Vetrazin Liquid Sheep Blowfly Treatment Pharm Smart Australia Pty Ltd

Chemwatch Hazard Alert Code: 2

Issue Date: 18/08/2021 Print Date: 18/08/2021 L.GHS.AUS.EN

Chemwatch: 5489-02 Version No: 2.1.13.9

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier Product name Vetrazin Liquid Sheep Blowfly Treatment Chemical Name Not Applicable Synonyms APVMA approval number 49852 Proper shipping name ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains cyromazine) Other means of identification Not Available

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

Relevant identified uses	Protects long wool sheep for up to 14 weeks from strike by blowfly (Lucilia cuprina), including organophosphate resistant strains, when applied by
	jetting or dipping.

Details of the supplier of the safety data sheet

Registered company name	Pharm Smart Australia Pty Ltd	
Address	Suite 11, Level 1, 240 Waterworks Road Ashgrove QLD 4060 Australia	
Telephone	1800 979 692	
Fax	Not Available	
Website	www.pharmsmart.com.au	
Email	info@pharmsmart.com.au	

Emergency telephone number

Association / Organisation	Pharm Smart Australia Pty Ltd
Emergency telephone numbers	1800 979 692 (Mon-Fri 9-5pm)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

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

Poisons Schedule	Not Applicable
Classification ^[1]	Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Hazardous to the Aquatic Environment Long-Term Hazard Category 1
Legend:	1. Classified by Chernwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	

Warning

Signal word

 Hazard statement(s)

 Image: Hage statement(s)

 Causes skin irritation.

 Hage statement(s)

 Causes serious eye irritation.

 Hage statement(s)

 Hage statement(s)

 Very toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P302+P352	IF ON SKIN: Wash with plenty of 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.
P362+P364	Take off contaminated clothing and wash it before reuse.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330	Rinse mouth.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501 Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
66215-27-8	30-60	cyromazine
57-55-6	1-10	propylene glycol
56-81-5	1-10	glycerol
Not Available	balance	Ingredients determined not to be hazardous
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L * EU IOELVs available	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	 If this product comes in contact with the eyes: Wash out immediately with fresh running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. 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 or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay.
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. Avoid giving milk or oils. Avoid giving alcohol.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For triazines:

Clinical effects:

Nausea, vomiting, diarrhoea, abdominal pain and a burning sensation in the mouth. However, due to the lack of clinical data serious effects cannot be excluded from large dose

deliberate ingestions.

In the case of products with organic solvents, aspiration can develop. Ataxia, anorexia, dyspnoea and muscle spasms have all been reported in animal studies but have not been seen in humans.

Management principles:

Ingestion:

In most cases there is probably no need for anything other than oral fluids and reassurance. If a very large amount has been ingested then consider: adult: gastric lavage (with a cuffed endotracheal tube if an organic solvent is involved) followed by 50 g activated charcoal, child: 1 g/kg activated charcoal.

- Do not induce vomiting if product contains an organic solvent.
- Observe the patient if a large dose has been ingested.
- Symptomatic and supportive care.

Inhalation:

Remove to fresh air. Give oxygen if necessary.

Bronchodilators may be given if indicated. Otherwise treat for the particular solvent involved.

Skin:

Wash with copious amounts of water and prevent drying/cracking (due to solvent) with an emollient

Eye:

- Irrigate for 15 to 20 minutes with running water or saline.
- Refer to an ophthalmologist.

IPCS InChem Series

To treat poisoning by the higher aliphatic alcohols (up to C7):

Gastric lavage with copious amounts of water.

It may be beneficial to instill 60 ml of mineral oil into the stomach.

Oxygen and artificial respiration as needed.

+ Electrolyte balance: it may be useful to start 500 ml. M/6 sodium bicarbonate intravenously but maintain a cautious and conservative attitude toward electrolyte replacement

- unless shock or severe acidosis threatens.
- ▶ To protect the liver, maintain carbohydrate intake by intravenous infusions of glucose.
- Haemodialysis if coma is deep and persistent. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, Ed 5)

BASIC TREATMENT

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

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- If the patient is hypoglycaemic (decreased or loss of consciousness, tachycardia, pallor, dilated pupils, diaphoresis and/or dextrose strip or glucometer readings below 50 mg), give 50% dextrose.
- + Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Acidosis may respond to hyperventilation and bicarbonate therapy.
- Haemodialysis might be considered in patients with severe intoxication.
- Consult a toxicologist as necessary. BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

For C8 alcohols and above.

Symptomatic and supportive therapy is advised in managing patients.

SECTION 5 Firefighting measures

Extinguishing media

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

Do not use water jets.

Special hazards arising from the substrate or mixture

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

Continued...

Vetrazin Liquid Sheep Blowfly Treatment

Advice for firefighters	
Fire Fighting	 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	 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. Combustion products include: carbon dioxide (CO2) nitrogen oxides (NOx) sulfur oxides (SOx) silicon dioxide (SiO2) other pyrolysis products typical of burning organic material.
HAZCHEM	•3Z

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	 Environmental hazard - contain spillage. 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	 Environmental hazard - contain spillage. 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	 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 scoap 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	 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 coObserve r	ntainers against physical d nanufacturer's storage and	amage and check reg handling recommend	ularly for ations cor	leaks. ntained w	ithin this SDS.	
Conditions for safe storage, in	ncluding any in	compatibilities					
Suitable container	 Metal can Packaging Check all 	Metal can or drum Packaging as recommended by manufacturer. Check all containers are clearly labelled and free from leaks.					
Storage incompatibility	 Avoid stro Avoid read 	ng acids, bases. ction with oxidising agents					
SECTION 8 Exposure contr	ols / persona	I protection					
Control parameters							
Occupational Exposure Limits (OEL)						
INGREDIENT DATA							
Source	Ingredient	Material name	TWA	ST	EL	Peak	Notes
Australia Exposure Standards	propylene glycol	Propane-1,2-diol: particulates only	10 mg/m3	Not Ava	ailable	Not Available	Not Available
Australia Exposure Standards	propylene glycol	Propane-1,2-diol total: (vapour & particulates)	150 ppm / 474 mg/m3	Not Ava	ilable	Not Available	Not Available
Australia Exposure Standards	glycerol	Glycerin mist	10 mg/m3	Not Ava	ilable	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Emergency Limits							
Ingredient	TEEL-1		TEEL-2				TEEL-3
propylene glycol	30 mg/m3		330 mg/m3		2,000 mg/m3		2,000 mg/m3
propylene glycol	30 mg/m3	30 mg/m3 1,300 mg/m			ī		7,900 mg/m3
glycerol	45 mg/m3	45 mg/m3 180 mg/m3			1,100 mg/m3		
Ingradiant	Original IDLH				Povie		
cyromazine	Not Available				Not Available		
propylene alvcol	Not Available				Not Available		
alvcerol	Not Available				Not Av	/ailable	

Occupational Exposure Banding					
Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit			
cyromazine	E	≤ 0.01 mg/m³			
Notes:	Occupational exposure banding is a process of assigning chemicals into s adverse health outcomes associated with exposure. The output of this pro range of exposure concentrations that are expected to protect worker hea	pecific categories or bands based on a chemical's potency and the cess is an occupational exposure band (OEB), which corresponds to a th.			

MATERIAL DATA

Exposure controls

	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure. Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which is turn, determine the "contum used to reputive required to effectively remove the contaminant				
•	Type of Contaminant:	Air Speed:			
Appropriate engineering controls	solvent, vapours, degreasing etc., evaporating from tank (in	0.25-0.5 m/s (50-100 f/min.)			
	aerosols, fumes from pouring operations, intermittent conta drift, plating acid fumes, pickling (released at low velocity in	0.5-1 m/s (100-200 f/min.)			
	direct spray, spray painting in shallow booths, drum filling, generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)			
	grinding, abrasive blasting, tumbling, high speed wheel gen 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 dec 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 mit 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 consider producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 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 safety footwear or safety gumboots, e.g. Rubber NOTE: The material may produce skin sensitisation in predispose equipment, to avoid all possible skin contact. Contaminated leather items, such as shoes, belts and wat The selection of suitable gloves does not only depend on the manufacturer. Where the chemical is a preparation of several and has therefore to be checked prior to the application. The exact break through time for substances has to be obtain making a final choice. Personal hygiene is a key element of effective hand care. Glo washed and dried thoroughly. Application of a non-perfumed Suitability and durability of glove type is dependent on usage. 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 3 When prolonged or frequently repeated contact may or 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recomm Some glove polymer types are less affected by movem use. Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are 1. Excellent when breakthrough time > 480 min Good when breakthrough time > 20 min Fair when breakthrough time > 20 min Poor when glove will be dependent on the exact compose consideration of the task requirements and knowledge of bread Glove thickness may also vary depending on the glove should be replaced. Thinner gloves (down to 0.1 mm or less) may be require only likely to give short duration protection and would normall Thinker gloves (up to 3 mm or more) may be require or puncture potential Glove thickness may also vary depending on the glove soft and the should be worth on the astrequirements and knowledge of bread fiscince, of the glove shor	ed individuals. Care must be taken, when removing gloves and other protective tatch-bands should be removed and destroyed. material, but also on further marks of quality which vary from manufacturer to substances, the resistance of the glove material can not be calculated in advance and from the manufacturer of the protective gloves and has to be observed when wes must only be worn on clean hands. After using gloves, hands should be moisturiser is recommended. . Important factors in the selection of gloves include: 474, US F739, AS/NZS 2161.1 or national equivalent). .ccur, a glove with a protection class of 5 or higher (breakthrough time greater than nal equivalent) is recommended. tection class of 3 on higher (breakthrough time greater than 60 minutes according to nended. .tection class of 3 on higher (breakthrough time greater than 60 minutes according to nended. .tert and this should be taken into account when considering gloves for long-term rated as: ater than 0.35 mm, are recommended. .tiy a good predictor of glove resistance to a specific chemical, as the permeation athrough times. facturer, the glove type and the glove model. Therefore, the manufacturers' selection of the most appropriate glove for the task. arying thickness may be required for specific tasks. For example: ed where a high degree of manual dexterity is needed. However, these gloves are y be just for single use applications, then disposed of. where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion , hands should be washed and dried thoroughly. Application of a non-perfumed		
Body protection	See Other protection below			
Other protection	 Overalls. P.V.C apron. Barrier cream. Skin cleansing cream. Eve wash unit 			

Respiratory protection

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

Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.

Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.

The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency

and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).

• Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.

· Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.

• Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)

Use approved positive flow mask if significant quantities of dust becomes airborne.

Try to avoid creating dust conditions.

Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.

P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles

Suitable for:

· Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.

· Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.

Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Brown liquid; mixes with water.			
Physical state	Liquid	Relative density (Water = 1)	Not Available	
Odour	Not Available	Partition coefficient n-octanol / water	Not Available	
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not 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)	Not Available	Molecular weight (g/mol)	Not Applicable	
Flash point (°C)	Not Available	Taste	Not Available	
Evaporation rate	Not Available	Explosive properties	Not Available	
Flammability	Not Available	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	Miscible	pH as a solution (%)	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	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. 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. Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS

	depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in arrhythmias and hypotension. Gastrointestinal effects may include nausea and vomiting. Kidney and liver damage may result following massive exposures. The alcohols are potential irritants being, generally, stronger irritants than similar organic structures that lack functional groups (e.g. alkanes) but are much less irritating than the corresponding amines, aldehydes or ketones. Alcohols and glycols (diols) rarely represent serious hazards in the workplace, because their vapour concentrations are usually less than the levels which produce significant irritation which, in turn, produce significant central nervous system effects as well.		
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and ooma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury. Those possessing lower viscosity elicit a greater response. The result is a high blood level and prompt death at doses otherwise tolerated by ingestion without aspiration. In general the secondary alcohols are less toxic than their aliphatic analogues. In sequence of decreasing depressant potentil, tertiary alcohols, rare more potent than primary alcohols. The potentil far or overall systemic toxicity increases with molecular weight (up to C7), principally because the water solubility is diminished and lipophilicity is increased. Within the homologues series of aliphatic alcohols, narcotic potency may increase even faster than lethality Only scanty toxicity informany alcohols. The optical factor alcohols, are less toxic than those immediately preceding them in the series. 10 - Carbon n-decyl alcohol has low toxicity as do the solid fatty alcohols (e.g. lauryl, myristyl, cetyl and stearyl). However the rat aspiration test suggests that decyl and melted dodecyl (lauryl) alcohols are dangerous if they enter the trachea. In the rate even a small quantity (0.2 mi) of these behaves like a hydrocarbon solvent in causing death from pulmonary oedema. Primary alcohols are metabolised to corresponding aldehydredes and acids; a significant timetabo		
Skin Contact	 The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant, but moderate, 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 (oederma) 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. Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man. Anionic surfactants/ hydrotropes generally produce skin reactions following the removal of natural oils. The skin may appear red and may become sore. Papular dermatitis may also develop. Sensitive individuals may exhibit cracking, scaling and blistering. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. 		
Eye	Examine the skin prior to the use of the material and ensure that any external damage is suitably protected. 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. Direct eye contact with some concentrated anionic surfactants/ hydrotropes produces corneal damage, in some cases severe. Low concentrations may produce immediate discomfort, conjunctival hyperaemia, and oedema of the corneal epithelium. Healing may take several days. Temporary clouding of the cornea may occur.		
Chronic	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. 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. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances than can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.		

It is reported that an agricultural worker developed contact eczema following several years of exposure to feed pellets containing a calcium

lignosulfonate binder. The authors of this report concluded that the contact allergy was due to calcium lignosulfonate alone. Andersson, R., and
K. Goransson: NIOSHTIC Record No.: 68738

Prolonged or repeated skin contact may cause degreasing with drying, cracking and dermatitis following.

Epidemiological studies have associated long-term exposures to triazine herbicides with increase risk of ovarian cancer in female farm workers in Italy and of breast cancer in the general population of Kentucky in the United States. In experiments with female F344 rats, atrazine induced tumours of the mammary gland and reproductive organs. Atrazine also caused lengthening of the oestrus cycle, a dose-dependent increase in the plasma levels of 17beta-oestradiol and early onset of mammary and pituitary tumours in female Prague-Dawley rats.

Investigations into the mechanism of these apparent oestrogenic effects have not been able to demonstrate any consistent interactions with triazine herbicides with the oestrogen receptor or effects on receptor-mediated responses. Atrazine, simazine and propazine have been shown to induce aromatase activity in a human adrenocortical carcinoma cell line. This response was observed at concentrations in the submicromolar range. Aromatase is a circulating enzyme which converts androstenedione (generated in the adrenals) to oestrone in peripheral tissues such as adipose tissues. Oestrone subsequently undergoes conversion to oestradiol which binds to oestrogen receptors in many tissues with induction of tumours. In addition, many human breast cancers contain aromatase. (Breast cancer therapies, based on aromatase inhibitors, are now available.)

The effects of triazine herbicides and some of their metabolites on aromatase activity may provide a partial explanation for the observed increase in plasma oestradiol in rats, together with the observed oestrogen-mediated toxicities *in vivo*. [1]

[1] Sanderson et al: Environmental Health Perspectives, 109, pp 1027-1031, 2001

Suggestive evidence between atrazine (or triazines) exposure and an increased risk of prostate cancer, breast cancer, and ovarian cancer have been reported. Although these data provide a suspicion of carcinogenicity, the limited number of investigations and study limitations preclude drawing conclusions regarding these cancer types.

Vetrazin Liquid Sheep Blowfly	ΤΟΧΙΟΙΤΥ	IRRITATION	
Treatment	Not Available	Not Available	
	ΤΟΧΙΟΙΤΥ	IRRITATION	
_	dermal (rat) LD50: >3100 mg/kg ^[2]	Eye (rabbit): nil	
cyromazine	Inhalation(Rat) LC50; >2.72 mg/L4h ^[2]	Skin (rabbit): moderate	
	Oral(Rat) LD50; 3387 mg/kg ^[2]		
	ΤΟΧΙΟΙΤΥ	IRRITATION	
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg - mild	
propylene glycol	Inhalation(Rat) LC50; >44.9 mg/L4h ^[2]	Eye (rabbit): 500 mg/24h - mild	
	Oral(Rat) LD50; >10400 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]	
	ΤΟΧΙΟΙΤΥ	IRRITATION	
glycerol	dermal (guinea pig) LD50: 58500 mg/kg ^[1]	Not Available	
	Oral(Rat) LD50; >20<39800 mg/kg ^[1]		
Legend:	 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 		
	The following information refers to contact allergens as a group and may not be specific to this product.		

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 CYROMAZINE 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. ADI 0.02 mg/kg b.w. * Toxicity Class WHO Table 5; EPA III * Ames Test Non mutagenic 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.

As upper respiratory tract irritation. Inhalation of the propylene glycol vapours appears to present no significant nazard 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

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 the total of the date of the addition of program and additive for human food as well. The exception is that it is prohibited for use in food				
GLYCEROL	Inks to Heinz body anemia. For glycerol: Acute toxicity: Glycerol is of a low order of acute oral and dermal toxicity with LD50 values in excess of 4000 mg/kg bw. At very high dose levels, the signs of toxicity include tremor and hyperaemia of the gastro-intestinal -tract. Skin and eye irritation studies indicate that glycerol has low potential to irritate the skin and the eye. The available human and animal data, together with the very widespread potential for exposure and the absence of case reports of sensitisation, indicate that glycerol is not a skin sensitiser. Repeat dose toxicity: Repeated oral exposure to glycerol does not induce adverse effects other than local irritation of the gastro-intestinal tract. The overall NOEL after prolonged treatment with glycerol is 10,000 mg/kg bw/day (20% in diet). At this dose level no systemic or local effects were observed. For inhalation exposure to aerosols, the NOAEC for local irritant effects to the upper respiratory tract is 165 mg/m3 and 662 mg/m3 for systemic effects. Genotoxicity: Glycerol is free from structural alerts, which raise concern for mutagenicity. Glycerol does not induce gene mutations in bacterial strains, chromosomal effects in mammalian cells or primary DNA damage <i>in vitro</i> . Results of a limited gene mutation test in mammalian cells were of uncertain biological relevance. <i>In vivo</i> , glycerol produced no statistically significant effect in a chromosome aberrations and dominant lethal study. However, the limited details provided and the absence of a positive control, prevent any reliable conclusions to be drawn from the <i>in vivo</i> data. Overall, glycerol is not considered to possess genotoxic potential. Carcinogenicity : Data from non-guideline studies designed to investigate tumour promotion activity in male mice suggest that oral administration of glycerol up to 20 weeks had a weak promotion effect on the incidence of tumour formation. Reproductive and developmental toxicity : No effects on fertility and reproductive perf				
CYROMAZINE & GLYCEROL	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 (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				
CYROMAZINE & 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.				
Acute Toxicity	✓ Carcinogenicity X				
Skin Irritation/Corrosion	✓ Reproductivity	×			
Serious Eye Damage/Irritation	✓ STOT - Single Exposure	×			
Respiratory or Skin sensitisation	✓ STOT - Repeated Exposure X				
Mutagenicity	X Aspiration Hazard X				
	Legend: 🗙 – Data either n	not available or does not fill the criteria for classification			

Data available to make classification

SECTION 12 Ecological information

Toxicity					
	Endpoint	Test Duration (hr)	Species	Value	Source
Vetrazin Liquid Sheep Blowfly Treatment	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
cyromazine	EC50(ECx)	48h	Crustacea	5.08mg/l	
	LC50	96h	Fish	>118.665mg/L	4
	EC50	48h	Crustacea	5.08mg/l	4
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	336h	Algae or other aquatic plants	<5300mg/l	1
propylene glycol	EC50	72h	Algae or other aquatic plants 19300n		2
	LC50	96h	Fish	>10000mg/l	2
	EC50	48h	Crustacea	>114.4mg/L	4

	EC50	96h	Algae or other aquatic plants	19000mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
glycerol	LC50	24h 96h	Crustacea Fish	>500mg/l 885mg/l	1 2
Legend:	Extracted from V3.12 (QSAR) Data 6. NITE (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			

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment. **DO NOT** discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
cyromazine	HIGH	HIGH
propylene glycol	LOW	LOW
glycerol	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
cyromazine	LOW (LogKOW = -0.2964)
propylene glycol	LOW (BCF = 1)
glycerol	LOW (LogKOW = -1.76)

Mobility in soil

Ingredient	Mobility
cyromazine	LOW (KOC = 118.9)
propylene glycol	HIGH (KOC = 1)
glycerol	HIGH (KOC = 1)

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 or consult manufacturer for recycling options. Consult State Land Waste Authority for disposal. Bury or incinerate residue at an approved site. Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required Marine Pollutant HAZCHEM •3Z

Land transport (ADG)

UN number	3082	
UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains cyromazine)	
Transport hazard class(es)	Class 9 Subrisk Not Applicable	
Packing group	III	
Environmental hazard	Environmentally hazardous	

Environmentally Hazardous Substances meeting the descriptions of UN 3077 or UN 3082 are not subject to this Code when transported by road or rail in; (a) packagings; (b) IBCs; or

(c) any other receptacle not exceeding 500 kg(L). - Australian Special Provisions (SP AU01) - ADG Code 7th Ed.

Air transport (ICAO-IATA / DGR)

UN number	3082				
UN proper shipping name	Environmentally hazardo	Environmentally hazardous substance, liquid, n.o.s. * (contains cyromazine)			
Transport hazard class(es)	ICAO/IATA Class ICAO / IATA Subrisk ERG Code	9 Not Applicable 9L			
Packing group	III				
Environmental hazard	Environmentally hazardous				
Special precautions for user	Special provisions Cargo Only Packing In Cargo Only Maximum Passenger and Cargo Passenger and Cargo Passenger and Cargo	Special provisions Cargo Only Packing Instructions Cargo Only Maximum Qty / Pack Passenger and Cargo Packing Instructions Passenger and Cargo Maximum Qty / Pack Passenger and Cargo Limited Quantity Packing Instructions Passenger and Cargo Limited Maximum Qty / Pack			

Sea transport (IMDG-Code / GGVSee)

UN number	3082		
UN proper shipping name	ENVIRONMENTALL	Y HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains cyromazine)	
Transport hazard class(es)	IMDG Class IMDG Subrisk	9 Not Applicable	
Packing group	Ш		
Environmental hazard	Marine Pollutant		
Special precautions for user	EMS Number Special provisions Limited Quantities	F-A, S-F 274 335 969 5 L	

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

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
cyromazine	Not Available
propylene glycol	Not Available
glycerol	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
cyromazine	Not Available
propylene glycol	Not Available
glycerol	Not Available

SECTION 15 Regulatory information

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

cyromazine is found on the following regulatory lists

Australia Chemicals with non-industrial uses removed from the Australian Inventory of Chemical Substances (old Inventory)

propylene glycol is found on the following regulatory lists

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

Australian Inventory of Industrial Chemicals (AIIC)

glycerol is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (cyromazine)
Canada - NDSL	No (cyromazine; propylene glycol; glycerol)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (cyromazine)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (cyromazine)
USA - TSCA	No (cyromazine)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	No (cyromazine)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	18/08/2021
Initial Date	18/08/2021

SDS Version Summary

Version	Date of Update	Sections Updated
2.1.13.9	18/08/2021	Advice to Doctor, Classification, Environmental, Fire Fighter (extinguishing media), Fire Fighter (fire/explosion hazard), Fire Fighter (fire fighting), Fire Fighter (fire incompatibility), Handling Procedure, Ingredients, Spills (major), Spills (minor), Storage (suitable container)

Other information

Ingredients with multiple cas numbers

Name	CAS No
------	--------

glycerol	56-81-5, 29796-42-7, 30049-52-6, 37228-54-9, 75398-78-6, 78630-16-7, 8013-25-0, 8043-29-6, 1400594-62-8		

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 ES: Exposure Standard 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 AIIC: Australian Inventory of Industrial Chemicals DSL: Domestic Substances List NDSL: Non-Domestic Substances List IECSC: Inventory of Existing Chemical Substance in China EINECS: European INventory of Existing Commercial chemical Substances ELINCS: European List of Notified Chemical Substances NLP: No-Longer Polymers ENCS: Existing and New Chemical Substances Inventory KECI: Korea Existing Chemicals Inventory NZIoC: New Zealand Inventory of Chemicals

PICCS: Philippine Inventory of Chemicals and Chemical Substances TSCA: Toxic Substances Control Act TCSI: Taiwan Chemical Substance Inventory INSQ: Inventario Nacional de Sustancias Químicas NCI: National Chemical Inventory FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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.