Duram Virocoat Clear Base

Duram Pty Ltd

Chemwatch Hazard Alert Code: **2**

Chemwatch: **5244-48**
Version No: **4.1.1.1**
Safety Data Sheet according to WHS and ADG requirements

Issue Date: **01/11/2019**
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L.GHS.AUS.EN

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

Product Identifier

Product name	Duram Virocoat Clear Base
Synonyms	Not Available
Other means of identification	Not Available

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

Relevant identified uses	Anti-slip coating for pedestrian areas such as walkways, stairs, industrial floors, and domestic areas (pools, surrounds, garages, decks).

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 4007
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.

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	0	
Toxicity	1	
Body Contact	2	
Reactivity	0	
Chronic	0	

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

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

Hazard pictogram(s)	
SIGNAL WORD	**WARNING**

Hazard statement(s)

H315	Causes skin irritation.
H319	Causes serious eye irritation.

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Precautionary statement(s) Prevention

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

Precautionary statement(s) Response

P321	Specific treatment (see advice on this label).
P362	Take off contaminated clothing and wash before reuse.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.
P302+P352	IF ON SKIN: Wash with plenty of water.
P332+P313	If skin irritation occurs: Get medical advice/attention.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
9065-11-6	10-30	acrylic resin
471-34-1	10-30	calcium carbonate
111-76-2	<10	ethylene glycol monobutyl ether
25265-77-4	<10	2,2,4-trimethyl-1,3-pentanediol monoisobutyrate
57-55-6	<10	propylene glycol
1336-21-6	<1	ammonium hydroxide
872-50-4	<1	N-methyl-2-pyrrolidone
7732-18-5	30-60	water

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	▸ If in eyes, hold eyelids apart and flush the eye continuously with running water. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▸ Other measures are usually unnecessary.
Ingestion	▸ 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

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

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

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Laitinen J., et al: Occupational & Environmental Medicine 1996; 53, 595-600
for irritant gas exposures:
- the presence of the agent when it is inhaled is evanescent (of short duration) and therefore, cannot be washed away or otherwise removed
- arterial blood gases are of primary importance to aid in determination of the extent of damage. Never discharge a patient significantly exposed to an irritant gas without obtaining an arterial blood sample.
- supportive measures include suctioning (intubation may be required), volume cycle ventilator support (positive and expiratory pressure (PEEP), steroids and antibiotics, after a culture is taken
- If the eyes are involved, an ophthalmologic consultation is recommended

Occupational Medicine: Third Edition; Zenz, Dickerson, Horvath 1994 Pub: Mosby
For acute or short term repeated exposures to ammonia and its solutions:
- Mild to moderate inhalation exposures produce headache, cough, bronchospasm, nausea, vomiting, pharyngeal and retrosternal pain and conjunctivitis. Severe inhalation produces laryngospasm, signs of upper airway obstruction (stridor, hoarseness, difficulty in speaking) and, in excessively, high doses, pulmonary oedema.
- Warm humidified air may soothe bronchial irritation.
- Test all patients with conjunctival irritation for corneal abrasion (fluorescein stain, slit lamp exam)
- Dyspneic patients should receive a chest X-ray and arterial blood gases to detect pulmonary oedema.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.

Advice for firefighters

Fire Fighting	- Alert Fire Brigade and tell them location and nature of hazard. - Wear breathing apparatus plus protective gloves in the event of a fire. - Prevent, by any means available, spillage from entering drains or water courses. - Use fire fighting procedures suitable for surrounding area. - **DO NOT** approach containers suspected to be hot. - Cool fire exposed containers with water spray from a protected location. - If safe to do so, remove containers from path of fire. - Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	- The material is not readily combustible under normal conditions. - However, it will break down under fire conditions and the organic component may burn. - Not considered to be a significant fire risk. - Heat may cause expansion or decomposition with violent rupture of containers. - Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). - May emit acrid smoke. Decomposes on heating and produces toxic fumes of: carbon dioxide (CO_2) metal oxides other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.
HAZCHEM	Not Applicable

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	- Clean up all spills immediately. - Avoid breathing vapours and contact with skin and eyes. - 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	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. - Stop leak if safe to do so. - Contain spill with sand, earth or vermiculite. - Collect recoverable product into labelled containers for recycling. - Neutralise/decontaminate residue (see Section 13 for specific agent). - Collect solid residues and seal in labelled drums for disposal. - Wash area and prevent runoff into drains. - After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. - If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	▸ **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. ▸ **DO NOT** allow material to contact humans, exposed food or food utensils. ▸ 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. Launder contaminated clothing before re-use. ▸ Use good occupational work practice. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS. ▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	▸ Store in original containers. ▸ Keep containers securely sealed. ▸ 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	▸ Polyethylene or polypropylene container. ▸ Packing as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▸ Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	ethylene glycol monobutyl ether	2-Butoxyethanol	20 ppm / 96.9 mg/m3	242 mg/m3 / 50 ppm	Not Available	Not Available
Australia Exposure Standards	propylene glycol	Propane-1,2-diol total: (vapour & particulates)	150 ppm / 474 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	propylene glycol	Propane-1,2-diol: particulates only	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	N-methyl-2-pyrrolidone	1-Methyl-2-pyrrolidone	25 ppm / 103 mg/m3	309 mg/m3 / 75 ppm	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
calcium carbonate	Carbonic acid, calcium salt	45 mg/m3	210 mg/m3	1,300 mg/m3
ethylene glycol monobutyl ether	Butoxyethanol, 2-; (Glycol ether EB)	60 ppm	120 ppm	700 ppm
2,2,4-trimethyl-1,3-pentanediol monoisobutyrate	Trimethyl-1,3-pentanediol monoisobutyrate, 2,2,4-; (Texanol)	13 mg/m3	140 mg/m3	840 mg/m3
propylene glycol	Polypropylene glycols	30 mg/m3	330 mg/m3	2,000 mg/m3
propylene glycol	Propylene glycol; (1,2-Propanediol)	30 mg/m3	1,300 mg/m3	7,900 mg/m3
ammonium hydroxide	Ammonium hydroxide	61 ppm	330 ppm	2,300 ppm
N-methyl-2-pyrrolidone	Methyl 2-pyrrolidinone, 1-; (N-Methylpyrrolidone)	30 ppm	32 ppm	190 ppm

Ingredient	Original IDLH	Revised IDLH
acrylic resin	Not Available	Not Available
calcium carbonate	Not Available	Not Available
ethylene glycol monobutyl ether	700 ppm	Not Available
2,2,4-trimethyl-1,3-pentanediol monoisobutyrate	Not Available	Not Available
propylene glycol	Not Available	Not Available
ammonium hydroxide	Not Available	Not Available

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N-methyl-2-pyrrolidone	Not Available	Not Available
water	Not Available	Not Available

OCCUPATIONAL EXPOSURE BANDING

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
ammonium hydroxide	E	≤ 0.1 ppm
Notes:	*Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.*	

MATERIAL DATA

Exposure controls

Appropriate engineering controls

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

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

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

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

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Personal protection

Eye and face protection

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

Skin protection

See Hand protection below

Hands/feet protection

- Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, e.g. Rubber

NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.
The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and.has to be observed when making a final choice.
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 moisturiser is recommended.
Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

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	· frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. 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. 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. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · 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 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.
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ P.V.C. apron. ▸ Barrier cream. ▸ Skin cleansing cream. ▸ Eye wash unit.

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 Virocoat Clear Base

Material	CPI
BUTYL	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
SARANEX-23	C
VITON	C

* CPI - Chemwatch Performance Index
A: Best Selection
B: Satisfactory; may degrade after 4 hours continuous immersion
C: Poor to Dangerous Choice for other than short term immersion
NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -
* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

Type AK-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	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-PAPR-2 P2 ^

^ - Full-face
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Clear, creamy liquid; mixes with water.

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Physical state	Liquid	**Relative density (Water = 1)**	Not Available
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	100 (water)	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	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. The material may accentuate any pre-existing dermatitis condition Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	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. 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.
Chronic	Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals. Pure calcium carbonate does not produce pneumoconiosis probably being eliminated from the lungs slowly by solution. As mined, unsterilised particulates can carry bacteria into the air passages and lungs, producing infection and bronchitis. Prolonged or repeated minor exposure to ammonia gas/vapour may cause long-term irritation to the eyes, nose and upper respiratory tract. Repeated exposure or prolonged contact may produce dermatitis, and conjunctivitis. Other effects may include ulcerative changes to the mouth and bronchial and gastrointestinal disturbances. Adaptation to usually irritating concentrations may result in tolerance. In animals, repeated exposures to sub-lethal levels produces adverse effects on the respiratory tract, liver, kidneys and spleen. Exposure at 675 ppm for several weeks produced eye irritation in dogs and rabbits; corneal opacity, covering between a quarter to one half of the total surface area, was evident in rabbits. Propylene glycol is though, by some, to be a sensitising principal following the regular use of topical creams by eczema patients. A study of 866 persons using a formulation containing propylene glycol in a patch test indicated that propylene glycol caused primary irritation in 16% of exposed individuals probably caused by dehydration. Undiluted propylene glycol was tested on 1556 persons in a 24 hour patch test. 12.5% showed reactions which were largely toxic (70%) or allergic in nature (30%). Reaction responses reached their maximum on the second day or later. Reactions were seasonal in nature ranging from 17.8% in winter to 9.2% in other seasons. In a patch-test using 25 standard allergens conducted on 500 individuals, propylene glycol ranked fourth in sensitising response. 84 subjects were patch tested using 100% propylene glycol. as well as 2% and 5% in water. With undiluted material, 15% demonstrated a reaction, with 40% of the reactions being allergic in nature and 60% being irritant. In dilute solutions 5 of 248 subjects exhibited a reaction. Undiluted propylene glycol tested on the skin of man produced no irritation under open conditions but when applied under occlusive conditions,

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	for 2 weeks, it produced severe erythema, oedema and vesicles, probably due to sweat retention and weak primary irritation. Predictive contact skin sensitisation tests indicate that propylene glycol is an intermediate grade sensitiser with an index of 1% of tested subjects. Groups of cats fed 5 gm/kg/day of propylene glycol for 14 weeks showed a significant dose-related increase in red blood cell Heinz body formation without any marked signs of haemolytic anaemia. The no-effect-level for cats without formation of Heinz bodies is 100-500 ml/kg. There is no evidence of anaemia or degenerative change. Groups of rats dosed orally with 0.5 or 10 mg/kg/day for 12 weeks had lowered food intake but no adverse effects on body weights. Erythrocytes were more fragile. Heinz bodies were not apparent.

Duram Virocoat Clear Base	TOXICITY	IRRITATION
	Not Available	Not Available

acrylic resin	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]	Eye: no adverse effect observed (not irritating)[1]
		Skin (rabbit): 500 mg/24h-moderate
		Skin: no adverse effect observed (not irritating)[1]

ethylene glycol monobutyl ether	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg[1]	Eye (rabbit): 100 mg SEVERE
	Inhalation (rat) LC50: 449.48655 mg/l/4H[2]	Eye (rabbit): 100 mg/24h-moderate
	Oral (rat) LD50: 250 mg/kg[2]	Eye: adverse effect observed (irritating)[1]
		Skin (rabbit): 500 mg, open; mild
		Skin: adverse effect observed (irritating)[1]
		Skin: no adverse effect observed (not irritating)[1]

2,2,4-trimethyl-1,3-pentanediol monoisobutyrate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >15200 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
	Inhalation (rat) LC50: >5.325 mg/l/6h[2]	Eyes - Moderate irritant *
	Oral (rat) LD50: 3200 mg/kg[2]	Skin - Slight irritant *
		Skin (rabbit): mild ***
		Skin: no adverse effect observed (not irritating)[1]

propylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 11890 mg/kg[2]	Eye (rabbit): 100 mg - mild
	Inhalation (rat) LC50: >44.9 mg/l/4H[2]	Eye (rabbit): 500 mg/24h - mild
	Oral (rat) LD50: 20000 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
		Skin(human):104 mg/3d Intermit Mod
		Skin(human):500 mg/7days mild
		Skin: no adverse effect observed (not irritating)[1]

ammonium hydroxide	TOXICITY	IRRITATION
	Inhalation (rat) LC50: 1997.718 mg/l/4h[2]	Eye (rabbit): 0.25 mg SEVERE
	Oral (rat) LD50: 350 mg/kg[2]	Eye (rabbit): 1 mg/30s SEVERE

N-methyl-2-pyrrolidone	TOXICITY	IRRITATION
	dermal (rat) LD50: 2500-5000 mg/kg[2]	Eye (rabbit): 100 mg - moderate
	Inhalation (rat) LC50: 8290.5297 mg/l/4H[2]	
	Oral (rat) LD50: 3914 mg/kg[2]	

water	TOXICITY	IRRITATION
	Oral (rat) LD50: >90000 mg/kg[2]	Not Available

Legend:	*1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*

ACRYLIC RESIN	**CAUTION:** The chronic health effects of acrylic monomers are under review. Use good occupational work practices to avoid personal contact.
CALCIUM CARBONATE	No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.

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ETHYLENE GLYCOL MONOBUTYL ETHER	NOTE: Changes in kidney, liver, spleen and lungs are observed in animals exposed to high concentrations of this substance by all routes. ** ASCC (NZ) SDS For ethylene glycol monoalkyl ethers and their acetates (EGMAEs): Typical members of this category are ethylene glycol propylene ether (EGPE), ethylene glycol butyl ether (EGBE) and ethylene glycol hexyl ether (EGHE) and their acetates. EGMAEs are substrates for alcohol dehydrogenase isozyme ADH-3, which catalyzes the conversion of their terminal alcohols to aldehydes (which are transient metabolites). Further, rapid conversion of the aldehydes by aldehyde dehydrogenase produces alkoxyacetic acids, which are the predominant urinary metabolites of mono substituted glycol ethers. **Acute Toxicity:** Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m3) for EGHE, LC50 > 400ppm (2620 mg/m3) for EGBEA to LC50 > 2132 ppm (9061 mg/m3) for EGPE. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 435 mg/kg bw (EGBE) to 1500 mg/kg bw (EGBEA). Overall these category members can be considered to be of low to moderate acute toxicity. All category members cause reversible irritation to skin and eyes, with EGBEA less irritating and EGHE more irritating than the other category members. EGPE and EGBE are not sensitisers in experimental animals or humans. Signs of acute toxicity in rats, mice and rabbits are consistent with haemolysis (with the exception of EGHE) and non-specific CNS depression typical of organic solvents in general. Alkoxyacetic acid metabolites, propoxyacetic acid (PAA) and butoxyacetic acid (BAA), are responsible for the red blood cell hemolysis. Signs of toxicity in humans deliberately ingesting cleaning fluids containing 9-22% EGBE are similar to those of rats, with the exception of haemolysis. Although decreased blood haemoglobin and/or haemoglobinuria were observed in some of the human cases, it is not clear if this was due to haemolysis or haemodilution as a result of administration of large volumes of fluid. Red blood cells of humans are many-fold more resistant to toxicity from EGPE and EGBE *in vitro* than those of rats. **Repeat dose toxicity:** The fact that the NOAEL for repeated dose toxicity of EGBE is less than that of EGPE is consistent with red blood cells being more sensitive to EGBE than EGPE. Blood from mice, rats, hamsters, rabbits and baboons were sensitive to the effects of BAA *in vitro* and displayed similar responses, which included erythrocyte swelling (increased haematocrit and mean corpuscular hemoglobin), followed by hemolysis. Blood from humans, pigs, dogs, cats, and guinea pigs was less sensitive to haemolysis by BAA *in vitro*. **Mutagenicity:** In the absence and presence of metabolic activation, EGBE tested negative for mutagenicity in Ames tests conducted in *S. typhimurium* strains TA97, TA98, TA100, TA1535 and TA1537 and EGHE tested negative in strains TA98, TA100, TA1535, TA1537 and TA1538. *In vitro* cytogenicity and sister chromatid exchange assays with EGBE and EGHE in Chinese Hamster Ovary Cells with and without metabolic activation and in vivo micronucleus tests with EGBE in rats and mice were negative, indicating that these glycol ethers are not genotoxic. **Carcinogenicity:** In a 2-year inhalation chronic toxicity and carcinogenicity study with EGBE in rats and mice a significant increase in the incidence of liver haemangiosarcomas was seen in male mice and forestomach tumours in female mice. It was decided that based on the mode of action data available, there was no significant hazard for human carcinogenicity **Reproductive and developmental toxicity**. The results of reproductive and developmental toxicity studies indicate that the glycol ethers in this category are not selectively toxic to the reproductive system or developing fetus, developmental toxicity is secondary to maternal toxicity. The repeated dose toxicity studies in which reproductive organs were examined indicate that the members of this category are not associated with toxicity to reproductive organs (including the testes). Results of the developmental toxicity studies conducted via inhalation exposures during gestation periods on EGPE (rabbits -125, 250, 500 ppm or 531, 1062, or 2125 mg/m3 and rats - 100, 200, 300, 400 ppm or 425, 850, 1275, or 1700 mg/m3), EGBE (rat and rabbit - 25, 50, 100, 200 ppm or 121, 241, 483, or 966 mg/m3), and EGHE (rat and rabbit - 20.8, 41.4, 79.2 ppm or 124, 248, or 474 mg/m3) indicate that the members of the category are not teratogenic. The NOAELs for developmental toxicity are greater than 500 ppm or 2125 mg/m3 (rabbit-EGPE), 100 ppm or 425 mg/m3 (rat-EGPE), 50 ppm or 241 mg/m3 (rat EGBE) and 100 ppm or 483 mg/m3 (rabbit EGBE) and greater than 79.2 ppm or 474 mg/m3 (rat and rabbit-EGHE). Exposure of pregnant rats to ethylene glycol monobutyl ether (2-butoxyethanol) at 100 ppm or rabbits at 200 ppm during organogenesis resulted in maternal toxicity and embryotoxicity including a decreased number of viable implantations per litter. Slight foetoxicity in the form of poorly ossified or unossified skeletal elements was also apparent in rats. Teratogenic effects were not observed in other species. At least one researcher has stated that the reproductive effects were less than that of other monoalkyl ethers of ethylene glycol. Chronic exposure may cause anaemia, macrocytosis, abnormally large red cells and abnormal red cell fragility. Exposure of male and female rats and mice for 14 weeks to 2 years produced a regenerative haemolytic anaemia and subsequent effects on the haemopoietic system in rats and mice. In addition, 2-butoxyethanol exposures caused increases in the incidence of neoplasms and nonneoplastic lesions (1). The occurrence of the anaemia was concentration-dependent and more pronounced in rats and females. In this study it was proposed that 2-butoxyethanol at concentrations of 500 ppm and greater produced an acute disseminated thrombosis and bone infarction in male and female rats as a result of severe acute haemolysis and reduced deformability of erythrocytes or through anoxic damage to endothelial cells that compromise blood flow. In two-year studies, 2-butoxyethanol continued to affect circulating erythroid mass, inducing a responsive anaemia. Rats showed a marginal increase in the incidence of benign or malignant pheochromocytomas (combined) of the adrenal gland. In mice, 2-butoxyethanol exposure resulted in a concentration dependent increase in the incidence of squamous cell papilloma or carcinoma of the forestomach. It was hypothesised that exposure-induced irritation produced inflammatory and hyperplastic effects in the forestomach and that the neoplasia were associated with a continuation of the injury/ degeneration process. Exposure also produced a concentration -dependent increase in the incidence of haemangiosarcoma of the liver of male mice and hepatocellular carcinoma. 1: NTP Toxicology Program Technical report Series 484, March 2000. For ethylene glycol: Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol. dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glyoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO_2, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO_2, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. Elimination of ethylene glycol from the plasma in both humans and laboratory animals is rapid after oral exposure; elimination half-lives are in the range of 1-4 hours in most species tested. **Respiratory Effects.** Respiratory system involvement occurs 12-24 hours after ingestion of sufficient amounts of ethylene glycol and is considered to be part of a second stage in ethylene glycol poisoning The symptoms include hyperventilation, shallow rapid breathing, and generalized pulmonary edema with calcium oxalate crystals occasionally present in the lung parenchyma. Respiratory system involvement appears to be dose-dependent and occurs concomitantly with cardiovascular changes. Pulmonary infiltrates and other changes compatible with adult respiratory distress syndrome (ARDS) may characterise the second stage of ethylene glycol poisoning Pulmonary oedema can be secondary to cardiac failure, ARDS, or aspiration of gastric contents. Symptoms related to acidosis such as hyperpnea and tachypnea are frequently observed; however, major respiratory morbidities such as pulmonary edema and bronchopneumonia are relatively rare and usually only observed with extreme poisoning (e.g., in only 5 of 36 severely poisoned cases). **Cardiovascular Effects.** Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12- 24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol. Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned cases.Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in humans. The effects of a long-term, low-dose exposure are unknown. **Gastrointestinal Effects.** Nausea, vomiting with or without blood, pyrosis, and abdominal cramping and pain are common early effects of acute ethylene glycol ingestion. Acute effects of ethylene glycol ingestion in one patient included intermittent diarrhea and abdominal pain, which were

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	attributed to mild colonic ischaemia; severe abdominal pain secondary to colonic stricture and perforation developed 3 months after ingestion, and histology of the resected colon showed birefringent crystals highly suggestive of oxalate deposition. **Musculoskeletal Effects.** Reported musculoskeletal effects in cases of acute ethylene glycol poisoning have included diffuse muscle tenderness and myalgias associated with elevated serum creatinine phosphokinase levels, and myoclonic jerks and tetanic contractions associated with hypocalcaemia. **Hepatic Effects.** Central hydropic or fatty degeneration, parenchymal necrosis, and calcium oxalate crystals in the liver have been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. **Renal Effects.** Adverse renal effects after ethylene glycol ingestion in humans can be observed during the third stage of ethylene glycol toxicity 24-72 hours after acute exposure. The hallmark of renal toxicity is the presence of birefringent calcium oxalate monohydrate crystals deposited in renal tubules and their presence in urine after ingestion of relatively high amounts of ethylene glycol. Other signs of nephrotoxicity can include tubular cell degeneration and necrosis and tubular interstitial inflammation. If untreated, the degree of renal damage caused by high doses of ethylene glycol progresses and leads to haematuria, proteinuria, decreased renal function, oliguria, anuria , and ultimately renal failure. These changes in the kidney are linked to acute tubular necrosis but normal or near normal renal function can return with adequate supportive therapy. **Metabolic Effects.** One of the major adverse effects following acute oral exposure of humans to ethylene glycol involves metabolic changes. These changes occur as early as 12 hours after ethylene glycol exposure. Ethylene glycol intoxication is accompanied by metabolic acidosis which is manifested by decreased pH and bicarbonate content of serum and other bodily fluids caused by accumulation of excess glycolic acid. Other characteristic metabolic effects of ethylene glycol poisoning are increased serum anion gap, increased osmolal gap, and hypocalcaemia. Serum anion gap is calculated from concentrations of sodium, chloride, and bicarbonate, is normally 12-16 mM, and is typically elevated after ethylene glycol ingestion due to increases in unmeasured metabolite anions (mainly glycolate). **Neurological Effects:** Adverse neurological reactions are among the first symptoms to appear in humans after ethylene glycol ingestion. These early neurotoxic effects are also the only symptoms attributed to unmetabolised ethylene glycol. Together with metabolic changes, they occur during the period of 30 minutes to 12 hours after exposure and are considered to be part of the first stage in ethylene glycol intoxication. In cases of acute intoxication, in which a large amount of ethylene glycol is ingested over a very short time period, there is a progression of neurological manifestations which, if not treated, may lead to generalized seizures and coma. Ataxia, slurred speech, confusion, and somnolence are common during the initial phase of ethylene glycol intoxication as are irritation, restlessness, and disorientation. Cerebral edema and crystalline deposits of calcium oxalate in the walls of small blood vessels in the brain were found at autopsy in people who died after acute ethylene glycol ingestion. Effects on cranial nerves appear late (generally 5-20 days post-ingestion), are relatively rare, and according to some investigators constitute a fourth, late cerebral phase in ethylene glycol intoxication. Clinical manifestations of the cranial neuropathy commonly involve lower motor neurons of the facial and bulbar nerves and are reversible over many months. **Reproductive Effects:** Reproductive function after intermediate-duration oral exposure to ethylene glycol has been tested in three multi-generation studies (one in rats and two in mice) and several shorter studies (15-20 days in rats and mice). In these studies, effects on fertility, foetal viability, and male reproductive organs were observed in mice, while the only effect in rats was an increase in gestational duration. **Developmental Effects:** The developmental toxicity of ethylene glycol has been assessed in several acute-duration studies using mice, rats, and rabbits. Available studies indicate that malformations, especially skeletal malformations occur in both mice and rats exposed during gestation; mice are apparently more sensitive to the developmental effects of ethylene glycol. Other evidence of embyrotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight. **Cancer:** No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol. **Genotoxic Effects**: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available *in vivo* and *in vitro* laboratory studies provide consistently negative genotoxicity results for ethylene glycol.
2,2,4-TRIMETHYL-1,3-PENTANEDIOL MONOISOBUTYRATE	Not a skin sensitiser (guinea pig, Magnusson-Kligman) *** Ames Test: negative *** Micronucleus, mouse: negative *** Not mutagenic *** No effects on fertility or foetal development seen in the rat *** * [SWIFT] ** [Eastman] *** [Perstop] The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
PROPYLENE GLYCOL	The acute oral toxicity of propylene glycol is very low, and large quantities are required to cause perceptible health damage in humans. Serious toxicity generally occurs only at plasma concentrations over 1 g/L, which requires extremely high intake over a relatively short period of time. It would be nearly impossible to reach toxic levels by consuming foods or supplements, which contain at most 1 g/kg of PG. Cases of propylene glycol poisoning are usually related to either inappropriate intravenous administration or accidental ingestion of large quantities by children.The potential for long-term oral toxicity is also low. Because of its low chronic oral toxicity, propylene glycol was classified by the U. S. Food and Drug Administration as "generally recognized as safe" (GRAS) for use as a direct food additive. Prolonged contact with propylene glycol is essentially non-irritating to the skin. Undiluted propylene glycol is minimally irritating to the eye, and can produce slight transient conjunctivitis (the eye recovers after the exposure is removed). Exposure to mists may cause eye irritation, as well as upper respiratory tract irritation. Inhalation of the propylene glycol vapours appears to present no significant hazard in ordinary applications. However, limited human experience indicates that inhalation of propylene glycol mists could be irritating to some individuals It is therefore recommended that propylene glycol not be used in applications where inhalation exposure or human eye contact with the spray mists of these materials is likely, such as fogs for theatrical productions or antifreeze solutions for emergency eye wash stations. Propylene glycol is metabolised in the human body into pyruvic acid (a normal part of the glucose-metabolism process, readily converted to energy), acetic acid (handled by ethanol-metabolism), lactic acid (a normal acid generally abundant during digestion), and propionaldehyde (a potentially hazardous substance). Propylene glycol shows no evidence of being a carcinogen or of being genotoxic. Research has suggested that individuals who cannot tolerate propylene glycol probably experience a special form of irritation, but that they only rarely develop allergic contact dermatitis. Other investigators believe that the incidence of allergic contact dermatitis to propylene glycol may be greater than 2% in patients with eczema. One study strongly suggests a connection between airborne concentrations of propylene glycol in houses and development of asthma and allergic reactions, such as rhinitis or hives in children Another study suggested that the concentrations of PGEs (counted as the sum of propylene glycol and glycol ethers) in indoor air, particularly bedroom air, is linked to increased risk of developing numerous respiratory and immune disorders in children, including asthma, hay fever, eczema, and allergies, with increased risk ranging from 50% to 180%. This concentration has been linked to use of water-based paints and water-based system cleansers. Patients with vulvodynia and interstitial cystitis may be especially sensitive to propylene glycol. Women suffering with yeast infections may also notice that some over the counter creams can cause intense burning. Post menopausal women who require the use of an eostrogen cream may notice that brand name creams made with propylene glycol often create extreme, uncomfortable burning along the vulva and perianal area. Additionally, some electronic cigarette users who inhale propylene glycol vapor may experience dryness of the throat or shortness of breath . As an alternative, some suppliers will put Vegetable Glycerin in the "e-liquid" for those who are allergic (or have bad reactions) to propylene glycol. Adverse responses to intravenous administration of drugs which use PG as an excipient have been seen in a number of people, particularly with large dosages thereof. Responses may include "hypotension, bradycardia... QRS and T abnormalities on the ECG, arrhythmia, cardiac arrest, serum hyperosmolality, lactic acidosis, and haemolysis". A high percentage (12% to 42%) of directly-injected propylene glycol is eliminated/secreted in urine unaltered depending on dosage, with the remainder appearing in its glucuronide-form. The speed of renal filtration decreases as dosage increases, which may be due to propylene glycol's mild anesthetic / CNS-depressant -properties as an alcohol. In one case, intravenous administration of propylene glycol-suspended nitroglycerin to an elderly man may have induced coma and acidosis. Propylene glycol is an approved food additive for dog food under the category of animal feed and is generally recognized as safe for dogs with an LD50 of 9 mL/kg. The LD50 is higher for most laboratory animals (20 mL/kg) Similarly, propylene glycol is an approved food additive for human food as well. The exception is that it is prohibited for use in food for cats due to links to Heinz body anemia.
N-METHYL-2-PYRROLIDONE	for N-methyl-2-pyrrolidone (NMP): **Acute toxicity:** In rats, NMP is absorbed rapidly after inhalation, oral, and dermal administration, distributed throughout the organism, and eliminated mainly by hydroxylation to polar compounds, which are excreted via urine. About 80% of the administered dose is excreted as NMP and NMP metabolites within 24 h. A probably dose-dependent yellow coloration of the urine in rodents is observed. The major metabolite is

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	5-hydroxy-*N*-methyl-2-pyrrolidone. Studies in humans show comparable results. Dermal penetration through human skin has been shown to be very rapid. NMP is rapidly biotransformed by hydroxylation to 5-hydroxy-*N*-methyl-2-pyrrolidone, which is further oxidized to *N*-methylsuccinimide; this intermediate is further hydroxylated to 2-hydroxy-*N*-methylsuccinimide. These metabolites are all colourless. The excreted amounts of NMP metabolites in the urine after inhalation or oral intake represented about 100% and 65% of the administered doses, respectively. NMP has a low potential for skin irritation and a moderate potential for eye irritation in rabbits. Repeated daily doses of 450 mg/kg body weight administered to the skin caused painful and severe haemorrhage and eschar formation in rabbits. These adverse effects have not been seen in workers occupationally exposed to pure NMP, but they have been observed after dermal exposure to NMP used in cleaning processes. No sensitisation potential has been observed. In acute toxicity studies in rodents, NMP showed low toxicity. Uptake of oral, dermal, or inhaled acutely toxic doses causes functional disturbances and depressions in the central nervous system. Local irritation effects were observed in the respiratory tract when NMP was inhaled and in the pyloric and gastrointestinal tracts after oral administration. In humans, there was no irritative effect in the respiratory system after an 8-h exposure to 50 mg/m3. **Repeat dose toxicity:** There is no clear toxicity profile of NMP after multiple administration. In a 28-day dietary study in rats, a compound-related decrease in body weight gain was observed in males at 1234 mg/kg body weight and in females at 2268 mg/kg body weight. Testicular degeneration and atrophy in males and thymic atrophy in females were observed at these dose levels. The no-observed-adverse-effect level (NOAEL) was 429 mg/kg body weight in males and 1548 mg/kg body weight in females. In a 28-day intubation study in rats, a dose-dependent increase in relative liver and kidney weights and a decrease in lymphocyte count in both sexes were observed at 1028 mg/kg body weight. The NOAEL in this study was 514 mg/kg body weight. In another rat study, daily dietary intake for 90 days caused decreased body weights at doses of 433 and 565 mg/kg body weight in males and females, respectively. There were also neurobehavioural effects at these dose levels. The NOAELs in males and females were 169 and 217 mg/kg body weight, respectively. The toxicity profile after exposure to airborne NMP depends strongly on the ratio of vapour to aerosol and on the area of exposure (i.e., head-only or whole-body exposure). Because of higher skin absorption for the aerosol, uptake is higher in animals exposed to aerosol than in those exposed to vapour at similar concentrations. Studies in female rats exposed head only to 1000 mg/m3 showed only minor nasal irritation, but massive mortality and severe effects on major organs were observed when the females were whole-body exposed to the same concentration of coarse droplets at high relative humidity. Several studies in rats following repeated exposure to NMP at concentrations between 100 and 1000 mg/m3 have shown systemic toxicity effects at the lower dose levels. In most of the studies, the effects were not observed after a 4-week observation period. In rats, exposure to 3000 mg NMP/m3 (head only) for 6 h/day, 5 days/week, for 13 weeks caused a decrease in body weight gain, an increase in erythrocytes, haemoglobin, haematocrit, and mean corpuscular volume, decreased absolute testis weight, and cell loss in the germinal epithelium of the testes. The NOAEL was 500 mg/m3. There are no data in humans after repeated-dose exposure. **Carcinogenicity:** NMP did not show any clear evidence for carcinogenicity in rats exposed to concentrations up to 400 mg/m3 in a long-term inhalation study. **Genotoxicity:** The mutagenic potential of NMP is weak. Only a slight increase in the number of revertants was observed when tested in a *Salmonella* assay with base-pair substitution strains. NMP has been shown to induce aneuploidy in yeast *Saccharomyces cerevisiae* cells. No investigations regarding mutagenicity in humans were available. **Reproductive toxicity:** In a two-generation reproduction study in rats, whole-body exposure of both males and females to 478 mg/m3 of NMP vapour for 6 h/day, 7 days/week, for a minimum of 100 days (pre-mating, mating, gestation, and lactation periods) resulted in a 7% decrease in fetal weight in the F1 offspring. A 4-11% transient, non-dose-dependent decrease was observed in the average pup weight at all exposure levels tested (41, 206, and 478 mg/m3). **Developmental toxicity:** When NMP was administered dermally, developmental toxicity was registered in rats at 750 mg/kg body weight. The observed effects were increased preimplantation losses, decreased fetal weights, and delayed ossification. The NOAEL for both developmental effects and maternal toxicity (decreased body weight gain) was 237 mg/kg body weight. Inhalation studies in rats (whole-body exposure) demonstrated developmental toxicity as increased preimplantation loss without significant effect on implantation rate or number of live fetuses at 680 mg/m3 and behavioural developmental toxicity at 622 mg/m3. In an inhalation study (whole-body exposure), the NOAEL for maternal effects was 100 mg/m3, and the NOAEL for developmental effects was 360 mg/m3. A tolerable inhalation concentration, 0.3 mg/m3, based on mortality and organ damage, is expected to be protective against any possible reproductive toxicity. Similarly, an oral tolerable intake of 0.6 mg/kg body weight per day, based on a 90-day study, is expected to provide adequate protection against possible reproductive effects. Because of non-existent data on the exposure of the general population and very limited information on occupational exposure, no meaningful risk characterisation can be performed
ACRYLIC RESIN & WATER	No significant acute toxicological data identified in literature search.
CALCIUM CARBONATE & AMMONIUM HYDROXIDE & N-METHYL-2-PYRROLIDONE	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 & ETHYLENE GLYCOL MONOBUTYL ETHER & AMMONIUM HYDROXIDE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
CALCIUM CARBONATE & PROPYLENE GLYCOL	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.
ETHYLENE GLYCOL MONOBUTYL ETHER & 2,2,4-TRIMETHYL-1,3-PENTANEDIOL MONOISOBUTYRATE	The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

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

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

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Duram Virocoat Clear Base

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

acrylic resin

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

calcium carbonate

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	>56000mg/L	4
EC50	72	Algae or other aquatic plants	>14mg/L	2
EC10	72	Algae or other aquatic plants	>14mg/L	2
NOEC	72	Algae or other aquatic plants	14mg/L	2

ethylene glycol monobutyl ether

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

2,2,4-trimethyl-1,3-pentanediol monoisobutyrate

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	9.552mg/L	3
EC50	48	Crustacea	>19mg/L	2
EC50	96	Algae or other aquatic plants	0.789mg/L	3
NOEC	72	Algae or other aquatic plants	2mg/L	2

propylene glycol

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	>10-mg/L	2
EC50	48	Crustacea	43-500mg/L	2
EC50	96	Algae or other aquatic plants	19-mg/L	2
NOEC	168	Fish	11-530mg/L	2

ammonium hydroxide

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	15mg/L	4
NOEC	72	Fish	3.5mg/L	4

N-methyl-2-pyrrolidone

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	464mg/L	1
EC50	48	Crustacea	ca.4897mg/L	1
EC50	72	Algae or other aquatic plants	>500mg/L	2
EC0	24	Crustacea	>1-mg/L	2
NOEC	504	Crustacea	12.5mg/L	2

water

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

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethylene glycol monobutyl ether	LOW (Half-life = 56 days)	LOW (Half-life = 1.37 days)
2,2,4-trimethyl-1,3-pentanediol monoisobutyrate	LOW	LOW
propylene glycol	LOW	LOW
N-methyl-2-pyrrolidone	LOW	LOW

Continued...

water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
ethylene glycol monobutyl ether	LOW (BCF = 2.51)
2,2,4-trimethyl-1,3-pentanediol monoisobutyrate	LOW (LogKOW = 2.9966)
propylene glycol	LOW (BCF = 1)
N-methyl-2-pyrrolidone	LOW (BCF = 0.16)
water	LOW (LogKOW = -1.38)

Mobility in soil

Ingredient	Mobility
ethylene glycol monobutyl ether	HIGH (KOC = 1)
2,2,4-trimethyl-1,3-pentanediol monoisobutyrate	LOW (KOC = 22.28)
propylene glycol	HIGH (KOC = 1)
N-methyl-2-pyrrolidone	LOW (KOC = 20.94)
water	LOW (KOC = 14.3)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	▸ **DO NOT** allow wash water from cleaning or process equipment to enter drains. ▸ It may be necessary to collect all wash water for treatment before disposal. ▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▸ Where in doubt contact the responsible authority. ▸ Recycle wherever possible. ▸ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▸ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or incineration in a licensed apparatus (after admixture with suitable combustible material). ▸ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

ACRYLIC RESIN IS FOUND ON THE FOLLOWING REGULATORY LISTS

Not Applicable

CALCIUM CARBONATE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

ETHYLENE GLYCOL MONOBUTYL ETHER IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

2,2,4-TRIMETHYL-1,3-PENTANEDIOL MONOISOBUTYRATE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

PROPYLENE GLYCOL IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Continued...

AMMONIUM HYDROXIDE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

N-METHYL-2-PYRROLIDONE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Chemical Footprint Project - Chemicals of High Concern List

WATER IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

National Inventory Status

National Inventory	Status
Australia - AICS	No (acrylic resin)
Canada - DSL	No (acrylic resin)
Canada - NDSL	No (acrylic resin; ethylene glycol monobutyl ether; 2,2,4-trimethyl-1,3-pentanediol monoisobutyrate; propylene glycol; ammonium hydroxide; N-methyl-2-pyrrolidone; water)
China - IECSC	No (acrylic resin)
Europe - EINEC / ELINCS / NLP	No (acrylic resin)
Japan - ENCS	No (acrylic resin)
Korea - KECI	No (acrylic resin)
New Zealand - NZIoC	No (acrylic resin)
Philippines - PICCS	No (acrylic resin)
USA - TSCA	No (acrylic resin)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	No (acrylic resin)
Russia - ARIPS	No (acrylic resin)
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 OTHER INFORMATION

Revision Date	01/11/2019
Initial Date	06/03/2017

SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	06/03/2017	Name
4.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

Other information

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

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

Definitions and abbreviations

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

end of SDS