

# HOUSE OF KOLOR INTENSIFIERS KK 03, 05, 06, 08, 10, 13

ChemWatch Material Safety Data Sheet

CHEMWATCH 5090-51

Date of Issue: Tue 12-Aug-2003

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## STATEMENT OF HAZARDOUS NATURE

HAZARDOUS ACCORDING TO WORKSAFE AUSTRALIA CRITERIA.

## SUPPLIER

Company:

Meguiar's Australia P/L

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AUS

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## SYNONYMS

## SHIPPING NAME

None None

Product Name: House of Kolor Intensifiers KK 03, 05, 06, 08, 10, 13

Other Names: Product Codes: KK03, KK05, KK06, KK08, KK10  
KK13

CAS RN No(s): None None

UN Number: 1263

Packing Group: II

Dangerous Goods Class: 3

Subsidiary Risk: None, None

Hazchem Code: None

Poisons Schedule Number: None

## USE

Used according to manufacturers directions.

The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. For further information refer to the House of Kolor Technical Manual.

## PHYSICAL DESCRIPTION/PROPERTIES

### APPEARANCE

Coloured highly flammable liquid with a strong solvent odour; does not mix with water.

Boiling Point (°C):	Not Available
Melting Point (°C):	Not Available
Vapour Pressure (kPa):	Not Available
Specific Gravity:	0.906-0.929
Flash Point (°C):	-3.9
Lower Explosive Limit (%):	Not Available
Upper Explosive Limit (%):	Not Available
Solubility in Water (g/L):	Immiscible

## INGREDIENTS

NAME	CAS RN	%
methyl ethyl ketone	78-93-3	10-30
n-butyl acetate	123-86-4	1-9
cyclohexylamine	108-91-8	1-9
resin, unregulated		NotSpec

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## HEALTH HAZARD

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### ACUTE HEALTH EFFECTS

#### SWALLOWED

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of

the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

## **EYE**

The material can produce chemical burns to the eye following direct contact.

Vapours or mists may be extremely irritating.

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

Vapours of volatile amines cause eye irritation with lachrymation, conjunctivitis and minor transient corneal oedema which results in "halos" around lights (glauropsia). This effect disappears spontaneously within a few hours of the end of exposure, and does not produce physiological after-effects. Although no detriment to the eye occurs as such, glauropsia predisposes an affected individual to physical accidents and reduces the ability to undertake skilled tasks such as driving a vehicle.

Direct local contact with the liquid may produce eye damage which may be permanent in the case of the lower molecular weight species.

## **SKIN**

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

The material can produce chemical burns following direct contact with the skin.

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.

The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

Volatile amine vapours produce primary skin irritation and dermatitis. Direct local contact, with the lower molecular weight liquids, may produce skin burns. Percutaneous absorption of simple aliphatic amines is known to produce lethal effects often the same as that for oral administration. Cutaneous sensitisation has been recorded chiefly due to ethyleneamines. Histamine release following exposure to many aliphatic amines may result in "triple response" (white vasoconstriction, red flare and wheal) in human skin.

## **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.

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

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

Exposure to ketone vapours may produce nose, throat and mucous membrane irritation. High concentrations of vapour may produce central nervous system depression characterised by headache, vertigo, loss of coordination, narcosis and cardiorespiratory failure. Some ketones produce neurological disorders (polyneuropathy) characterised by bilateral symmetrical paresthesia and muscle weakness primarily in the legs and arms.

If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.

The main effects of simple aliphatic esters are narcosis and irritation and anaesthesia at higher concentrations. These effects become greater as the molecular weights and boiling points increase. Central nervous system depression, headache, drowsiness, dizziness, coma and neurobehavioral changes may also be symptomatic of overexposure. Respiratory tract involvement may produce mucous membrane irritation, dyspnea, and tachypnea, pharyngitis, bronchitis, pneumonitis and, in massive exposures, pulmonary oedema (which may be delayed). Gastrointestinal effects include nausea, vomiting, diarrhoea and abdominal cramps. Liver and kidney damage may result from massive exposures.

## **CHRONIC HEALTH EFFECTS**

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

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 mucous production.

There is some evidence to provide a presumption that human exposure to the material may result in impaired fertility on the basis of: some evidence in animal studies 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 is not a secondary non-specific consequence of other toxic effects.

## **FIRST AID**

### **SWALLOWED**

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Transport to hospital or doctor without delay.

### **EYE**

If this product comes in contact with the eyes:

- Immediately hold eyelids apart and flush the eye continuously with running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
- Transport to hospital or doctor without delay.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

### **SKIN**

If skin or hair contact occurs:

- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

## INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

## ADVICE TO DOCTOR

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

for simple ketones:

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### BASIC TREATMENT

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

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### ADVANCED TREATMENT

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- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Consider intubation at first sign of upper airway obstruction resulting from oedema.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.

- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

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#### EMERGENCY DEPARTMENT

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

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

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

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## PRECAUTIONS FOR USE

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## EXPOSURE STANDARDS

No data for House of Kolor Intensifiers KK 03, 05, 06, 08, 10, 13.

### EXPOSURE STANDARDS FOR MIXTURE

"Worst Case" computer-aided prediction of vapour components/concentrations:

Composite Exposure Standard for Mixture (TWA) (mg/m<sup>3</sup>): 160.24 mg/m<sup>3</sup>

If the breathing zone concentration of ANY of the components listed below is exceeded, "Worst Case" considerations deem the individual to be overexposed.

Component	Breathing Zone ppm	Breathing Zone mg/m <sup>3</sup>	Mixture Conc: (%)
cyclohexylamine	7.33	30.045	9
methyl ethyl ketone	33.76	100.15	30
n-butyl acetate	6.32	30.045	9

Operations which produce a spray/mist or fume/dust, introduce particulates to the breathing zone.

If the breathing zone concentration of ANY of the components listed below is exceeded, "Worst Case" considerations deem the individual to be overexposed.

At the "Composite Exposure Standard for Mixture" (TWA) (mg/m<sup>3</sup>): 48 mg/m<sup>3</sup>

Component	Breathing Zone ppm	Breathing Zone mg/m <sup>3</sup>	Mixture Conc (%)
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**INGREDIENT DATA****METHYL ETHYL KETONE:**

TLV TWA: 200 ppm BEI [ACGIH]

TLV STEL: 300 ppm BEI [ACGIH]

PEL TWA: 200 ppm, 590 mg/m<sup>3</sup> [OSHA Z1]

TLV TWA: 200 ppm, 590 mg/m<sup>3</sup>; STEL: 300 ppm, 885 mg/m<sup>3</sup>

ES TWA: 150 ppm, 445 mg/m<sup>3</sup>; STEL: 300 ppm, 890 mg/m<sup>3</sup>

OES TWA: 200 ppm, 600 mg/m<sup>3</sup>; STEL: 300 ppm, 899 mg/m<sup>3</sup> skin

MAK value: 200 ppm, 600 mg/m<sup>3</sup>

Designated H in List of MAK values: Danger of cutaneous absorption.

Absorption of such substances through the skin can pose an incomparably larger danger of toxicity than their inhalation. To avoid health risks when handling such substances, meticulous cleaning of the skin, hair and clothing is imperative.

MAK Category I Peak Limitation: For local irritants Allows excursions of twice the MAK value for 5 minutes at a time, 8 times per shift.

MAK Group C: There is no reason to fear risk of damage to the developing embryo when MAK and BAT values are observed.

MAK values, and categories and groups are those recommended within the Federal Republic of Germany

IDLH Level: 3000 ppm

Odour Threshold Value: Variously reported as 2 ppm and 4.8 ppm

Odour threshold: 2 ppm (detection); 5 ppm (recognition)

25 ppm (easy recognition); 300 ppm IRRITATING

Exposures at or below the recommended TLV-TWA are thought to prevent injurious systemic effects and to minimise objections to odour and irritation. Where synergism or potentiation may occur stringent control of the primary toxin (e.g. n-hexane or methyl butyl ketone) is desirable and additional consideration should be given to lowering MEK exposures.

**N-BUTYL ACETATE:**

TLV TWA: 150 ppm [ACGIH]

TLV STEL: 200 ppm [ACGIH]

PEL TWA: 150 ppm, 710 mg/m<sup>3</sup> [OSHA Z1]

TLV TWA: 150 ppm, 713 mg/m<sup>3</sup>; STEL: 200 ppm, 950 mg/m<sup>3</sup>

ES TWA: 150 ppm, 713 mg/m<sup>3</sup>; STEL: 200 ppm, 950 mg/m<sup>3</sup>

OES TWA: 150 ppm, 724 mg/m<sup>3</sup>; STEL: 200 ppm, 966 mg/m<sup>3</sup>

MAK value: 100 ppm, 480 mg/m<sup>3</sup>

MAK Category I Peak Limitation: For local irritants Allows excursions of twice the MAK value for 5 minutes at a time, 8 times per shift.

MAK values, and categories and groups are those recommended within the Federal Republic of Germany

Odour Threshold Value: 0.0063 ppm (detection), 0.038-12 ppm (recognition)

IDLH Level: 1700 ppm (lower explosive limit)

Exposure at or below the recommended TLV-TWA is thought to prevent significant irritation of the eyes and respiratory passages as well as narcotic effects. In light of the lack of substantive evidence regarding teratogenicity and a review of acute oral data a STEL is considered inappropriate.

**CYCLOHEXYLAMINE:**

TLV TWA: 10 ppm A4 [ACGIH]

TLV TWA: 10 ppm, 41 mg/m<sup>3</sup> A4

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as causing Cancer in humans

ES TWA: 10 ppm, 40 mg/m<sup>3</sup>

OES TWA: 10 ppm, 41 mg/m<sup>3</sup>

MAK value: 10 ppm, 40 mg/m<sup>3</sup>

MAK Category V Peak Limitation: Substances with intensive odour Allows excursions of twice the MAK value for 10 minutes at a time, 4 times per shift. MAK Group D: Classification as to the effect of the substance on the developing embryo/foetus is not yet possible because although data may indicate a trend, they are not sufficient for a final evaluation.

MAK values, and categories and groups are those recommended within the Federal Republic of Germany

NOTE: Detector tubes for cyclohexylamine, measuring in excess of 2 ppm, are commercially available.

In view of the pronounced toxic and irritant effects of cyclohexylamine and the possibility that continued absorption might lead to carcinogenic, mutagenic or teratogenic effects, a TLV-TWA has been established.

A no-observed-effect level of 600 ppm, equivalent to an intake of 30 mg/kg cyclohexylamine chloride per day, has been recorded in rats.

**ENGINEERING CONTROLS**

For flammable liquids and flammable gases, local exhaust ventilation or a process enclosure ventilation system may be required. Ventilation equipment should be explosion-resistant.

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.)

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**

Chemical goggles. Full face shield.  
Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them.

### **HANDS/FEET**

Wear chemical protective gloves, eg. PVC.  
Wear safety footwear or safety gumboots, eg. Rubber.  
When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

### **OTHER**

Overalls.  
PVC Apron.  
PVC protective suit may be required if exposure severe.  
Eyewash unit.  
Ensure there is ready access to a safety shower.

**RESPIRATOR**

Respiratory protection may be required when ANY "Worst Case" vapour-phase concentration is exceeded (see Computer Prediction in "Exposure Standards").

Protection Factor (Min)	Half-Face Respirator	Full-face Respirator
10 x ES	AK-AUS	-
	AK-PAPR-AUS	-
20 x ES	-	AK-AUS
	-	AK-PAPR-AUS
100 x ES	-	AK-2
	-	AK-PAPR-2

^ - Full-face

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

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**SAFE HANDLING**

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**STORAGE AND TRANSPORT****SUITABLE CONTAINER**

Packing as supplied by manufacturer. Plastic containers may only be used if approved for flammable liquid. Check that containers are clearly labelled and free from leaks.

- For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : Where a can is to be used as an inner package, the can must have a screwed enclosure.
- For materials with a viscosity of at least 2680 cSt. (23 deg. C)
- For manufactured product having a viscosity of at least 250 cSt. (23 deg. C)
- Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C)
- (i) : Removable head packaging;
- (ii) : Cans with friction closures and
- (iii) : low pressure tubes and cartridges may be used.
- Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages
- In addition, where inner packagings are glass and contain liquids of packing group I there must be sufficient inert absorbent to absorb any spillage, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

## **STORAGE INCOMPATIBILITY**

Avoid reaction with oxidising agents

## **STORAGE REQUIREMENTS**

- Store in original containers in approved flame-proof area.
- No smoking, naked lights, heat or ignition sources.
- DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
- Keep containers securely sealed.
- Store away from incompatible materials in a cool, dry well ventilated area.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

## **TRANSPORTATION**

Class 3 - Flammable liquids shall not be loaded in the same vehicle or packed in the same vehicle or packed in the same freight container with:

Class 1 - Explosives;

Class 2.1 - Flammable gases (where both flammable liquids and flammable gases are in bulk);

Class 2.3 - Poisonous gases;

Class 4.2 - Spontaneously combustible substances;

Class 5.1 - Oxidising agents;

Class 5.2 - Organic peroxides;

Class 7 - Radioactive substances.

## **SPILLS AND DISPOSAL**

### **MINOR SPILLS**

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb small quantities with vermiculite or other absorbent material.
- Wipe up.
- Collect residues in a flammable waste container.

### **MAJOR SPILLS**

- 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.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

## **DISPOSAL**

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Puncture containers to prevent re-use and bury at an authorised landfill.

## **FIRE FIGHTERS' REPORT**

### **EXTINGUISHING MEDIA**

Foam.

Dry chemical powder.

BCF (where regulations permit).

Carbon dioxide.

Water spray or fog - Large fires only.

### **FIRE FIGHTING**

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves for fire only.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use fire fighting procedures suitable for surrounding 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.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 500 metres in all directions.

## **FIRE/EXPLOSION HAZARD**

- Liquid and vapour are highly flammable.
- Severe fire hazard when exposed to heat, flame and/or oxidisers.
- Vapour may travel a considerable distance to source of ignition.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).

Combustion products include.

carbon dioxide (CO<sub>2</sub>).

other pyrolysis products typical of burning organic material.

Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.

## **FIRE INCOMPATIBILITY**

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

## **HAZCHEM**

None

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## **CONTACT POINT**

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### COMPANY CONTACT

(+61 2) 9737 9422

### AUSTRALIAN POISONS INFORMATION CENTRE

24 HOUR SERVICE: 13 11 26

POLICE, FIRE BRIGADE OR AMBULANCE: 000

### NEW ZEALAND POISONS INFORMATION CENTRE

24 HOUR SERVICE: 0800 764 766

NZ EMERGENCY SERVICES: 111

End of Report

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