CRC Leak Detector

CRC Industries (CRC Industries New Zealand)

Chemwatch Hazard Alert Code: **2**

Chemwatch: **4768-62**
Version No: **8.1.1.1**
Safety Data Sheet according to WHS and ADG requirements

Issue Date: **07/03/2020**
Print Date: **02/04/2020**
L.GHS.AUS.EN

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

Product Identifier

Product name	CRC Leak Detector
Synonyms	Not Available
Proper shipping name	AEROSOLS
Other means of identification	Not Available

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

Relevant identified uses	Leak detection.

Details of the supplier of the safety data sheet

Registered company name	**CRC Industries (CRC Industries New Zealand)**
Address	10 Highbrook Drive East Tamaki Auckland New Zealand
Telephone	+64 9 272 2700
Fax	+64 9 274 9696
Website	www.crc.co.nz
Email	customerservices@crc.co.nz

Emergency telephone number

Association / Organisation	**CRC Industries (CRC Industries New Zealand)**
Emergency telephone numbers	NZ Poisons Centre 0800 POISON (0800 764 766)
Other emergency telephone numbers	111 (NZ Emergency Services)

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A
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	**WARNING**

Hazard statement(s)

H315	Causes skin irritation.
H319	Causes serious eye irritation.
AUH044	Risk of explosion if heated under confinement.

Precautionary statement(s) Prevention

P280	Wear protective gloves/protective clothing/eye protection/face protection.

Precautionary statement(s) Response

P321	Specific treatment (see advice on this label).
P362	Take off contaminated clothing and wash before reuse.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.
P302+P352	IF ON SKIN: Wash with plenty of water.

Continued...

P332+P313	If skin irritation occurs: Get medical advice/attention.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
111-76-2	2-5	ethylene glycol monobutyl ether
141-43-5	<1	ethanolamine
7732-18-5	85-95	water
75-37-6	3-8	1,1-difluoroethane

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	If aerosols come in contact with the eyes: ▸ Immediately hold the eyelids apart and flush the eye with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If solids or aerosol mists are deposited upon the skin: ▸ Flush skin and hair with running water (and soap if available). ▸ Remove any adhering solids with industrial skin cleansing cream. ▸ **DO NOT** use solvents. ▸ Seek medical attention in the event of irritation.
Inhalation	If aerosols, fumes or combustion products are inhaled: ▸ Remove to fresh air. ▸ 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. ▸ If breathing is shallow or has stopped, ensure clear airway and apply resuscitation, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor.
Ingestion	▸ Not considered a normal route of entry.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

SMALL FIRE:
▸ Water spray, dry chemical or CO2
LARGE FIRE:
▸ Water spray or fog.

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ May be violently or explosively reactive. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ If safe, switch off electrical equipment until vapour fire hazard removed. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ **DO NOT** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire. ▸ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▸ Non combustible. ▸ Not considered to be a significant fire risk. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ Aerosol cans may explode on exposure to naked flames. ▸ Rupturing containers may rocket and scatter burning materials. ▸ Hazards may not be restricted to pressure effects. ▸ May emit acrid, poisonous or corrosive fumes.

Continued...

	▸ Decomposes on heating and may emit toxic fumes of carbon monoxide (CO). Decomposition may produce toxic fumes of: carbon dioxide (CO_2) other pyrolysis products typical of burning organic material.
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	▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Wear protective clothing, impervious gloves and safety glasses. ▸ Shut off all possible sources of ignition and increase ventilation. ▸ Wipe up. ▸ If safe, damaged cans should be placed in a container outdoors, away from all ignition sources, until pressure has dissipated. ▸ Undamaged cans should be gathered and stowed safely. ▸ 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	▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ May be violently or explosively reactive. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water courses ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Water spray or fog may be used to disperse / absorb vapour. ▸ Absorb or cover spill with sand, earth, inert materials or vermiculite. ▸ If safe, damaged cans should be placed in a container outdoors, away from ignition sources, until pressure has dissipated. ▸ Undamaged cans should be gathered and stowed safely. ▸ Collect residues and seal in labelled drums for disposal.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	▸ 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. ▸ **DO NOT** incinerate or puncture aerosol cans. ▸ **DO NOT** spray directly on humans, exposed food or food utensils. ▸ 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 are maintained.
Other information	▸ Keep dry to avoid corrosion of cans. Corrosion may result in container perforation and internal pressure may eject contents of can

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Aerosol dispenser. ▸ Check that containers are clearly labelled.
Storage incompatibility	▸ Avoid reaction with oxidising agents ▸ Avoid strong acids, bases.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes

Continued...

Australia Exposure Standards	ethylene glycol monobutyl ether	2-Butoxyethanol	20 ppm / 96.9 mg/m3	242 mg/m3 / 50 ppm	Not Available	Not Available
Australia Exposure Standards	ethanolamine	Ethanolamine	3 ppm / 7.5 mg/m3	15 mg/m3 / 6 ppm	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
ethylene glycol monobutyl ether	Butoxyethanol, 2-; (Glycol ether EB)	60 ppm	120 ppm	700 ppm
ethanolamine	Ethanolamine	6 ppm	170 ppm	1,000 ppm
1,1-difluoroethane	Difluoroethane; (1,1-Difluoroethane; HFC 152a)	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
ethylene glycol monobutyl ether	700 ppm	Not Available
ethanolamine	30 ppm	Not Available
water	Not Available	Not Available
1,1-difluoroethane	Not Available	Not Available

OCCUPATIONAL EXPOSURE BANDING

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
1,1-difluoroethane	E	≤ 0.1 ppm
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

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.

General exhaust is adequate under normal conditions. If risk of overexposure exists, wear SAA 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:	Speed:
aerosols, (released at low velocity into zone of active generation)	0.5-1 m/s
direct spray, spray painting in shallow booths, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)

Within each range the appropriate value depends on:

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

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

No special equipment for minor exposure i.e. when handling small quantities.
OTHERWISE: For potentially moderate or heavy exposures:
- Safety glasses with side shields.
- **NOTE:** Contact lenses pose a special hazard; soft lenses may absorb irritants and **ALL** lenses concentrate them.

Skin protection

See Hand protection below

Hands/feet protection

Wear general protective gloves, eg. light weight rubber gloves.
- No special equipment needed when handling small quantities.
- **OTHERWISE:**
- For potentially moderate exposures:
- Wear general protective gloves, eg. light weight rubber gloves.
- For potentially heavy exposures:
- Wear chemical protective gloves, eg. PVC. and safety footwear.

Body protection

See Other protection below

Continued...

Other protection	No special equipment needed when handling small quantities. **OTHERWISE:** ▸ Overalls. ▸ Skin cleansing cream. ▸ Eyewash unit. ▸ Do not spray on hot surfaces.

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:
CRC Leak Detector

Material	CPI
BUTYL	A
NEOPRENE	B
BUTYL/NEOPRENE	C
HYPALON	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE/EVAL/PE	C
PVA	C
PVC	C
SARANEX-23	C
VITON	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 KAX-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	KAX-AUS P2	-	KAX-PAPR-AUS / Class 1 P2
up to 50 x ES	-	KAX-AUS / Class 1 P2	-
up to 100 x ES	-	KAX-2 P2	KAX-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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Clear alkaline liquid with no odour; mixes with water.

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 Applicable
pH (as supplied)	10.3	**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 Applicable
Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	>60
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 STABILITY AND REACTIVITY

Continued...

Reactivity	See section 7
Chemical stability	▸ Elevated temperatures. ▸ Presence of open flame. ▸ 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	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual. Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant 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. **WARNING**:Intentional misuse by concentrating/inhaling contents may be lethal.
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. Considered an unlikely route of entry in commercial/industrial environments
Skin Contact	Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. Open cuts, abraded or irritated skin should not be exposed to this material 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.
Eye	Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).
Chronic	Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects. Exposure to the material may cause concerns for human fertility, on the basis that similar materials provide some evidence of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects. . **WARNING**: Aerosol containers may present pressure related hazards.

	TOXICITY	IRRITATION
CRC Leak Detector	Not Available	Not Available
ethylene glycol monobutyl ether	dermal (rat) LD50: >2000 mg/kg[1]	Eye (rabbit): 100 mg SEVERE
	Inhalation (rat) LC50: 449.48655 mg/l/4H[2]	Eye (rabbit): 100 mg/24h-moderate
	Oral (rat) LD50: 250 mg/kg[2]	Eye: adverse effect observed (irritating)[1]
		Skin (rabbit): 500 mg, open; mild
		Skin: adverse effect observed (irritating)[1]
		Skin: no adverse effect observed (not irritating)[1]
ethanolamine	Dermal (rabbit) LD50: 1000 mg/kg[2]	Eye (rabbit): 0.76 mg - SEVERE
	Oral (rat) LD50: >500 mg/kg[2]	Skin (rabbit):505 mg open-moderate
water	Oral (rat) LD50: >90000 mg/kg[2]	Not Available
1,1-difluoroethane	Inhalation (mouse) LC50: 488.5 mg/l/2h[2]	Not Available

Continued...

	Oral (rat) LD50: 484 mg/kg[2]
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*

ETHYLENE GLYCOL MONOBUTYL ETHER

NOTE: Changes in kidney, liver, spleen and lungs are observed in animals exposed to high concentrations of this substance by all routes. ** ASCC (NZ) SDS
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.
For ethylene glycol monoalkyl ethers and their acetates (EGMAEs):
Typical members of this category are ethylene glycol propylene ether (EGPE), ethylene glycol butyl ether (EGBE) and ethylene glycol hexyl ether (EGHE) and their acetates.
EGMAEs are substrates for alcohol dehydrogenase isozyme ADH-3, which catalyzes the conversion of their terminal alcohols to aldehydes (which are transient metabolites). Further, rapid conversion of the aldehydes by aldehyde dehydrogenase produces alkoxyacetic acids, which are the predominant urinary metabolites of mono substituted glycol ethers.
Acute Toxicity: Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m3) for EGHE, LC50 > 400ppm (2620 mg/m3) for EGBEA to LC50 > 2132 ppm (9061 mg/m3) for EGPE. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 435 mg/kg bw (EGBE) to 1500 mg/kg bw (EGBEA). Overall these category members can be considered to be of low to moderate acute toxicity. All category members cause reversible irritation to skin and eyes, with EGBEA less irritating and EGHE more irritating than the other category members. EGPE and EGBE are not sensitisers in experimental animals or humans. Signs of acute toxicity in rats, mice and rabbits are consistent with haemolysis (with the exception of EGHE) and non-specific CNS depression typical of organic solvents in general. Alkoxyacetic acid metabolites, propoxyacetic acid (PAA) and butoxyacetic acid (BAA), are responsible for the red blood cell hemolysis. Signs of toxicity in humans deliberately ingesting cleaning fluids containing 9-22% EGBE are similar to those of rats, with the exception of haemolysis. Although decreased blood haemoglobin and/or haemoglobinuria were observed in some of the human cases, it is not clear if this was due to haemolysis or haemodilution as a result of administration of large volumes of fluid. Red blood cells of humans are many-fold more resistant to toxicity from EGPE and EGBE *in vitro* than those of rats.
Repeat dose toxicity: The fact that the NOAEL for repeated dose toxicity of EGBE is less than that of EGPE is consistent with red blood cells being more sensitive to EGBE than EGPE. Blood from mice, rats, hamsters, rabbits and baboons were sensitive to the effects of BAA *in vitro* and displayed similar responses, which included erythrocyte swelling (increased haematocrit and mean corpuscular hemoglobin), followed by hemolysis. Blood from humans, pigs, dogs, cats, and guinea pigs was less sensitive to haemolysis by BAA *in vitro*.
Mutagenicity: In the absence and presence of metabolic activation, EGBE tested negative for mutagenicity in Ames tests conducted in *S. typhimurium* strains TA97, TA98, TA100, TA1535 and TA1537 and EGHE tested negative in strains TA98, TA100, TA1535, TA1537 and TA1538. *In vitro* cytogenicity and sister chromatid exchange assays with EGBE and EGHE in Chinese Hamster Ovary Cells with and without metabolic activation and in vivo micronucleus tests with EGBE in rats and mice were negative, indicating that these glycol ethers are not genotoxic.
Carcinogenicity: In a 2-year inhalation chronic toxicity and carcinogenicity study with EGBE in rats and mice a significant increase in the incidence of liver haemangiosarcomas was seen in male mice and forestomach tumours in female mice. It was decided that based on the mode of action data available, there was no significant hazard for human carcinogenicity
Reproductive and developmental toxicity. The results of reproductive and developmental toxicity studies indicate that the glycol ethers in this category are not selectively toxic to the reproductive system or developing fetus, developmental toxicity is secondary to maternal toxicity. The repeated dose toxicity studies in which reproductive organs were examined indicate that the members of this category are not associated with toxicity to reproductive organs (including the testes).
Results of the developmental toxicity studies conducted via inhalation exposures during gestation periods on EGPE (rabbits -125, 250, 500 ppm or 531, 1062, or 2125 mg/m3 and rats - 100, 200, 300, 400 ppm or 425, 850, 1275, or 1700 mg/m3), EGBE (rat and rabbit - 25, 50, 100, 200 ppm or 121, 241, 483, or 966 mg/m3), and EGHE (rat and rabbit - 20.8, 41.4, 79.2 ppm or 124, 248, or 474 mg/m3) indicate that the members of the category are not teratogenic.
The NOAELs for developmental toxicity are greater than 500 ppm or 2125 mg/m3 (rabbit-EGPE), 100 ppm or 425 mg/m3 (rat-EGPE), 50 ppm or 241 mg/m3 (rat EGBE) and 100 ppm or 483 mg/m3 (rabbit EGBE) and greater than 79.2 ppm or 474 mg/m3 (rat and rabbit-EGHE).
Exposure of pregnant rats to ethylene glycol monobutyl ether (2-butoxyethanol) at 100 ppm or rabbits at 200 ppm during organogenesis resulted in maternal toxicity and embryotoxicity including a decreased number of viable implantations per litter. Slight foetoxicity in the form of poorly ossified or unossified skeletal elements was also apparent in rats. Teratogenic effects were not observed in other species.
At least one researcher has stated that the reproductive effects were less than that of other monoalkyl ethers of ethylene glycol.
Chronic exposure may cause anaemia, macrocytosis, abnormally large red cells and abnormal red cell fragility.
Exposure of male and female rats and mice for 14 weeks to 2 years produced a regenerative haemolytic anaemia and subsequent effects on the haemopoietic system in rats and mice. In addition, 2-butoxyethanol exposures caused increases in the incidence of neoplasms and nonneoplastic lesions (1). The occurrence of the anaemia was concentration-dependent and more pronounced in rats and females. In this study it was proposed that 2-butoxyethanol at concentrations of 500 ppm and greater produced an acute disseminated thrombosis and bone infarction in male and female rats as a result of severe acute haemolysis and reduced deformability of erythrocytes or through anoxic damage to endothelial cells that compromise blood flow. In two-year studies, 2-butoxyethanol continued to affect circulating erythroid mass, inducing a responsive anaemia. Rats showed a marginal increase in the incidence of benign or malignant pheochromocytomas (combined) of the adrenal gland. In mice, 2-butoxyethanol exposure resulted in a concentration dependent increase in the incidence of squamous cell papilloma or carcinoma of the forestomach. It was hypothesised that exposure-induced irritation produced inflammatory and hyperplastic effects in the forestomach and that the neoplasia were associated with a continuation of the injury/ degeneration process. Exposure also produced a concentration -dependent increase in the incidence of haemangiosarcoma of the liver of male mice and hepatocellular carcinoma.
1: NTP Toxicology Program Technical report Series 484, March 2000.
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.
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).

Continued...

	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. 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. **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. **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. **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. **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. **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). **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. 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. **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. **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 embyrotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight. **Cancer:** No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol. **Genotoxic Effects**: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available *in vivo* and *in vitro* laboratory studies provide consistently negative genotoxicity results for ethylene glycol.
ETHANOLAMINE	* Bayer While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects. ▸ Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis. ▸ Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient. Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion. **Inhalation:** Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs. Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure. Higher concentrations of certain amines can produce severe respiratory irritation, characterised by nasal discharge, coughing, difficulty in breathing, and chest pains. Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, bronchopneumonia, and possible lung damage. Also, repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice, and liver enlargement. Some amines have been shown to cause kidney, blood, and central nervous system disorders in laboratory animal studies. While most polyurethane amine catalysts are not sensitisers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitised, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease. Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema. **Skin Contact:** Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis. Skin contact with some amines may result in allergic sensitisation. Sensitised persons should avoid all contact with amine catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient. **Eye Contact:** Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations. Direct contact with the liquid amine may cause severe irritation and tissue injury, and the “burning” may lead to blindness. (Contact with solid

Continued...

	products may result in mechanical irritation, pain, and corneal injury.) Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling. The corneal swelling may manifest itself in visual disturbances such as blurred or "foggy" vision with a blue tint ("blue haze") and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases. Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation. **Ingestion:** The oral toxicity of amine catalysts varies from moderately to very toxic. Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus,and gastrointestinal tract. Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs. Affected persons also may experience pain in the chest or abdomen, nausea, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death. **Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000** **Alliance for Polyurethanes Industry** The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.
WATER	No significant acute toxicological data identified in literature search.
1,1-DIFLUOROETHANE	For 1,1-difluoroethane: 1,1 -Difluoroethane is practically non-toxic following acute or chronic inhalation exposures. It is not a developmental or reproductive toxicant in rat studies and is negative for cancer in a two year rat inhalation study. It is not mutagenic in a *in vitro* bacterial reverse mutation assay and shows some weak clastogenicity in an *in vitro* human lymphocyte chromosome aberration test, but further evaluation of its ability to cause chromosome damage in and *in* vivo micronucleus test was negative. There is evidence that 1,1-difluoroethane can cause cardiac effects is some species, most notably heart arrhythmia in the dog. **Acute toxicity:** 1,1 -Difluoroethane is practically non-toxic following acute inhalation exposure. Groups of 6 male ChR-CD rats were exposed whole body to concentrations of 0, 66,400, 175,200, 319,000, 383,000 and 437,000 ppm 1,1-difluoroethane for 4 hours. During the exposure period, labored breathing, lethargy, and unresponsiveness to sound were observed. Following exposure no clinical signs were observed, and there was no pathology seen at necropsy after the 14-day observation period. In another study no adverse effect was reported at 200,000 ppm for 2 hours of exposure to male albino rats. **Cardiac/ Pulmonary Sensitisation**: The effects of 1,1-difluoroethane were studied on the ventricular function of dogs and mice. Concentration of 10 and 20% of 1,1-difluoroethane caused depression of myocardial contractility in dogs In an additional study, male Beagle dogs were exposed to 50,000 or 150,000 ppm for 5 minutes. The dogs were given a control injection of epinephrine (0.008 mg/kg) iv prior to exposure and a challenge injection of the same dose was given to the animals after a 5 minute exposure to 1,1-difluoroethane. Cardiac arrhythmia was observed in 3 dogs at the 150,000 ppm exposed group, but no response was seen at 50,000 ppm. In another study, the bronchopulmonary system of mice was influenced by 1 to 2% concentration of 1,1-difluoroethane and respiration by 2.5 to 5% of 1,1-difluoroethane. The chemical did not cause spontaneous cardiac arrhythmia in the mouse, but it did cause sensitisation of the heart of epinephrine in mice that had experimental bronchopulmonary lesions **Subchronic toxicity:** Subchronic studies did not report any adverse effects from inhalation exposure to 1 ,1-difluoroethane. When CD male rats were exposed to 100,000 ppm for 6 hours/day for 5 days per week for 2 weeks no adverse effects were observed. Reversible depression of central nervous system was seen during exposure, but resolved when exposure ceased. Similar results were observed when the above sub-chronic study was repeated . **Chronic Toxicity/ Carcinogenicity** In a two year chronic study male and female Cr1:CDBR rats were exposed whole body to 0,2000, 10,000 and 25,000 ppm 1,1-difluoroethane for 6 hrs/ day 5 days/ wk. At the end of the study there was a dose-related increase in urinary fluoride concentration and excretion in males and females at the two higher doses and serum creatinine was significantly elevated at these two higher doses. There was no increase in mortality in the treated groups or any treatment related pathology. There was no carcinogenicity at any dose level. In another study no chronic adverse effects were observed except mild chronic irritation when make rats were exposed to 100,000 ppm for 16 hours/day for 2 months **Genetic Toxicity:** Reliable genotoxicity studies generally showed negative results. The *in vitro* chromosome aberration test in human lymphocytes was weakly positive. Bacterial reverse mutation with and without activation results were negative *In vitro* chromosome aberration test in human lymphocytes showed statistically significant increases in the proportion of the aberrant cells both with and without activation. The study authors concluded that 1,1 -difluoroethane gave a weakly positive response. , *An in vivo* rat Micronucleus Test in Sprague Dawley rats dosed with 1,1-difluoroethane did not show any evidence of chromosome damage or bone marrow cell toxicity when administered by whole body inhalation. **Developmental toxicity:** Pregnant female rats were exposed to 0, 5000 and 50,000 ppm of 1,1-difluoroethane 6 hours/ day from gestation day 6 to 15. No clinical signs of maternal toxicity or body weight changes were reported. No gross pathological abnormalities were observed in ovaries, uterine horns, vital organs or tissues of the treated animals. The number of corpora lutea, implantation sites, and live foetuses per litter were similar in all groups. Foetal body measurements in treated groups did not differ from controls. There were no statistical significant soft tissue abnormalities. The NOAEL for maternal toxicity and for development toxicity was 50,000 ppm and LOAEL was not determined in ether case **Reproductive Toxicity:** The two-year rat whole body inhalation study for 1,1-difluoroethane included data on the histopathology and weights of the reproductive organs of the treated animals. No histopathological or weight effects were reported for any dose group of either sex in the study. The reliability of this aspect of the the report was considered to be medium, because a suboptimal study design was used
ETHYLENE GLYCOL MONOBUTYL ETHER & ETHANOLAMINE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

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

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

Continued...

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

CRC Leak Detector

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Not Available	Not Available	Not Available	Not Available	Not Available

ethylene glycol monobutyl ether

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	1-700mg/L	2
EC50	48	Crustacea	ca.1-800mg/L	2
EC50	72	Algae or other aquatic plants	1-840mg/L	2
NOEC	24	Crustacea	>1-mg/L	2

ethanolamine

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	2-70mg/L	2
EC50	48	Crustacea	32.6mg/L	2
EC50	72	Algae or other aquatic plants	2.1mg/L	2
NOEC	504	Crustacea	0.85mg/L	2

water

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	897.520mg/L	3
EC50	96	Algae or other aquatic plants	8768.874mg/L	3

1,1-difluoroethane

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	48.415mg/L	3
EC50	48	Crustacea	146.695mg/L	2
EC50	96	Algae or other aquatic plants	47.755mg/L	2

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethylene glycol monobutyl ether	LOW (Half-life = 56 days)	LOW (Half-life = 1.37 days)
ethanolamine	LOW	LOW
water	LOW	LOW
1,1-difluoroethane	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
ethylene glycol monobutyl ether	LOW (BCF = 2.51)
ethanolamine	LOW (LogKOW = -1.31)
water	LOW (LogKOW = -1.38)
1,1-difluoroethane	LOW (LogKOW = 0.75)

Mobility in soil

Ingredient	Mobility
ethylene glycol monobutyl ether	HIGH (KOC = 1)
ethanolamine	HIGH (KOC = 1)
water	LOW (KOC = 14.3)
1,1-difluoroethane	LOW (KOC = 35.04)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal

- Consult State Land Waste Management Authority for disposal.
- Discharge contents of damaged aerosol cans at an approved site.
- Allow small quantities to evaporate.
- **DO NOT** incinerate or puncture aerosol cans.
- Bury residues and emptied aerosol cans at an approved site.

Continued...

SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG)

UN number	1950
UN proper shipping name	AEROSOLS
Transport hazard class(es)	Class: 2.2 Subrisk: Not Applicable
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: 63 190 277 327 344 381 Limited quantity: 1000ml

Air transport (ICAO-IATA / DGR)

UN number	1950
UN proper shipping name	Aerosols, non-flammable
Transport hazard class(es)	ICAO/IATA Class: 2.2 ICAO / IATA Subrisk: Not Applicable ERG Code: 2L
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: A98 A145 A167 A802 Cargo Only Packing Instructions: 203 Cargo Only Maximum Qty / Pack: 150 kg Passenger and Cargo Packing Instructions: 203 Passenger and Cargo Maximum Qty / Pack: 75 kg Passenger and Cargo Limited Quantity Packing Instructions: Y203 Passenger and Cargo Limited Maximum Qty / Pack: 30 kg G

Sea transport (IMDG-Code / GGVSee)

UN number	1950
UN proper shipping name	AEROSOLS
Transport hazard class(es)	IMDG Class: 2.2 IMDG Subrisk: Not Applicable
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	EMS Number: F-D , S-U Special provisions: 63 190 277 327 344 381 959 Limited Quantities: 1000 ml

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

ETHYLENE GLYCOL MONOBUTYL ETHER IS FOUND ON THE FOLLOWING REGULATORY LISTS

Continued...

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

ETHANOLAMINE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
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

WATER IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

1,1-DIFLUOROETHANE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

National Inventory Status

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (ethanolamine; water; ethylene glycol monobutyl ether; 1,1-difluoroethane)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 OTHER INFORMATION

Revision Date	07/03/2020
Initial Date	02/11/2011

SDS Version Summary

Version	Issue Date	Sections Updated
7.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
8.1.1.1	07/03/2020	Classification change due to full database hazard calculation/update.

Other information

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

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit
IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index

Continued...

TEL (+61 3) 9572 4700.

end of SDS