

HOUSE OF KOLOR KWIKKURE EPOXY PRIMER CHROMFREE PT A KP-2CF

ChemWatch Material Safety Data Sheet

CHEMWATCH 5090-84

Date of Issue: Tue 12-Aug-2003

STATEMENT OF HAZARDOUS NATURE

HAZARDOUS ACCORDING TO WORKSAFE AUSTRALIA CRITERIA.

SUPPLIER

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SYNONYMS

base component epoxy coating paint chromate free

SHIPPING NAME

PAINT None

Product Name: House of Kolor KwikKure Epoxy Primer ChromFree Pt A KP-2CF

Other Names: Product Code: KP-2CF, KP2CFA
06/03

CAS RN No(s): None None

UN Number: 1263

Packing Group: II

Dangerous Goods Class: 3

Subsidiary Risk: None, None

Hazchem Code: 3[Y]E
 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

Opaque or translucent highly flammable liquid with an organic solvent odour; does not mix with water.

Boiling Point (°C): 79-140
 Melting Point (°C): Not Available
 Vapour Pressure (kPa): Not Available
 Specific Gravity: 1.37
 Flash Point (°C): -3.9 (TCC)
 Lower Explosive Limit (%): 1
 Upper Explosive Limit (%): 11.5
 Solubility in Water (g/L): Immiscible

INGREDIENTS

NAME	CAS RN	%
bisphenol A/ bisphenol A diglycidyl ether polymer	25036-25-3	10-30
barium sulfate	7727-43-7	10-30
C.I. Pigment Yellow 53	8007-18-9	5-15
methyl ethyl ketone	78-93-3	5-15
methyl isobutyl ketone	108-10-1	5-15
xylene	1330-20-7	1-9
toluene	108-88-3	1-9
ethylbenzene	100-41-4	1-2
N-methyl-2-pyrrolidone	872-50-4	0.1

HEALTH HAZARD

ACUTE HEALTH EFFECTS

SWALLOWED

The material is not thought to produce adverse health effects following ingestion (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.

EYE

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

The liquid produces a high level of eye discomfort and is capable of causing pain and severe conjunctivitis. Corneal injury may develop, with possible permanent impairment of vision, if not promptly and adequately treated. The liquid may produce eye discomfort and is capable of causing temporary impairment of vision and/or transient eye inflammation, ulceration

SKIN

Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

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.

INHALED

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

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.

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.

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

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.

Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population. Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.

There exists limited evidence that shows that skin contact with the material is

capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

Sensitisation may give severe responses to very low levels of exposure, in situations where exposure may occur.

Bisphenol A is the isopropyl adduct of 4,4'-dihydroxydiphenyl oxide (DHDPO). A series of DHDPO analogues has been investigated as potential oestrogen receptor/anti-tumour drug carriers in the development of a class of therapeutic drugs called "cytostatic hormones". Oestrogenic activity is induced with 1 to 100 mg/kg body weight in animal models. Bisphenol A sealants are frequently used in dentistry for treatment of dental pits and fissures. Samples of saliva collected from dental patients during a 1-hour period following application contain the monomer. A bisphenol-A sealant has been shown to be oestrogenic in vitro; such sealants may represent an additional source of xenoestrogens in humans and may be the cause of additional concerns in children.

Bisphenol A is foetotoxic when administered to pregnant mothers. A study of the effects of bisphenol-A on reproduction and fertility showed a significant decrease in seminal vesicle weight and sperm motility in treated male mice, the effects were present in parents and in the second generation of offspring when maintained at the same exposure level as their parents (4.37-17.5 mg/kg body weight).

Olea N., et al; Environmental Health Perspectives, 104, 3, 1996

Additional concerns have been raised about the possible developmental effects on the foetus/embryo or neonate resulting from the leaching of bisphenol A from epoxy linings in metal cans which come in contact with food-stuffs.

FIRST AID

SWALLOWED

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

EYE

If this product comes in contact with the eyes:

- Wash out immediately with fresh running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If skin contact occurs:

- Immediately remove all contaminated clothing, including footwear
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

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

Treat symptomatically.

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

for simple ketones:

BASIC TREATMENT

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

ADVANCED TREATMENT

- 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

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

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

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

For acute or short term repeated exposures to petroleum distillates or related hydrocarbons:

- Primary threat to life, from pure petroleum distillate ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO₂ 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.
- Lavage is indicated in patients who require decontamination; ensure use of cuffed endotracheal tube in adult patients. [Ellenhorn and Barceloux: Medical Toxicology]

PRECAUTIONS FOR USE

EXPOSURE STANDARDS

No data for House of Kolor KwikKure Epoxy Primer ChromFree Pt A KP-2CF.

EXPOSURE STANDARDS FOR MIXTURE

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

Composite Exposure Standard for Mixture (TWA) (mg/m³): 277.2794 mg/m³

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 ³	Mixture Conc:
ethylbenzene	11.069	2	0
N-methyl-2-pyrrolidone	0.13	0.5535	0.1
toluene	13.04	49.8107	9
methyl isobutyl ketone	20.25	83.0178	15
xylene	11.39	49.8107	9
methyl ethyl ketone	27.98	83.0178	15

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/m³): 48.1 mg/m³

Component	Breathing Zone ppm	Breathing Zone mg/m ³	Mixture Conc (%)
bisphenol A/ bisphenol A diglycidyl ether	172.9393	30	0
barium sulfate	85.8932	14	9
C.I. Pigment Yellow 53	28.8232	5	0

INGREDIENT DATA

BISPHENOL A/ BISPHENOL A DIGLYCIDYL ETHER POLYMER:

TLV TWA: 10 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline

silica, Inhalable fraction) [ACGIH]

TLV TWA: 3 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline

silica, Respirable fraction) [ACGIH]

No exposure limits set by NOHSC or ACGIH.

Dusts not otherwise classified, as inspirable dust;

ES TWA: 10 mg/m³

BARIUM SULFATE:

TLV TWA: 10 mg/m³ [ACGIH]

for total dust containing no asbestos and <1% crystalline silica

TLV TWA: 10 mg/m³
 ES TWA: 10 mg/m³
 OES TWA: 4 mg/m³ respirable dust
 OES TWA: 10 mg/m³ total inhalable dust
 MAK value: 4 mg/m³

Barium sulfate has been identified as a nontoxic dust. However high dust levels have caused benign pneumoconiosis (baritosis). The TLV-TWA is thought to be protective against the risk of eye, nose and upper respiratory tract irritation and perhaps, pneumoconiosis.

C.I. PIGMENT YELLOW 53:

TLV TWA: 0.5 mg/m³ [ACGIH]
 PEL TWA: 1 mg/m³ [OSHA Z1]
 antimony and compounds as Sb
 TLV TWA: 0.5 mg/m³
 ES TWA: 0.5 mg/m³
 IDLH Level: 50 mg/m³ (as Sb)

The wide-ranging effects of antimony compounds have made it difficult to recommend an exposure standard which characterises the toxicology of these substances. One criteria, reflecting the irritant properties of antimony pentachloride, produced a calculated value of 5.0 mg/m³ (as antimony), which on the basis of experience was felt to be too high but did act as an "out-rider". The present value reflects this thinking.

nickel, insoluble compounds, as Ni (A. Wt. 58.69)

TLV TWA: 0.2 mg/m³ Al (insoluble compounds, inhalable particulate fraction)

WARNING: Classified by the ACGIH as A1 - CONFIRMED HUMAN CARCINOGEN

ES TWA: 1 mg/m³ SENSITISER (for nickel metal) (Substance Requiring Review)
 MEL TWA: 0.5 mg/m³

NOTE: Detector tubes for nickel, measuring in excess of 0.25 mg/m³ (as Ni) are commercially available.

Use control measures / protective gear to avoid personal contact. Animal inhalation studies with insoluble nickel dusts (other than nickel sulfide) at concentrations of 1 to 3 mg/m³ show no difference in respiratory cancer between exposed and control animals.

These studies do not provide evidence that there is no excess risk of lung and nasal cancer - in view of limited exposure data and the absence of guidance for a TLV based on epidemiological studies of nickel induced respiratory tract cancer, it has been necessary to incorporate the results of animal studies that have demonstrated the production of pulmonary pathology. These studies have shown consistent pulmonary damage following inhalation of 0.1 to 1 mg/m³ insoluble inorganic nickel compounds. Individuals who may be hypersusceptible or otherwise unusually responsive to industrial chemicals may not be adequately protected against adverse health effects from nickel or its compounds at concentrations below the recommended or proposed TLV.

METHYL ETHYL KETONE:

TLV TWA: 200 ppm BEI [ACGIH]
 TLV STEL: 300 ppm BEI [ACGIH]
 PEL TWA: 200 ppm, 590 mg/m³ [OSHA Z1]
 TLV TWA: 200 ppm, 590 mg/m³; STEL: 300 ppm, 885 mg/m³
 ES TWA: 150 ppm, 445 mg/m³; STEL: 300 ppm, 890 mg/m³
 OES TWA: 200 ppm, 600 mg/m³; STEL: 300 ppm, 899 mg/m³ skin
 MAK value: 200 ppm, 600 mg/m³

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.

METHYL ISOBUTYL KETONE:

TLV TWA: 50 ppm BEI [ACGIH]

TLV STEL: 75 ppm BEI [ACGIH]

PEL TWA: 100 ppm, 410 mg/m³ [OSHA Z1]

TLV TWA: 50 ppm, 205 mg/m³; STEL: 75 ppm, 307 mg/m³

ES TWA: 50 ppm, 205 mg/m³; STEL: 75 ppm, 307 mg/m³ (Under review)

PROPOSED CHANGE - ADDITION

ES TWA 50 ppm, 205 mg/m³; STEL: 75 ppm, 307 mg/m³ SKIN

OES TWA: 50 ppm, 208 mg/m³; STEL: 100 ppm, 416 mg/m³ SKIN

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

MAK value: 20 ppm, 83 mg/m³

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: 500 ppm

Unfatigued, odour recognition threshold (100% test panel) is 0.3 - 0.5 ppm. Distinct odour at 15 ppm.

Odour is objectionable and vapours are irritating to eyes at 200 ppm.
 NOTE: Detector tubes for methyl isobutyl ketone, measuring in excess of 50 ppm, are commercially available.

Exposure at or below the recommended TLV-TWA should provide sufficient protection against the potential irritant effects, headache and nausea, neurasthemic symptoms and other systemic toxicities (including liver and kidney damage) produced by MIBK.

XYLENE:

TLV TWA: 100 ppm A4;BEI [ACGIH]

TLV STEL: 150 ppm A4;BEI [ACGIH]

PEL TWA: 100 ppm, 435 mg/m³ [OSHA Z1]

TLV TWA: 100 ppm, 434 mg/m³; STEL: 150 ppm, 651 mg/m³ A4

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

ES TWA: 80 ppm, 350 mg/m³; STEL: 150 ppm, 655 mg/m³ (Under review)

OES TWA: 100 ppm, 441 mg/m³; STEL: 150 ppm, 662 mg/m³ skin

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

IDLH Level: 900 ppm

Odour Threshold Value: 20 ppm (detection), 40 ppm (recognition)

NOTE: Detector tubes for o-xylene, measuring in excess of 10 ppm, are available commercially. (m-xylene and p-xylene give almost the same response)

Xylene vapour is an irritant to the eyes, mucous membranes and skin and causes narcosis at high concentrations. Exposure to doses sufficiently high to produce intoxication and unconsciousness also produces transient liver and kidney toxicity. Neurologic impairment is NOT evident amongst volunteers inhaling up to 400 ppm though complaints of ocular and upper respiratory tract irritation occur at 200 ppm for 3 to 5 minutes. Exposure to xylene at or below the recommended TLV-TWA and STEL is thought to minimise the risk of irritant effects and to produce neither significant narcosis or chronic injury. An earlier skin notation was deleted because percutaneous absorption is gradual and protracted and does not substantially contribute to the dose received by inhalation.

TOLUENE:

TLV TWA: 50 ppm Skin;A4;BEI [ACGIH]

PEL: 8hr TWA 200 ppm ; Ceiling Conc: 300ppm ; Max excursion: 500 ppm for 10 minutes [OSHA Z2]

ES TWA: 50 ppm, 191 mg/m³; STEL 150 ppm, 574 mg/m³ SKIN

TLV TWA: 50 ppm, 188 mg/m³ SKIN A4

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

OES TWA: 50 ppm, 191 mg/m³; STEL: 150 ppm, 574 mg/m³ SKIN

MAK value: 50 ppm, 190 mg/m³

MAK Category II Peak Limitation: For substances with systemic effects and with a half-life in humans ranging from two hours to shift-length.

Allows excursions of 5 times the MAK value, for 30 minutes (on average), twice 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: 500 ppm

Odour Threshold Value: 0.16-6.7 (detection), 1.9-69 (recognition)

NOTE: Detector tubes measuring in excess of 5 ppm, are available.

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

High concentrations of toluene in the air produce depression of the central nervous system (CNS) in humans. Intentional toluene exposure (glue-sniffing) at maternally-intoxicating concentration has also produced birth defects. Foetotoxicity appears at levels associated with CNS narcosis and probably occurs only in those with chronic toluene-induced kidney failure. Exposure at or below the recommended TLV-TWA is thought to prevent transient headache and irritation, to provide a measure of safety for possible disturbances to human reproduction, the prevention of reductions in cognitive responses reported amongst humans inhaling greater than 40 ppm, and the significant risks of hepatotoxic, behavioural and nervous system effects (including impaired reaction time and incoordination). Although toluene/ethanol interactions are well recognised, the degree of protection afforded by the TLV-TWA among drinkers is not known.

ETHYLBENZENE:

TLV TWA: 100 ppm A3; BEI [ACGIH]

TLV STEL: 125 ppm A3; BEI [ACGIH]

PEL TWA: 100 ppm, 435 mg/m³ [OSHA Z1]

TLV TWA: 100 ppm; STEL: 125 ppm A3

CAUTION: This substance has been classified by the ACGIH as A3 Animal Carcinogen (at relatively high doses)

ES TWA: 100 ppm, 435 mg/m³; STEL: 125 ppm, 545 mg/m³ (Under review)

OES TWA: 100 ppm, 441 mg/m³; STEL: 125 ppm, 552 mg/m³

MAK value: 100 ppm, 440 mg/m³

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 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

Odour Threshold Value: 0.46-0.60 ppm

IDLH Level: 800 ppm (lower explosion limit)

NOTE: Detector tubes for ethylbenzene, measuring in excess of 30 ppm, are commercially available.

Ethyl benzene produces irritation of the skin and mucous membranes and appears to produce acute and chronic effects on the central nervous system. Animal experiments also suggest the effects of chronic exposure include damage to the liver, kidneys and testes. In spite of structural similarities to benzene, the material does not appear to cause damage to the haemopoietic system. The TLV-TWA is thought to be protective against skin and eye irritation. Exposure at this concentration probably will not result in systemic effects.

Subjects exposed at 200 ppm experienced transient irritation of the eyes; at 1000 ppm there was eye irritation with profuse lachrymation; at 200 ppm eye irritation and lachrymation were immediate and severe accompanied by moderate nasal irritation, constriction in the chest and vertigo; at 5000 ppm exposure produced intolerable irritation of the eyes and throat.

N-METHYL-2-PYRROLIDONE:

ES TWA: 25 ppm, 103 mg/m³; STEL: 75 ppm, 309 mg/m³ SKIN

OES TWA: 25 ppm, 103 mg/m³; STEL: 75 ppm, 309 mg/m³ SKIN

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

WEEL TWA: 10 ppm, 40 mg/m³ recommended - under review 1994

REL TWA: 100 ppm, [GAF]

MAK value: 19 ppm, 80 mg/m³

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 II Peak Limitation: For substances with systemic effects and with a half-life in humans ranging from two hours to shift-length.

Allows excursions of 5 times the MAK value, for 30 minutes (on average), twice 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

Reports of skin and eye irritation and chronic headaches have been reported in workers exposed to 1-methyl-2-pyrrolidone. The Australian ES is based on a 10-fold uncertainty factor of the no-observable-adverse-effect level (NOAEL) of 24 ppm where adverse respiratory effects were observed in a 4-week inhalation study 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

Safety glasses with side shields.

Chemical goggles.

Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them. DO NOT wear contact lenses.

HANDS/FEET

When handling liquid-grade epoxy resins wear chemically protective gloves (e.g nitrile or nitrile-butatoluene rubber), boots and aprons.

DO NOT use cotton or leather (which absorb and concentrate the resin), polyvinyl chloride, rubber or polyethylene gloves (which absorb the resin).

DO NOT use barrier creams containing emulsified fats and oils as these may absorb the resin; silicone-based barrier creams should be reviewed prior to use.

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber.

NOTE: The material may produce skin sensitisation in predisposed individuals.

Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

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	Half-Face Respirator	Full-Face Respirator
10 x ES	AK-AUS AK-PAPR-AUS	-
50 x ES	Air-line*	-
100 x ES	-	AK-3
100+ x ES	-	Air-line**

* - Continuous-flow; ** - Continuous-flow or positive pressure demand

^ - 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.

SAFE HANDLING

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 amines, mercaptans, strong acids and 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.
- May be violently or explosively reactive.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place).
- 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.
- Contain spill with sand, earth or vermiculite.
- Use only spark-free shovels and explosion proof equipment.
- Collect recoverable product into labelled containers for recycling.
- Absorb remaining product with sand, earth or vermiculite.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

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.
 - May be violently or explosively reactive.
 - Wear breathing apparatus plus protective gloves.
 - Prevent, by any means available, spillage from entering drains or water course.
 - Consider evacuation (or protect in place).
 - Fight fire from a safe distance, with adequate cover.
 - If safe, switch off electrical equipment until vapour fire hazard removed.
 - Use water delivered as a fine spray to control the 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.
- 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 (CO₂).
aldehydes.

formaldehyde.
sulfur oxides (SOx).
other pyrolysis products typical of burning organic material

FIRE INCOMPATIBILITY

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

HAZCHEM

3[Y]E

CONTACT POINT

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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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