevertheless exposure by all routes should be minimised as a matter of course.</p> <p>Exposure to ethylene glycol over a period of several weeks may cause throat irritation, mild headache and low backache. These may worsen with increasing concentration of the substance. They may progress to a burning sensation in the throat, a burning cough, and drowsiness.</p>

ERAPOL EMD65ACC SLOW POLYOL	TOXICITY	IRRITATION
	Not Available	Not Available
polypropylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >20000 mg/kg ^[2]	Skin (rabbit): 500 mg mild
	Inhalation (rat) LC50: >0.17 mg/l1 h ^[1]	
	Oral (rat) LD50: >2000 mg/kg ^[1]	
ethylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 9530 mg/kgD ^[2]	Eye (rabbit): 100 mg/1h - mild
	Inhalation (rat) LC50: 50.1 mg/L/8 hr ^[2]	Eye (rabbit): 12 mg/m3/3D
	Oral (rat) LD50: 4700 mg/kgd ^[2]	Eye (rabbit): 1440mg/6h-moderate
		Eye (rabbit): 500 mg/24h - mild
	Skin (rabbit): 555 mg(open)-mild	
bis(phenylmercury) dodeceny succinate	TOXICITY	IRRITATION
	Not Available	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

POLYPROPYLENE GLYCOL	The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.
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	** Rohm and Haas Paraplex WP-1 MSDS	
ETHYLENE GLYCOL	<p>For ethylene glycol: Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glyoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO₂, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO₂, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. Elimination of ethylene glycol from the plasma in both humans and laboratory animals is rapid after oral exposure; elimination half-lives are in the range of 1-4 hours in most species tested.</p> <p>Respiratory Effects. Respiratory system involvement occurs 12-24 hours after ingestion of sufficient amounts of ethylene glycol and is considered to be part of a second stage in ethylene glycol poisoning. The symptoms include hyperventilation, shallow rapid breathing, and generalized pulmonary edema with calcium oxalate crystals occasionally present in the lung parenchyma. Respiratory system involvement appears to be dose-dependent and occurs concomitantly with cardiovascular changes. Pulmonary infiltrates and other changes compatible with adult respiratory distress syndrome (ARDS) may characterise the second stage of ethylene glycol poisoning. Pulmonary oedema can be secondary to cardiac failure, ARDS, or aspiration of gastric contents. Symptoms related to acidosis such as hyperpnea and tachypnea are frequently observed; however, major respiratory morbidities such as pulmonary edema and bronchopneumonia are relatively rare and usually only observed with extreme poisoning (e.g., in only 5 of 36 severely poisoned cases).</p> <p>Cardiovascular Effects. Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12- 24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol.</p> <p>Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned cases. Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in humans. The effects of a long-term, low-dose exposure are unknown.</p> <p>Gastrointestinal Effects. Nausea, vomiting with or without blood, pyrosis, and abdominal cramping and pain are common early effects of acute ethylene glycol ingestion. Acute effects of ethylene glycol ingestion in one patient included intermittent diarrhea and abdominal pain, which were attributed to mild colonic ischaemia; severe abdominal pain secondary to colonic stricture and perforation developed 3 months after ingestion, and histology of the resected colon showed birefringent crystals highly suggestive of oxalate deposition.</p> <p>Musculoskeletal Effects. Reported musculoskeletal effects in cases of acute ethylene glycol poisoning have included diffuse muscle tenderness and myalgias associated with elevated serum creatinine phosphokinase levels, and myoclonic jerks and tetanic contractions associated with hypocalcaemia.</p> <p>Hepatic Effects. Central hydropic or fatty degeneration, parenchymal necrosis, and calcium oxalate crystals in the liver have been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol.</p> <p>Renal Effects. Adverse renal effects after ethylene glycol ingestion in humans can be observed during the third stage of ethylene glycol toxicity 24-72 hours after acute exposure. The hallmark of renal toxicity is the presence of birefringent calcium oxalate monohydrate crystals deposited in renal tubules and their presence in urine after ingestion of relatively high amounts of ethylene glycol. Other signs of nephrotoxicity can include tubular cell degeneration and necrosis and tubular interstitial inflammation. If untreated, the degree of renal damage caused by high doses of ethylene glycol progresses and leads to haematuria, proteinuria, decreased renal function, oliguria, anuria, and ultimately renal failure. These changes in the kidney are linked to acute tubular necrosis but normal or near normal renal function can return with adequate supportive therapy.</p> <p>Metabolic Effects. One of the major adverse effects following acute oral exposure of humans to ethylene glycol involves metabolic changes. These changes occur as early as 12 hours after ethylene glycol exposure. Ethylene glycol intoxication is accompanied by metabolic acidosis which is manifested by decreased pH and bicarbonate content of serum and other bodily fluids caused by accumulation of excess glycolic acid. Other characteristic metabolic effects of ethylene glycol poisoning are increased serum anion gap, increased osmolal gap, and hypocalcaemia. Serum anion gap is calculated from concentrations of sodium, chloride, and bicarbonate, is normally 12-16 mM, and is typically elevated after ethylene glycol ingestion due to increases in unmeasured metabolite anions (mainly glycolate).</p> <p>Neurological Effects: Adverse neurological reactions are among the first symptoms to appear in humans after ethylene glycol ingestion. These early neurotoxic effects are also the only symptoms attributed to unmetabolised ethylene glycol. Together with metabolic changes, they occur during the period of 30 minutes to 12 hours after exposure and are considered to be part of the first stage in ethylene glycol intoxication. In cases of acute intoxication, in which a large amount of ethylene glycol is ingested over a very short time period, there is a progression of neurological manifestations which, if not treated, may lead to generalized seizures and coma. Ataxia, slurred speech, confusion, and somnolence are common during the initial phase of ethylene glycol intoxication as are irritation, restlessness, and disorientation. Cerebral edema and crystalline deposits of calcium oxalate in the walls of small blood vessels in the brain were found at autopsy in people who died after acute ethylene glycol ingestion.</p> <p>Effects on cranial nerves appear late (generally 5-20 days post-ingestion), are relatively rare, and according to some investigators constitute a fourth, late cerebral phase in ethylene glycol intoxication. Clinical manifestations of the cranial neuropathy commonly involve lower motor neurons of the facial and bulbar nerves and are reversible over many months.</p> <p>Reproductive Effects: Reproductive function after intermediate-duration oral exposure to ethylene glycol has been tested in three multi-generation studies (one in rats and two in mice) and several shorter studies (15-20 days in rats and mice). In these studies, effects on fertility, foetal viability, and male reproductive organs were observed in mice, while the only effect in rats was an increase in gestational duration.</p> <p>Developmental Effects: The developmental toxicity of ethylene glycol has been assessed in several acute-duration studies using mice, rats, and rabbits. Available studies indicate that malformations, especially skeletal malformations occur in both mice and rats exposed during gestation; mice are apparently more sensitive to the developmental effects of ethylene glycol. Other evidence of embryotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight.</p> <p>Cancer: No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol.</p> <p>Genotoxic Effects: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available <i>in vivo</i> and <i>in vitro</i> laboratory studies provide consistently negative genotoxicity results for ethylene glycol. [Estimated Lethal Dose (human) 100 ml; RTECS quoted by Orica] Substance is reproductive effector in rats (birth defects). Mutagenic to rat cells.</p>	
BIS(PHENYLMERCURY) DODECENYLSUCCINATE	No significant acute toxicological data identified in literature search.	
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 available but does not fill the criteria for classification

✓ – Data required to make classification available

⊖ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Continued...

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Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
polypropylene glycol	LC50	96	Fish	>100mg/L	2
polypropylene glycol	EC50	48	Crustacea	>100mg/L	2
polypropylene glycol	NOEC	504	Crustacea	>=10mg/L	2
polypropylene glycol	EC50	72	Algae or other aquatic plants	>100mg/L	2
ethylene glycol	EC50	Not Applicable	Crustacea	=10mg/L	1
ethylene glycol	LC50	96	Fish	2284.940mg/L	3
ethylene glycol	EC50	48	Crustacea	>100mg/L	2
ethylene glycol	EC50	96	Algae or other aquatic plants	3536mg/L	2
ethylene glycol	NOEC	72	Algae or other aquatic plants	>100mg/L	2

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

Mercury may occur in the environment as free mercury, Hg(0), mercury ions in salts and complexes, Hg⁺ and (Hg₂)²⁺ and as organic mercury compounds. Each species has its own set of physical, chemical and toxicologic properties. In natural systems a dynamic equilibrium between soil and water mercury occurs, determined largely by the physicochemical and biological conditions which pertain.

Mercury ion is transported to aquatic ecosystems via surface run-off and from the atmosphere. It is complexed or tightly bound to both inorganic and organic particles, particularly sediments with high sulfur content. Organic acids such as fulvic and humic acids are often associated with mercury not bound to particles. Methyl mercury is produced by sediment micro-organisms, non-biologically in sediments, and by certain species of fish. The methylation of mercury by micro-organisms is the detoxification response that allows the organism to dispose of the heavy metal ions as small organometallic complexes. Methylation occurs only within a narrow pH range in which the micro-organism might exist and the rate of synthesis depends on the redox potential, composition of the microbial population, availability of Hg²⁺ and temperature. In addition it has been demonstrated that the livers of yellow-fin tuna and albacore produce methyl mercury results in its removal thus little methyl mercury is found in sediments. Demethylation by sediment micro-organisms also occurs at a rapid rate compared with methylation. The best conversion rate for inorganic mercury to methyl mercury under ideal conditions is less than 1.5% per month. Methyl mercury released into surface waters may also be broken down into mercury when exposed to light. Methyl mercury can be bioaccumulated by planktonic algae and fish. In fish, the rate of absorption of methyl mercury is faster than that of inorganic mercury and the clearance rate is slower resulting in high concentrations of methyl mercury in muscle tissue. The ratio of organic mercury to total mercury is generally high in fish compared with other aquatic organisms. Selenium which is also present in seawater and other seafoods readily complexes with methyl mercury and is thought to have a protective effect against the toxic action of methyl mercury. The danger of methyl mercury poisoning has been illustrated in Minimata, Japan in the late 1950s following industrial release of mercury into the bay which subsequently resulted in at least 1200 cases of poisoning, some fatal.

For Ethylene Glycol: Log Kow: -1.93 to -1.36; Half-life (hr) air: 24 hrs; Henry's Law Constant: 1.41 $\times 10^{-3}$ or 6.08 $\times 10^{-3}$ Pa.m³/mol, (depending on method of calculation); Henry's atm m³/mol: 2.3x10 atm-m³/mol; Vapor Pressure: 7.9 Pa @ 20 C; BOD 5: 0.15 to 0.81, 12%; COD: 1.21 to 1.29; ThOD: 1.26; BCF: 10 to 190.

Atmospheric Fate: In the atmosphere, ethylene glycol exists mainly in the vapor phase. It is degraded by reactions with hydroxyl radicals, (estimated half-life 24-50 hours). Direct breakdown of the substance by sunlight is not expected.

Terrestrial Fate: Soil - The substance is not expected to evaporate from soil surfaces. Ethylene glycol has little or no capacity to bind to soil and will be mobile. Several strains of microorganisms capable of utilizing ethylene glycol as a carbon source have been identified. Plants - Ethylene glycol has been identified as a metabolite of the growth regulator ethylene in a number of higher plants and as naturally occurring in the edible fungus *Tricholoma matsutake*.

Aquatic Fate: Ethylene glycol is not expected to evaporate from water surfaces. The substance is not expected to be broken down by water or bind to suspended particles. The substance has been shown to be rapidly broken down by microorganisms in surface water, (to a lesser extent in salt water).

Ecotoxicity: Ethylene glycol does not concentrate in the food chain. The substance is categorized as \blacklozenge readily biodegradable \blacklozenge under both oxygenated and low oxygen conditions. The substance is generally of low toxicity to marine organisms; however, toxic effects have been noted in streams receiving runoff of the substance. Field studies in the vicinity of an airport have reported toxic signs consistent with ethylene glycol poisoning, fish kills, and reduced biodiversity. These effects cannot definitively be ascribed to ethylene glycol. Terrestrial organisms are much less likely to be exposed to ethylene glycol and generally show low sensitivity to the compound. The substance is expected to have low toxicity to birds.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethylene glycol	LOW (Half-life = 24 days)	LOW (Half-life = 3.46 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
ethylene glycol	LOW (BCF = 200)

Mobility in soil

Ingredient	Mobility
ethylene glycol	HIGH (KOC = 1)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ 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. <p>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.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction
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Continued...

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

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

- ▶ **DO NOT allow wash water from cleaning or process equipment to enter drains.**
- ▶ It may be necessary to collect all wash water for treatment before disposal.
- ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- ▶ Where in doubt contact the responsible authority.
- ▶ Recycle wherever possible 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	NO
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

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

POLYPROPYLENE GLYCOL(25322-69-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

ETHYLENE GLYCOL(107-21-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

BIS(PHENYLMERCURY) DODECENYLSUCCINATE(27236-65-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

National Inventory	Status
Australia - AICS	Y
Canada - DSL	N (bis(phenylmercury) dodeceny succinate)
Canada - NDSL	N (polypropylene glycol; ethylene glycol; bis(phenylmercury) dodeceny succinate)
China - IECSC	N (bis(phenylmercury) dodeceny succinate)
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (bis(phenylmercury) dodeceny succinate)
Korea - KECI	N (bis(phenylmercury) dodeceny succinate)
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	N (bis(phenylmercury) dodeceny succinate)
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
polypropylene glycol	25322-69-4, 29434-03-5

ERAPOL EMD65ACC SLOW POLYOL

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

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

www.chemwatch.net

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average

PC—STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit.

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection

OTV: Odour Threshold Value

BCF: BioConcentration Factors

BEI: Biological Exposure Index