

Vetrazin Spray-On Sheep Blowfly Treatment

Pharm Smart Australia Pty Ltd

Chemwatch Hazard Alert Code: 3

Chemwatch: 5489-03

Version No: 2.1.13.9

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

Issue Date: 18/08/2021

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

Product Identifier

Product name	Vetrazin Spray-On Sheep Blowfly Treatment
Chemical Name	Not Applicable
Synonyms	APVMA approval number 39979
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains cyromazine)
Chemical formula	Not Applicable
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 11 weeks from strike by blowfly (<i>Lucilia cuprina</i>).
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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]	Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 2
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	Danger

Hazard statement(s)

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.

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P273	Avoid release to the environment.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P391	Collect spillage.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
66215-27-8	1-10	<u>cyromazine</u>
50-21-5	1-10	<u>lactic acid</u>
64-19-7	1-10	<u>acetic acid glacial</u>
57-55-6	1-10	<u>propylene glycol</u>
9002-93-1	1-10	<u>p-tert-octylphenol ethoxylate</u>
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	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor.
Ingestion	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice. ▶ 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:

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- ▶ 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.

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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

The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.

Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.

In such an event consider:

- ▶ foam.
- ▶ dry chemical powder.
- ▶ 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 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.

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Fire/Explosion Hazard	<p>The emulsion is not combustible under normal conditions. However, it will break down under fire conditions and the hydrocarbon component will burn.</p> <ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material.</p>
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	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	<p>Environmental hazard - contain spillage. Moderate hazard.</p> <ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Absorb remaining product with sand, earth or vermiculite. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage**Precautions for safe handling**

Safe handling	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid reaction with oxidising agents

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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	acetic acid glacial	Acetic acid	10 ppm / 25 mg/m ³	37 mg/m ³ / 15 ppm	Not Available	Not Available
Australia Exposure Standards	propylene glycol	Propane-1,2-diol total: (vapour & particulates)	150 ppm / 474 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	propylene glycol	Propane-1,2-diol: particulates only	10 mg/m ³	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
acetic acid glacial	Not Available	Not Available	Not Available
propylene glycol	30 mg/m ³	330 mg/m ³	2,000 mg/m ³
propylene glycol	30 mg/m ³	1,300 mg/m ³	7,900 mg/m ³

Ingredient	Original IDLH	Revised IDLH
cyromazine	Not Available	Not Available
lactic acid	Not Available	Not Available
acetic acid glacial	50 ppm	Not Available
propylene glycol	Not Available	Not Available
p-tert-octylphenol ethoxylate	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
cyromazine	E	≤ 0.01 mg/m ³
lactic acid	C	> 1 to ≤ 10 parts per million (ppm)
p-tert-octylphenol ethoxylate	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	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. 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.</p> <p>Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.</p>											
	<table border="1"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>solvent, vapours, degreasing etc., evaporating from tank (in still air).</td> <td>0.25-0.5 m/s (50-100 f/min.)</td> </tr> <tr> <td>aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> <tr> <td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).</td> <td>2.5-10 m/s (500-2000 f/min.)</td> </tr> </tbody> </table>	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.)	
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	<p>Within each range the appropriate value depends on:</p> <table border="1"> <thead> <tr> <th>Lower end of the range</th> <th>Upper end of the range</th> </tr> </thead> <tbody> <tr> <td>1: Room air currents minimal or favourable to capture</td> <td>1: Disturbing room air currents</td> </tr> <tr> <td>2: Contaminants of low toxicity or of nuisance value only.</td> <td>2: Contaminants of high toxicity</td> </tr> <tr> <td>3: Intermittent, low production.</td> <td>3: High production, heavy use</td> </tr> <tr> <td>4: Large hood or large air mass in motion</td> <td>4: Small hood-local control only</td> </tr> </tbody> </table>	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	
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<p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of</p>												

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	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	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Respiratory protection

Type AB-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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

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Appearance	Clear red liquid with vinegar-like odour; 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 Applicable
pH (as supplied)	4-5	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 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 (%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>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.</p> <p>Acute effects from inhalation of high vapour concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.</p>
Ingestion	<p>Short-term administration of derivatives of s-triazines cause structural damage to the liver of test animals. The significance of these results (if any) for human exposure cannot, as yet, be determined. [Foltinova et al - Folia Histochemica 1971]. The s-triazines appear to act at the level of carbohydrate metabolism. The chlorinated, methoxy and methylthio derivatives inhibit starch accumulation by blocking sugar production. The s-triazines also cause the disappearance of sucrose and glyceric acid with the formation of aspartic and malic acids.</p> <p>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 coma. 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.</p> <p>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 the corresponding primary isomers. As a general observation, alcohols are more powerful central nervous system depressants than their aliphatic analogues. In sequence of decreasing depressant potential, tertiary alcohols with multiple substituent OH groups are more potent than secondary alcohols, which, in turn, are more potent than primary alcohols. The potential for overall systemic toxicity increases with molecular weight (up to C7), principally because the water solubility is diminished and lipophilicity is increased.</p> <p>Within the homologous series of aliphatic alcohols, narcotic potency may increase even faster than lethality</p> <p>Only scanty toxicity information is available about higher homologues of the aliphatic alcohol series (greater than C7) but animal data establish that lethality does not continue to increase with increasing chain length. Aliphatic alcohols with 8 carbons 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 rat even a small quantity (0.2 ml) of these behaves like a hydrocarbon solvent in causing death from pulmonary oedema.</p> <p>Primary alcohols are metabolised to corresponding aldehydes and acids; a significant metabolic acidosis may occur. Secondary alcohols are converted to ketones, which are also central nervous system depressants and which, in the case of the higher homologues persist in the blood for many hours. Tertiary alcohols are metabolised slowly and incompletely so their toxic effects are generally persistent.</p> <p>Ingestion of propylene glycol produced reversible central nervous system depression in humans following ingestion of 60 ml. Symptoms included increased heart-rate (tachycardia), excessive sweating (diaphoresis) and grand mal seizures in a 15 month child who ingested large doses (7.5 ml/day for 8 days) as an ingredient of vitamin preparation.</p>

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	<p>Excessive repeated ingestions may cause hypoglycaemia (low levels of glucose in the blood stream) among susceptible individuals; this may result in muscular weakness, incoordination and mental confusion.</p> <p>Very high doses given during feeding studies to rats and dogs produce central nervous system depression (although one-third of that produced by ethanol), haemolysis and insignificant kidney changes.</p> <p>In humans propylene glycol is partly excreted unchanged in the urine and partly metabolised as lactic and pyruvic acid. Lactic acidosis may result.</p> <p>Accidental ingestion of the material may be damaging to the health of the individual.</p>								
Skin Contact	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.</p> <p>One of the mechanisms of skin irritation caused by surfactants is considered to be denaturation of the proteins of skin. It has also been established that there is a connection between the potential of surfactants to denature protein in vitro and their effect on the skin. Nonionic surfactants do not carry any net charge and, therefore, they can only form hydrophobic bonds with proteins. For this reason, proteins are not deactivated by nonionic surfactants, and proteins with poor solubility are not solubilized by nonionic surfactants</p> <p>Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>								
Eye	<p>When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.</p> <p>Some nonionic surfactants may produce a localised anaesthetic effect on the cornea; this may effectively eliminate the warning discomfort produced by other substances and lead to corneal injury. Irritant effects range from minimal to severe dependent on the nature of the surfactant, its concentration and the duration of contact. Pain and corneal damage represent the most severe manifestation of irritation.</p>								
Chronic	<p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>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.</p> <p>Substances that 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</p> <p>Wherever it is reasonably practicable, exposure to substances that can cause 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.</p> <p>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.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Exposure to the material may cause concerns for human fertility, on the basis that similar materials provide some evidence of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects.</p> <p>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.</p> <p>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.)</p> <p>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 <i>in vivo</i>. [1]</p> <p>[1] Sanderson et al: <i>Environmental Health Perspectives</i>, 109, pp 1027-1031, 2001</p> <p>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.</p>								
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acetic acid glacial	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 1060 mg/kg ^[2]	Eye (rabbit): 0.05mg (open)-SEVERE
	Inhalation(Mouse) LC50; 1.405 mg/L4h ^[2]	Skin (human):50mg/24hr - mild
	Oral(Rabbit) LD50; ~600 mg/kg ^[2]	Skin (rabbit):525mg (open)-SEVERE
propylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg - mild
	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]
p-tert-octylphenol ethoxylate	TOXICITY	IRRITATION
	Oral(Rat) LD50; 1800 mg/kg ^[2]	Eye (rabbit): 1 mg - moderate
		Skin (human): 2 mg/3d -I - mild
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	

CYROMAZINE	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. ADI 0.02 mg/kg b.w. * Toxicity Class WHO Table 5; EPA III * Ames Test Non mutagenic *</p>
LACTIC ACID	<p>for simple alpha-hydroxy carboxylic acids and their salts: The US Food and Drug Administration (FDA) received a total of 114 adverse dermatologic experience reports for alpha-hydroxy acids (AHA)-containing skin care products between 1992 and February 2004, with the maximum number in 1994. The reported adverse experiences included burning (45), dermatitis or rash (35), swelling (29), pigmentary changes (15), blisters or welts (14), skin peeling (13), itching (12), irritation or tenderness (8), chemical burns (6), and increased sunburn (3). The frequency of such reports for skin exfoliating products that contain AHAs has been considerably lower in subsequent years. The more serious adverse reactions appear to occur most often with products that cause the greatest degree of exfoliation, such as "skin peelers." Various studies confirmed previous industry studies indicating that applying AHAs to the skin results in increased UV sensitivity. After four weeks of AHA application, volunteers' sensitivity to skin reddening produced by UV increased by 18 percent. Similarly, the volunteers' sensitivity to UV-induced cellular damage doubled, on average, with considerable differences among individuals. Topical glycolic acid enhances photodamage by ultraviolet light. However, the studies also indicated that this increase in sensitivity is reversible and does not last long after discontinuing use of the AHA cream. One week after the treatments were halted, researchers found no significant differences in UV sensitivity among the various skin sites. Most AHAs are physiologic, natural, and non-toxic substances. All members of the group promote normal keratinization and desquamation. Those with multiple hydroxyl groups are moisturizing antioxidants, and are especially gentle for sensitive skin. The studies did not identify exactly how AHAs bring about the increased UV sensitivity, although the effects did not appear to involve dramatic increases in UV-induced damage to DNA in the skin. Previous FDA studies have indicated that a cosmetic-type cream base caused an AHA to penetrate more deeply into the skin when compared to an AHA solution without the usual cosmetic ingredients. However, further studies will be needed to learn how much, if at all, those cosmetic-type ingredients influence the AHA-related effects on UV sensitivity. The toxicology of simple alpha hydroxy carboxylic acids cluster is characterised by five compounds sharing the functional group defining the cluster name Experimental data available for members of the simple alpha-hydroxy carboxylic acids indicate a low acute, repeated-dose, reproductive and developmental toxicity. The simple alpha hydroxy carboxylic acids are eye and skin irritants but are not expected to be skin sensitizers. Genotoxicity test data for two cluster members and a cancer bioassay for the calcium salt of propanoic acid, 2-hydroxy- yielded negative results and all other cluster members are considered to have little or no mutagenic or carcinogenic potential. Acute oral toxicity of propanoic acid, 2-hydroxy- (2S)- (79-33-4) and propanoic acid, 2-hydroxy- (50-21-5) are low. The repeated-dose and developmental toxicity of the three tested simple alpha -hydroxy carboxylic acids is low. In EPA's High Production Volume Program, reproductive toxicity testing for propanoic acid, 2-hydroxy- (50-21-5) was deemed unnecessary because it is a normal component of human intermediary metabolism. Reproductive toxicity of acetic acid, 2-hydroxy- (79-14-1) has been tested and was found to be low. Low reproductive toxicity of the associated potassium salts is also expected to be low. Alpha-hydroxy carboxylic acids are severe eye irritants. Acetic acid, 2-hydroxy- (79-14-1), propanoic acid, 2-hydroxy- (2S)- (79-33-4) and propanoic acid, 2-hydroxy- (50-21-5) all produced positive skin irritation in rabbits. The members of this cluster are not expected to be skin sensitizers based on negative results in guinea pigs for both acetic acid, 2-hydroxy- (79-14-1) and propanoic acid, 2-hydroxy- (2S)- (79-33-4). Genotoxicity data for acetic acid, 2-hydroxy-(79-14-1) and propanoic acid, 2-hydroxy- (50-21-5) are negative, indicating that none of the cluster members are expected to be genotoxic. A 2-year drinking water study of the calcium salt of propanoic acid, 2-hydroxy- (50-21-5) in rats showed no evidence of carcinogenicity. An expert judgment based on mechanism-based structure-activity relationship considerations indicate little or no carcinogenic potential for any of the cluster members due to expected rapid metabolism/excretion and lack of genotoxic structural alert. This judgment is supported by the negative cancer and mutagenicity data for propanoic acid, 2-hydroxy- (50-21-5), which is considered a reasonable analogue to the rest of the cluster. Some products containing alpha-hydroxy acids (AHAs) have been marketed for uses such as treating acne, removing scars, and lightening discolorations. Among these are some products marketed as "skin peelers," which may contain relatively high concentrations of AHAs or other acids and are designed to remove the outer layer of the skin</p>
ACETIC ACID GLACIAL	<p>NOAELs following repeated exposure to acetic acid and its salts range from 210 mg/kg bw/day (2-4 month acetic acid drinking water study; systemic toxicity) to 3600 mg/kg bw/day (acetic acid, sodium salt, 4 week dietary study; no effects reported). Signs of irritation/corrosion at the site of contact as well as systemic toxicity have been reported. Prolonged inhalation exposure to acetic acid results in muscle imbalance, increase in blood cholinesterase activity, decreases in albumins and decreased growth at concentrations greater than 0.01 mg/m³/day. Groups of 20 mice/sex were given 0.025% sodium acetate in drinking water (about 60 mg/kg bw/day) for 1 week before breeding, during a 9-day breeding period and (females only) throughout pregnancy, lactation and until the offspring were weaned at 3 weeks of age. No effects on fertility were observed. The male offspring were given the same solution until they were 5-7 weeks old and were then examined in a 24-hour activity test.</p>

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	<p>Examination of the litters revealed no overt deformities and normal pup weights at day 1 and day 21. The activity of offspring of the treated group was lower than that of controls during the first 12 hours but was similar during the second 12 hours. It is unknown if the decreased activity observed in the sodium acetate treated group to was a result of exposure in utero and/or post-weaning, since the pups were exposed during both time periods.). Acetic acid had no effects on implantation or on maternal or fetal survival in rats, mice or rabbits dosed via gavage during gestation days 6-19 at doses up to 1600 mg/kg/day. The number of abnormalities seen in either soft or skeletal tissues of the test groups did not differ from the number occurring in the controls. Sodium acetate had no effect on pregnant mice or offspring when mice were administered 1000 mg/kg bw, by gavage on days 8-12 of gestation.</p>
<p>PROPYLENE GLYCOL</p>	<p>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.</p> <p>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.</p> <p>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).</p> <p>Propylene glycol shows no evidence of being a carcinogen or of being genotoxic.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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 estrogen cream may notice that brand name creams made with propylene glycol often create extreme, uncomfortable burning along the vulva and perianal area.</p> <p>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.</p> <p>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.</p> <p>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)</p> <p>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.</p>
<p>P-TERT-OCTYLPHENOL ETHOXYLATE</p>	<p>Octoxynols:</p> <p>Octoxynols of various chain lengths as well as octoxynol salts and organic acids function in cosmetics either as surfactants-emulsifying agents, surfactants-cleansing agents, surfactant-solubilizing agents, or surfactants-hydrotropes in a wide variety of cosmetic products at concentrations ranging from 0.0008% to 25%, with most less than 5.0%. The octoxynols are chemically similar to nonoxynols.. Long-chain nonoxynols (9 and above) were considered safe as used, whereas short-chain nonoxynols (8 and below) were considered safe as used in rinse-off products and safe at concentrations less than 5% in leave-on formulations. Acute exposure of hamsters to Octoxynol-9 by bronchopulmonary lavage produced pneumonia, pulmonary edema, and intra-alveolar hemorrhage. Octoxynol-9 at doses over 1 g/kg was toxic in rats and in mice in acute oral toxicity studies. No significant effects were noted in short-term oral studies of Octoxynol-9 in rats, in subchronic oral studies of Octoxynol-40 in rats and dogs, or in chronic oral studies of Octoxynol-40 in rats. The intraperitoneal LD50 of Octoxynol-9 in rats and mice was around 100 mg/kg. In skin irritation studies, octoxynols ranged from nonirritating to moderately irritating. Octoxynols were not ocular irritants in one rabbit study, but in others there was ocular irritation. No immune system toxicity in CF-1 female mice was noted following the intraperitoneal injection of Octoxynol-9 followed by subcutaneous immunization with sheep red blood cells (SRBCs). Octoxynol-9 produced no humoral and cell-mediated immune responses, or autoimmune response in mice. In the Ames test, Octoxynol-1 was not mutagenic with and without metabolic activation nor was Octoxynol-9 clastogenic. Results for Octoxynol-9 were negative in the following assays: unscheduled DNA synthesis, hypoxanthine guanine phosphoribosyl transferase mutation assay, malignant transformation assay, DNA alkaline unwinding test, and mouse lymphoma thymidine kinase locus forward mutation assay. Ethoxylated alkylphenols are generally considered to be estrogenic in that they mimic the effects of estradiol. Dermal exposure at three dose levels of rats to Octoxynol-9 failed to induce any malformations by category (external, visceral, or skeletal) or by individual anatomical location that were different from controls at statistically significant level. An increased incidence of a vestigial thoracic rib was observed in all dose groups. Octoxynol-9 also did not induce developmental toxicity (number of viable litters, live-born per litter, percentage survival, birth weight per pup, and weight gain per pup) in female specific pathogen-free CD-1 mice dosed daily by gavage on gestation days 6 through 13. No reproductive toxicity was seen in male albino rats which received 5% Octoxynol-40 in the diet daily for 3 months; however, in an in vitro test, Octoxynol-9 (0.24 mg/ml) totally immobilized all human spermatozoa within 20 s. Women who used Nonoxynol-9 or Octoxynol-9 as spermicides, but who did become pregnant, did not have an increase in the overall risk of fetal malformations. In a human skin irritation study, formulations containing 2.0% Octoxynol-9 were classified as moderately irritating and minimally irritating, respectively, in a 24-h single-insult, occlusive patch test. Octoxynol-9 (1.0%) was classified as a nonirritant in a clinical study of nine subjects patch tested for 4 consecutive days. The skin sensitization potential of Octoxynols-1, -3, -5, -9, and -13 was evaluated using 50 subjects. Octoxynol-1 induced sensitization in two subjects; all other results were negative. No sensitization was observed in the following studies: 8.0% Octoxynol-9 in 103 subjects, 0.5% Octoxynol-9 in 102 subjects, and 0.1% Octoxynol-9 in 206 subjects. Concerns about even trace levels of 1,4-dioxane, ethylene oxide, or unreacted C9 led to the recommendation that levels be limited. Concerns about the ocular irritancy of short-chain octoxynols led to a recommendation that they should not be used in products that will be used in the area surrounding the eyes. A limitation on the use concentration for short-chain octoxynols (8 and below) arose from consideration of the skin sensitization potential of octoxynols and the recognition that the short-chain octoxynols could be absorbed into the skin more than the long-chain octoxynols. Overall, based on the available data, it was concluded that long-chain octoxynols (9 and above) are safe as used, whereas short-chain octoxynols (8 and below) are safe as used in rinse-off products and safe at concentrations less than 5% in leave-on formulations.</p> <p>International Journal of Toxicology Vol 23 pp 59-111 Jan 2004</p> <p>Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air.</p> <p>Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of the investigated</p>

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oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity). The formation of other hydroperoxides was indicated by the detection of their corresponding aldehydes in the oxidation mixture.

On the basis of the lower irritancy, nonionic surfactants are often preferred to ionic surfactants in topical products. However, their susceptibility towards autoxidation also increases the irritation. Because of their irritating effect, it is difficult to diagnose ACD to these compounds by patch testing.

Human beings have regular contact with alcohol ethoxylates through a variety of industrial and consumer products such as soaps, detergents, and other cleaning products. Exposure to these chemicals can occur through ingestion, inhalation, or contact with the skin or eyes. Studies of acute toxicity show that volumes well above a reasonable intake level would have to occur to produce any toxic response. Moreover, no fatal case of poisoning with alcohol ethoxylates has ever been reported. Multiple studies investigating the acute toxicity of alcohol ethoxylates have shown that the use of these compounds is of low concern in terms of oral and dermal toxicity.

Clinical animal studies indicate these chemicals may produce gastrointestinal irritation such as ulcerations of the stomach, pilo-erection, diarrhea, and lethargy. Similarly, slight to severe irritation of the skin or eye was generated when undiluted alcohol ethoxylates were applied to the skin and eyes of rabbits and rats. The chemical shows no indication of being a genotoxin, carcinogen, or mutagen (HERA 2007). No information was available on levels at which these effects might occur, though toxicity is thought to be substantially lower than that of nonylphenol ethoxylates.

Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air.

Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of the investigated oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity). The formation of other hydroperoxides was indicated by the detection of their corresponding aldehydes in the oxidation mixture.

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Alcohol ethoxylates are according to CESIO (2000) classified as Irritant or Harmful depending on the number of EO-units:

EO < 5 gives Irritant (Xi) with R38 (Irritating to skin) and R41 (Risk of serious damage to eyes)

EO > 5-15 gives Harmful (Xn) with R22 (Harmful if swallowed) - R38/41

EO > 15-20 gives Harmful (Xn) with R22-41

>20 EO is not classified (CESIO 2000)

Oxo-AE, C13 EO10 and C13 EO15, are Irritating (Xi) with R36/38 (Irritating to eyes and skin).

AE are not included in Annex 1 of the list of dangerous substances of the Council Directive 67/548/EEC

In general, alcohol ethoxylates (AE) are readily absorbed through the skin of guinea pigs and rats and through the gastrointestinal mucosa of rats. AE are quickly eliminated from the body through the urine, faeces, and expired air (CO₂). Orally dosed AE was absorbed rapidly and extensively in rats, and more than 75% of the dose was absorbed. When applied to the skin of humans, the doses were absorbed slowly and incompletely (50% absorbed in 72 hours). Half of the absorbed surfactant was excreted promptly in the urine and smaller amounts of AE appeared in the faeces and expired air (CO₂). The metabolism of C12 AE yields PEG, carboxylic acids, and CO₂ as metabolites. The LD₅₀ values after oral administration to rats range from about 1-15 g/kg body weight indicating a low to moderate acute toxicity.

The ability of nonionic surfactants to cause a swelling of the stratum corneum of guinea pig skin has been studied. The swelling mechanism of the skin involves a combination of ionic binding of the hydrophilic group as well as hydrophobic interactions of the alkyl chain with the substrate. One of the mechanisms of skin irritation caused by surfactants is considered to be denaturation of the proteins of skin. It has also been established that there is a connection between the potential of surfactants to denature protein *in vitro* and their effect on the skin. Nonionic surfactants do not carry any net charge and, therefore, they can only form hydrophobic bonds with proteins. For this reason, proteins are not deactivated by nonionic surfactants, and proteins with poor solubility are not solubilized by nonionic surfactants. A substantial amount of toxicological data and information *in vivo* and *in vitro* demonstrates that there is no evidence for alcohol ethoxylates (AEs) being genotoxic, mutagenic or carcinogenic. No adverse reproductive or developmental effects were observed. The majority of available toxicity studies revealed NOAELs in excess of 100 mg/kg bw/d but the lowest NOAEL for an individual AE was established to be 50 mg/kg bw/day. This value was subsequently considered as a conservative, representative value in the risk assessment of AE. The effects were restricted to changes in organ weights with no histopathological organ changes with the exception of liver hypertrophy (indicative of an adaptive response to metabolism rather than a toxic effect). It is noteworthy that there was practically no difference in the NOAEL in oral studies of 90-day or 2 years of duration in rats. A comparison of the aggregate consumer exposure and the systemic NOAEL (taking into account an oral absorption value of 75%) results in a Margin of Exposure of 5,800. Taking into account the conservatism in the exposure assessment and the assigned systemic NOAEL, this margin of exposure is considered more than adequate to account for the inherent uncertainty and variability of the hazard database and inter and intra-species extrapolations.

AEs are not contact sensitizers. Neat AE are irritating to eyes and skin. The irritation potential of aqueous solutions of AEs depends on concentrations. Local dermal effects due to direct or indirect skin contact in certain use scenarios where the products are diluted are not of concern as AEs are not expected to be irritating to the skin at in-use concentrations. Potential irritation of the respiratory tract is not a concern given the very low levels of airborne AE generated as a consequence of spray cleaner aerosols or laundry powder detergent dust.

In summary, the human health risk assessment has demonstrated that the use of AE in household laundry and cleaning detergents is safe and does not cause concern with regard to consumer use.

CYROMAZINE & LACTIC ACID & ACETIC ACID GLACIAL

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.

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.

LACTIC ACID & ACETIC ACID GLACIAL

for acid mists, aerosols, vapours
Data from assays for genotoxic activity *in vitro* suggest that eukaryotic cells are susceptible to genetic damage when the pH falls to about 6.5. Cells from the respiratory tract have not been examined in this respect. Mucous secretion may protect the cells of the airways from direct exposure to inhaled acidic mists, just as mucous plays an important role in protecting the gastric epithelium from its auto-secreted hydrochloric acid. In considering whether pH itself induces genotoxic events *in vivo* in the respiratory system, comparison should be made with the human stomach, in which gastric juice may be at pH 1-2 under fasting or nocturnal conditions, and with the human urinary bladder, in which the pH of urine can range from <5 to > 7 and normally averages 6.2. Furthermore, exposures to low pH *in vivo* differ from exposures *in vitro* in that, *in vivo*,

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only a portion of the cell surface is subjected to the adverse conditions, so that perturbation of intracellular homeostasis may be maintained more readily than in vitro.

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

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

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

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

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

SECTION 12 Ecological information

Toxicity

Vetrazin Spray-On Sheep Blowfly Treatment	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
cyromazine	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	48h	Crustacea	5.08mg/l	4
	LC50	96h	Fish	>118.665mg/L	4
	EC50	48h	Crustacea	5.08mg/l	4
lactic acid	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	48h	Crustacea	130mg/l	2
	EC50	72h	Algae or other aquatic plants	>2800mg/L	2
	LC50	96h	Fish	130mg/l	2
acetic acid glacial	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	24h	Algae or other aquatic plants	0.08mg/l	2
	EC50	72h	Algae or other aquatic plants	29.23mg/l	2
	LC50	96h	Fish	31.3-67.6mg/l	2
propylene glycol	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	336h	Algae or other aquatic plants	<5300mg/l	1
	EC50	72h	Algae or other aquatic plants	19300mg/l	2
	LC50	96h	Fish	>10000mg/l	2
p-tert-octylphenol ethoxylate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	>114.4mg/L	4
	EC50	96h	Algae or other aquatic plants	19000mg/l	2
	EC50(ECx)	96h	Fish	3mg/L	5

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*

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
lactic acid	LOW	LOW
acetic acid glacial	LOW	LOW
propylene glycol	LOW	LOW
p-tert-octylphenol ethoxylate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
cyromazine	LOW (LogKOW = -0.2964)
lactic acid	LOW (LogKOW = -0.72)
acetic acid glacial	LOW (LogKOW = -0.17)
propylene glycol	LOW (BCF = 1)
p-tert-octylphenol ethoxylate	HIGH (LogKOW = 4.863)



Mobility in soil

Ingredient	Mobility
cyromazine	LOW (KOC = 118.9)
lactic acid	HIGH (KOC = 1)
acetic acid glacial	HIGH (KOC = 1)
propylene glycol	HIGH (KOC = 1)
p-tert-octylphenol ethoxylate	LOW (KOC = 699.2)

SECTION 13 Disposal considerations**Waste treatment methods**

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ 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.
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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	
Special precautions for user	Special provisions	274 331 335 375 AU01
	Limited quantity	5 L

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 hazardous substance, liquid, n.o.s. * (contains cyromazine)	
Transport hazard class(es)	ICAO/IATA Class	9

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	ICAO / IATA Subrisk	Not Applicable
	ERG Code	9L
Packing group	III	
Environmental hazard	Environmentally hazardous	
Special precautions for user	Special provisions	A97 A158 A197 A215
	Cargo Only Packing Instructions	964
	Cargo Only Maximum Qty / Pack	450 L
	Passenger and Cargo Packing Instructions	964
	Passenger and Cargo Maximum Qty / Pack	450 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y964
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G

Sea transport (IMDG-Code / GGVSee)

UN number	3082	
UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains cyromazine)	
Transport hazard class(es)	IMDG Class	9
	IMDG Subrisk	Not Applicable
Packing group	III	
Environmental hazard	Marine Pollutant	
Special precautions for user	EMS Number	F-A , S-F
	Special provisions	274 335 969
	Limited Quantities	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
lactic acid	Not Available
acetic acid glacial	Not Available
propylene glycol	Not Available
p-tert-octylphenol ethoxylate	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
cyromazine	Not Available
lactic acid	Not Available
acetic acid glacial	Not Available
propylene glycol	Not Available
p-tert-octylphenol ethoxylate	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)

lactic acid is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

acetic acid glacial is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

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

Australian Inventory of Industrial Chemicals (AIIC)

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)

p-tert-octylphenol ethoxylate is found on the following regulatory listsAustralia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (cyromazine)
Canada - NDSL	No (cyromazine; lactic acid; acetic acid glacial; propylene glycol; p-tert-octylphenol ethoxylate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (p-tert-octylphenol ethoxylate)
Japan - ENCS	No (cyromazine; p-tert-octylphenol ethoxylate)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (cyromazine)
USA - TSCA	No (cyromazine)
Taiwan - TCSI	Yes
Mexico - INSQ	No (p-tert-octylphenol ethoxylate)
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	Acute Health (inhaled), Classification, Fire Fighter (extinguishing media), Physical Properties, Spills (major), Spills (minor)

Other information**Ingredients with multiple cas numbers**

Name	CAS No
lactic acid	50-21-5, 598-82-3, 79-33-4, 10326-41-7

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

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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

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