

DURAM MULTITHANE ROOT RESISTANT

Duram Pty Ltd

Chemwatch Hazard Alert Code: 2

Chemwatch: 5240-75

Version No: 2.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Issue Date: 16/02/2017

Print Date: 24/02/2017

L.GHS.AUS.EN

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

Product Identifier

Product name	DURAM MULTITHANE ROOT RESISTANT
Synonyms	Polyurethane Coating
Other means of identification	Not Available

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

Relevant identified uses	Polyurethane Coating.
--------------------------	-----------------------

Details of the supplier of the safety data sheet

Registered company name	Duram Pty Ltd
Address	51 Prince William Drive Seven Hills NSW 2147 Australia
Telephone	+61 2 9624 4077
Fax	+61 2 9624 4079
Website	www.duram.com.au
Email	mail@duram.com.au

Emergency telephone number

Association / Organisation	CHEMTREC Australia (Sydney)
Emergency telephone numbers	+612 9037 2994 24 hours / 7 days
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

COMBUSTIBLE LIQUID, regulated for storage purposes only

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	1	2
Toxicity	1	2
Body Contact	2	3
Reactivity	1	2
Chronic	2	3

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	Not Applicable
Classification [1]	Flammable Liquid Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Respiratory Sensitizer Category 1, Skin Sensitizer Category 1, Carcinogenicity Category 2, Reproductive Toxicity Category 2, Acute Aquatic Hazard Category 3, Chronic Aquatic Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

GHS label elements	
--------------------	---

SIGNAL WORD **DANGER**

Hazard statement(s)

H227	Combustible liquid
H315	Causes skin irritation.
H319	Causes serious eye irritation.

Continued...

DURAM MULTITHANE ROOT RESISTANT

H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H317	May cause an allergic skin reaction.
H351	Suspected of causing cancer.
H361	Suspected of damaging fertility or the unborn child.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P261	Avoid breathing mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.
P285	In case of inadequate ventilation wear respiratory protection.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before reuse.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
------	---

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
471-34-1	30-60	<u>calcium carbonate</u>
Not Available	<30	urethane polymer
68515-48-0	<30	<u>diisononyl phthalate</u>
64742-94-5	<5	<u>solvent naphtha petroleum, heavy aromatic</u>
1330-20-7	<5	<u>xylene</u>
1305-78-8	<5	<u>calcium oxide</u>
101-68-8	<5	<u>4,4'-diphenylmethane diisocyanate (MDI)</u>
25686-28-6	<1	<u>MDI homopolymer</u>
5873-54-1	<1	<u>2,4'-diphenylmethane diisocyanate</u>
	balance	Ingredients determined not to be hazardous

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available).

DURAM MULTITHANE ROOT RESISTANT

	<ul style="list-style-type: none"> ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor. <p>Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.</p>
Ingestion	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

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 naphthalene intoxication: Naphthalene requires hepatic and microsomal activation prior to the production of toxic effects. Liver microsomes catalyse the initial synthesis of the reactive 1,2-epoxide intermediate which is subsequently oxidised to naphthalene dihydrodiol and alpha-naphthol. The 2-naphthoquinones are thought to produce haemolysis, the 1,2-naphthoquinones are thought to be responsible for producing cataracts in rabbits, and the glutathione-adducts of naphthalene-1,2-oxide are probably responsible for pulmonary toxicity. Suggested treatment regime:

- ▶ Induce emesis and/or perform gastric lavage with large amounts of warm water where oral poisoning is suspected.
- ▶ Instill a saline cathartic such as magnesium or sodium sulfate in water (15 to 30g).
- ▶ Demulcents such as milk, egg white, gelatin, or other protein solutions may be useful after the stomach is emptied but oils should be avoided because they promote absorption.
- ▶ If eyes/skin contaminated, flush with warm water followed by the application of a bland ointment.
- ▶ Severe anaemia, due to haemolysis, may require small repeated blood transfusions, preferably with red cells from a non-sensitive individual.
- ▶ Where intravascular haemolysis, with haemoglobinuria occurs, protect the kidneys by promoting a brisk flow of dilute urine with, for example, an osmotic diuretic such as mannitol. It may be useful to alkalinise the urine with small amounts of sodium bicarbonate but many researchers doubt whether this prevents blockage of the renal tubules.
- ▶ Use supportive measures in the case of acute renal failure. GOSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, 5th Ed.

For sub-chronic and chronic exposures to isocyanates:

- ▶ This material may be a potent pulmonary sensitiser which causes bronchospasm even in patients without prior airway hyperreactivity.
- ▶ Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
- ▶ Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
- ▶ Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.
- ▶ Some cross-sensitivity occurs between different isocyanates.
- ▶ Noncardiogenic pulmonary oedema and bronchospasm are the most serious consequences of exposure. Markedly symptomatic patients should receive oxygen, ventilatory support and an intravenous line.
- ▶ Treatment for asthma includes inhaled sympathomimetics (epinephrine [adrenalin], terbutaline) and steroids.
- ▶ Activated charcoal (1 g/kg) and a cathartic (sorbitol, magnesium citrate) may be useful for ingestion.
- ▶ Mydriatics, systemic analgesics and topical antibiotics (Sulamyd) may be used for corneal abrasions.
- ▶ There is no effective therapy for sensitised workers.

[Ellenhorn and Barceloux; Medical Toxicology]

NOTE: Isocyanates cause airway restriction in naive individuals with the degree of response dependant on the concentration and duration of exposure. They induce smooth muscle contraction which leads to bronchoconstrictive episodes. Acute changes in lung function, such as decreased FEV₁, may not represent sensitivity.

[Karol & Jin, Frontiers in Molecular Toxicology, pp 56-61, 1992]

Personnel who work with isocyanates, isocyanate prepolymers or polyisocyanates should have a pre-placement medical examination and periodic examinations thereafter, including a pulmonary function test. Anyone with a medical history of chronic respiratory disease, asthmatic or bronchial attacks, indications of allergic responses, recurrent eczema or sensitisation conditions of the skin should not handle or work with isocyanates. Anyone who develops chronic respiratory distress when working with isocyanates should be removed from exposure and examined by a physician.

Further exposure must be avoided if a sensitivity to isocyanates or polyisocyanates has developed.

For acute or short term repeated exposures to xylene:

- ▶ Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- ▶ Pulmonary absorption is rapid with about 60-65% retained at rest.
- ▶ Primary threat to life from 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 or pCO₂ > 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.

BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
Methylhippu-ric acids in urine	1.5 gm/gm creatinine	End of shift	
	2 mg/min	Last 4 hrs of shift	

SECTION 5 FIREFIGHTING MEASURES**Extinguishing media**

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

Special hazards arising from the substrate or mixture

DURAM MULTITHANE ROOT RESISTANT

Fire Incompatibility

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

Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include:</p> <ul style="list-style-type: none"> , carbon dioxide (CO₂) , isocyanates , and minor amounts of , hydrogen cyanide , nitrogen oxides (NO_x) , metal oxides , other pyrolysis products typical of burning organic material. <p>May emit poisonous fumes. May emit corrosive fumes.</p>
HAZCHEM	Not Applicable

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ Remove all ignition sources. ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	<p>For isocyanate spills of less than 40 litres (2 m²):</p> <ul style="list-style-type: none"> ▶ Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible. ▶ Notify supervision and others as necessary. ▶ Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots). ▶ Control source of leakage (where applicable). ▶ Dike the spill to prevent spreading and to contain additions of decontaminating solution. ▶ Prevent the material from entering drains. ▶ Estimate spill pool volume or area. ▶ Absorb and decontaminate. - Completely cover the spill with wet sand, wet earth, vermiculite or other similar absorbent. - Add neutraliser (for suitable formulations: see below) to the adsorbent materials (equal to that of estimated spill pool volume). Intensify contact between spill, absorbent and neutraliser by carefully mixing with a rake and allow to react for 15 minutes ▶ Shovel absorbent/decontaminant solution mixture into a steel drum. ▶ Decontaminate surface. - Pour an equal amount of neutraliser solution over contaminated surface. - Scrub area with a stiff bristle brush, using moderate pressure. - Completely cover decontaminant with vermiculite or other similar absorbent. - After 5 minutes, shovel absorbent/decontamination solution mixture into the same steel drum used above. ▶ Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat decontaminate procedure immediately above ▶ Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for incineration. ▶ Decontaminate and remove personal protective equipment. ▶ Return to normal operation. ▶ Conduct accident investigation and consider measures to prevent reoccurrence. <p>Decontamination: Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation ("neutralising fluid"). Isocyanates and polyisocyanates are generally not miscible with water. Liquid surfactants are necessary to allow better dispersion of isocyanate and neutralising fluids/ preparations. Alkaline neutralisers react faster than water/surfactant mixtures alone. Typically, such a preparation may consist of: Sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of {ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v}.</p>

Continued...

DURAM MULTITHANE ROOT RESISTANT

Let stand for 24 hours

Three commonly used neutralising fluids each exhibit advantages in different situations.

Formulation A :

liquid surfactant	0.2-2%
sodium carbonate	5-10%
water to	100%

Formulation B

liquid surfactant	0.2-2%
concentrated ammonia	3-8%
water to	100%

Formulation C

ethanol, isopropanol or butanol	50%
concentrated ammonia	5%
water to	100%

After application of any of these formulae, let stand for 24 hours.

Formulation B reacts faster than Formulation A. However, ammonia-based neutralisers should be used only under well-ventilated conditions to avoid overexposure to ammonia or if members of the emergency team wear suitable respiratory protection. Formulation C is especially suitable for cleaning of equipment from unreacted isocyanate and neutralizing under freezing conditions. Regard has to be taken to the flammability of the alcoholic solution.

- ▶ Avoid contamination with water, alkalis and detergent solutions.
- ▶ Material reacts with water and generates gas, pressurises containers with even drum rupture resulting.
- ▶ **DO NOT reseal container if contamination is suspected.**
- ▶ Open all containers with care.

Moderate hazard.

- ▶ Clear area of personnel and move upwind.
- ▶ Alert Fire Brigade and tell them location and nature of hazard.
- ▶ Wear breathing apparatus plus protective gloves.
- ▶ Prevent, by any means available, spillage from entering drains or water course.
- ▶ No smoking, naked lights or ignition sources.
- ▶ Increase ventilation.
- ▶ Stop leak if safe to do so.
- ▶ Contain spill with sand, earth or vermiculite.
- ▶ Collect recoverable product into labelled containers for recycling.
- ▶ Absorb remaining product with sand, earth or vermiculite.
- ▶ Collect solid residues and seal in labelled drums for disposal.
- ▶ Wash area and prevent runoff into drains.
- ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	<p>for commercial quantities of isocyanates:</p> <ul style="list-style-type: none"> ▶ Isocyanates should be stored in adequately banded areas. Nothing else should be kept within the same banding. Pre-polymers need not be segregated. Drums of isocyanates should be stored under cover, out of direct sunlight, protected from rain, protected from physical damage and well away from moisture, acids and alkalis. ▶ Where isocyanates are stored at elevated temperatures to prevent solidifying, adequate controls should be installed to prevent the high temperatures and precautions against fire should be taken. ▶ Where stored in tanks, the more reactive isocyanates should be blanketed with a non-reactive gas such as nitrogen and equipped with absorptive type breather valve (to prevent vapour emissions).. ▶ Transfer systems for isocyanates in bulk storage should be fully enclosed and use pump or vacuum systems. Warning signs, in appropriate languages, should be posted where necessary. ▶ Areas in which polyurethane foam products are stored should be supplied with good general ventilation. Residual amounts of unreacted isocyanate may be present in the finished foam, resulting in hazardous atmospheric concentrations. <ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ No smoking, naked lights or ignition sources. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Metal can or drum ▶ Packaging as recommended by manufacturer.
---------------------------	--

DURAM MULTITHANE ROOT RESISTANT

	<ul style="list-style-type: none"> ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid reaction with oxidising agents ▶ Avoid contamination with water, alkalis and detergent solutions. ▶ Material reacts with water and generates gas, pressurises containers with even drum rupture resulting. ▶ DO NOT reseal container if contamination is suspected. ▶ Open all containers with care.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	xylene	Xylene (o-, m-, p-isomers)	350 mg/m3 / 80 ppm	655 mg/m3 / 150 ppm	Not Available	Not Available
Australia Exposure Standards	calcium oxide	Calcium oxide	2 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	4,4'-diphenylmethane diisocyanate (MDI)	Isocyanates, all (as-NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Sen
Australia Exposure Standards	2,4'-diphenylmethane diisocyanate	Isocyanates, all (as-NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Sen

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
calcium carbonate	Limestone; (Calcium carbonate; Dolomite)	45 mg/m3	500 mg/m3	3,000 mg/m3
calcium carbonate	Carbonic acid, calcium salt	45 mg/m3	210 mg/m3	1,300 mg/m3
xylene	Xylenes	Not Available	Not Available	Not Available
calcium oxide	Calcium oxide	6 mg/m3	110 mg/m3	660 mg/m3
4,4'-diphenylmethane diisocyanate (MDI)	Methylene diphenyl diisocyanate; (Diphenylmethane diisocyanate; MDI)	0.45 mg/m3	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	Methylenebis(isocyanato-benzene), 1,1'-; (Diphenyl methane diisocyanate)	29 mg/m3	40 mg/m3	240 mg/m3
2,4'-diphenylmethane diisocyanate	Isocyanate-bearing waste (as CNs N.O.S.)	6 mg/m3	8.3 mg/m3	50 mg/m3

Ingredient	Original IDLH	Revised IDLH
calcium carbonate	Not Available	Not Available
urethane polymer	Not Available	Not Available
diisononyl phthalate	Not Available	Not Available
solvent naphtha petroleum, heavy aromatic	Not Available	Not Available
xylene	1,000 ppm	900 ppm
calcium oxide	Unknown mg/m3 / Unknown ppm	25 mg/m3
4,4'-diphenylmethane diisocyanate (MDI)	100 mg/m3	75 mg/m3
MDI homopolymer	Not Available	Not Available
2,4'-diphenylmethane diisocyanate	Not Available	Not Available

MATERIAL DATA

NOTE M: The classification as a carcinogen need not apply if it can be shown that the substance contains less than 0.005% w/w benzo[a]pyrene (EINECS No 200-028-5). This note applies only to certain complex oil-derived substances in Annex IV.

European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection.</p> <p>Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.</p> <p>An approved self contained breathing apparatus (SCBA) may be required in some situations.</p> <p>Provide adequate ventilation in warehouse or closed storage area. 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.</p>
---	--

DURAM MULTITHANE ROOT RESISTANT

	<table border="1"> <tr> <td>Type of Contaminant:</td> <td>Air Speed:</td> </tr> <tr> <td>solvent, vapours, degreasing etc., evaporating from tank (in still air).</td> <td>0.25-0.5 m/s (50-100 f/min.)</td> </tr> <tr> <td>aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> <tr> <td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).</td> <td>2.5-10 m/s (500-2000 f/min.)</td> </tr> </table> <p>Within each range the appropriate value depends on:</p> <table border="1"> <tr> <td>Lower end of the range</td> <td>Upper end of the range</td> </tr> <tr> <td>1: Room air currents minimal or favourable to capture</td> <td>1: Disturbing room air currents</td> </tr> <tr> <td>2: Contaminants of low toxicity or of nuisance value only.</td> <td>2: Contaminants of high toxicity</td> </tr> <tr> <td>3: Intermittent, low production.</td> <td>3: High production, heavy use</td> </tr> <tr> <td>4: Large hood or large air mass in motion</td> <td>4: Small hood-local control only</td> </tr> </table> <p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.</p>	Type of Contaminant:	Air Speed:	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)	Lower end of the range	Upper end of the range	1: Room air currents minimal or favourable to capture	1: Disturbing room air currents	2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity	3: Intermittent, low production.	3: High production, heavy use	4: Large hood or large air mass in motion	4: Small hood-local control only
Type of Contaminant:	Air Speed:																				
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)																				
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)																				
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)																				
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)																				
Lower end of the range	Upper end of the range																				
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents																				
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity																				
3: Intermittent, low production.	3: High production, heavy use																				
4: Large hood or large air mass in motion	4: Small hood-local control only																				
Personal protection																					
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent] 																				
Skin protection	See Hand protection below																				
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>NOTE:</p> <ul style="list-style-type: none"> ▶ 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. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturizer is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> • frequency and duration of contact, • chemical resistance of glove material, • glove thickness and • dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> • When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. • When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. • Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. • Contaminated gloves should be replaced. <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> • Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. • Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p>																				
Body protection	See Other protection below																				
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. 																				

DURAM MULTITHANE ROOT RESISTANT

	<ul style="list-style-type: none"> ▶ Skin cleansing cream. ▶ Eye wash unit.
Thermal hazards	Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

DURAM MULTITHANE ROOT RESISTANT

Material	CPI
##4,4-diphenylmethane diisocyanate	(MDI)
BUTYL	C
BUTYL/NEOPRENE	C
HYPALON	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE/EVAL/PE	C
PVA	C
PVC	C
PVDC/PE/PVDC	C
TEFLON	C
VITON	C
##disobutyl	ketone

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

Type A-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

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

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

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	A-AUS / Class 1 P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	Air-line*	-	-
up to 100 x ES	-	A-3 P2	-
100+ x ES	-	Air-line**	-

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

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.

- ▶ In certain circumstances, personal protection of the individual employee is necessary. Personal protective devices should be regarded as being supplementary to substitution and engineering control and should not be used in preference to them as they do nothing to eliminate the hazard.
- ▶ However, in some situations, minimising exposure to isocyanates by enclosure and ventilation is not possible, and occupational exposure standards may be exceeded, particularly during on-site mixing of paints, spray-painting, foaming and maintenance of machine and ventilation systems. In these situations, air-line respirators or self-contained breathing apparatus complying with the appropriate national standard must be used.
- ▶ **Organic vapour respirators with particulate pre-filters and powered, air-purifying respirators are NOT suitable.**
- ▶ Personal protective equipment must be appropriately selected, individually fitted and workers trained in their correct use and maintenance. Personal protective equipment must be regularly checked and maintained to ensure that the worker is being protected.
- ▶ Air-line respirators or self-contained breathing apparatus complying with the appropriate national standard should be used during the clean-up of spills and the repair or clean-up of contaminated equipment and similar situations which cause emergency exposures to hazardous atmospheric concentrations of isocyanate.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Grey liquid; does not mix with water.		
Physical state	Liquid	Relative density (Water = 1)	1.38
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	160	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	75	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Combustible.	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Applicable

Continued...

DURAM MULTITHANE ROOT RESISTANT

Vapour density (Air = 1) Not Available

VOC g/L Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	<p>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.</p> <p>Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination</p>
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Considered an unlikely route of entry in commercial/industrial environments</p> <p>Ingestion may result in nausea, abdominal irritation, pain and vomiting</p>
Skin Contact	<p>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.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</p> <p>Workers sensitised to naphthalene and its congeners show exfoliative dermatitis. Hypersensitivity, with positive patch tests, has been demonstrated in certain individuals. Percutaneous absorption is apparently inadequate to produce acute systemic reactions, except in new-born babies. Tests with a refined commercial liquid grade of methylnaphthalene (MN), placed under a patch for 48 hours on human skin produced slight to moderate reactions. In rabbits, a single dermal exposure to MN produced loss of appetite (anorexia). Repeated application of the refined commercial grade of MN to rabbit skin at 1-4 mg/kg/day for up to 21 days produced severe skin irritation and necrosis. Anorexia, moderate weight loss and fatalities were also recorded. Pathological changes in one animal were identified in the liver, stomach, heart, bone marrow, spleen, thyroid and thigh muscle. In another animal there was moderate hyperplasia of the bone marrow and thyroid. Photosensitisation has been recorded amongst workers exposed to naphthalene. An abnormal adverse reaction to ultraviolet (UV) and/or visible radiation results in sun-burn like responses or oedematous, vesiculated lesions or bullae.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	<p>Evidence exists, or practical experience predicts, that the material may cause 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.</p> <p>Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>
Chronic	<p>On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> <p>Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.</p> <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion 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.</p> <p>Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>In a two-year inhalation study, groups of mice were exposed at 0, 10 or 30 ppm naphthalene, 6 hours/day, 5 days/week for 103 weeks. Female mice showed an increase of pulmonary alveolar/bronchiolar adenomas at 30 ppm. There was no increase in the incidence of tumours in male mice. Naphthalene inhalation was associated with an increase in the incidence and severity of chronic inflammation, metaplasia of the olfactory epithelium, and hyperplasia of the respiratory epithelium in the nose, and chronic inflammation of the lungs of both sexes.</p> <p>Prolonged or repeated contact with xylenes may cause defatting dermatitis with drying and cracking. Chronic inhalation of xylenes has been associated with central nervous system effects, loss of appetite, nausea, ringing in the ears, irritability, thirst anaemia, mucosal bleeding, enlarged liver and hyperplasia.</p> <p>Exposure may produce kidney and liver damage. In chronic occupational exposure, xylene (usually mixed with other solvents) has produced irreversible damage to the central nervous system and ototoxicity (damages hearing and increases sensitivity to noise), probably due to neurotoxic mechanisms.</p> <p>Industrial workers exposed to xylene with a maximum level of ethyl benzene of 0.06 mg/l (14 ppm) reported headaches and irritability and tired quickly. Functional nervous system disturbances were found in some workers employed for over 7 years whilst other workers had enlarged livers.</p> <p>Xylene has been classed as a developmental toxin in some jurisdictions.</p> <p>Small excess risks of spontaneous abortion and congenital malformation were reported amongst women exposed to xylene in the first trimester of pregnancy. In all cases, however, the women were also been exposed to other substances. Evaluation of workers chronically exposed to xylene has demonstrated lack of genotoxicity. Exposure to xylene has been associated with increased risks of haemopoietic malignancies but, again, simultaneous exposure to other substances</p>

Continued...

DURAM MULTITHANE ROOT RESISTANT

(including benzene) complicates the picture. A long-term gavage study to mixed xylenes (containing 17% ethyl benzene) found no evidence of carcinogenic activity in rats and mice of either sex.

The various phthalates have different uses, chemical structures and toxicity profiles. It is therefore difficult to generalise about the safety of all phthalates as a group. The main health concern associated with some phthalates is that animal studies have shown that high regular doses can affect the reproductive system in developing young, particularly males. While there is no significant risk to the general population, young children may experience higher exposures than the general population if they chew or suck on phthalate-containing toys, or if they ingest phthalates over a long period from other products containing high levels of phthalates.

In animal tests, phthalates have been shown to "feminise" male animals, increasing the likelihood of small or undeveloped testes, undescended testicles, and low sperm counts. A 2005 study also linked higher foetal exposure to phthalates through the mother's blood with increased risk of developmental abnormalities in male infants. Higher phthalate levels are also associated with lower testosterone production and reduced sperm count in men.

One study suggested that high levels of phthalates may be connected to the current obesity epidemic in children. It was found that obese children show greater exposure to phthalates than non-obese children. It was reported that the obesity risk increases according to the level of the chemical found in the children's bloodstream. In a national cross-section of U.S. men, concentrations of several prevalent phthalate metabolites showed statistically significant correlations with abnormal obesity and insulin resistance. A further study found that people with elevated phthalate levels had roughly twice the risk of developing diabetes compared with those with lower levels. This study also found that phthalates were associated with disrupted insulin production.

Much of the current research on effects of phthalate exposure has been focused towards children and men's health, however, women may be at higher risk for potential adverse health effects of phthalates due to increased cosmetic use. According to in vivo and observational studies there is an association between phthalate exposure and endocrine disruption leading to development of breast cancer. This finding may be associated with the demethylation of the oestrogen receptor complex in breast cancer cells.

A Russian study describes exposure by workers to mixed phthalates (and other plasticisers) - pain, numbness and spasms in the upper and lower extremities were related to duration of exposures. Symptoms usually developed after the sixth or seventh year of work. Neurological studies revealed the development of polyneuritis in about 30% of the workers involved in this study. About 30% of the workforce showed depression of the vestibular receptors. Because the study described mixed exposures it is difficult to determine what, if any, unique role was played by the phthalates. Increased incidences of anovulatory reproductive cycles and low oestrogen concentrations were reported among Russian women working with phthalate plasticisers; the abnormal cycles were associated with spontaneous abortion. The specific phthalates implicated, dose levels and other data were not reported. It has been alleged that the phthalates mimic or interfere with sex packaging) and are used as ingredients in paints, inks and adhesives. Their potential for entering the human body is marked. They have been added to a list of chemicals (including alkyl phenolics, polycyclic aromatic hydrocarbons (PAHs), polychlorinated biphenyls (PCBs) and dioxins) which are implicated in reducing sperm counts and fertility in males a phenomenon which has apparently arisen since the mid 1960s.

Phthalates are generally considered to be in a class of endocrine disruptors known as "xenoestrogens," for their ability to mimic the effect of oestrogen on the body.

Although the human foetus is "bathed" in naturally occurring oestrogens during pregnancy it is suggested that it has developed a protective mechanism against natural oestrogens but is not safe from synthetic variants. These tend to accumulate in body fats which sets them apart from the natural product. During early pregnancy, fats are broken down and may flood the body with concentrated pollutants

Human phthalate exposure during pregnancy results in decreased anogenital distance among baby boys. Boys born to mothers with the highest levels of phthalates were 7 times more likely to have a shortened anogenital distance.

While anogenital distance is routinely used as a measure of foetal exposure to endocrine disruptors in animals, this parameter is rarely assessed in humans, and its significance is unknown

One study also found that female animals exposed to higher levels of phthalates experienced increased risk of miscarriage, a common symptom of excessive estrogen levels in human women, and stillbirth. Prematurity may also be linked to phthalate exposure.

Another study found a link between exposure to phthalates and increased rates of childhood obesity.

In adult human men, phthalates have been linked to greater waist circumference and higher insulin resistance, a common precursor to type 2 (adult onset) diabetes. They have been linked to thyroid irregularities, asthma, and skin allergies in both sexes. Though the exact mechanism is unclear, studies have linked higher rates of respiratory infections and other symptoms in children living in houses with vinyl floors. One possible explanation is inhalation of dust tainted by phthalates, which are used in cosmetics such as nail polishes and hand creams precisely because of their ability to bind to human tissues.

Animal studies have shown increased risks of certain birth defects (including the genital abnormalities and, in rats, extra ribs) and low birth rates in rats whose mothers were fed higher levels of phthalates.

These effects on foetal development are of particular concern because young women of childbearing age often have higher than average phthalate levels in the body thanks to their use of cosmetics, many of which contain phthalates.

The EU has applied limitations to the use of several phthalates in general food contact applications (packaging and closures) and medical device applications. The USA has introduced regulation of phthalate esters as components of children's toys and childcare articles for children under the age of 12 that could be 'placed in the mouth'.

Endocrine disruptors such as phthalates can be add to the effects of other endocrine disruptors, so even very small amounts can interact with other chemicals to have cumulative, adverse "cocktail effects"

Large amounts of specific phthalates fed to rodents have been shown to damage their liver and testes, and initial rodent studies also indicated hepatocarcinogenicity. Later studies on primates showed that the mechanism is specific to rodents - humans are resistant to the effect

Studies conducted on mice exposed to phthalates in utero did not result in metabolic disorder in adults. However, "At least one phthalate, monoethylhexyl phthalate (MEHP) has been found to interact with all three peroxisome proliferator-activated receptors (PPARs) PPARs are members of the nuclear receptor superfamily involved in lipid and carbohydrate metabolism.

Prenatal exposure to phthalates may affect children's mental, motor and behavioral development during the preschool year.

A 2009 study found that prenatal phthalate exposure was related to low birth weight in infants. Low birth weight is the leading cause of death in children under 5 years of age and increases the risk of cardiovascular and metabolic disease in adulthood. Another study found that women who deliver prematurely have, on average, up to three times the phthalate level in their urine compared to women who carry to term.

Several findings point to a statistically significant correlation between urine phthalate concentrations in children and symptoms of attention deficit hyperactivity disorder (ADHD)

DURAM MULTITHANE ROOT RESISTANT	TOXICITY	IRRITATION
	Not Available	Not Available
calcium carbonate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE
	Oral (rat) LD50: >2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24h-moderate
diisononyl phthalate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >3160 mg/kg ^[1]	Not Available
	Oral (rat) LD50: >10000 mg/kg ^[2]	
solvent naphtha petroleum, heavy aromatic	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): Irritating
	Inhalation (rat) LC50: >0.59 mg/L/4hr ^[2]	
	Oral (rat) LD50: >2000 mg/kg ^[1]	

DURAM MULTITHANE ROOT RESISTANT

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

CALCIUM CARBONATE	No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.
DIISONONYL PHTHALATE	<p>High Molecular Weight Phthalate Esters (HMWPEs) Category as defined by the Phthalate Esters Panel HPV Testing Group (2001) and OECD (2004). The HMWPE group includes chemically similar substances produced from alcohols having backbone carbon lengths of ≥ 7. Due to their similar chemical structure, category members are generally similar with respect to physicochemical, biological and toxicological properties or display an expected trend. Thus, read-across for toxicity endpoints is an appropriate approach to characterise selected endpoints for members of this category. In some cases the substances have ester side group constituents that span two subcategories (i.e., transitional and high molecular weight constituents). If the level of C4 to C6 constituents in the substance exceeded 10%, the substance was conservatively placed in the transitional subcategory. High molecular weight phthalates are used nearly exclusively as plasticisers of PVC. They are very poorly soluble in water, and have very low vapor pressure. The extant database demonstrates that these substances have few biological effects. A notable exception to this generalisation is that hepatocarcinogenicity has been observed for diisononyl phthalate (DINP). The hepatocarcinogenicity effects of DINP are by a mechanism (peroxisomal proliferation) to which rodents are particularly sensitive. However, it does not appear to be relevant to humans. The high molecular weight phthalates all demonstrate minimal acute toxicity, are not genotoxic, exhibit some liver and kidney effects at high doses, and are negative for reproductive and developmental effects. Further, the available data indicate that the toxicological activity of these molecules diminishes with increasing molecular weight. Studies on HMWPEs indicate that they are rapidly metabolised in the gastrointestinal tract to the corresponding monoester, absorbed and excreted primarily in the urine.</p> <p>Acute toxicity: The available data on phthalates spanning the carbon range from C8-C13 indicate that phthalate esters in the high molecular weight subcategory are not toxic by acute oral and dermal administration; LD50 values of all substances tested exceed the maximum amounts which can be administered to the animals. There are fewer data available on inhalation toxicity; only di-iso-nonyl phthalate (DINP) and di-iso-decyl phthalate (DIDP) have been tested. However, the phthalates in the high molecular weight subcategory have extremely low vapor pressures, and exposure by inhalation at potentially hazardous levels is not anticipated.</p> <p>Repeat dose toxicity. Several substances ranging from C8-C11 have been tested for repeated dose toxicity in studies ranging from 21 days to two years. Ditridecyl phthalate (CAS 119-06-2) has been studied by the Japan Ministry of Health and Welfare (unpublished report) and data for this substance is used as read-across data for DTDP*. In addition results from repeat dose studies examining DINP (CAS 685 15-48-0) and DIDP (CAS 68515-49-1) are used as read across for the di C9-C11 phthalates (CAS 68515-43-5). The principal effects found are those associated with peroxisomal proliferation, including liver enlargement and induction of peroxisomal enzymes. As shown for example in a comparative study of liver effects, the strongest inducers of peroxisomal proliferation were DEHP, DINP, and DIDP with substances of shorter and longer ester side chains (e.g., 610P*, 711P*, and diundecyl phthalate - DUP) showing less pronounced effects. Thus, it is reasonable to conclude that other members of this subcategory would show effects similar to but not more pronounced than those associated with DINP and DIDP. It should also be noted that the relevance of these findings to human health is, at best, questionable. It has been shown that these effects are mediated through the peroxisome proliferation-activated receptor alpha (PPARα), and that levels of PPARα are much higher in rodents than humans. Thus, one would expect humans to be substantially less responsive than rodents to peroxisome proliferating agents. Empirical evidence supporting this postulation is provided by studies in primates in which repeated administration of DEHP and DINP had no effects on liver, kidney or testicular parameters. In this regard it should also be noted that kidney enlargement is also commonly observed but normally without any pathological changes. There is a component of the kidney changes which is also PPARα-related. It has also been shown that in male rats, DINP induces an alpha 2u-globulin nephropathy which is male rat-specific but without relevance to humans. Thus, as was true for the liver changes, the relevance of the kidney changes to human health is also questionable. Finally, some of the lower molecular weight phthalates can induce testicular atrophy when administered to juvenile rats at high levels. However, the higher molecular weight phthalates including di-n-octyl phthalate (DnOP), DINP, DIDP, 610P, and 71 1P do not induce testicular atrophy. Further, the testis was not a target organ for DINP in either marmosets or cynomolgus monkeys. Thus, testicular atrophy is not an effect associated with phthalates in the high molecular weight subcategory</p> <p>Reproductive toxicity: Reproductive toxicity tests in rats have been carried out with DINP, DIDP a linear C7-C9 phthalate (CAS 68515-41-3), a linear C9-C11 phthalate, and ditridecyl phthalate (Japan Ministry of Health and Welfare, unpublished report). None of these affected fertility or profoundly affected male reproductive development. A slight decrease in offspring viability was reported for both DIDP and ditridecyl phthalate at levels associated with maternal effects. DnOP was tested for effects on fertility in a continuous breeding protocol in mice, and, like the other members of this subcategory, did not reduce fertility. Thus, it can be concluded that the subcategory of high molecular weight phthalates do not affect fertility.</p> <p>Developmental toxicity: Developmental toxicity tests in rats have been carried out with DINP; DIDP; C7-9 phthalate (CAS 68515-41-3); C9-11 phthalate (CAS 68515-43-5); and ditridecyl phthalate (CAS 119-06-2). None of the substances tested affected litter size, foetal survival or bodyweight, and none produced teratogenic effects. Increased frequencies of developmental variants including dilated renal pelvis, and supernumerary lumbar and cervical ribs were found at levels associated with maternal effects. The toxicological significance of these developmental variants is unclear. DnOP was not teratogenic in mice when tested at very high levels. Thus, it can be concluded that this subcategory of high molecular weight phthalates do not produce profound developmental effects in rodents</p> <p>Genotoxicity: The majority of the substances in the subcategory of high molecular weight phthalates have been tested for genetic activity in the Salmonella assay, and all were inactive. One large program covering many of these substances was carried out by the National Institute of Environmental Health Sciences. Similarly, a range of substances covering the majority of the carbon numbers in this subcategory were found to be inactive in mouse lymphoma tests Chromosomal Aberrations. Two representative members of the subcategory of high molecular weight phthalates (DINP and DIDP) have been tested for chromosomal mutation in the mouse micronucleus test, and both were inactive. Ditridecyl phthalate (CAS 119-06-2) induced neither structural chromosomal aberrations nor polyploidy in CHL cells up to the limit concentration of 4.75 mg/ml, in the absence or presence of an exogenous metabolic activation system (Japan Ministry of Health and Welfare, unpublished report). Further, all of the low molecular weight and transitional phthalates that have been tested were inactive.</p> <p>*610P - mixed decyl, hexyl and octyl esters (CAS Rn: 68648-93-1) *711P - C7,C11, branched and linear esters (CAS Rn: 111381-90-9) * DTDP - di-C11-14, C13 rich ester (CAS 68515-47-9)</p> <p>The material may produce peroxisome proliferation. Peroxisomes are single, membrane limited, cytoplasmic organelles that are found in the cells of animals, plants, fungi and protozoa. Peroxisome proliferators include certain hypolipidaemic drugs, phthalate ester plasticisers, industrial solvents, herbicides, food flavours, leukotriene D4 antagonists and hormones. Numerous studies in rats and mice have demonstrated the hepatocarcinogenic effects of peroxisome proliferators, and these compounds have been unequivocally established as carcinogens. However it is generally conceded that compounds inducing proliferation in rats and mice have little, if any, effect on human liver except at very high doses or extreme conditions of exposure. [Huls] The effects of DINP on fertility-related parameters such as reduced testosterone content and production and altered reproductive organ weights (with or without histopathologies) have been demonstrated in rats. Although quantitatively being less potent, DINP has exhibited adverse effects on the male reproductive system and sexual differentiation during development in a number of rodent studies (e.g. increased nipple retention, testicular pathology and decreased AGD/AGI in male offspring), which are components of the antiandrogenic pattern observed with diethylhexyl phthalate (DEHP) (a known reproductive toxicant). Foetal expression of genes involved in androgen synthesis such as StAR and Cyp11a were also reduced. There was also a report of increased gene expression levels of Insl3 (a foetal Leydig cell product critical for testis descent) that may infer the impaired testicular steroidogenesis following exposure to DINP at high doses (e.g. = 750 mg/kg bw/d). Reduced Insl3 was also reported in numerous studies with DEHP. Considering the chemical composition of DINP, which is represented as mixed phthalates with side-chains made up of 5–10% methylethylhexyl, limited evidence of the toxicological properties of transitional phthalates may be expected at high doses of DINP tested. The reduced pup weight was observed at approximately 100 mg/kg bw/d in both sexes, both in one- and two-generation reproductive studies in rats, in the absence of overt maternal toxicity. The pup weight reduction was also sustained and not considered solely related to low birth weight. In a post-natal toxicity study, reduced pup weight was also reduced at = 250 mg/kg bw/d. Therefore, this adverse effect of DINP is assessed as the most sensitive endpoint on offspring development. Overall, the available human data do not provide sufficient evidence for a causal relationship between exposure to DINP and adverse health effects in humans. There is also insufficient information to examine the mode of action of DINP on male reproductive tract development and sexual function in comparison with transitional phthalates. However, elements of the plausible mode of action for DINP effects on the male reproductive system, offspring growth and sexual differentiation are considered</p>

DURAM MULTITHANE ROOT RESISTANT

	likely to be parallel in rats and humans if the exposure to DINP is high and within a critical window of development. Therefore, the effects observed in animal studies are regarded as relevant to a human risk assessment.
SOLVENT NAPHTHA PETROLEUM, HEAVY AROMATIC	<p>for petroleum: This product contains benzene which is known to cause acute myeloid leukaemia and n-hexane which has been shown to metabolize to compounds which are neuropathic. This product contains toluene. There are indications from animal studies that prolonged exposure to high concentrations of toluene may lead to hearing loss. This product contains ethyl benzene and naphthalene from which there is evidence of tumours in rodents Carcinogenicity: Inhalation exposure to mice causes liver tumours, which are not considered relevant to humans. Inhalation exposure to rats causes kidney tumours which are not considered relevant to humans. Mutagenicity: There is a large database of mutagenicity studies on gasoline and gasoline blending streams, which use a wide variety of endpoints and give predominantly negative results. All in vivo studies in animals and recent studies in exposed humans (e.g. petrol service station attendants) have shown negative results in mutagenicity assays. Reproductive Toxicity: Repeated exposure of pregnant rats to high concentrations of toluene (around or exceeding 1000 ppm) can cause developmental effects, such as lower birth weight and developmental neurotoxicity, on the foetus. However, in a two-generation reproductive study in rats exposed to gasoline vapour condensate, no adverse effects on the foetus were observed. Human Effects: Prolonged/ repeated contact may cause defatting of the skin which can lead to dermatitis and may make the skin more susceptible to irritation and penetration by other materials.</p> <p>Lifetime exposure of rodents to gasoline produces carcinogenicity although the relevance to humans has been questioned. Gasoline induces kidney cancer in male rats as a consequence of accumulation of the alpha2-microglobulin protein in hyaline droplets in the male (but not female) rat kidney. Such abnormal accumulation represents lysosomal overload and leads to chronic renal tubular cell degeneration, accumulation of cell debris, mineralisation of renal medullary tubules and necrosis. A sustained regenerative proliferation occurs in epithelial cells with subsequent neoplastic transformation with continued exposure. The alpha2-microglobulin is produced under the influence of hormonal controls in male rats but not in females and, more importantly, not in humans.</p>
XYLENE	Reproductive effector in rats
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate
MDI HOMOPOLYMER	as polymethylene polyphenyl isocyanate
CALCIUM CARBONATE & CALCIUM OXIDE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & 2,4'-DIPHENYLMETHANE DIISOCYANATE	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.
CALCIUM CARBONATE & XYLENE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
CALCIUM CARBONATE & XYLENE	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.
XYLENE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & MDI HOMOPOLYMER	The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & MDI HOMOPOLYMER & 2,4'-DIPHENYLMETHANE DIISOCYANATE	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & 2,4'-DIPHENYLMETHANE DIISOCYANATE	Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & 2,4'-DIPHENYLMETHANE DIISOCYANATE	Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & 2,4'-DIPHENYLMETHANE DIISOCYANATE	Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & 2,4'-DIPHENYLMETHANE DIISOCYANATE	<p>for diisocyanates:</p> <p>In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitizers. Diisocyanates are moderate to strong dermal sensitizers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L. The experimental animal data available on prepolymeric diisocyanates show similar adverse effects at levels that range from 0.002 mg/L to 0.026 mg/L. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route Oncogenicity: Most members of the diisocyanate category have not been tested for carcinogenic potential. Commercially available Poly-MDI was tested in a</p>

DURAM MULTITHANE ROOT RESISTANT

	<p>2-year inhalation study in rats. The tested material contained 47% aromatic 4,4'-methylenediphenyl diisocyanate (MDI) and 53% higher molecular weight oligomers. Interim sacrifices at one year showed that males and females in the highest dose group (6 mg/m³) had treatment related histological changes in the nasal cavity, lungs and mediastinal lymph nodes. The incidence and severity of degeneration and basal cell hyperplasia of the olfactory epithelium and Bowman's gland hyperplasia were increased in males at the mid and high doses and in females at the high dose following the two year exposure period. Pulmonary adenomas were found in 6 males and 2 females, and pulmonary adenocarcinoma in one male in the high dose group. However, aliphatic hexamethylene diisocyanate (HDI) was found not to be carcinogenic in a two year repeated dose study in rats by the inhalation route. HDI has not been tested in mice by the inhalation route.</p> <p>Though the oral route is not an expected route of exposure to humans, it should be noted that in two year repeated dose studies by the oral route, aromatic toluene diisocyanate (TDI) and 3,3'-dimethoxy-benzidine-4,4'-diisocyanate (dianisidine diisocyanate, DADI) were found to be carcinogenic in rodents. TDI induced a statistically significant increase in the incidence of liver tumors in rats and mice as well as dose-related hemangiosarcomas of the circulatory system and has been classified by the Agency as a B2 carcinogen. DADI was found to be carcinogenic in rats, but not in mice, with a statistically increase in the incidence of pancreatic tumors observed.</p> <p>Respiratory and Dermal Sensitization: Based on the available toxicity data in animals and epidemiologic studies of humans, aromatic diisocyanates such as TDI and MDI are strong respiratory sensitizers. Aliphatic diisocyanates are generally not active in animal models for respiratory sensitization. However, HDI and possibly isophorone diisocyanate (IPDI), are reported to be associated with respiratory sensitization in humans. Symptoms resulting from occupational exposure to HDI include shortness of breath, increased bronchoconstriction reaction to histamine challenges, asthmatic reactions, wheezing and coughing. Two case reports of human exposure to IPDI by inhalation suggest IPDI is a respiratory sensitizer in humans. In view of the information from case reports in humans, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitizers. Studies in both human and mice using TDI, HDI, MDI and dicyclohexylmethane-4,4'-diisocyanate (HMMDI) suggest cross-reactivity with the other diisocyanates, irrespective of whether the challenge compound was an aliphatic or aromatic diisocyanate. Diisocyanates are moderate to strong dermal sensitizers in animal studies. There seems to be little or no difference in the level of reactivity between aromatic and aliphatic diisocyanates.</p> <p>Dermal Irritation: Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. The level of irritation ranged from slightly to severely irritating to the skin. One chemical, hydrogenated MDI (1,1-methylenebis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.</p>
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & 2,4'-DIPHENYLMETHANE DIISOCYANATE	<p>Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities. Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages.</p> <p>Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.</p>
MDI HOMOPOLYMER & 2,4'-DIPHENYLMETHANE DIISOCYANATE	No significant acute toxicological data identified in literature search.

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

Legend: ✖ – Data available but does not fill the criteria for classification
✔ – Data available to make classification
☹ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
calcium carbonate	LC50	96	Fish	>56000mg/L	4
calcium carbonate	EC50	72	Algae or other aquatic plants	>14mg/L	2
calcium carbonate	NOEC	72	Algae or other aquatic plants	14mg/L	2
diisononyl phthalate	LC50	96	Fish	>0.1mg/L	2
diisononyl phthalate	EC50	48	Crustacea	>0.06mg/L	2
diisononyl phthalate	EC50	96	Algae or other aquatic plants	>2.8mg/L	1
diisononyl phthalate	EC50	504	Crustacea	>0.0036mg/L	2
diisononyl phthalate	NOEC	504	Crustacea	0.0036mg/L	2
solvent naphtha petroleum, heavy aromatic	LC50	96	Fish	0.58mg/L	2
solvent naphtha petroleum, heavy aromatic	EC50	48	Crustacea	0.76mg/L	2
solvent naphtha petroleum, heavy aromatic	EC50	72	Algae or other aquatic plants	<1mg/L	1
solvent naphtha petroleum, heavy aromatic	EC50	48	Crustacea	=0.95mg/L	1
solvent naphtha petroleum, heavy aromatic	NOEC	72	Algae or other aquatic plants	0.3mg/L	2
xylene	LC50	96	Fish	2.6mg/L	2
xylene	EC50	48	Crustacea	>3.4mg/L	2
xylene	EC50	72	Algae or other aquatic plants	4.6mg/L	2
xylene	EC50	24	Crustacea	0.711mg/L	4

Continued...

DURAM MULTITHANE ROOT RESISTANT

Ingredient	NOEC	LC50	EC50	Concentration	Number of Species	
xylene	NOEC	73		Algae or other aquatic plants	0.44mg/L	2
calcium oxide	LC50	96		Fish	33.884mg/L	2
calcium oxide	EC50	24		Crustacea	159.6mg/L	1
calcium oxide	NOEC	48		Crustacea	33.3mg/L	2
4,4'-diphenylmethane diisocyanate (MDI)	LC50	96		Fish	>0.500mg/L	6

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

On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and/or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and/or delayed, to the structure and/or functioning of natural ecosystems.

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

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

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
diisononyl phthalate	HIGH	HIGH
xylene	HIGH (Half-life = 360 days)	LOW (Half-life = 1.83 days)
4,4'-diphenylmethane diisocyanate (MDI)	LOW (Half-life = 1 days)	LOW (Half-life = 0.24 days)
2,4'-diphenylmethane diisocyanate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
diisononyl phthalate	LOW (BCF = 183.8)
solvent naphtha petroleum, heavy aromatic	LOW (BCF = 159)
xylene	MEDIUM (BCF = 740)
4,4'-diphenylmethane diisocyanate (MDI)	LOW (BCF = 15)
2,4'-diphenylmethane diisocyanate	HIGH (LogKOW = 5.4481)

Mobility in soil

Ingredient	Mobility
diisononyl phthalate	LOW (KOC = 467200)
4,4'-diphenylmethane diisocyanate (MDI)	LOW (KOC = 376200)
2,4'-diphenylmethane diisocyanate	LOW (KOC = 384000)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ DO NOT recycle spilled material. ▶ Consult State Land Waste Management Authority for disposal. ▶ Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary
-------------------------------------	---

DURAM MULTITHANE ROOT RESISTANT

- ▶ decontaminant prior to disposal.
- ▶ **DO NOT seal or stopper drums being decontaminated as CO2 gas is generated and may pressurise containers.**
- ▶ Puncture containers to prevent re-use.
- ▶ Bury or incinerate residues at an approved site.

SECTION 14 TRANSPORT INFORMATION

Labels Required

COMBUSTIBLE LIQUID	COMBUSTIBLE LIQUID, regulated for storage purposes only
Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

CALCIUM CARBONATE(471-34-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

DIISONONYL PHTHALATE(68515-48-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

SOLVENT NAPHTHA PETROLEUM, HEAVY AROMATIC(64742-94-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

XYLENE(1330-20-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

CALCIUM OXIDE(1305-78-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)(101-68-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Work Health and Safety Regulations 2016 - Hazardous chemicals (other than lead) requiring health monitoring

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

MDI HOMOPOLYMER(25686-28-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

2,4'-DIPHENYLMETHANE DIISOCYANATE(5873-54-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

Australia Work Health and Safety Regulations 2016 - Hazardous chemicals (other than lead) requiring health monitoring

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (diisononyl phthalate; MDI homopolymer; xylene; 4,4'-diphenylmethane diisocyanate (MDI); 2,4'-diphenylmethane diisocyanate; calcium oxide; solvent naphtha petroleum, heavy aromatic)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (diisononyl phthalate)
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
calcium carbonate	471-34-1, 13397-26-7, 15634-14-7, 1317-65-3, 72608-12-9, 878759-26-3, 63660-97-9, 459411-10-0, 198352-33-9, 146358-95-4
diisononyl phthalate	68515-48-0, 28553-12-0
4,4'-diphenylmethane diisocyanate (MDI)	101-68-8, 26447-40-5

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

This document is copyright.

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

TEL (+61 3) 9572 4700.