



Kit Revision Date: 23/07/2021

834FX BLACK FLEXIBLE EPOXY, THERMAL CONDUCTIVE—FLAME RETARDANT ENCAPSULATING AND POTTING COMPOUND KIT

MG Chemicals Multipart Product Kit

This product is a kit made up of multiple parts. Each part is an independently packaged chemical component and has independent hazard assessments.

Kit Content

<i>Part</i>	<i>Product Name</i>	<i>Product Use</i>
A	834FX-A	Epoxy resin for use with hardeners
B	834FX-B	Epoxy hardener for use with resins

Safety Data Sheets for each part listed above follow this cover sheet.

Transportation Instruction

Before offering this product kit for transport, read Section 14 for all parts listed above.



834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

MG Chemicals UK Limited

Version No: A-2.00

Safety data sheet according to REACH Regulation (EC) No 1907/2006, as amended by UK REACH Regulations SI 2019/758

Issue Date: 22/07/2021

Revision Date: 22/07/2021

L.REACH.GB.EN

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

1.1. Product Identifier

Product name	834FX-A
Synonyms	SDS Code: 834FX-Part A, 834FX-450ML, 834FX-1.7L, 834FX-7.4ML UFI: 309R-W002-DQU6
Other means of identification	Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

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

Relevant identified uses	epoxy resin
Uses advised against	Not Applicable

1.3. Details of the supplier of the safety data sheet

Registered company name	MG Chemicals UK Limited	MG Chemicals (Head office)
Address	Heame House, 23 Bilston Street, Sedgely Dudley DY3 1JA United Kingdom	9347 - 193 Street Surrey V4N 4E7 British Columbia Canada
Telephone	+(44) 1663 362888	+(1) 800-201-8822
Fax	Not Available	+(1) 800-708-9888
Website	Not Available	www.mgchemicals.com
Email	sales@mgchemicals.com	Info@mgchemicals.com

1.4. Emergency telephone number

Association / Organisation	Verisk 3E (Access code: 335388)
Emergency telephone numbers	+(44) 20 35147487
Other emergency telephone numbers	+(0) 800 680 0425

SECTION 2 Hazards identification

2.1. Classification of the substance or mixture

Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567 [1]	H411 - Chronic Aquatic Hazard Category 2, H302 - Acute Toxicity (Oral) Category 4, H315 - Skin Corrosion/Irritation Category 2, H319 - Eye Irritation Category 2, H361 - Reproductive Toxicity Category 2, H317 - Skin Sensitizer Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567

2.2. Label elements

Hazard pictogram(s)	
Signal word	Warning

Hazard statement(s)

H411	Toxic to aquatic life with long lasting effects.
H302	Harmful if swallowed.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H361	Suspected of damaging fertility or the unborn child.

834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

H317	May cause an allergic skin reaction.
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Supplementary statement(s)

Not Applicable

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
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

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
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.
P330	Rinse mouth.

Precautionary statement(s) Storage

P405	Store locked up.
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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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2.3. Other hazards

Inhalation and/or ingestion may produce health damage*.

Cumulative effects may result following exposure*.

May produce discomfort of the eyes and skin*.

Limited evidence of a carcinogenic effect*.

Possible respiratory sensitizer*.

bisphenol A/ diglycidyl ether resin, liquid	Listed in the Europe Regulation (EU) 2018/1881 Specific Requirements for Endocrine Disruptors
naphtha petroleum, heavy alkylate	Listed in the Europe Regulation (EU) 2018/1881 Specific Requirements for Endocrine Disruptors

SECTION 3 Composition / information on ingredients**3.1.Substances**

See 'Composition on ingredients' in Section 3.2

3.2.Mixtures

1.CAS No 2.EC No 3.Index No 4.REACH No	%[weight]	Name	Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567	Nanoform Particle Characteristics
1.25085-99-8 2.500-033-5 3.603-074-00-8 4.Not Available	23	<u>bisphenol A/ diglycidyl ether resin, liquid</u> <u>[e]</u>	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2, Skin Sensitizer Category 1, Chronic Aquatic Hazard Category 2; H315, H319, H317, H411 [2]	Not Available
1.21645-51-2 2.244-492-7 3.Not Available 4.Not Available	22	<u>alumina hydrate</u>	EUH210 [1]	Not Available
1.68333-79-9 2.269-789-9 3.Not Available 4.Not Available	19	<u>ammonium polyphosphate</u>	Chronic Aquatic Hazard Category 4; H413 [1]	Not Available

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834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

1.CAS No 2.EC No 3.Index No 4.REACH No	%[weight]	Name	Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567	Nanofom Particle Characteristics
1.1344-28-1. 2.215-691-6 3.Not Available 4.Not Available	14	<u>aluminium oxide</u>	EUH210 [1]	Not Available
1.41638-13-5 2.Not Available 3.Not Available 4.Not Available	8	<u>dipropylene glycol diglycidyl ether</u>	Skin Corrosion/Irritation Category 2, Skin Sensitizer Category 1, Reproductive Toxicity Category 2; H315, H317, H361fd, EUH205 [1]	Not Available
1.68609-97-2 2.271-846-8 3.603-103-00-4 4.Not Available	7	<u>(C12-14)alkylglycidyl ether</u>	Skin Corrosion/Irritation Category 2, Skin Sensitizer Category 1; H315, H317 [2]	Not Available
1.12767-90-7 2.235-804-2 3.Not Available 4.Not Available	5	<u>zinc borate</u>	Eye Irritation Category 2, Reproductive Toxicity Category 1B, Chronic Aquatic Hazard Category 1; H319, H360, H410 [1]	Not Available
1.68037-01-4 2.500-183-1 3.Not Available 4.Not Available	0.6	<u>1-decene homopolymer, hydrogenated</u>	Chronic Aquatic Hazard Category 4; H413 [1]	Not Available
1.1333-86-4 2.215-609-9 435-640-3 422-130-0 3.Not Available 4.Not Available	0.4	<u>carbon black</u>	Carcinogenicity Category 2; H351 [1]	Not Available
1.64741-65-7. 2.265-067-2 3.649-275-00-4 4.Not Available	0.4	<u>naphtha petroleum, heavy alkylate [e]</u>	Flammable Liquid Category 3, Specific target organ toxicity - single exposure Category 3 (narcotic effects), Aspiration Hazard Category 1; H226, H336, H304 [1]	Not Available
Legend:	1. Classified by Chemwatch; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567; 3. Classification drawn from C&L; * EU IOELVs available; [e] Substance identified as having endocrine disrupting properties			

SECTION 4 First aid measures

4.1. 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, aerosols or combustion products are inhaled remove from contaminated area. ▶ Other measures are usually unnecessary.
Ingestion	<ul style="list-style-type: none"> ▶ Immediately give a glass of water. ▶ First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

4.2 Most important symptoms and effects, both acute and delayed

See Section 11

4.3. Indication of any immediate medical attention and special treatment needed

for phosphate salts intoxication:

- ▶ All treatments should be based on observed signs and symptoms of distress in the patient. Consideration should be given to the possibility that overexposure to materials other than this product may have occurred.
- ▶ Ingestion of large quantities of phosphate salts (over 1.0 grams for an adult) may cause an osmotic catharsis resulting in diarrhoea and probable abdominal cramps. Larger doses such as 4-8 grams will almost certainly cause these effects in everyone. In healthy individuals most of the ingested salt will be excreted in the faeces with the diarrhoea and, thus, not cause any systemic toxicity. Doses greater than 10 grams hypothetically may cause systemic toxicity.
- ▶ Treatment should take into consideration both anionic and cation portion of the molecule.
- ▶ All phosphate salts, except calcium salts, have a hypothetical risk of hypocalcaemia, so calcium levels should be monitored.

Treat symptomatically.

- ▶ Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech, asterixis, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.
- ▶ Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.
- ▶ Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.
- ▶ Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa2EDTA is less effective in chelating aluminium.

[Ellenhorn and Barceloux: Medical Toxicology]

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834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

Copper, magnesium, aluminium, antimony, iron, manganese, nickel, zinc (and their compounds) in welding, brazing, galvanising or smelting operations all give rise to thermally produced particulates of smaller dimension than may be produced if the metals are divided mechanically. Where insufficient ventilation or respiratory protection is available these particulates may produce 'metal fume fever' in workers from an acute or long term exposure.

- ▶ Onset occurs in 4-6 hours generally on the evening following exposure. Tolerance develops in workers but may be lost over the weekend. (Monday Morning Fever)
- ▶ Pulmonary function tests may indicate reduced lung volumes, small airway obstruction and decreased carbon monoxide diffusing capacity but these abnormalities resolve after several months.
- ▶ Although mildly elevated urinary levels of heavy metal may occur they do not correlate with clinical effects.
- ▶ The general approach to treatment is recognition of the disease, supportive care and prevention of exposure.
- ▶ Seriously symptomatic patients should receive chest x-rays, have arterial blood gases determined and be observed for the development of tracheobronchitis and pulmonary edema.

[Ellenhorn and Barceloux: Medical Toxicology]

SECTION 5 Firefighting measures

5.1. Extinguishing media

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

5.2. 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
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5.3. Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) nitrogen oxides (NO_x) phosphorus oxides (PO_x) metal oxides other pyrolysis products typical of burning organic material.</p> <p>When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles.</p>

SECTION 6 Accidental release measures

6.1. Personal precautions, protective equipment and emergency procedures

See section 8

6.2. Environmental precautions

See section 12

6.3. Methods and material for containment and cleaning up

Minor Spills	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> · In the event of a spill of a reactive diluent, the focus is on containing the spill to prevent contamination of soil and surface or ground water. · If irritating vapors are present, an approved air-purifying respirator with organic vapor canister is recommended for cleaning up spills and leaks. · For small spills, reactive diluents should be absorbed with sand. <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.</p> <p>Industrial spills or releases of reactive diluents are infrequent and generally contained. If a large spill does occur, the material should be captured, collected, and reprocessed or disposed of according to applicable governmental requirements.</p> <p>An approved air-purifying respirator with organic-vapor canister is recommended for emergency work.</p>

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834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

	<p>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.
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6.4. Reference to other sections

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

SECTION 7 Handling and storage

7.1. Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ 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. ▶ DO NOT allow clothing wet with material to stay in contact with skin
Fire and explosion protection	See section 5
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.

7.2. 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	<p>For aluminas (aluminium oxide): Incompatible with hot chlorinated rubber. In the presence of chlorine trifluoride may react violently and ignite. -May initiate explosive polymerisation of olefin oxides including ethylene oxide. -Produces exothermic reaction above 200°C with halocarbons and an exothermic reaction at ambient temperatures with halocarbons in the presence of other metals. -Produces exothermic reaction with oxygen difluoride. -May form explosive mixture with oxygen difluoride. -Forms explosive mixtures with sodium nitrate. -Reacts vigorously with vinyl acetate.</p> <p>Aluminium oxide is an amphoteric substance, meaning it can react with both acids and bases, such as hydrofluoric acid and sodium hydroxide, acting as an acid with a base and a base with an acid, neutralising the other and producing a salt.</p> <p>Glycidyl ethers:</p> <ul style="list-style-type: none"> ▶ may form unstable peroxides on storage in air ,light, sunlight, UV light or other ionising radiation, trace metals - inhibitor should be maintained at adequate levels ▶ may polymerise in contact with heat, organic and inorganic free radical producing initiators ▶ may polymerise with evolution of heat in contact with oxidisers, strong acids, bases and amines ▶ react violently with strong oxidisers, permanganates, peroxides, acyl halides, alkalis, ammonium persulfate, bromine dioxide ▶ attack some forms of plastics, coatings, and rubber <p>Reactive diluents are stable under recommended storage conditions, but can decompose at elevated temperatures. In some cases, decomposition can cause pressure build-up in closed systems.</p> <ul style="list-style-type: none"> ▶ Avoid cross contamination between the two liquid parts of product (kit). ▶ If two part products are mixed or allowed to mix in proportions other than manufacturer's recommendation, polymerisation with gelation and evolution of heat (exotherm) may occur. ▶ This excess heat may generate toxic vapour ▶ Avoid reaction with amines, mercaptans, strong acids and oxidising agents

7.3. Specific end use(s)

834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

See section 1.2

SECTION 8 Exposure controls / personal protection**8.1. Control parameters**

Ingredient	DNELs Exposure Pattern Worker	PNECs Compartment
alumina hydrate	Inhalation 10.76 mg/m ³ (Systemic, Chronic) Inhalation 10.76 mg/m ³ (Local, Chronic) Oral 4.74 mg/kg bw/day (Systemic, Chronic) *	Not Available
ammonium polyphosphate	Inhalation 18.06 mg/m ³ (Systemic, Chronic) Inhalation 4.45 mg/m ³ (Systemic, Chronic) * Oral 1.28 mg/kg bw/day (Systemic, Chronic) *	Not Available
aluminium oxide	Dermal 0.84 mg/kg bw/day (Systemic, Chronic) Inhalation 3 mg/m ³ (Systemic, Chronic) Inhalation 3 mg/m ³ (Local, Chronic) Dermal 0.3 mg/kg bw/day (Systemic, Chronic) * Inhalation 0.75 mg/m ³ (Systemic, Chronic) * Oral 1.32 mg/kg bw/day (Systemic, Chronic) * Inhalation 0.75 mg/m ³ (Local, Chronic) *	74.9 µg/L (Water (Fresh)) 20 mg/L (STP)
(C12-14)alkylglycidyl ether	Dermal 1 mg/kg bw/day (Systemic, Chronic) Inhalation 3.6 mg/m ³ (Systemic, Chronic) Dermal 0.5 mg/kg bw/day (Systemic, Chronic) * Inhalation 0.87 mg/m ³ (Systemic, Chronic) * Oral 0.5 mg/kg bw/day (Systemic, Chronic) *	0.106 mg/L (Water (Fresh)) 0.011 mg/L (Water - Intermittent release) 0.072 mg/L (Water (Marine)) 307.16 mg/kg sediment dw (Sediment (Fresh Water)) 30.72 mg/kg sediment dw (Sediment (Marine)) 1.234 mg/kg soil dw (Soil) 10 mg/L (STP)
zinc borate	Dermal 1 585 mg/kg bw/day (Systemic, Chronic) Inhalation 22.4 mg/m ³ (Systemic, Chronic) Dermal 1 205 mg/kg bw/day (Systemic, Chronic) * Inhalation 8.3 mg/m ³ (Systemic, Chronic) * Oral 2.4 mg/kg bw/day (Systemic, Chronic) *	2.9 mg/L (Water (Fresh)) 2.9 mg/L (Water - Intermittent release) 13.7 mg/L (Water (Marine)) 117.8 mg/kg sediment dw (Sediment (Fresh Water)) 56.5 mg/kg sediment dw (Sediment (Marine)) 5.7 mg/kg soil dw (Soil) 10 mg/L (STP)
carbon black	Inhalation 1 mg/m ³ (Systemic, Chronic) Inhalation 0.5 mg/m ³ (Local, Chronic) Inhalation 0.06 mg/m ³ (Systemic, Chronic) *	1 mg/L (Water (Fresh)) 0.1 mg/L (Water - Intermittent release) 10 mg/L (Water (Marine))

* Values for General Population

Occupational Exposure Limits (OEL)**INGREDIENT DATA**

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
UK Workplace Exposure Limits (WELs)	aluminium oxide	Aluminium oxides: respirable dust	4 mg/m ³	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs)	aluminium oxide	Aluminium oxides: inhalable dust	10 mg/m ³	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs)	carbon black	Carbon black	3.5 mg/m ³	7 mg/m ³	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
bisphenol A/ diglycidyl ether resin, liquid	90 mg/m ³	990 mg/m ³	5,900 mg/m ³
alumina hydrate	8.7 mg/m ³	73 mg/m ³	440 mg/m ³
aluminium oxide	15 mg/m ³	170 mg/m ³	990 mg/m ³
1-decene homopolymer, hydrogenated	30 mg/m ³	330 mg/m ³	2,000 mg/m ³
carbon black	9 mg/m ³	99 mg/m ³	590 mg/m ³

Ingredient	Original IDLH	Revised IDLH
bisphenol A/ diglycidyl ether resin, liquid	Not Available	Not Available
alumina hydrate	Not Available	Not Available
ammonium polyphosphate	Not Available	Not Available
aluminium oxide	Not Available	Not Available
dipropylene glycol diglycidyl ether	Not Available	Not Available
(C12-14)alkylglycidyl ether	Not Available	Not Available
zinc borate	Not Available	Not Available
1-decene homopolymer, hydrogenated	Not Available	Not Available

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834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

Ingredient	Original IDLH	Revised IDLH
carbon black	1,750 mg/m ³	Not Available
naphtha petroleum, heavy alkylate	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
bisphenol A/ diglycidyl ether resin, liquid	E	≤ 0.1 ppm
dipropylene glycol diglycidyl ether	E	≤ 0.1 ppm
(C12-14)alkylglycidyl ether	E	≤ 0.1 ppm
zinc borate	E	≤ 0.01 mg/m ³

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

For aluminium oxide and pyrophoric grades of aluminium:

Twenty seven year experience with aluminium oxide dust (particle size 96% 1,2 um) without adverse effects either systemically or on the lung, and at a calculated concentration equivalent to 2 mg/m³ over an 8-hour shift has lead to the current recommendation of the TLV-TWA.

The limit should also apply to aluminium pyro powders whose toxicity is reportedly greater than aluminium dusts and should be protective against lung changes.

For aluminium oxide:

The experimental and clinical data indicate that aluminium oxide acts as an 'inert' material when inhaled and seems to have little effect on the lungs nor does it produce significant organic disease or toxic effects when exposures are kept under reasonable control.

[Documentation of the Threshold Limit Values], ACGIH, Sixth Edition

For epichlorohydrin

Odour Threshold Value: 0.08 ppm

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

Exposure at or below the recommended TLV-TWA is thought to minimise the potential for adverse respiratory, liver, kidney effects. Epichlorohydrin has been implicated as a human skin sensitiser, hence individuals who are hypersusceptible or otherwise unusually responsive to certain chemicals may NOT be adequately protected from adverse health effects.

Odour Safety Factor (OSF)

OSF=0.54 (EPICHLOROHYDRIN)

NOTE P: The classification as a carcinogen need not apply if it can be shown that the substance contains less than 0.01% w/w benzene (EINECS No 200-753-7). Note E shall also apply when the substance is classified as a carcinogen. This note applies only to certain complex oil-derived substances in Annex VI.

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

8.2. Exposure controls**8.2.1. Appropriate engineering 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.

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

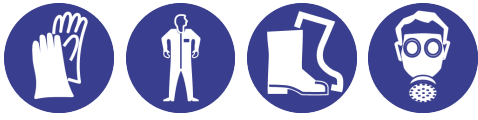
Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air)	0.25-0.5 m/s (50-100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low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

Within each range the appropriate value depends on:

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

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum

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	of 1-2 m/s (200-400 f/min.) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.
8.2.2. 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	<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> <p>When handling liquid-grade epoxy resins wear chemically protective gloves, boots and aprons.</p> <p>The performance, based on breakthrough times, of:</p> <ul style="list-style-type: none"> · Ethyl Vinyl Alcohol (EVAL laminate) is generally excellent · Butyl Rubber ranges from excellent to good · Nitrile Butyl Rubber (NBR) from excellent to fair. · Neoprene from excellent to fair · Polyvinyl (PVC) from excellent to poor <p>As defined in ASTM F-739-96</p> <ul style="list-style-type: none"> · Excellent breakthrough time > 480 min · Good breakthrough time > 20 min · Fair breakthrough time < 20 min · Poor glove material degradation <p>Gloves should be tested against each resin system prior to making a selection of the most suitable type. Systems include both the resin and any hardener, individually and collectively)</p> <ul style="list-style-type: none"> · DO NOT use cotton or leather (which absorb and concentrate the resin), natural rubber (latex), medical or polyethylene gloves (which absorb the resin). · DO NOT use barrier creams containing emulsified fats and oils as these may absorb the resin; silicone-based barrier creams should be reviewed prior to use. <p>Replacement time should be considered when selecting the most appropriate glove. It may be more effective to select a glove with lower chemical resistance but which is replaced frequently than to select a more resistant glove which is reused many times</p>
Body protection	See Other protection below

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Other protection

- ▶ Overalls.
- ▶ P.V.C apron.
- ▶ Barrier cream.
- ▶ Skin cleansing cream.
- ▶ Eye wash unit.

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the 'Exposure Standard' (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	A-AUS	-	A-PAPR-AUS / Class 1
up to 50 x ES	-	A-AUS / Class 1	-
up to 100 x ES	-	A-2	A-PAPR-2 ^

^ - Full-face

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

- ▶ 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

8.2.3. Environmental exposure controls

See section 12

SECTION 9 Physical and chemical properties

9.1. Information on basic physical and chemical properties

Appearance	Black		
Physical state	Liquid	Relative density (Water = 1)	1.63
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)	2800
Initial boiling point and boiling range (°C)	>218	Molecular weight (g/mol)	Not Available
Flash point (°C)	>150	Taste	Not Available
Evaporation rate	Not Available BuAC = 1	Explosive properties	Not Available
Flammability	Not Applicable	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	Immiscible	pH as a solution (%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Nanoform Solubility	Not Available	Nanoform Particle Characteristics	Not Available
Particle Size	Not Available		

9.2. Other information

Not Available

SECTION 10 Stability and reactivity

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10.1.Reactivity	See section 7.2
10.2. Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
10.3. Possibility of hazardous reactions	See section 7.2
10.4. Conditions to avoid	See section 7.2
10.5. Incompatible materials	See section 7.2
10.6. Hazardous decomposition products	See section 5.3

SECTION 11 Toxicological information

11.1. Information on toxicological effects

Inhaled	<p>The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.</p> <p>In animal testing, exposure to aerosols of some reactive diluents (notably o-cresol glycidyl ether, CAS RN: 2210-79-9) has been reported to affect the adrenal gland, central nervous system, kidney, liver, ovaries, spleen, testes, thymus, and respiratory tract.</p> <p>Inhalation of freshly formed metal oxide particles sized below 1.5 microns and generally between 0.02 to 0.05 microns may result in 'metal fume fever'. Symptoms may be delayed for up to 12 hours and begin with the sudden onset of thirst, and a sweet, metallic or foul taste in the mouth. Other symptoms include upper respiratory tract irritation accompanied by coughing and a dryness of the mucous membranes, lassitude and a generalised feeling of malaise. Mild to severe headache, nausea, occasional vomiting, fever or chills, exaggerated mental activity, profuse sweating, diarrhoea, excessive urination and prostration may also occur. Tolerance to the fumes develops rapidly, but is quickly lost. All symptoms usually subside within 24-36 hours following removal from exposure.</p> <p>Limited evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.</p>
Ingestion	<p>Reactive diluents exhibit a range of ingestion hazards. Small amounts swallowed incidental to normal handling operations are not likely to cause injury. However, swallowing larger amounts may cause injury.</p> <p>Male rats exposed to a single oral dose of bisphenol A diglycidyl ether (BADGE) at 750, 1000, and 2000 mg/kg/day showed a significantly increase in the number of immature and maturing sperm on the testis. There were no significant differences with respect to sperm head count, sperm motility, and sperm abnormality in the BADGE treatment groups</p> <p>Inorganic polyphosphates are used extensively in domestic and industrial products. Rats fed 10% sodium trimetaphosphate for a month exhibited transient tubular necrosis; those given 10% sodium metaphosphate exhibited growth retardation; 10% sodium hexametaphosphate produced pale and swollen kidneys.</p> <p>Salts of this type appear to be hydrolysed in the bowel to produce phosphoric acid and systemic acidosis may result following absorption. Higher molecular weight species, absorbed from the alimentary canal, may produce hypocalcaemic tetany due to binding of ionised calcium by the absorbed phosphate. This is reported in at least one case following ingestion of sodium tripolyphosphate.</p> <p>Acute toxic responses to aluminium are confined to the more soluble forms.</p> <p>The material has NOT been classified by EC Directives or other classification systems as 'harmful by ingestion'. This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.</p>
Skin Contact	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.</p> <p>Contact with aluminas (aluminium oxides) may produce a form of irritant dermatitis accompanied by pruritus.</p> <p>Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles.</p> <p>Bisphenol A diglycidyl ether (BADGE) may produce contact dermatitis characterised by erythema and oedema, with weeping followed by crusting and scaling. A liquid resin with a molecular weight of 350 produced severe skin irritation in rabbits when applied daily for 4 hours over 20 days. Following the initial contact there may be a discrete erythematous lesion, confined to the point of contact, which may persist for 48 hours to 10 days; the erythema may give way to a papular, vesicular rash with scaling.</p> <p>In animals uncured resin produces moderate ante-mortem depression, loss of body weight and diarrhoea. Local irritation, inflammation and death resulting from respiratory system depression are recorded. Higher molecular weight resins generally produce lower toxicity.</p> <p>Skin contact with reactive diluents may cause slight to moderate irritation with local redness. Repeated or prolonged skin contact may cause burns.</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. Eye contact with reactive diluents may cause slight to severe irritation with the possibility of chemical burns or moderate to severe corneal injury.</p>
Chronic	<p>On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> <p>Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems.</p>

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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 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.

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.

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.

All glycidyl ethers show genotoxic potential due their alkylating properties. Those glycidyl ethers that have been investigated in long term studies exhibit more or less marked carcinogenic potential. Alkylating agents may damage the stem cell which acts as the precursor to components of the blood. Loss of the stem cell may result in pancytopenia (a reduction in the number of red and white blood cells and platelets) with a latency period corresponding to the lifetime of the individual blood cells. Granulocytopenia (a reduction in granular leukocytes) develops within days and thrombocytopenia (a disorder involving platelets), within 1-2 weeks, whilst loss of erythrocytes (red blood cells) need months to become clinically manifest. Aplastic anaemia develops due to complete destruction of the stem cells.

Reported adverse effects in laboratory animals include sensitization, and skin and eye irritation, as well as mutagenic and tumorigenic activity.. Testicular abnormalities (including testicular atrophy with decreased spermatogenic activity) following exposure to glycidyl ethers have been reported. Haemopoietic abnormalities following exposure to glycidyl ethers, including alteration of the leukocyte count, atrophy of lymphoid tissue, and bone marrow cytotoxicity have also been reported. These abnormalities were usually observed along with pneumonia and/or toxemia, and therefore may be secondary effects. However, especially in light of the generalized reduction in leukocytes and the atrophy of lymphoid tissues, the observed haemopoietic abnormalities may have been predisposing factors to pneumonia. While none of the individual research reports are conclusive with respect to the ability of glycidyl ethers to produce permanent changes to the testes or haemopoietic system in laboratory animals, the pattern of displayed effects is reason for concern.

Glycidyl ethers have been shown to cause allergic contact dermatitis in humans. Glycidyl ethers generally cause skin sensitization in experimental animals. Necrosis of the mucous membranes of the nasal cavities was induced in mice exposed to allyl glycidyl ether.

A study of workers with mixed exposures was inconclusive with regard to the effects of specific glycidyl ethers. Phenyl glycidyl ether, but not n-butyl glycidyl ether, induced morphological transformation in mammalian cells in vitro. n-Butyl glycidyl ether induced micronuclei in mice in vivo following intraperitoneal but not oral administration. Phenyl glycidyl ether did not induce micronuclei or chromosomal aberrations in vivo or chromosomal aberrations in animal cells in vitro. Alkyl C12 or C14 glycidyl ether did not induce DNA damage in cultured human cells or mutation in cultured animal cells. Allyl glycidyl ether induced mutation in *Drosophila*. The glycidyl ethers were generally mutagenic to bacteria.

Chronic exposure to aluminas (aluminium oxides) of particle size 1.2 microns did not produce significant systemic or respiratory system effects in workers. Epidemiologic surveys have indicated an excess of nonmalignant respiratory disease in workers exposed to aluminum oxide during abrasives production.

Very fine Al₂O₃ powder was not fibrogenic in rats, guinea pigs, or hamsters when inhaled for 6 to 12 months and sacrificed at periods up to 12 months following the last exposure.

When hydrated aluminas were injected intratracheally, they produced dense and numerous nodules of advanced fibrosis in rats, a reticulin network with occasional collagen fibres in mice and guinea pigs, and only a slight reticulin network in rabbits. Shaver's disease, a rapidly progressive and often fatal interstitial fibrosis of the lungs, is associated with a process involving the fusion of bauxite (aluminium oxide) with iron, coke and silica at 2000 deg. C.

The weight of evidence suggests that catalytically active alumina and the large surface area aluminas can induce lung fibrosis (aluminosis) in experimental animals, but only when given by the intra-tracheal route. The pertinence of such experiments in relation to workplace exposure is doubtful especially since it has been demonstrated that the most reactive of the aluminas (i.e. the chi and gamma forms), when given by inhalation, are non-fibrogenic in experimental animals. However rats exposed by inhalation to refractory aluminium fibre showed mild fibrosis and possibly carcinogenic effects indicating that fibrous aluminas might exhibit different toxicology to non-fibrous forms. Aluminium oxide fibres administered by the intrapleural route produce clear evidence of carcinogenicity.

Saffil fibre an artificially produced form alumina fibre used as refractories, consists of over 95% alumina, 3-4 % silica. Animal tests for fibrogenic, carcinogenic potential and oral toxicity have included in-vitro, intraperitoneal injection, intrapleural injection, inhalation, and feeding. The fibre has generally been inactive in animal studies. Also studies of Saffil dust clouds show very low respirable fraction.

There is general agreement that particle size determines the degree of pathogenicity (the ability of a micro-organism to produce infectious disease) of elementary aluminium, or its oxides or hydroxides when they occur as dusts, fumes or vapours. Only those particles small enough to enter the alveoli (sub 5 um) are able to produce pathogenic effects in the lungs.

Occupational exposure to aluminium compounds may produce asthma, chronic obstructive lung disease and pulmonary fibrosis. Long-term overexposure may produce dyspnoea, cough, pneumothorax, variable sputum production and nodular interstitial fibrosis; death has been reported. Chronic interstitial pneumonia with severe cavitations in the right upper lung and small cavities in the remaining lung tissue, have been observed in gross pathology. Shaver's Disease may result from occupational exposure to fumes or dusts; this may produce respiratory distress and fibrosis with large blebs. Animal studies produce no indication that aluminium or its compounds are carcinogenic.

Because aluminium competes with calcium for absorption, increased amounts of dietary aluminium may contribute to the reduced skeletal mineralisation (osteopenia) observed in preterm infants and infants with growth retardation. In very high doses, aluminium can cause neurotoxicity, and is associated with altered function of the blood-brain barrier. A small percentage of people are allergic to aluminium and experience contact dermatitis, digestive disorders, vomiting or other symptoms upon contact or ingestion of products containing aluminium, such as deodorants or antacids. In those without allergies, aluminium is not as toxic as heavy metals, but there is evidence of some toxicity if it is consumed in excessive amounts. Although the use of aluminium cookware has not been shown to lead to aluminium toxicity in general, excessive consumption of antacids containing aluminium compounds and excessive use of aluminium-containing antiperspirants provide more significant exposure levels. Studies have shown that consumption of acidic foods or liquids with aluminium significantly increases aluminium absorption, and maltol has been shown to increase the accumulation of aluminium in nervous and osseous tissue. Furthermore, aluminium increases oestrogen-related gene expression in human breast cancer cells cultured in the laboratory. These salts' estrogen-like effects have led to their classification as metalloestrogen. Some researchers have expressed concerns that the aluminium in antiperspirants may increase the risk of breast cancer.

After absorption, aluminium distributes to all tissues in animals and humans and accumulates in some, in particular bone. The main carrier of the aluminium ion in plasma is the iron binding protein, transferrin. Aluminium can enter the brain and reach the placenta and foetus. Aluminium may persist for a very long time in various organs and tissues before it is excreted in the urine. Although retention times for aluminium appear to be longer in humans than in rodents, there is little information allowing extrapolation from rodents to the humans.

At high levels of exposure, some aluminium compounds may produce DNA damage in vitro and in vivo via indirect mechanisms. The database on carcinogenicity of aluminium compounds is limited. No indication of any carcinogenic potential was obtained in mice given aluminium potassium sulphate at high levels in the diet.

Aluminium has shown neurotoxicity in patients undergoing dialysis and thereby chronically exposed parenterally to high concentrations of aluminium. It has been suggested that aluminium is implicated in the aetiology of Alzheimer's disease and associated with other neurodegenerative diseases in humans. However, these hypotheses remain controversial. Several compounds containing aluminium have the potential to produce neurotoxicity (mice, rats) and to affect the male reproductive system (dogs). In addition, after maternal exposure they have shown embryotoxicity (mice) and have affected the developing nervous system in the offspring (mice, rats). The available studies have a number of limitations and do not allow any dose-response relationships to be established. The combined evidence from several studies in mice, rats and dogs that used dietary administration of aluminium compounds produce lowest-observed-adverse-effect levels (LOAELs) for effects on

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neurotoxicity, testes, embryotoxicity, and the developing nervous system of 52, 75, 100, and 50 mg aluminium/kg bw/day, respectively. Similarly, the lowest no-observed-adverse-effect levels (NOAELs) for effects on these endpoints were reported at 30, 27, 100, and for effects on the developing nervous system, between 10 and 42 mg aluminium/kg bw per day, respectively.

Controversy exists over whether aluminium is the cause of degenerative brain disease (Alzheimer's disease or AD). Several epidemiological studies show a possible correlation between the incidence of AD and high levels of aluminium in drinking water. A study in Toronto, for example, found a 2.6 times increased risk in people residing for at least 10 years in communities where drinking water contained more than 0.15 mg/l aluminium compared with communities where the aluminium level was lower than 0.1 mg/l. A neurochemical model has been suggested linking aluminium exposure to brain disease. Aluminium concentrates in brain regions, notably the hippocampus, cerebral cortex and amygdala where it preferentially binds to large pyramid-shaped cells - it does not bind to a substantial degree to the smaller interneurons. Aluminium displaces magnesium in key metabolic reactions in brain cells and also interferes with calcium metabolism and inhibits phosphoinositide metabolism. Phosphoinositide normally controls calcium ion levels at critical concentrations.

Under the microscope the brain of AD sufferers show thickened fibrils (neurofibrillary tangles - NFT) and plaques consisting of amyloid protein deposited in the matrix between brain cells. Tangles result from alteration of 'tau' a brain cytoskeletal protein. AD tau is distinguished from normal tau because it is hyperphosphorylated. Aluminium hyperphosphorylates tau in vitro. When AD tau is injected into rat brain NFT-like aggregates form but soon degrade. Aluminium stabilises these aggregates rendering them resistant to protease degradation. Plaque formation is also enhanced by aluminium which induces the accumulation of amyloid precursor protein in the thread-like extensions of nerve cells (axons and dendrites). In addition aluminium has been shown to depress the activity of most neuro-transmitters similarly depressed in AD (acetylcholine, norepinephrine, glutamate and GABA).

Aluminium enters the brain in measurable quantities, even when trace levels are contained in a glass of tap water. Other sources of bioavailable aluminium include baking powder, antacids and aluminium products used for general food preparation and storage (over 12 months, aluminium levels in soft drink packed in aluminium cans rose from 0.05 to 0.9 mg/l). [Walton, J and Bryson-Taylor, D. - *Chemistry in Australia*, August 1995] Bisphenol A diglycidyl ethers (BADGEs) produce sensitisation dermatitis characterised by a papular, vesicular eczema with considerable itching of the back of the hand, the forearm and face and neck. This lesion may persist for 10-14 days after withdrawal from exposure and recur immediately on re-exposure. This dermatitis may persist for longer periods following each exposure but is unlikely to become more intense. Lesions may develop a brownish colour and scaling occurs frequently. Lower molecular weight species produce sensitisation more readily. In mice technical grades of bisphenol A diglycidyl ether produced epidermal tumours and a small increase in the incidence kidney tumours in males and of lymphoreticular/ haematopoietic tumours in females. Subcutaneous injection produced a small number of fibrosarcomas in rats. BADGE is listed as an IARC Group 3 carcinogen, meaning it is 'not classifiable as to its carcinogenicity to humans'. Concern has been raised over this possible carcinogenicity because BADGE is used in epoxy resins in the lining of some tin cans for foodstuffs, and unreacted BADGE may end up in the contents of those cans.

In chronic animal studies inorganic polyphosphates produced growth inhibition, increased kidney weights (with calcium deposition and desquamation), bone decalcification, parathyroid hypertrophy and hyperplasia, inorganic phosphaturia, hepatic focal necrosis and alterations to the size of muscle fibres.

Inorganic phosphates are not genotoxic in bacterial systems nor are they carcinogenic in rats. No reproductive or developmental toxicity was seen in studies using rats exposed to sodium hexametaphosphate or sodium trimetaphosphate.

For some reactive diluents, prolonged or repeated skin contact may result in absorption of potentially harmful amounts or allergic skin reactions. Exposure to some reactive diluents (notably neopentylglycol diglycidyl ether, CAS RN:17557-23-2) has caused cancer in some animal testing. Bisphenol A exhibits hormone-like properties that raise concern about its suitability in consumer products and food containers. Bisphenol A is thought to be an endocrine disruptor which can mimic oestrogen and may lead to negative health effects. More specifically, bisphenol A closely mimics the structure and function of the hormone oestradiol with the ability to bind to and activate the same oestrogen receptor as the natural hormone. The presence of the p-hydroxy group on the benzene rings is thought to be responsible for the oestradiol mimicry.

. Early developmental stages appear to be the period of greatest sensitivity to its effects and some studies have linked prenatal exposure to later physical and neurological difficulties. Regulatory bodies have determined safety levels for humans, but those safety levels are being questioned or are under review.

A 2009 study on Chinese workers in bisphenol A factories found that workers were four times more likely to report erectile dysfunction, reduced sexual desire and overall dissatisfaction with their sex life than workers with no heightened bisphenol A exposure. Bisphenol A workers were also seven times more likely to have ejaculation difficulties. They were also more likely to report reduced sexual function within one year of beginning employment at the factory, and the higher the exposure, the more likely they were to have sexual difficulties.

Bisphenol A in weak concentrations is sufficient to produce a negative reaction on the human testicle. The researchers found that a concentration equal to 2 ug/ litre of bisphenol A in the culture medium, a concentration equal to the average concentration generally found in the blood, urine and amniotic fluid of the population, was sufficient to produce the effects. The researchers believe that exposure of pregnant women to bisphenol A may be one of the causes of congenital masculinisation defects of the hypospadias and cryptorchidism types the frequency of which has doubled overall since the 70's. They also suggested that 'it is also possible that bisphenol A contributes to a reduction in the production of sperm and the increase in the incidence of testicular cancer in adults that have been observed in recent decades'

One review has concluded that obesity may be increased as a function of bisphenol A exposure, which '...merits concern among scientists and public health officials'

One study demonstrated that adverse neurological effects occur in non-human primates regularly exposed to bisphenol A at levels equal to the United States Environmental Protection Agency's (EPA) maximum safe dose of 50 ug/kg/day This research found a connection between bisphenol A and interference with brain cell connections vital to memory, learning, and mood.

A further review concluded that bisphenol-A has been shown to bind to thyroid hormone receptor and perhaps have selective effects on its functions. Carcinogenicity studies have shown increases in leukaemia and testicular interstitial cell tumours in male rats. However, 'these studies have not been considered as convincing evidence of a potential cancer risk because of the doubtful statistical significance of the small differences in incidences from controls'. Another in vitro study has concluded that bisphenol A is able to induce neoplastic transformation in human breast epithelial cells.[whilst a further study concluded that maternal oral exposure to low concentrations of bisphenol A, during lactation, increases mammary carcinogenesis in a rodent model. In vitro studies have suggested that bisphenol A can promote the growth of neuroblastoma cells and potently promotes invasion and metastasis of neuroblastoma cells. Newborn rats exposed to a low-dose of bisphenol A (10 ug/kg) showed increased prostate cancer susceptibility when adults. At least one study has suggested that bisphenol A suppresses DNA methylation which is involved in epigenetic changes.

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

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

Many drugs, including naproxen, salicylic acid, carbamazepine and mefenamic acid can, in vitro, significantly inhibit bisphenol A glucuronidation (detoxification).

BPA belongs to the list of compounds having this property as the rodent models have shown that BPA exposure is linked with increased body weight (obesogens). Several mechanisms can help explain the effect of BPA on body weight increase. A possible mechanism leading to triglyceride accumulation is the decreased production of the hormone adiponectin from all human adipose tissue tested when exposed to very low levels (below nanomolar range) of BPA in cell or explant culture settings. The expression of leptin as well as several enzymes and transcription factors is also affected by BPA exposure in vivo as well as in vitro. Together, the altered expression and activity of these important mediators of fat metabolism could explain the increase in weight following BPA exposure in rodent models. These results also suggest that, together with other obesogens, low, environmentally relevant levels of BPA may contribute to the human obesity phenomenon.

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834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)	TOXICITY	IRRITATION
	Not Available	Not Available
bisphenol A/ diglycidyl ether resin, liquid	TOXICITY	IRRITATION
	dermal (rat) LD50: >1200 mg/kg ^[2] Oral(Mouse) LD50; >500 mg/kg ^[2]	Eye (rabbit): 100mg - Mild
alumina hydrate	TOXICITY	IRRITATION
	Inhalation(Rat) LC50; >2.3 mg/l4h ^[1] Oral(Rat) LD50; >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1] Skin: no adverse effect observed (not irritating) ^[1]
ammonium polyphosphate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >3160 mg/kg ^[2] Inhalation(Rat) LC50; >4.85 mg/l4h ^[1] Oral(Rat) LD50; >=300<=2000 mg/kg ^[1]	Not Available
aluminium oxide	TOXICITY	IRRITATION
	Inhalation(Rat) LC50; >2.3 mg/l4h ^[1] Oral(Rat) LD50; >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1] Skin: no adverse effect observed (not irritating) ^[1]
dipropylene glycol diglycidyl ether	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[2] Oral(Rat) LD50; >2000 mg/kg ^[2]	Not Available
(C12-14)alkylglycidyl ether	TOXICITY	IRRITATION
	Oral(Rat) LD50; >2000 mg/kg ^[1]	Eye (rabbit): mild [Ciba]
		Eye: adverse effect observed (irritating) ^[1]
		Skin (guinea pig): sensitiser
		Skin (human): Irritant
		Skin (human): non- sensitiser
		Skin (rabbit): moderate
	Skin : Moderate	
	Skin: adverse effect observed (irritating) ^[1]	
zinc borate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[1] Inhalation(Rat) LC50; 4.95 mg/l4h ^[1] Oral(Rat) LD50; >5000 mg/kg ^[1]	Eye (rabbit): mild * Eye: adverse effect observed (irritating) ^[1] Skin: no adverse effect observed (not irritating) ^[1] Skin: non-irritant *
1-decene homopolymer, hydrogenated	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1] Inhalation(Rat) LC50; 0.9 mg/l4h ^[1] Oral(Rat) LD50; >2000 mg/kg ^[1]	Eye*(rabbit):0-4/110.0-nonirritant Skin**(rabbit)-0.5/8.0-nonirritant
carbon black	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1] Oral(Rat) LD50; >8000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1] Skin: no adverse effect observed (not irritating) ^[1]
naphtha petroleum, heavy alkylate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[2] Inhalation(Rat) LC50; >5.04 mg/l4h ^[2]	Not Available

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	Oral(Rat) LD50; >7000 mg/kg ^[2]
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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

**834FX-A Black Flexible Epoxy,
Thermally Conductive–Flame
Retardant, Encapsulating and
Potting Compound (Part A)**

For aluminium compounds:

Aluminium present in food and drinking water is poorly absorbed through the gastrointestinal tract. The bioavailability of aluminium is dependent on the form in which it is ingested and the presence of dietary constituents with which the metal cation can complex. Ligands in food can have a marked effect on absorption of aluminium, as they can either enhance uptake by forming absorbable (usually water soluble) complexes (e.g., with carboxylic acids such as citric and lactic), or reduce it by forming insoluble compounds (e.g., with phosphate or dissolved silicate). Considering the available human and animal data it is likely that the oral absorption of aluminium can vary 10-fold based on chemical form alone. Although bioavailability appears to generally parallel water solubility, insufficient data are available to directly extrapolate from solubility in water to bioavailability.

For oral intake from food, the European Food Safety Authority (EFSA) has derived a tolerable weekly intake (TWI) of 1 milligram (mg) of aluminium per kilogram of bodyweight. In its health assessment, the EFSA states a medium bioavailability of 0.1 % for all aluminium compounds which are ingested with food. This corresponds to a systemically available tolerable daily dose of 0.143 microgrammes (µg) per kilogramme (kg) of body weight. This means that for an adult weighing 60 kg, a systemically available dose of 8.6 µg per day is considered safe.

Based on a neuro-developmental toxicity study of aluminium citrate administered via drinking water to rats, the Joint FAO/WHO Expert Committee on Food Additives (JECFA) established a Provisional Tolerable Weekly Intake (PTWI) of 2 mg/kg bw (expressed as aluminium) for all aluminium compounds in food, including food additives. The Committee on Toxicity of chemicals in food, consumer products and the environment (COT) considers that the derivation of this PTWI was sound and that it should be used in assessing potential risks from dietary exposure to aluminium.

The Federal Institute for Risk Assessment (BfR) of Germany has assessed the estimated aluminium absorption from antiperspirants. For this purpose, the data, derived from experimental studies, on dermal absorption of aluminium from antiperspirants for healthy and damaged skin was used as a basis. At about 10.5 µg, the calculated systemic intake values for healthy skin are above the 8.6 µg per day that are considered safe for an adult weighing 60 kg. If aluminium-containing antiperspirants are used on a daily basis, the tolerable weekly intake determined by the EFSA is therefore exceeded. The values for damaged skin, for example injuries from shaving, are many times higher. This means that in case of daily use of an aluminium-containing antiperspirant alone, the TWI may be completely exhausted. In addition, further aluminium absorption sources such as food, cooking utensils and other cosmetic products must be taken into account.

Systemic toxicity after repeated exposure

No studies were located regarding dermal effects in animals following intermediate or chronic-duration dermal exposure to various forms of aluminium.

When orally administered to rats, aluminium compounds (including aluminium nitrate, aluminium sulfate and potassium aluminium sulfate) have produced various effects, including decreased gain in body weight and mild histopathological changes in the spleen, kidney and liver of rats (104 mg Al/kg bw/day) and dogs (88-93 mg Al/kg bw/day) during subchronic oral exposure. Effects on nerve cells, testes, bone and stomach have been reported at higher doses. Severity of effects increased with dose.

The main toxic effects of aluminium that have been observed in experimental animals are neurotoxicity and nephrotoxicity. Neurotoxicity has also been described in patients dialysed with water containing high concentrations of aluminium, but epidemiological data on possible adverse effects in humans at lower exposures are inconsistent.

Reproductive and developmental toxicity:

Studies of reproductive toxicity in male mice (intraperitoneal or subcutaneous administration of aluminium nitrate or chloride) and rabbits (administration of aluminium chloride by gavage) have demonstrated the ability of aluminium to cause testicular toxicity, decreased sperm quality in mice and rabbits and reduced fertility in mice. No reproductive toxicity was seen in females given aluminium nitrate by gavage or dissolved in drinking water. Multi-generation reproductive studies in which aluminium sulfate and aluminium ammonium sulfate were administered to rats in drinking water, showed no evidence of reproductive toxicity.

High doses of aluminium compounds given by gavage have induced signs of embryotoxicity in mice and rats in particular, reduced fetal body weight or pup weight at birth and delayed ossification. Developmental toxicity studies in which aluminium chloride was administered by gavage to pregnant rats showed evidence of foetotoxicity, but it was unclear whether the findings were secondary to maternal toxicity. A twelve-month neuro-development with aluminium citrate administered via the drinking water to Sprague-Dawley rats, was conducted according to Good Laboratory Practice (GLP). Aluminium citrate was selected for the study since it is the most soluble and bioavailable aluminium salt. Pregnant rats were exposed to aluminium citrate from gestational day 6 through lactation, and then the offspring were exposed post-weaning until postnatal day 364. An extensive functional observational battery of tests was performed at various times. Evidence of aluminium toxicity was demonstrated in the high (300 mg/kg bw/day of aluminium) and to a lesser extent, the mid-dose groups (100 mg/kg bw/day of aluminium). In the high-dose group, the main effect was renal damage, resulting in high mortality in the male offspring. No major neurological pathology or neurobehavioural effects were observed, other than in the neuromuscular subdomain (reduced grip strength and increased foot splay). Thus, the lowest observed adverse effect level (LOAEL) was 100 mg/kg bw/day and the no observed adverse effect level (NOAEL) was 30 mg/kg bw/day. Bioavailability of aluminium chloride, sulfate and nitrate and aluminium hydroxide was much lower than that of aluminium citrate. This study was used by JECFA as key study to derive the PTWI.

Genotoxicity

Aluminium compounds were non-mutagenic in bacterial and mammalian cell systems, but some produced DNA damage and effects on chromosome integrity and segregation in vitro. Clastogenic effects were also observed in vivo when aluminium sulfate was administered at high doses by gavage or by the intraperitoneal route. Several indirect mechanisms have been proposed to explain the variety of genotoxic effects elicited by aluminium salts in experimental systems. Cross-linking of DNA with chromosomal proteins, interaction with microtubule assembly and mitotic spindle functioning, induction of oxidative damage, damage of lysosomal membranes with liberation of DNAase, have been suggested to explain the induction of structural chromosomal aberrations, sister chromatid exchanges, chromosome loss and formation of oxidized bases in experimental systems. The EFSA Panel noted that these indirect mechanisms of genotoxicity, occurring at relatively high levels of exposure, are unlikely to be of relevance for humans exposed to aluminium via the diet. Aluminium compounds do not cause gene mutations in either bacteria or mammalian cells. Exposure to aluminium compounds does result in both structural and numerical chromosome aberrations both in in-vitro and in-vivo mutagenicity tests. DNA damage is probably the result of indirect mechanisms. The DNA damage was observed only at high exposure levels.

Carcinogenicity.

The available epidemiological studies provide limited evidence that certain exposures in the aluminium production industry are carcinogenic to humans, giving rise to cancer of the lung and bladder. However, the aluminium exposure was confounded by exposure to other agents including polycyclic aromatic hydrocarbons, aromatic amines, nitro compounds and asbestos. There is no evidence of increased cancer risk in non-occupationally exposed persons.

Neurodegenerative diseases.

Following the observation that high levels of aluminium in dialysis fluid could cause a form of dementia in dialysis patients, a number of studies were carried out to determine if aluminium could cause dementia or cognitive impairment as a consequence of environmental exposure over long periods. Aluminium was identified, along with other elements, in the amyloid plaques that are one of the diagnostic lesions in the brain for Alzheimer disease, a common form of senile and pre-senile dementia. Some of the epidemiology studies suggest the possibility of an association of Alzheimer disease with aluminium in water, but other studies do not confirm this association. All studies lack information on ingestion of aluminium from food and how concentrations of aluminium in food affect the association between aluminium in water and Alzheimer disease." There are suggestions that persons with some genetic variants may absorb more aluminium than others, but there is a need for more analytical research to determine whether aluminium from various sources has a significant causal association with Alzheimer disease and other neurodegenerative diseases. Aluminium is a neurotoxicant in experimental animals. However, most of the animal studies performed have

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	<p>several limitations and therefore cannot be used for quantitative risk assessment.</p> <p>Contact sensitivity: It has been suggested that the body burden of aluminium may be linked to different diseases. Macrophagic myofasciitis and chronic fatigue syndrome can be caused by aluminium-containing adjuvants in vaccines. Macrophagic myofasciitis (MMF) has been described as a disease in adults presenting with ascending myalgia and severe fatigue following exposure to aluminium hydroxide-containing vaccines. The corresponding histological findings include aluminium-containing macrophages infiltrating muscle tissue at the injection site. The hypothesis is that the long-lasting granuloma triggers the development of the systemic syndrome.</p> <p>Aluminium acts not only as an adjuvant, stimulating the immune system either to fend off infections or to tolerate antigens, it also acts as a sensitiser causing contact allergy and allergic contact dermatitis. In general, metal allergies are very common and aluminium is considered to be a weak allergen. A metal must be ionised to be able to act as a contact allergen, then it has to undergo haptensation to be immunogenic and to initiate an immune response. Once inside the skin, the metal ions must bind to proteins to become immunologically reactive. The most important routes of exposure and sensitisation to aluminium are through aluminium-containing vaccines. One Swedish study showed a statistically significant association between contact allergy to aluminium and persistent itching nodules in children treated with allergen-specific immunotherapy (ASIT). Nodules were overrepresented in patients with contact allergy to aluminium.</p> <p>Other routes of sensitisation reported in the literature are the prolonged use of aluminium-containing antiperspirants, topical medication, and tattooing of the skin with aluminium-containing pigments. Most of the patients experienced eczematous reactions whereas tattooing caused granulomas. Even though aluminium is used extensively in industry, only a low number of cases of occupational skin sensitisation to aluminium have been reported. Systemic allergic contact dermatitis in the form of flare-up reactions after re-exposure to aluminium has been documented: pruritic nodules at present and previous injection sites, eczema at the site of vaccination as well as at typically atopic localisations after vaccination with aluminium-containing vaccines and/or patch testing with aluminium, and also after use of aluminium-containing toothpaste.</p> <p>The various members of the bisphenol family produce hormone like effects, seemingly as a result of binding to estrogen receptor-related receptors (ERRs; not to be confused with estrogen receptors).</p> <p>A suspected estrogen-related receptors (ERR) binding agent: Estrogen-related receptors (ERR, oestrogen-related receptors) are so named because of sequence homology with estrogen receptors but do not appear to bind estrogens or other tested steroid hormones. The ERR family have been demonstrated to control energy homeostasis, oxidative metabolism and mitochondrial biogenesis, while effecting mammalian physiology in the heart, brown adipose tissue, white adipose tissue, placenta, macrophages, and demonstrated additional roles in diabetes and cancer.</p> <p>ERRs bind enhancers throughout the genome where they exert effects on gene regulation.</p> <p>Although their overall functions remain uncertain, they also share DNA-binding sites, co-regulators, and target genes with the conventional estrogen receptors ERalpha and ERbeta and may function to modulate estrogen signaling pathways.</p> <ul style="list-style-type: none"> · ERR-alpha has wide tissue distribution but it is most highly expressed in tissues that preferentially use fatty acids as energy sources such as kidney, heart, brown adipose tissue, cerebellum, intestine, and skeletal muscle. ERRalpha has been detected in normal adrenal cortex tissues, in which its expression is possibly related to adrenal development, with a possible role in fetal adrenal function, in dehydroepiandrosterone (DHEAS) production in adrenarche, and also in steroid production of post-adrenarche/adult life. DHEA and other adrenal androgens such as androstenedione, although relatively weak androgens, are responsible for the androgenic effects of adrenarche, such as early pubic and axillary hair growth, adult-type body odor, increased oiliness of hair and skin, and mild acne. · ERR-beta is a nuclear receptor. Its function is unknown; however, a similar protein in mouse plays an essential role in placental development. · ERR-gamma is a nuclear receptor that behaves as a constitutive activator of transcription. There is evidence that bisphenol A functions as an endocrine disruptor by binding strongly to ERRgamma. BPA as well as its nitrated and chlorinated metabolites seems to bind strongly to ERR-gamma (dissociation constant = 5.5 nM), but not to the estrogen receptor (ER). BPA binding to ERR-gamma preserves its basal constitutive activity. Different expression of ERR-gamma in different parts of the body may account for variations in bisphenol A effects. For instance, ERR-gamma has been found in high concentration in the placenta, explaining reports of high bisphenol A accumulation there.
<p>BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID</p>	<p>Foetotoxicity has been observed in animal studies. Oral (rabbit, female) NOEL 180 mg/kg (teratogenicity); NOEL (maternal) 60 mg/kg.</p> <p>The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.</p>
<p>DIPROPYLENE GLYCOL DIGLYCIDYL ETHER</p>	<p>MUTAGENICITY: In vitro genetic toxicity studies were positive. * Dow Chemical SDS</p> <p>Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies with similar materials using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.</p> <p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.</p>
<p>1-DECENE HOMOPOLYMER, HYDROGENATED</p>	<p>(estimated) * Evidence of conjunctival changes ** No evidence of tissue damage [Inland Vacuum Industries] ^ US EPA HPV Challenge program October 2002</p> <p>for poly-alpha-olefins (PAOs): PAOs are highly branched isoparaffinic chemicals produced by oligomerisation of 1-octene, 1-decene, and/or 1-dodecene. The crude polyalphaolefin mixture is then distilled into appropriate product fractions to meet specific viscosity specifications and hydrogenated. Read across data exist for health effects endpoints from the following similar <i>hydrogenated</i> long chain branched alkanes derived from a C8, C10, and/or C12 alpha olefins:</p> <ul style="list-style-type: none"> ▸ Decene homopolymer ▸ Decene/dodecene copolymer ▸ Octene/decene/dodecene copolymer ▸ Dodecene trimer <p>The data for these structural analogs demonstrated no evidence of health effects. In addition, there is evidence in the literature that alkanes with 30 or more carbon atoms are unlikely to be absorbed when administered orally. The physicochemical data suggest that it is unlikely that significant absorption will occur. If a substance of the size and structure of a typical PAO is absorbed, then the principal mechanisms of absorption after oral administration are likely to be passive diffusion and absorption by way of the lymphatic system. The former requires both good lipid solubility and good water solubility as the substance has to partition from an aqueous environment through a lipophilic membrane into another aqueous environment during absorption. Absorption by way of the lymphatics occurs by mechanisms analogous to those that absorb fatty acids and is limited by the size of the molecule. Lipophilicity generally enhances the ability of chemicals to cross biological membranes. Biotransformation by mixed function oxidases often increases the water solubility of a substance; however, existing data suggest that these substances will not undergo oxidation to more hydrophilic metabolites. Finally, a chemical must have an active functional group that can interact chemically or physically with the target cell or receptor upon reaching it; there are no moieties in PAOs that represent a functional group that may have biological activity. The water solubilities of a C10 dimer PAO and a C12 trimer PAO were determined to be <1 ppb and <1 ppt respectively. The partition coefficient for a C12 trimer PAO was determined to be log Kow of >7. Given the very low water solubility it is extremely unlikely that PAOs will be absorbed by passive diffusion following oral administration, and the size of the molecules suggest that the extent of lymphatic absorption is likely to be very low. Although PAOs are relatively large lipophilic compounds, and molecular size may be a critical limiting determinant for absorption, there is some evidence that these substances are absorbed. However, the lack of observed toxicity in the studies with PAOs suggests that these products are absorbed poorly, if at all. Furthermore, a review of the literature regarding the absorption and metabolism of long chain alkanes indicates that alkanes with 30+ carbon atoms are unlikely to be absorbed. For example the absorption of squalane, an analogous C30 product, administered orally to male CD rats was examined - essentially all of the squalane was recovered unchanged in the</p>

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faeces. At the same time, the hydrophobic properties of PAOs suggest that, should they be absorbed, they would undergo limited distribution in the aqueous systemic circulation and reach potential target organs in limited concentrations.

In addition to the general considerations discussed above, the low volatility of PAOs indicates that, under normal conditions of use or transportation, exposure by the inhalation route is unlikely. In particular, the high viscosity of these substances suggests that it would be difficult to generate a high concentration of respirable particles in the air.

Acute toxicity: PAOs (decene/dodecene copolymer, octene/decene/dodecene homo-polymer, and dodecene trimer) have been adequately tested for acute oral toxicity. There were no deaths when the test materials were administered at doses of 5,000 mg/kg (decene/dodecene copolymer and dodecene trimer) and at 2,000 mg/kg (octene/decene/dodecene copolymer) in rats. Overall, the acute oral LD50 for these substances was greater than the 2000 mg/kg limit dose, indicating a relatively low order of toxicity.

PAOs (decene/dodecene copolymer, octene/decene/dodecene copolymer, and dodecene trimer) have been tested for acute dermal toxicity. No mortality was observed for any substance when administered at the limit dose of 2000 or 5000 mg/kg. Overall, the acute dermal LD50 for these substances was greater than the 2000 mg/kg limit dose, indicating a relatively low order of toxicity.

1-Decene, homopolymer, is absorbed (unexpectedly for a high molecular weight polymer) to a moderate degree in rat skin and is eliminated slowly

PAOs (decene homopolymer, decene/dodecene copolymer, and decene trimer) have been tested for acute inhalation toxicity. Rats were exposed to aerosols of the substances at nominal atmospheric concentrations of 2.5, 5.0, and 5.06 mg/L, respectively, for four hours. These levels were the maximum attainable concentrations under the conditions of the tests, due to the low volatility and high viscosity of the test material. No mortality was noted, and all animals fully recovered following depuration. The lack of mortality at concentrations at or above the limit dose of 2.0 mg/L indicates a relatively low order of toxicity for these substances.

Repeat dose toxicity: Eight repeated-dose toxicity studies using two different animal species, rats and mice, and oral and dermal routes of administration have been conducted with three structural analogs. These data suggest that the structural analogs exhibit a low order of toxicity following repeated applications, due to their similarity in chemical structures and physicochemical properties.

One 28-day oral toxicity study in rats, one 90-day dermal and two 90-day dietary studies in rats, and a dermal carcinogenicity study in mice exist for decene homopolymer. A rat oral combined reproductive toxicity and 91-day systemic toxicity study was also conducted with decene homopolymer. In addition, 28-day rat oral toxicity studies exist for two structurally analogous substances (dodecene trimer and octene/decene/dodecene copolymer); and a 90-day rat dermal toxicity study exists for octene/decene/dodecene copolymer. Results from these studies show a low order of repeated dose toxicity. The dermal NOAEL for systemic toxicity studies was equal to or greater than 2000 mg/kg/day.

The oral NOAEL for 1-decene homopolymer is between 5,000 and 20,000 mg/kg/day in Sprague-Dawley rats.

Rats exposed repeatedly by dermal exposure at doses of 2000 mg/kg decene/dodecene copolymer showed increased incidences of hyperplasia of the sebaceous glands, hyperplasia/hyperkeratosis of the epidermis and dermal inflammation. These symptoms generally subsided within 2 weeks. Males showed decreased body weight gain and altered serum chemistry.

In a 90-day feeding study rats receiving 20000 ppm of 1-decene, homopolymer, hydrogenated did not exhibit any clinical signs of systemic toxicity. Marginal effects on clinical chemistry (glucose and ALT in males; sodium, phosphorus and calcium in females) were seen.

Reproductive toxicity: Data are available for decene homopolymer. Results from these studies show a low order of reproductive/developmental toxicity. The NOAEL for reproductive toxicity was 1000 mg/kg/day, the highest concentration tested. The lack of effects on fertility in this study or effects on reproductive organs in this or other subchronic studies with closely related chemicals indicates that PAOs are unlikely to exert effects on reproduction.

Developmental toxicity: Decene homopolymer (with 10 ppm of an antioxidant) was administered once daily on gestation days 0-19 via dermal application to presumed-pregnant rats at doses of 0, 800, and 2000 mg/kg/day. Dermal administration of the test material did not adversely affect parameters of reproductive performance during gestation, nor did it adversely affect *in utero* survival and development of the offspring. The NOAEL in this study for developmental parameters was 2000 mg/kg/day.

Genotoxicity: Information for the following PAOs (decene homopolymer, octene/decene/dodecene copolymer, dodecene trimer; and decene/dodecene copolymer [prepared from 10% C12 and 90% C10 alpha olefins; approx. 33% trimer and 51% tetramer, 16% pentamer and higher]) is available. Either bacterial or mammalian gene mutation assays, *in vitro* chromosomal aberration assays, or *in vivo* chromosomal aberration assays have been conducted for these substances. Neither mutagenicity nor clastogenicity were exhibited by any of these substances in the referenced *in vivo* or *in vitro* tests, with or without metabolic activation.

Carcinogenicity: While alpha-olefin polymers have similar properties to mineral oils, they do not contain polycyclic aromatic hydrocarbons, or other known possible carcinogens.

Decene homopolymer produced no treatment-related tumors in C3H mice treated with a 50 ul/application twice weekly for 104 weeks. In addition, survival (56%) was greater than in any other group, including the untreated control.

CARBON BLACK

Inhalation (rat) TCLo: 50 mg/m³/6h/90D-I Nil reported

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

NAPHTHA PETROLEUM,
HEAVY ALKYLATE

For Low Boiling Point Naphthas (LBPNs):

Acute toxicity:

LBPNs generally have low acute toxicity by the oral (median lethal dose [LD50] in rats > 2000 mg/kg-bw), inhalation (LD50 in rats > 5000 mg/m³) and dermal (LD50 in rabbits > 2000 mg/kg-bw) routes of exposure

Most LBPNs are mild to moderate eye and skin irritants in rabbits, with the exception of heavy catalytic cracked and heavy catalytic reformed naphthas, which have higher primary skin irritation indices.

Sensitisation:

LBPNs do not appear to be skin sensitizers, but a poor response in the positive control was also noted in these studies

Repeat dose toxicity:

The lowest-observed-adverse-effect concentration (LOAEC) and lowest-observed-adverse-effect level (LOAEL) values identified following short-term (2-89 days) and subchronic (greater than 90 days) exposure to the LBPN substances. These values were determined for a variety of endpoints after considering the toxicity data for all LBPNs in the group. Most of the studies were carried out by the inhalation route of exposure.

Renal effects, including increased kidney weight, renal lesions (renal tubule dilation, necrosis) and hyaline droplet formation, observed in male rats exposed orally or by inhalation to most LBPNs, were considered species- and sex-specific. These effects were determined to be due to a mechanism of action not relevant to humans -specifically, the interaction between hydrocarbon metabolites and alpha-2-microglobulin, an enzyme not produced in substantial amounts in female rats, mice and other species, including humans. The resulting nephrotoxicity and subsequent carcinogenesis in male rats were therefore not considered in deriving LOAEC/LOAEL values.

Only a limited number of studies of short-term and subchronic duration were identified for site-restricted LBPNs. The lowest LOAEC identified in these studies, via the inhalation route, is 5475 mg/m³, based on a concentration-related increase in liver weight in both male and female rats following a 13-week exposure to light catalytic cracked naphtha. Shorter exposures of rats to this test substance resulted in nasal irritation at 9041 mg/m³

No systemic toxicity was reported following dermal exposure to light catalytic cracked naphtha, but skin irritation and accompanying histopathological changes were increased, in a dose-dependent manner, at doses as low as 30 mg/kg-bw per day when applied 5 days per week for 90 days in rats

No non-cancer chronic toxicity studies (= 1 year) were identified for site-restricted LBPNs and very few non-cancer chronic toxicity studies were identified for other LBPNs. An LOAEC of 200 mg/m³ was noted in a chronic inhalation study that exposed mice and rats to unleaded gasoline (containing 2% benzene). This inhalation LOAEC was based on ocular discharge and ocular irritation in rats. At the higher concentration of 6170 mg/m³, increased kidney weight was observed in male and female rats (increased kidney weight was also observed in males only at 870 mg/m³). Furthermore, decreased body weight in male and female mice was also observed at 6170 mg/m³

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A LOAEL of 714 mg/kg-bw was identified for dermal exposure based on local skin effects (inflammatory and degenerative skin changes) in mice following application of naphtha for 105 weeks. No systemic toxicity was reported.

Genotoxicity:

Although few genotoxicity studies were identified for the site-restricted LBPNS, the genotoxicity of several other LBPNS substances has been evaluated using a variety of in vivo and in vitro assays. While in vivo genotoxicity assays were negative overall, the in vitro tests exhibited mixed results.

For in vivo genotoxicity tests, LBPNS exhibited negative results for chromosomal aberrations and micronuclei induction, but exhibited positive results in one sister chromatid exchange assay although this result was not considered definitive for clastogenic activity as no genetic material was unbalanced or lost. Mixtures that were tested, which included a number of light naphthas, displayed mixed results (i.e., both positive and negative for the same assay) for chromosomal aberrations and negative results for the dominant lethal mutation assay. Unleaded gasoline (containing 2% benzene) was tested for its ability to induce unscheduled deoxyribonucleic acid (DNA) synthesis (UDS) and replicative DNA synthesis (RDS) in rodent hepatocytes and kidney cells. UDS and RDS were induced in mouse hepatocytes via oral exposure and RDS was induced in rat kidney cells via oral and inhalation exposure. Unleaded gasoline (benzene content not stated) exhibited negative results for chromosomal aberrations and the dominant lethal mutation assay and mixed results for atypical cell foci in rodent renal and hepatic cells.

For in vitro genotoxicity studies, LBPNS were negative for six out of seven Ames tests, and were also negative for UDS and for forward mutations. LBPNS exhibited mixed or equivocal results for the mouse lymphoma and sister chromatid exchange assays, as well as for cell transformation and positive results for one bacterial DNA repair assay. Mixtures that were tested, which included a number of light naphthas, displayed negative results for the Ames and mouse lymphoma assays. Gasoline exhibited negative results for the Ames test battery, the sister chromatid exchange assay and for one mutagenicity assay. Mixed results were observed for UDS and the mouse lymphoma assay.

While the majority of in vivo genotoxicity results for LBPNS substances are negative, the potential for genotoxicity of LBPNS as a group cannot be discounted based on the mixed in vitro genotoxicity results.

Carcinogenicity:

Although a number of epidemiological studies have reported increases in the incidence of a variety of cancers, the majority of these studies are considered to contain incomplete or inadequate information. Limited data, however, are available for skin cancer and leukemia incidence, as well as mortality among petroleum refinery workers. It was concluded that there is limited evidence supporting the view that working in petroleum refineries entails a carcinogenic risk (Group 2A carcinogen). IARC (1989a) also classified gasoline as a Group 2B carcinogen; it considered the evidence for carcinogenicity in humans from gasoline to be inadequate and noted that published epidemiological studies had several limitations, including a lack of exposure data and the fact that it was not possible to separate the effects of combustion products from those of gasoline itself. Similar conclusions were drawn from other reviews of epidemiological studies for gasoline (US EPA 1987a, 1987b). Thus, the evidence gathered from these epidemiological studies is considered to be inadequate to conclude on the effects of human exposure to LBPNS substances.

No inhalation studies assessing the carcinogenicity of the site-restricted LBPNS were identified. Only unleaded gasoline has been examined for its carcinogenic potential, in several inhalation studies. In one study, rats and mice were exposed to 0, 200, 870 or 6170 mg/m³ of a 2% benzene formulation of the test substance, via inhalation, for approximately 2 years. A statistically significant increase in hepatocellular adenomas and carcinomas, as well as a non-statistical increase in renal tumours, were observed at the highest dose in female mice. A dose-dependent increase in the incidence of primary renal neoplasms was also detected in male rats, but this was not considered to be relevant to humans, as discussed previously. Carcinogenicity was also assessed for unleaded gasoline, via inhalation, as part of initiation/promotion studies. In these studies, unleaded gasoline did not appear to initiate tumour formation, but did show renal cell and hepatic tumour promotion ability, when rats and mice were exposed, via inhalation, for durations ranging from 13 weeks to approximately 1 year using an initiation/promotion protocol. However, further examination of data relevant to the composition of unleaded gasoline demonstrated that this is a highly-regulated substance; it is expected to contain a lower percentage of benzene and has a discrete component profile when compared to other substances in the LBPNS group.

Both the European Commission and the International Agency for Research on Cancer (IARC) have classified LBPNS substances as carcinogenic. All of these substances were classified by the European Commission (2008) as Category 2 (R45: may cause cancer) (benzene content = 0.1% by weight). IARC has classified gasoline, an LBPNS, as a Group 2B carcinogen (possibly carcinogenic to humans) and "occupational exposures in petroleum refining" as Group 2A carcinogens (probably carcinogenic to humans).

Several studies were conducted on experimental animals to investigate the dermal carcinogenicity of LBPNS. The majority of these studies were conducted through exposure of mice to doses ranging from 694-1351 mg/kg-bw, for durations ranging from 1 year to the animals' lifetime or until a tumour persisted for 2 weeks. Given the route of exposure, the studies specifically examined the formation of skin tumours. Results for carcinogenicity via dermal exposure are mixed. Both malignant and benign skin tumours were induced with heavy catalytic cracked naphtha, light catalytic cracked naphtha, light

straight-run naphtha and naphtha. Significant increases in squamous cell carcinomas were also observed when mice were dermally treated with Stoddard solvent, but the latter was administered as a mixture (90% test substance), and the details of the study were not available. In contrast, insignificant increases in tumour formation or no tumours were observed when light alkylate naphtha, heavy catalytic reformed naphtha, sweetened naphtha, light catalytically cracked naphtha or unleaded gasoline was dermally applied to mice. Negative results for skin tumours were also observed in male mice dermally exposed to sweetened naphtha using an initiation/promotion protocol.

Reproductive/ Developmental toxicity:

No reproductive or developmental toxicity was observed for the majority of LBPNS substances evaluated. Most of these studies were carried out by inhalation exposure in rodents.

NOAEC values for reproductive toxicity following inhalation exposure ranged from 1701 mg/m³ (CAS RN 8052-41-3) to 27 687 mg/m³ (CAS RN 64741-63-5) for the LBPNS group evaluated, and from 7690 mg/m³ to 27 059 mg/m³ for the site-restricted light catalytic cracked and full-range catalytic reformed naphthas. However, a decreased number of pups per litter and higher frequency of post-implantation loss were observed following inhalation exposure of female rats to hydrotreated heavy naphtha (CAS RN 64742-48-9) at a concentration of 4679 mg/m³, 6 hours per day, from gestational days 7-20. For dermal exposures, NOAEL values of 714 mg/kg-bw (CAS RN 8030-30-6) and 1000 mg/kg-bw per day (CAS RN 68513-02-0) were noted. For oral exposures, no adverse effects on reproductive parameters were reported when rats were given site-restricted light catalytic cracked naphtha at 2000 mg/kg on gestational day 13.

For most LBPNS, no treatment-related developmental effects were observed by the different routes of exposure. However, developmental toxicity was observed for a few naphthas. Decreased foetal body weight and an increased incidence of ossification variations were observed when rat dams were exposed to light aromatized solvent naphtha, by gavage, at 1250 mg/kg-bw per day. In addition, pregnant rats exposed by inhalation to hydrotreated heavy naphtha at 4679 mg/m³ delivered pups with higher birth weights. Cognitive and memory impairments were also observed in the offspring.

Low Boiling Point Naphthas [Site-Restricted]

Studies indicate that normal, branched and cyclic paraffins are absorbed from the mammalian gastrointestinal tract and that the absorption of n-paraffins is inversely proportional to the carbon chain length, with little absorption above C30. With respect to the carbon chain lengths likely to be present in mineral oil, n-paraffins may be absorbed to a greater extent than iso- or cyclo-paraffins.

The major classes of hydrocarbons have been shown to be well absorbed by the gastrointestinal tract in various species. In many cases, the hydrophobic hydrocarbons are ingested in association with dietary lipids. The dependence of hydrocarbon absorption on concomitant triglyceride digestion and absorption, is known as the 'hydrocarbon continuum hypothesis', and asserts that a series of solubilising phases in the intestinal lumen, created by dietary triglycerides and their digestion products, afford hydrocarbons a route to the lipid phase of the intestinal absorptive cell (enterocyte) membrane. While some hydrocarbons may traverse the mucosal epithelium unmetabolised and appear as solutes in lipoprotein particles in intestinal lymph, there is evidence that most hydrocarbons partially separate from nutrient lipids and undergo metabolic transformation in the enterocyte. The enterocyte may play a major role in determining the proportion of an absorbed hydrocarbon that, by escaping initial biotransformation, becomes available for deposition in its unchanged form in peripheral tissues such as adipose tissue, or in the liver.

for petroleum:

Altered mental state, drowsiness, peripheral motor neuropathy, irreversible brain damage (so-called Petrol Sniffer's Encephalopathy), delirium, seizures, and sudden death have been reported from repeated overexposure to some hydrocarbon solvents, naphthas, and gasoline. This product may contain benzene which is known to cause acute myeloid leukaemia and n-hexane which has been shown to metabolize to

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	<p>compounds which are neuropathic.</p> <p>This product contains toluene. There are indications from animal studies that prolonged exposure to high concentrations of toluene may lead to hearing loss.</p> <p>This product contains ethyl benzene and naphthalene from which there is evidence of tumours in rodents</p> <p>Carcinogenicity: Inhalation exposure to mice causes liver tumours, which are not considered relevant to humans. Inhalation exposure to rats causes kidney tumours which are not considered relevant to humans.</p> <p>Mutagenicity: There is a large database of mutagenicity studies on gasoline and gasoline blending streams, which use a wide variety of endpoints and give predominantly negative results. All in vivo studies in animals and recent studies in exposed humans (e.g. petrol service station attendants) have shown negative results in mutagenicity assays.</p> <p>Reproductive Toxicity: Repeated exposure of pregnant rats to high concentrations of toluene (around or exceeding 1000 ppm) can cause developmental effects, such as lower birth weight and developmental neurotoxicity, on the foetus. However, in a two-generation reproductive study in rats exposed to gasoline vapour condensate, no adverse effects on the foetus were observed.</p> <p>Human Effects: Prolonged/ repeated contact may cause defatting of the skin which can lead to dermatitis and may make the skin more susceptible to irritation and penetration by other materials.</p> <p>Lifetime exposure of rodents to gasoline produces carcinogenicity although the relevance to humans has been questioned. Gasoline induces kidney cancer in male rats as a consequence of accumulation of the alpha2-microglobulin protein in hyaline droplets in the male (but not female) rat kidney. Such abnormal accumulation represents lysosomal overload and leads to chronic renal tubular cell degeneration, accumulation of cell debris, mineralisation of renal medullary tubules and necrosis. A sustained regenerative proliferation occurs in epithelial cells with subsequent neoplastic transformation with continued exposure. The alpha2-microglobulin is produced under the influence of hormonal controls in male rats but not in females and, more importantly, not in humans.</p>
<p>834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A) & BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID & DIPROPYLENE GLYCOL DIGLYCIDYL ETHER & (C12-14)ALKYLGLYCIDYL ETHER</p>	<p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>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.</p>
<p>834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A) & BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID</p>	<p>In mice, dermal application of bisphenol A diglycidyl ether (BADGE) (1, 10, or 100 mg/kg) for 13 weeks produced mild to moderate chronic active dermatitis. At the high dose, spongiosis and epidermal micro abscess formation were observed. In rats, dermal application of BADGE (10, 100, or 1000 mg/kg) for 13 weeks resulted in a decrease in body weight at the high dose. The no-observable effect level (NOEL) for dermal exposure was 100 mg/kg for both sexes. In a separate study, application of BADGE (same doses) five times per week for ~13 weeks not only caused a decrease in body weight but also produced chronic dermatitis at all dose levels in males and at >100 mg/kg in females (as well as in a satellite group of females given 1000 mg/kg).</p> <p>Reproductive and Developmental Toxicity: BADGE (50, 540, or 750 mg/kg) administered to rats via gavage for 14 weeks (P1) or 12 weeks (P2) produced decreased body weight in all males at the mid dose and in both males and females at the high dose, but had no reproductive effects. The NOEL for reproductive effects was 750 mg/kg.</p> <p>Carcinogenicity: IARC concluded that 'there is limited evidence for the carcinogenicity of bisphenol A diglycidyl ether in experimental animals.' Its overall evaluation was 'Bisphenol A diglycidyl ether is not classifiable as to its carcinogenicity to humans (Group 3).</p> <p>In a lifetime tumourigenicity study in which 90-day-old C3H mice received three dermal applications per week of BADGE (undiluted dose) for 23 months, only one out of 32 animals developed a papilloma after 16 months. A retest, in which skin paintings were done for 27 months, however, produced no tumours (Weil et al., 1963). In another lifetime skin-painting study, BADGE (dose n.p.) was also reported to be noncarcinogenic to the skin of C3H mice; it was, however, weakly carcinogenic to the skin of C57BL/6 mice (Holland et al., 1979; cited by Canter et al., 1986). In a two-year bioassay, female Fisher 344 rats dermally exposed to BADGE (1, 100, or 1000 mg/kg) showed no evidence of dermal carcinogenicity but did have low incidences of tumours in the oral cavity (U.S. EPA, 1997).</p> <p>Genotoxicity: In S. typhimurium strains TA100 and TA1535, BADGE (10-10,000 ug/plate) was mutagenic with and without S9; negative results were obtained in TA98 and TA1537 (Canter et al., 1986; Pullin, 1977). In a spot test, BADGE (0.05 or 10.00 mg) failed to show mutagenicity in strains TA98 and TA100 (Wade et al., 1979). Negative results were also obtained in the body fluid test using urine of female BDF and ICR mice (1000 mg/kg BADGE), the mouse host-mediated assay (1000 mg/kg), micronucleus test (1000 mg/kg), and dominant lethal assay (~3000 mg/kg).</p> <p>Immunotoxicity: Intracutaneous injection of diluted BADGE (0.1 mL) three times per week on alternate days (total of 8 injections) followed by a three-week incubation period and a challenge dose produced sensitisation in 19 of 20 guinea pigs</p> <p>-</p> <p>Consumer exposure to BADGE is almost exclusively from migration of BADGE from can coatings into food. Using a worst-case scenario that assumes BADGE migrates at the same level into all types of food, the estimated per capita daily intake for a 60-kg individual is approximately 0.16 ug/kg body weight/day. A review of one- and two-generation reproduction studies and developmental investigations found no evidence of reproductive or endocrine toxicity, the upper ranges of dosing being determined by maternal toxicity. The lack of endocrine toxicity in the reproductive and developmental toxicological tests is supported by negative results from both in vivo and in vitro assays designed specifically to detect oestrogenic and androgenic properties of BADGE. An examination of data from sub-chronic and chronic toxicological studies support a NOAEL of 50 mg/ kg/body weight day from the 90-day study, and a NOAEL of 15 mg/kg body weigh/day (male rats) from the 2-year carcinogenicity study. Both NOAELS are considered appropriate for risk assessment. Comparing the estimated daily human intake of 0.16 ug/kg body weight/day with the NOAELS of 50 and 15 mg/kg body weight/day shows human exposure to BADGE from can coatings is between 250,000 and 100,000-fold lower than the NOAELS from the most sensitive toxicology tests. These large margins of safety together with lack of reproductive, developmental, endocrine and carcinogenic effects supports the continued use of BADGE for use in articles intended to come into contact with foodstuffs.</p> <p>The chemical structure of hydroxylated diphenylalkanes or bisphenols consists of two phenolic rings joined together through a bridging carbon. This class of endocrine disruptors that mimic oestrogens is widely used in industry, particularly in plastics.</p> <p>Bisphenol A (BPA) and some related compounds exhibit oestrogenic activity in human breast cancer cell line MCF-7, but there were remarkable differences in activity. Several derivatives of BPA exhibited significant thyroid hormonal activity towards rat pituitary cell line GH3, which releases growth hormone in a thyroid hormone-dependent manner. However, BPA and several other derivatives did not show such activity. Results suggest that the 4-hydroxyl group of the A-phenyl ring and the B-phenyl ring of BPA derivatives are required for these hormonal activities, and substituents at the 3,5-positions of the phenyl rings and the bridging alkyl moiety markedly influence the activities.</p> <p>Bisphenols promoted cell proliferation and increased the synthesis and secretion of cell type-specific proteins. When ranked by proliferative potency, the longer the alkyl substituent at the bridging carbon, the lower the concentration needed for maximal cell yield; the most active compound contained two propyl chains at the bridging carbon. Bisphenols with two hydroxyl groups in the para position and an angular configuration are suitable for appropriate hydrogen bonding to the acceptor site of the oestrogen receptor.</p> <p>In vitro cell models were used to evaluate the ability of 22 bisphenols (BPs) to induce or inhibit estrogenic and androgenic activity. BPA, Bisphenol AF (BPAF), bisphenol Z (BPZ), bisphenol C (BPC), tetramethyl bisphenol A (TMBPA), bisphenol S (BPS), bisphenol E (BPE), 4,4-bisphenol F (4,4-BPF), bisphenol AP (BPAP), bisphenol B (BPB), tetrachlorobisphenol A (TCBPA), and benzylparaben (PHBB) induced estrogen receptor (ER)alpha and/or ERbeta-mediated activity. With the exception of BPS, TCBPA, and PHBB, these same BPs were also androgen receptor (AR) antagonists. Only 3 BPs were found to be ER antagonists. Bisphenol P (BPP) selectively inhibited ERbeta-mediated activity and 4-(4-phenylmethoxyphenyl)sulfonylphenol (BPS-MPE) and 2,4-bisphenol S (2,4-BPS) selectively inhibited ERalpha-mediated activity. None of the BPs induced AR-mediated activity.</p>

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834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A) & DIPROPYLENE GLYCOL DIGLYCIDYL ETHER & (C12-14)ALKYLGLYCIDYL ETHER	Oxiranes (including glycidyl ethers and alkyl oxides, and epoxides) exhibit many common characteristics with respect to animal toxicology. One such oxirane is ethyloxirane; data presented here may be taken as representative.
ALUMINA HYDRATE & ALUMINIUM OXIDE & CARBON BLACK	No significant acute toxicological data identified in literature search.
DIPROPYLENE GLYCOL DIGLYCIDYL ETHER & (C12-14)ALKYLGLYCIDYL ETHER	for 1,2-butylene oxide (ethyloxirane): Ethyloxirane increased the incidence of tumours of the respiratory system in male and female rats exposed via inhalation. Significant increases in nasal papillary adenomas and combined alveolar/bronchiolar adenomas and carcinomas were observed in male rats exposed to 1200 mg/m ³ ethyloxirane via inhalation for 103 weeks. There was also a significant positive trend in the incidence of combined alveolar/bronchiolar adenomas and carcinomas. Nasal papillary adenomas were also observed in 2/50 high-dose female rats with none occurring in control or low-dose animals. In mice exposed chronically via inhalation, one male mouse developed a squamous cell papilloma in the nasal cavity (300 mg/m ³) but other tumours were not observed. Tumours were not observed in mice exposed chronically via dermal exposure. When trichloroethylene containing 0.8% ethyloxirane was administered orally to mice for up to 35 weeks, followed by 0.4% from weeks 40 to 69, squamous-cell carcinomas of the forestomach occurred in 3/49 males (p=0.029, age-adjusted) and 1/48 females at week 106. Trichloroethylene administered alone did not induce these tumours and they were not observed in control animals. Two structurally related substances, oxirane (ethylene oxide) and methyloxirane (propylene oxide), which are also direct-acting alkylating agents, have been classified as carcinogenic

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

11.2.1. Endocrine Disruption Properties

Many chemicals may mimic or interfere with the body's hormones, known as the endocrine system. Endocrine disruptors are chemicals that can interfere with endocrine (or hormonal) systems. Endocrine disruptors interfere with the synthesis, secretion, transport, binding, action, or elimination of natural hormones in the body. Any system in the body controlled by hormones can be derailed by hormone disruptors. Specifically, endocrine disruptors may be associated with the development of learning disabilities, deformations of the body various cancers and sexual development problems. Endocrine disrupting chemicals cause adverse effects in animals. But limited scientific information exists on potential health problems in humans. Because people are typically exposed to multiple endocrine disruptors at the same time, assessing public health effects is difficult.

SECTION 12 Ecological information

12.1. Toxicity

834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
bisphenol A/ diglycidyl ether resin, liquid	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	~2mg/l	2
	EC50(ECx)	48h	Crustacea	~2mg/l	2
alumina hydrate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	>100mg/l	1
	LC50	96h	Fish	0.57mg/l	2
	EC50	48h	Crustacea	>0.065mg/l	4
	EC50	96h	Algae or other aquatic plants	0.46mg/l	2
ammonium polyphosphate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	3.57mg/l	2
	EC50	72h	Algae or other aquatic plants	>97.1mg/l	2
	LC50	96h	Fish	>100mg/l	2
	EC50	48h	Crustacea	>100mg/l	2
aluminium oxide	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	0.2mg/l	2
	EC50	48h	Crustacea	1.5mg/l	2
	LC50	96h	Fish	0.078-0.108mg/l	2
	NOEC(ECx)	72h	Algae or other aquatic plants	>100mg/l	1

Continued...

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	EC50	96h	Algae or other aquatic plants	0.024mg/l	2
dipropylene glycol diglycidyl ether	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
(C12-14)alkylglycidyl ether	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	48h	Crustacea	6.07mg/l	2
	LC50	96h	Fish	>5000mg/l	2
	EC50	48h	Crustacea	6.07mg/l	2
zinc borate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	40.2mg/l	2
	LC50	96h	Fish	1.793mg/l	2
	EC50	48h	Crustacea	1mg/l	2
	NOEC(ECx)	768h	Fish	0.009mg/l	2
EC50	96h	Algae or other aquatic plants	15.4mg/l	2	
1-decene homopolymer, hydrogenated	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
carbon black	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	>0.2mg/l	2
	LC50	96h	Fish	>100mg/l	2
	EC50	48h	Crustacea	33.076-41.968mg/l	4
NOEC(ECx)	24h	Crustacea	3200mg/l	1	
naphtha petroleum, heavy alkylate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	0.1mg/l	1
EC50	72h	Algae or other aquatic plants	13mg/l	1	
Legend:	<i>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</i>				

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

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

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

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

For bisphenol A and related bisphenols:

Environmental fate:

Biodegradability (28 d) 89% - Easily biodegradable

Bioconcentration factor (BCF) 7.8 mg/l

Bisphenol A, its derivatives and analogues, can be released from polymers, resins and certain substances by metabolic products

Substance does not meet the criteria for PBT or vPvB according to Regulation (EC) No 1907/2006, Annex XIII

As an environmental contaminant, bisphenol A interferes with nitrogen fixation at the roots of leguminous plants associated with the bacterial symbiont *Sinorhizobium meliloti*. Despite a half-life in the soil of only 1-10 days, its ubiquity makes it an important pollutant. According to Environment Canada, 'initial assessment shows that at low levels, bisphenol A can harm fish and organisms over time. Studies also indicate that it can currently be found in municipal wastewater.' However, a study conducted in the United States found that 91-98% of bisphenol A may be removed from water during treatment at municipal water treatment plants.

Ecotoxicity:

Fish LC50 (96 h): 4.6 mg/l (freshwater fish); 11 mg/l (saltwater fish); NOEC 0.016 mg/l (freshwater fish- 144 d); 0.064 mg/l (saltwater fish 164 d)

Fresh water invertebrates EC50 (48 h): 10.2 mg/l; NOEC 0.025 mg/l - 328 d)

Marine water invertebrate EC50 (96 h): 1.1 mg/l; NOEC 0.17 mg/l (28 d)

Freshwater algae (96 h): 2.73 mg/l

Marine water algae (96 h): 1.1 mg/l

Fresh water plant EC50 (7 d): 20 mg/l; NOEC 7.8 mg/l

In general, studies have shown that bisphenol A can affect growth, reproduction and development in aquatic organisms.

Among freshwater organisms, fish appear to be the most sensitive species. Evidence of endocrine-related effects in fish, aquatic invertebrates, amphibians and reptiles has been reported at environmentally relevant exposure levels lower than those required for acute toxicity. There is a widespread variation in reported values for endocrine-related effects, but many fall in the range of 1 ug/L to 1 mg/L

A 2009 review of the biological impacts of plasticisers on wildlife published by the Royal Society with a focus on annelids (both aquatic and terrestrial), molluscs, crustaceans, insects, fish and amphibians concluded that bisphenol A has been shown to affect reproduction in all studied animal groups, to impair development in crustaceans and amphibians and to induce genetic aberrations.

A large 2010 study of two rivers in Canada found that areas contaminated with hormone-like chemicals including bisphenol A showed females made up 85 per cent of the population of a certain fish, while females made up only 55 per cent in uncontaminated areas.

Although abundant data are available on the toxicity of bisphenol-A (2,2-bis (4-hydroxydiphenyl)propane;(BPA) A variety of BPs were examined for their acute toxicity against *Daphnia magna*, mutagenicity, and oestrogenic activity using the Daphtoxkit (Creasel Ltd.), the umu test system, and the yeast two-hybrid system, respectively, in comparison with BPA. BPA was moderately toxic to *D. magna* (48-h EC50 was 10 mg/l) according to the current U.S. EPA acute toxicity evaluation standard, and it was weakly oestrogenic with 5 orders of

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magnitude lower activity than that of the natural estrogen 17 beta-oestradiol in the yeast screen, while no mutagenicity was observed. All seven BPs tested here showed moderate to slight acute toxicity, no mutagenicity, and weak oestrogenic activity as well as BPA. Some of the BPs showed considerably higher oestrogenic activity than BPA, and others exhibited much lower activity. Bisphenol S (bis(4-hydroxydiphenyl)sulfone) and bis(4-hydroxyphenyl)sulfide showed oestrogenic activity.

Biodegradation is a major mechanism for eliminating various environmental pollutants. Studies on the biodegradation of bisphenols have mainly focused on bisphenol A. A number of BPA-degrading bacteria have been isolated from enrichments of sludge from wastewater treatment plants. The first step in the biodegradation of BPA is the hydroxylation of the carbon atom of a methyl group or the quaternary carbon in the BPA molecule. Judging from these features of the biodegradation mechanisms, it is possible that the same mechanism used for BPA is used to biodegrade all bisphenols that have at least one methyl or methylene group bonded at the carbon atom between the two phenol groups. However, bisphenol F ((bis(4-hydroxyphenyl)methane; BPF), which has no substituent at the bridging carbon, is unlikely to be metabolised by such a mechanism. Nevertheless BPF is readily degraded by river water microorganisms under aerobic conditions. From this evidence, it was clear that a specific mechanism for biodegradation of BPF does exist in the natural ecosystem, Algae can enhance the photodegradation of bisphenols. The photodegradation rate of BPF increased with increasing algae concentration. Humic acid and Fe³⁺ ions also enhanced the photodegradation of BPF. The effect of pH value on the BPF photodegradation was also important.

Reactive diluents generally have a low to moderate potential for bioconcentration (tendency to accumulate in the food chain) and a high to very high potential for mobility in soil. Small amounts that escape to the atmosphere will photodegrade.

They would not be expected to persist in the environment.

Most reactive diluents should be considered slightly to moderately toxic to aquatic organisms on an acute basis while some might also be considered harmful to the environment.

Environmental toxicity is a function of the n-octanol/water partition coefficient (log Pow, log Kow). Compounds with log Pow >5 act as neutral organics, but at a lower log Pow, the toxicity of epoxide-containing polymers is greater than that predicted for simple narcotics.

Significant environmental findings are limited. Oxiranes (including glycidyl ethers and alkyl oxides, and epoxides) exhibit common characteristics with respect to environmental fate and ecotoxicology. One such oxirane is ethyloxirane and data presented here may be taken as representative.

for 1,2-butylene oxide (ethyloxirane):

Environmental fate: Ethyloxirane is highly soluble in water and has a very low soil-adsorption coefficient, which suggests that if released to water, adsorption of ethyloxirane to sediment and suspended solids is not expected. Volatilisation of ethyloxirane from water surfaces would be expected based on the moderate estimated Henry's Law constant. If ethyloxirane is released to soil, it is expected to have low adsorption and thus very high mobility. Volatilisation from moist soil and dry soil surfaces is expected, based on its vapour pressure. It is expected that ethyloxirane exists solely as a vapour in ambient atmosphere, based on its very high vapour pressure. Ethyloxirane may also be removed from the atmosphere by wet deposition processes, considering its relatively high water solubility.

Persistence: The half-life in air is about 5.6 days from the reaction of ethyloxirane with photochemically produced hydroxyl radicals which indicates that this chemical meets the persistence criterion in air (half-life of = 2 days)*.

Ethyloxirane is hydrolysable, with a half-life of 6.5 days, and biodegradable up to 100% degradation and is not expected to persist in water. A further model-predicted biodegradation half-life of 15 days in water was obtained and used to predict the half-life of this chemical in soil and sediment by applying Boethling's extrapolation factors (t_{1/2}water : t_{1/2}soil : t_{1/2}sediment = 1 : 1 : 4) (Boethling 1995). According to these values, it can be concluded that ethyloxirane does not meet the persistence criteria in water and soil (half-lives = 182 days) and sediments (half-life = 365 days).

Experimental and modelled log Kow values of 0.68 and 0.86, respectively, indicate that the potential for bioaccumulation of ethyloxirane in organisms is likely to be low. Modelled bioaccumulation -factor (BAF) and bioconcentration -factor (BCF) values of 1 to 17 L/kg indicate that ethyloxirane does not meet the bioaccumulation criteria (BCF/BAF = 5000)*

Ecotoxicity:

Experimental ecotoxicological data for ethyloxirane (OECD 2001) indicate low to moderate toxicity to aquatic organisms. For fish and water flea, acute LC50/EC50 values vary within a narrow range of 70-215 mg/L; for algae, toxicity values exceed 500 mg/L, while for bacteria they are close to 5000 mg/L

* Persistence and Bioaccumulation Regulations (Canada 2000).

Reactive diluents which are only slightly soluble in water and do not evaporate quickly are expected to sink to the bottom or float to the top, depending on the density, where they would be expected to biodegrade slowly.

In air ammonia is persistent whilst, in water, it biodegrades rapidly to nitrate, producing a high oxygen demand. Ammonia is strongly adsorbed to soil. Ammonia is non-persistent in water (half-life 2 days) and is moderately toxic to fish under normal temperature and pH conditions. Ammonia is harmful to aquatic life at low concentrations but does not concentrate in the food chain. Ammonium ions may be toxic to fish at 0.3 mg/l

Drinking Water Standards:

0.5 mg/l (UK max.)

1.5 mg/l (WHO Levels)

Soil Guidelines: none available.

Air Quality Standards: none available.

The principal problems of phosphate contamination of the environment relates to eutrophication processes in lakes and ponds. Phosphorus is an essential plant nutrient and is usually the limiting nutrient for blue-green algae. A lake undergoing eutrophication shows a rapid growth of algae in surface waters. Planktonic algae cause turbidity and flotation films. Shore algae cause ugly muddying, films and damage to reeds. Decay of these algae causes oxygen depletion in the deep water and shallow water near the shore. The process is self-perpetuating because anoxic conditions at the sediment/water interface causes the release of more adsorbed phosphates from the sediment. The growth of algae produces undesirable effects on the treatment of water for drinking purposes, on fisheries, and on the use of lakes for recreational purposes.

For aluminium and its compounds and salts:

Despite its prevalence in the environment, no known form of life uses aluminium salts metabolically. In keeping with its pervasiveness, aluminium is well tolerated by plants and animals. Owing to their prevalence, potential beneficial (or otherwise) biological roles of aluminium compounds are of continuing interest.

Environmental fate:

Aluminium occurs in the environment in the form of silicates, oxides and hydroxides, combined with other elements such as sodium, fluorine and arsenic complexes with organic matter.

Acidification of soils releases aluminium as a transportable solution. Mobilisation of aluminium by acid rain results in aluminium becoming available for plant uptake.

As an element, aluminium cannot be degraded in the environment, but may undergo various precipitation or ligand exchange reactions. Aluminium in compounds has only one oxidation state (+3), and would not undergo oxidation-reduction reactions under environmental conditions. Aluminium can be complexed by various ligands present in the environment (e.g., fulvic and humic acids). The solubility of aluminium in the environment will depend on the ligands present and the pH.

The trivalent aluminium ion is surrounded by six water molecules in solution. The hydrated aluminium ion, [Al(H₂O)₆]³⁺, undergoes hydrolysis, in which a stepwise deprotonation of the coordinated water ligands forms bound hydroxide ligands (e.g., [Al(H₂O)₅(OH)]²⁺, [Al(H₂O)₄(OH)₂]⁺). The speciation of aluminium in water is pH dependent. The hydrated trivalent aluminium ion is the predominant form at pH levels below 4. Between pH 5 and 6, the predominant hydrolysis products are Al(OH)₂⁺ and Al(OH)₂⁺, while the solid Al(OH)₃ is most prevalent between pH 5.2 and 8.8. The soluble species Al(OH)₄⁻ is the predominant species above pH 9, and is the only species present above pH 10. Polymeric aluminium hydroxides appear between pH 4.7 and 10.5, and increase in size until they are transformed into colloidal particles of amorphous Al(OH)₃, which crystallise to gibbsite in acid waters. Polymerisation is affected by the presence of dissolved silica; when enough silica is present, aluminium is precipitated as poorly crystallised clay mineral species.

Hydroxyaluminum compounds are considered amphoteric (e.g., they can act as both acids and bases in solution). Because of this property, aluminum hydroxides can act as buffers and resist pH changes within the narrow pH range of 4-5.

Monomeric aluminium compounds, typified by aluminium fluoride, chloride, and sulfate, are considered reactive or labile compounds, whereas polymeric aluminium species react much more slowly in the environment. Aluminium has a stronger attraction for fluoride in an acidic environment compared to other inorganic ligand.

The adsorption of aluminium onto clay surfaces can be a significant factor in controlling aluminium mobility in the environment, and these adsorption reactions, measured in one study at pH 3.0-4.1, have been observed to be very rapid. However, clays may act either as a sink or a source for soluble aluminium depending on the degree of aluminium saturation on the clay surface.

Within the pH range of 5-6, aluminium complexes with phosphate and is removed from solution. Because phosphate is a necessary nutrient in ecological systems, this immobilization of both aluminium and phosphate may result in depleted nutrient states in surface water.

Plant species and cultivars of the same species differ considerably in their ability to take up and translocate aluminium to above-ground parts. Tea leaves may contain very high concentrations of aluminium, >5,000 mg/kg in old leaves. Other plants that may contain high levels of aluminium include Lycopodium (Lycopodiaceae), a few ferns, Symlocos (Symlocaceae), and Orites (Proteaceae). Aluminium is often taken up and concentrated in root tissue. In sub-alpine ecosystems, the large root biomass of the Douglas fir, *Abies amabilis*, takes up aluminium and immobilizes it, preventing large accumulation in above-ground tissue. It is unclear to what extent aluminium is taken up into root food crops and leafy vegetables. An uptake factor (concentration of aluminium in the plant/concentration of aluminium in soil) of 0.004 for leafy vegetables and 0.00065 for fruits and tubers has been reported, but the pH and plant species from which these uptake factors were derived are unclear. Based upon these values, however, it is clear that aluminium is not taken up in plants

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from soil, but is instead biodiluted.

Aluminum concentrations in rainbow trout from an alum-treated lake, an untreated lake, and a hatchery were highest in gill tissue and lowest in muscle. Aluminum residue analyses in brook trout have shown that whole-body aluminum content decreases as the fish advance from larvae to juveniles. These results imply that the aging larvae begin to decrease their rate of aluminum uptake, to eliminate aluminum at a rate that exceeds uptake, or to maintain approximately the same amount of aluminum while the body mass increases. The decline in whole-body aluminum residues in juvenile brook trout may be related to growth and dilution by edible muscle tissue that accumulated less aluminum than did the other tissues. The greatest fraction of the gill-associated aluminum was not sorbed to the gill tissue, but to the gill mucus. It is thought that mucus appears to retard aluminum transport from solution to the membrane surface, thus delaying the acute biological response of the fish. It has been reported that concentrations of aluminum in whole-body tissue of the Atlantic salmon exposed to high concentrations of aluminum ranging from 3 ug/g (for fish exposed to 33 ug/L) to 96 ug/g (for fish exposed to 264 ug/L) at pH 5.5. After 60 days of exposure, BCFs ranged from 76 to 190 and were directly related to the aluminum exposure concentration. In acidic waters (pH 4.6-5.3) with low concentrations of calcium (0.5-1.5 mg Ca/L), labile aluminum between 25 and 75 ug/L is toxic. Because aluminum is toxic to many aquatic species, it is not bioaccumulated to a significant degree (BCF <300) in most fish and shellfish; therefore, consumption of contaminated fish does not appear to be a significant source of aluminum exposure in humans.

Bioconcentration of aluminum has also been reported for several aquatic invertebrate species. BCF values ranging from 0.13 to 0.5 in the whole-body were reported for the snail.

Bioconcentration of aluminum has also been reported for aquatic insects.

Ecotoxicity:

Freshwater species pH >6.5

Fish: Acute LC50 (48-96 h) 5 spp: 0.6 (*Salmo salar*) - 106 mg/L; Chronic NOEC (8-28 d): 7 spp, NOEC, 0.034-7.1 mg/L. The lowest measured chronic figure was an 8-d LC50 of 0.17 mg/L for *Micropterus* sp.

Amphibian: Acute LC50 (4 d): *Bufo americanus*, 0.86-1.66 mg/L; Chronic LC50 (8-d) 2.28 mg/L

Crustaceans LC50 (48 h): 1 sp 2.3-36 9 mg/L; Chronic NOEC (7-28 d) 3 spp, 0.136-1.72 mg/L

Algae EC50 (96 h): population growth, 0.46-0.57 mg/L; 2 spp, chronic NOEC, 0.8-2.0 mg/L

Freshwater species pH <6.5 (all between pH 4.5 and 6.0)

Fish LC50 (24-96 h): 4 spp, 0.015 (*S. trutta*) - 4.2 mg/L; chronic data on *Salmo trutta*, LC50 (21-42 d) 0.015- 0.105 mg/L

Amphibians LC50 (4-5 d): 2 spp, 0.540-2.670 mg/L (absolute range 0.40-5.2 mg/L)

Alga: 1 sp NOEC growth 2.0 mg/L

Among freshwater aquatic plants, single-celled plants are generally the most sensitive to aluminium. Fish are generally more sensitive to aluminium than aquatic invertebrates.

Aluminium is a gill toxicant to fish, causing both ionoregulatory and respiratory effects.

The bioavailability and toxicity of aluminium is generally greatest in acid solutions. Aluminium in acid habitats has been observed to be toxic to fish and phytoplankton. Aluminium is generally more toxic over the pH range 4.4-5.4, with a maximum toxicity occurring around pH 5.0-5.2. The inorganic single unit aluminium species (Al(OH)₂⁺) is thought to be the most toxic. Under very acid conditions, the toxic effects of the high H⁺ concentration appear to be more important than the effects of low concentrations of aluminium; at approximately neutral pH values, the toxicity of aluminium is greatly reduced. The solubility of aluminium is also enhanced under alkaline conditions, due to its amphoteric character, and some researchers found that the acute toxicity of aluminium increased from pH 7 to pH 9. However, the opposite relationship was found in other studies. The uptake and toxicity of aluminium in freshwater organisms generally decreases with increasing water hardness under acidic, neutral and alkaline conditions. Complexing agents such as fluoride, citrate and humic substances reduce the availability of aluminium to organisms, resulting in lower toxicity. Silicon can also reduce aluminium toxicity to fish.

Drinking Water Standards:

aluminium: 200 ug/l (UK max.)

200 ug/l (WHO guideline)

chloride: 400 mg/l (UK max.)

250 mg/l (WHO guideline)

fluoride: 1.5 mg/l (UK max.)

1.5 mg/l (WHO guideline)

nitrate: 50 mg/l (UK max.)

50 mg/l (WHO guideline)

sulfate: 250 mg/l (UK max.)

Soil Guideline: none available.

Air Quality Standards: none available.

DO NOT discharge into sewer or waterways.

12.2. Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
bisphenol A/ diglycidyl ether resin, liquid	HIGH	HIGH
1-decene homopolymer, hydrogenated	LOW	LOW

12.3. Bioaccumulative potential

Ingredient	Bioaccumulation
bisphenol A/ diglycidyl ether resin, liquid	LOW (LogKOW = 2.6835)
1-decene homopolymer, hydrogenated	HIGH (LogKOW = 5.116)

12.4. Mobility in soil

Ingredient	Mobility
bisphenol A/ diglycidyl ether resin, liquid	LOW (KOC = 51.43)
1-decene homopolymer, hydrogenated	LOW (KOC = 1724)

12.5. Results of PBT and vPvB assessment

	P	B	T
Relevant available data	Not Available	Not Available	Not Available
PBT	✘	✘	✘
vPvB	✘	✘	✘
PBT Criteria fulfilled?	No		
vPvB	No		

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12.6. Endocrine Disruption Properties

The evidence linking adverse effects to endocrine disruptors is more compelling in the environment than it is in humans. Endocrine disruptors profoundly alter reproductive physiology of ecosystems and ultimately impact entire populations. Some endocrine-disrupting chemicals are slow to break-down in the environment. That characteristic makes them potentially hazardous over long periods of time. Some well established adverse effects of endocrine disruptors in various wildlife species include; eggshell-thinning, displayed characteristics of the opposite sex and impaired reproductive development. Other adverse changes in wildlife species that have been suggested, but not proven include; reproductive abnormalities, immune dysfunction and skeletal deformities.

12.7. Other adverse effects

Not Available

SECTION 13 Disposal considerations

13.1. Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. <p>Removal of bisphenol A (BPA) from aqueous solutions was accomplished by adsorption of enzymatically generated quinone derivatives on chitosan beads. The use of chitosan in the form of beads was found to be more effective because heterogeneous removal of BPA with chitosan beads was much faster than homogeneous removal of BPA with chitosan solutions, and the removal efficiency was enhanced by increasing the amount of chitosan beads dispersed in the BPA solutions and BPA was completely removed by quinone adsorption in the presence of chitosan beads more than 0.10 cm³/cm³. In addition, a variety of bisphenol derivatives were completely or effectively removed by the procedure constructed in this study, although the enzyme dose or the amount of chitosan beads was further increased as necessary for some of the bisphenol derivatives used.</p> <p>M. Suzuki, and E Musashi J Appl Polym Sci, 118(2):721 - 732; October 2010</p> <ul style="list-style-type: none"> ▶ 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.
Waste treatment options	Not Available
Sewage disposal options	Not Available

SECTION 14 Transport information

Labels Required

	<p>For 834FX-450ML, 834FX-1.7L, 834FX-7.4L NOT REGULATED by Ground ADR Special Provision 375 NOT REGULATED by Air IATA Special Provision A197 NOT REGULATED by Sea IMDG per 2.10.2.7 NOT REGULATED by ADN Special Provision 274 (The provision of 3.1.2.8 apply)</p>
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Land transport (ADR-RID)

14.1. UN number	3082								
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains bisphenol A/ diglycidyl ether resin, liquid)								
14.3. Transport hazard class(es)	<table border="1"> <tr> <td>Class</td> <td>9</td> </tr> <tr> <td>Subrisk</td> <td>Not Applicable</td> </tr> </table>	Class	9	Subrisk	Not Applicable				
Class	9								
Subrisk	Not Applicable								
14.4. Packing group	III								
14.5. Environmental hazard	Environmentally hazardous								
14.6. Special precautions for user	<table border="1"> <tr> <td>Hazard identification (Kemler)</td> <td>90</td> </tr> <tr> <td>Classification code</td> <td>M6</td> </tr> <tr> <td>Hazard Label</td> <td>9</td> </tr> <tr> <td>Special provisions</td> <td>274 335 375 601</td> </tr> </table>	Hazard identification (Kemler)	90	Classification code	M6	Hazard Label	9	Special provisions	274 335 375 601
Hazard identification (Kemler)	90								
Classification code	M6								
Hazard Label	9								
Special provisions	274 335 375 601								

Continued...

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Limited quantity	5 L
Tunnel Restriction Code	3 (-)

Air transport (ICAO-IATA / DGR)

14.1. UN number	3082	
14.2. UN proper shipping name	Environmentally hazardous substance, liquid, n.o.s. * (contains bisphenol A/ diglycidyl ether resin, liquid)	
14.3. Transport hazard class(es)	ICAO/IATA Class	9
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	9L
14.4. Packing group	III	
14.5. Environmental hazard	Environmentally hazardous	
14.6. 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)

14.1. UN number	3082	
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains bisphenol A/ diglycidyl ether resin, liquid)	
14.3. Transport hazard class(es)	IMDG Class	9
	IMDG Subrisk	Not Applicable
14.4. Packing group	III	
14.5. Environmental hazard	Marine Pollutant	
14.6. Special precautions for user	EMS Number	F-A , S-F
	Special provisions	274 335 969
	Limited Quantities	5 L

Inland waterways transport (ADN)

14.1. UN number	3082	
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains bisphenol A/ diglycidyl ether resin, liquid)	
14.3. Transport hazard class(es)	9	Not Applicable
14.4. Packing group	III	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Classification code	M6
	Special provisions	274; 335; 375; 601
	Limited quantity	5 L
	Equipment required	PP
	Fire cones number	0

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

Not Applicable

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

Product name	Group
bisphenol A/ diglycidyl ether resin, liquid	Not Available
alumina hydrate	Not Available
ammonium polyphosphate	Not Available
aluminium oxide	Not Available
dipropylene glycol diglycidyl ether	Not Available

Continued...

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Product name	Group
(C12-14)alkylglycidyl ether	Not Available
zinc borate	Not Available
1-decene homopolymer, hydrogenated	Not Available
carbon black	Not Available
naphtha petroleum, heavy alkylate	Not Available

14.9. Transport in bulk in accordance with the ICG Code

Product name	Ship Type
bisphenol A/ diglycidyl ether resin, liquid	Not Available
alumina hydrate	Not Available
ammonium polyphosphate	Not Available
aluminium oxide	Not Available
dipropylene glycol diglycidyl ether	Not Available
(C12-14)alkylglycidyl ether	Not Available
zinc borate	Not Available
1-decene homopolymer, hydrogenated	Not Available
carbon black	Not Available
naphtha petroleum, heavy alkylate	Not Available

SECTION 15 Regulatory information

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

bisphenol A/ diglycidyl ether resin, liquid is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
Europe EC Inventory

European Union (EU) Regulation (EC) No 1272/2008 on Classification, Labelling and Packaging of Substances and Mixtures - Annex VI

alumina hydrate is found on the following regulatory lists

Europe EC Inventory

European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)

ammonium polyphosphate is found on the following regulatory lists

Europe EC Inventory

European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)

aluminium oxide is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
Europe EC Inventory

European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)

dipropylene glycol diglycidyl ether is found on the following regulatory lists

Not Applicable

(C12-14)alkylglycidyl ether is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
EU European Chemicals Agency (ECHA) Community Rolling Action Plan (CoRAP) List of Substances
Europe EC Inventory

European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)
European Union (EU) Regulation (EC) No 1272/2008 on Classification, Labelling and Packaging of Substances and Mixtures - Annex VI

zinc borate is found on the following regulatory lists

Europe EC Inventory

European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)

1-decene homopolymer, hydrogenated is found on the following regulatory lists

Europe EC Inventory

carbon black is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
EU European Chemicals Agency (ECHA) Community Rolling Action Plan (CoRAP) List of Substances
Europe EC Inventory
European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

naphtha petroleum, heavy alkylate is found on the following regulatory lists

834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

Chemical Footprint Project - Chemicals of High Concern List

EU REACH Regulation (EC) No 1907/2006 - Annex XVII - Restrictions on the manufacture, placing on the market and use of certain dangerous substances, mixtures and articles

EU REACH Regulation (EC) No 1907/2006 - Annex XVII (Appendix 2) Carcinogens: category 1B (Table 3.1)/category 2 (Table 3.2)

EU REACH Regulation (EC) No 1907/2006 - Annex XVII (Appendix 4) Mutagens: category 1B (Table 3.1)/category 2 (Table 3.2)

Europe EC Inventory

European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)

European Union (EU) Regulation (EC) No 1272/2008 on Classification, Labelling and Packaging of Substances and Mixtures - Annex VI

This safety data sheet is in compliance with the following EU legislation and its adaptations - as far as applicable - : Directives 98/24/EC, - 92/85/EEC, - 94/33/EC, - 2008/98/EC, - 2010/75/EU; Commission Regulation (EU) 2020/878; Regulation (EC) No 1272/2008 as updated through ATPs.

15.2. Chemical safety assessment

No Chemical Safety Assessment has been carried out for this substance/mixture by the supplier.

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (bisphenol A/ diglycidyl ether resin, liquid; alumina hydrate; ammonium polyphosphate; aluminium oxide; dipropylene glycol diglycidyl ether; (C12-14)alkylglycidyl ether; 1-decene homopolymer, hydrogenated; carbon black; naphtha petroleum, heavy alkylate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (dipropylene glycol diglycidyl ether)
Japan - ENCS	No (ammonium polyphosphate; (C12-14)alkylglycidyl ether; naphtha petroleum, heavy alkylate)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (ammonium polyphosphate; dipropylene glycol diglycidyl ether; (C12-14)alkylglycidyl ether)
Vietnam - NCI	Yes
Russia - FBEPH	No (dipropylene glycol diglycidyl ether; naphtha petroleum, heavy alkylate)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	22/07/2021
Initial Date	26/06/2017

Full text Risk and Hazard codes

H226	Flammable liquid and vapour.
H304	May be fatal if swallowed and enters airways.
H336	May cause drowsiness or dizziness.
H351	Suspected of causing cancer.
H360	May damage fertility or the unborn child.
H361fd	Suspected of damaging fertility. Suspected of damaging the unborn child.
H410	Very toxic to aquatic life with long lasting effects.
H413	May cause long lasting harmful effects to aquatic life.

Other information

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

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

For detailed advice on Personal Protective Equipment, refer to the following EU CEN Standards:

EN 166 Personal eye-protection

EN 340 Protective clothing

EN 374 Protective gloves against chemicals and micro-organisms

EN 13832 Footwear protecting against chemicals

EN 133 Respiratory protective devices

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.

834FX-A Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part A)

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
AII: 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

Reason For Change

A-2.00 - modifications to safety data sheet format



834FX-B Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part B)

MG Chemicals UK Limited

Version No: A-2.00

Safety data sheet according to REACH Regulation (EC) No 1907/2006, as amended by UK REACH Regulations SI 2019/758

Issue Date: 22/07/2021

Revision Date: 22/07/2021

L.REACH.GB.EN

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

1.1. Product Identifier

Product name	834FX-B
Synonyms	SDS Code: 834FX-Part B, 834FX-450ML, 834FX-1.7L, 834FX-7.4ML UFI:C3J0-M005-600K-12E8
Other means of identification	Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part B)

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

Relevant identified uses	epoxy hardener
Uses advised against	Not Applicable

1.3. Details of the supplier of the safety data sheet

Registered company name	MG Chemicals UK Limited	MG Chemicals (Head office)
Address	Heame House, 23 Bilston Street, Sedgely Dudley DY3 1JA United Kingdom	9347 - 193 Street Surrey V4N 4E7 British Columbia Canada
Telephone	+(44) 1663 362888	+(1) 800-201-8822
Fax	Not Available	+(1) 800-708-9888
Website	Not Available	www.mgchemicals.com
Email	sales@mgchemicals.com	Info@mgchemicals.com

1.4. Emergency telephone number

Association / Organisation	Verisk 3E (Access code: 335388)
Emergency telephone numbers	+(44) 20 35147487
Other emergency telephone numbers	+(0) 800 680 0425

SECTION 2 Hazards identification

2.1. Classification of the substance or mixture

Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567 [1]	H373 - Specific target organ toxicity - repeated exposure Category 2, H400 - Acute Aquatic Hazard Category 1, H302 - Acute Toxicity (Oral) Category 4, H361 - Reproductive Toxicity Category 2, H317 - Skin Sensitizer Category 1, H410 - Chronic Aquatic Hazard Category 1, H314 - Skin Corrosion/Irritation Category 1A
Legend:	1. Classified by Chemwatch; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567

2.2. Label elements

Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

H373	May cause damage to organs through prolonged or repeated exposure.
H302	Harmful if swallowed.
H361	Suspected of damaging fertility or the unborn child.
H317	May cause an allergic skin reaction.
H410	Very toxic to aquatic life with long lasting effects.
H314	Causes severe skin burns and eye damage.

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Supplementary statement(s)

Not Applicable

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
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

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P363	Wash contaminated clothing before reuse.
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.
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.

Precautionary statement(s) Storage

P405	Store locked up.
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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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2.3. Other hazards

Inhalation may produce health damage*.

Cumulative effects may result following exposure*.

Limited evidence of a carcinogenic effect*.

Possible respiratory sensitizer*.

REACH - Art.57-59: The mixture does not contain Substances of Very High Concern (SVHC) at the SDS print date.

SECTION 3 Composition / information on ingredients

3.1. Substances

See 'Composition on ingredients' in Section 3.2

3.2. Mixtures

1.CAS No 2.EC No 3.Index No 4.REACH No	%[weight]	Name	Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567	Nanoform Particle Characteristics
1.21645-51-2 2.244-492-7 3.Not Available 4.Not Available	26	<u>alumina hydrate</u>	EUH210 [1]	Not Available
1.9046-10-0 2.Not Available 3.Not Available 4.Not Available	19	<u>bis(2-aminopropyl ether) propoxylated</u>	Corrosive to Metals Category 1, Acute Toxicity (Oral and Dermal) Category 4, Skin Corrosion/Irritation Category 1A, Serious Eye Damage/Eye Irritation Category 1, Chronic Aquatic Hazard Category 3; H290, H302+H312, H314, H318, H412 [1]	Not Available
1.68333-79-9 2.269-789-9 3.Not Available 4.Not Available	19	<u>ammonium polyphosphate</u>	Chronic Aquatic Hazard Category 4; H413 [1]	Not Available
1.1344-28-1. 2.215-691-6 3.Not Available	16	<u>aluminium oxide</u>	EUH210 [1]	Not Available

Continued...

834FX-B Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part B)

1.CAS No 2.EC No 3.Index No 4.REACH No	%[weight]	Name	Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567	Nanofom Particle Characteristics
4.Not Available				
1.61788-44-1 2.262-975-0 3.Not Available 4.Not Available	6	<u>phenol styrenated</u>	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2, Germ cell mutagenicity Category 2, Chronic Aquatic Hazard Category 2; H315, H319, H341, H411 [1]	Not Available
1.12767-90-7 2.235-804-2 3.Not Available 4.Not Available	5	<u>zinc borate</u>	Eye Irritation Category 2, Reproductive Toxicity Category 1B, Chronic Aquatic Hazard Category 1; H319, H360, H410 [1]	Not Available
1.61788-46-3 2.262-977-1 3.612-285-00-4 4.Not Available	3	<u>cocoamine</u>	Acute Toxicity (Oral) Category 4, Aspiration Hazard Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - repeated exposure Category 2, Skin Corrosion/Irritation Category 1B, Acute Aquatic Hazard Category 1, Chronic Aquatic Hazard Category 1; H302, H304, H335, H373, H314, H400, H410 [2]	Not Available
1.25620-58-0 2.247-134-8 3.Not Available 4.Not Available	3	<u>trimethylhexamethylene diamine</u>	Corrosive to Metals Category 1, Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 1B, Serious Eye Damage/Eye Irritation Category 1, Skin Sensitizer Category 1, Chronic Aquatic Hazard Category 3; H290, H302, H314, H318, H317, H412 [1]	Not Available
1.1333-86-4 2.215-609-9 435-640-3 422-130-0 3.Not Available 4.Not Available	0.5	<u>carbon black</u>	Carcinogenicity Category 2; H351 [1]	Not Available
Legend:	1. Classified by Chemwatch; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567; 3. Classification drawn from C&L; * EU IOELVs available; [e] Substance identified as having endocrine disrupting properties			

SECTION 4 First aid measures

4.1. 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. <p>For amines:</p> <ul style="list-style-type: none"> ▶ If liquid amines come in contact with the eyes, irrigate immediately and continuously with low pressure flowing water, preferably from an eye wash fountain, for 15 to 30 minutes. ▶ For more effective flushing of the eyes, use the fingers to spread apart and hold open the eyelids. The eyes should then be "rolled" or moved in all directions. ▶ Seek immediate medical attention, preferably from an ophthalmologist.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor. <p>For amines:</p> <ul style="list-style-type: none"> ▶ In case of major exposure to liquid amine, promptly remove any contaminated clothing, including rings, watches, and shoe, preferably under a safety shower. ▶ Wash skin for 15 to 30 minutes with plenty of water and soap. Call a physician immediately. ▶ Remove and dry-clean or launder clothing soaked or soiled with this material before reuse. Dry cleaning of contaminated clothing may be more effective than normal laundering. ▶ Inform individuals responsible for cleaning of potential hazards associated with handling contaminated clothing. ▶ Discard contaminated leather articles such as shoes, belts, and watchbands. ▶ Note to Physician: Treat any skin burns as thermal burns. After decontamination, consider the use of cold packs and topical antibiotics.
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, without delay. ▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▶ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. <p>This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)</p> <p>For amines:</p> <ul style="list-style-type: none"> ▶ All employees working in areas where contact with amine catalysts is possible should be thoroughly trained in the administration of appropriate first aid procedures. ▶ Experience has demonstrated that prompt administration of such aid can minimize the effects of accidental exposure. ▶ Promptly move the affected person away from the contaminated area to an area of fresh air.

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	<ul style="list-style-type: none"> ▶ Keep the affected person calm and warm, but not hot. ▶ If breathing is difficult, oxygen may be administered by a qualified person. ▶ If breathing stops, give artificial respiration. Call a physician at once.
Ingestion	<ul style="list-style-type: none"> ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ 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. ▶ Transport to hospital or doctor without delay. <p>For amines:</p> <ul style="list-style-type: none"> ▶ If liquid amine are ingested, have the affected person drink several glasses of water or milk. ▶ Do not induce vomiting. ▶ Immediately transport to a medical facility and inform medical personnel about the nature of the exposure. The decision of whether to induce vomiting should be made by an attending physician.

4.2 Most important symptoms and effects, both acute and delayed

See Section 11

4.3. Indication of any immediate medical attention and special treatment needed

for phosphate salts intoxication:

- ▶ All treatments should be based on observed signs and symptoms of distress in the patient. Consideration should be given to the possibility that overexposure to materials other than this product may have occurred.
- ▶ Ingestion of large quantities of phosphate salts (over 1.0 grams for an adult) may cause an osmotic catharsis resulting in diarrhoea and probable abdominal cramps. Larger doses such as 4-8 grams will almost certainly cause these effects in everyone. In healthy individuals most of the ingested salt will be excreted in the faeces with the diarrhoea and, thus, not cause any systemic toxicity. Doses greater than 10 grams hypothetically may cause systemic toxicity.
- ▶ Treatment should take into consideration both anionic and cation portion of the molecule.
- ▶ All phosphate salts, except calcium salts, have a hypothetical risk of hypocalcaemia, so calcium levels should be monitored.

Treat symptomatically.

- ▶ Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech, asterix, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.
- ▶ Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.
- ▶ Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.
- ▶ Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa2EDTA is less effective in chelating aluminium.

[Ellenhorn and Barceloux: Medical Toxicology]

Copper, magnesium, aluminium, antimony, iron, manganese, nickel, zinc (and their compounds) in welding, brazing, galvanising or smelting operations all give rise to thermally produced particulates of smaller dimension than may be produced if the metals are divided mechanically. Where insufficient ventilation or respiratory protection is available these particulates may produce 'metal fume fever' in workers from an acute or long term exposure.

- ▶ Onset occurs in 4-6 hours generally on the evening following exposure. Tolerance develops in workers but may be lost over the weekend. (Monday Morning Fever)
- ▶ Pulmonary function tests may indicate reduced lung volumes, small airway obstruction and decreased carbon monoxide diffusing capacity but these abnormalities resolve after several months.
- ▶ Although mildly elevated urinary levels of heavy metal may occur they do not correlate with clinical effects.
- ▶ The general approach to treatment is recognition of the disease, supportive care and prevention of exposure.
- ▶ Seriously symptomatic patients should receive chest x-rays, have arterial blood gases determined and be observed for the development of tracheobronchitis and pulmonary edema.

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or short-term repeated exposures to highly alkaline materials:

- ▶ Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- ▶ Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- ▶ Oxygen is given as indicated.
- ▶ The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- ▶ Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- ▶ Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used.

Supportive care involves the following:

- ▶ Withhold oral feedings initially.
- ▶ If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- ▶ Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- ▶ Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- ▶ Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

For amines:

- ▶ Certain amines may cause injury to the respiratory tract and lungs if aspirated. Also, such products may cause tissue destruction leading to stricture. If lavage is performed, endotracheal and/or esophagoscopy control is suggested.
- ▶ No specific antidote is known.
- ▶ Care should be supportive and treatment based on the judgment of the physician in response to the reaction of the patient.

Laboratory animal studies have shown that a few amines are suspected of causing depletion of certain white blood cells and their precursors in lymphoid tissue. These effects may be due to an immunosuppressive mechanism.

Some persons with hyperreactive airways (e.g., asthmatic persons) may experience wheezing attacks (bronchospasm) when exposed to airway irritants.

Lung injury may result following a single massive overexposure to high vapour concentrations or multiple exposures to lower concentrations of any pulmonary irritant material.

Health effects of amines, such as skin irritation and transient corneal edema ("blue haze," "halo effect," "glaucompsia"), are best prevented by means of formal worker education, industrial hygiene monitoring, and exposure control methods. Persons who are highly sensitive to the triggering effect of non-specific irritants should not be assigned to jobs in which

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such agents are used, handled, or manufactured.

Medical surveillance programs should consist of a pre-placement evaluation to determine if workers or applicants have any impairments (e.g., hyperreactive airways or bronchial asthma) that would limit their fitness for work in jobs with potential for exposure to amines. A clinical baseline can be established at the time of this evaluation.

Periodic medical evaluations can have significant value in the early detection of disease and in providing an opportunity for health counseling.

Medical personnel conducting medical surveillance of individuals potentially exposed to polyurethane amine catalysts should consider the following:

- ▶ Health history, with emphasis on the respiratory system and history of infections
- ▶ Physical examination, with emphasis on the respiratory system and the lymphoreticular organs (lymph nodes, spleen, etc.)
- ▶ Lung function tests, pre- and post-bronchodilator if indicated
- ▶ Total and differential white blood cell count
- ▶ Serum protein electrophoresis

Persons who are concurrently exposed to isocyanates also should be kept under medical surveillance.

Pre-existing medical conditions generally aggravated by exposure include skin disorders and allergies, chronic respiratory disease (e.g. bronchitis, asthma, emphysema), liver disorders, kidney disease, and eye disease.

Broadly speaking, exposure to amines, as characterised by amine catalysts, may cause effects similar to those caused by exposure to ammonia. As such, amines should be considered potentially injurious to any tissue that is directly contacted.

Inhalation of aerosol mists or vapors, especially of heated product, can result in chemical pneumonitis, pulmonary edema, laryngeal edema, and delayed scarring of the airway or other affected organs. There is no specific treatment.

Clinical management is based upon supportive treatment, similar to that for thermal burns.

Persons with major skin contact should be maintained under medical observation for at least 24 hours due to the possibility of delayed reactions.

Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal Technical Bulletin June 2000

Alliance for Polyurethanes Industry

SECTION 5 Firefighting measures

5.1. Extinguishing media

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

5.2. 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
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5.3. Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use fire fighting procedures suitable for surrounding area. ▶ Do not approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use. <p>For amines:</p> <ul style="list-style-type: none"> ▶ For firefighting, cleaning up large spills, and other emergency operations, workers must wear a self-contained breathing apparatus with full face-piece, operated in a pressure-demand mode. ▶ Airline and air purifying respirators should not be worn for firefighting or other emergency or upset conditions. ▶ Respirators should be used in conjunction with a respiratory protection program, which would include suitable fit testing and medical evaluation of the user.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) nitrogen oxides (NO_x) phosphorus oxides (PO_x) metal oxides other pyrolysis products typical of burning organic material.</p> <p>When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles. May emit corrosive fumes.</p>

SECTION 6 Accidental release measures

6.1. Personal precautions, protective equipment and emergency procedures

See section 8

6.2. Environmental precautions

See section 12

6.3. Methods and material for containment and cleaning up

Minor Spills	Environmental hazard - contain spillage.
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- ▶ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.
 - ▶ Check regularly for spills and leaks.
 - ▶ 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.
- for amines:
- ▶ If possible (i.e., without risk of contact or exposure), stop the leak.
 - ▶ Contain the spilled material by diking, then neutralize.
 - ▶ Next, absorb the neutralized product with clay, sawdust, vermiculite, or other inert absorbent and shovel into containers.
 - ▶ Store the containers outdoors.
 - ▶ Brooms and mops should be disposed of, along with any remaining absorbent, in accordance with all applicable federal, state, and local regulations and requirements.
 - ▶ Decontamination of floors and other hard surfaces after the spilled material has been removed may be accomplished by using a 5% solution of acetic acid, followed by very hot water
 - ▶ Dispose of the material in full accordance with all federal, state, and local laws and regulations governing the disposal of chemical wastes.
 - ▶ Waste materials from an amine catalyst spill or leak may be "hazardous wastes" that are regulated under various laws.

Environmental hazard - contain spillage.
 Chemical Class: amines, alkyl
 For release onto land: recommended sorbents listed in order of priority.

SORBENT TYPE	RANK	APPLICATION	COLLECTION	LIMITATIONS
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LAND SPILL - SMALL

cross-linked polymer - particulate	1	shovel	shovel	R, W, SS
cross-linked polymer - pillow	1	throw	pitchfork	R,DGC, RT
sorbent clay - particulate	2	shovel	shovel	R, I, P
wood fiber - pillow	3	throw	pitchfork	R, P, DGC, RT,
treated wood fibre - pillow	3	throw	pitchfork	DGC, RT
foamed glass - pillow	4	throw	pitchfork	R, P, DGC, RT

LAND SPILL - MEDIUM

cross-linked polymer -particulate	1	blower	skidloader	R, W, SS
cross-linked polymer - pillow	2	throw	skidloader	R, DGC, RT
sorbent clay - particulate	3	blower	skidloader	R, I, P
polypropylene - particulate	3	blower	skidloader	W, SS, DGC
expanded mineral - particulate	4	blower	skidloader	R, I, W, P, DGC
polypropylene - mat	4	throw	skidloader	DGC, RT

Legend

DGC: Not effective where ground cover is dense
 R: Not reusable
 I: Not incinerable
 P: Effectiveness reduced when rainy
 RT:Not effective where terrain is rugged
 SS: Not for use within environmentally sensitive sites
 W: Effectiveness reduced when windy
 Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control;
 R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988

NOTE:

- ▶ Organic absorbents have been known to ignite when contaminated with amines in closed containers. Certain cellulosic materials used for spill cleanup such as wood chips or sawdust have shown reactivity with ethyleneamines and should be avoided.
- ▶ Clear area of personnel and move upwind.
- ▶ 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.
- ▶ Consider evacuation (or protect in place).
- ▶ Stop leak if safe to do so.
- ▶ Contain spill with sand, earth or vermiculite.
- ▶ Collect recoverable product into labelled containers for recycling.
- ▶ Neutralise/decontaminate residue (see Section 13 for specific agent).
- ▶ Collect solid residues and seal in labelled drums for disposal.
- ▶ Wash area and prevent runoff into drains.
- ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- ▶ If contamination of drains or waterways occurs, advise emergency services.

For amines:

- ▶ First remove all ignition sources from the spill area.
- ▶ Have firefighting equipment nearby, and have firefighting personnel fully trained in the proper use of the equipment and in the procedures used in fighting a chemical fire.
- ▶ Spills and leaks of polyurethane amine catalysts should be contained by diking, if necessary, and cleaned up only by properly trained and equipped personnel. All others should promptly leave the contaminated area and stay upwind.
- ▶ Protective equipment for cleanup crews should include appropriate respiratory protective devices and impervious clothing, footwear, and gloves.
- ▶ All work areas should be equipped with safety showers and eyewash fountains in good working order.

Major Spills

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- ▶ Any material spilled or splashed onto the skin should be quickly washed off.
- ▶ Spills or releases may need to be reported to federal, state, and local authorities. This reporting contingency should be a part of a site's emergency response plan.
- ▶ Protective equipment should be used during emergency situations whenever there is a likelihood of exposure to liquid amines or to excessive concentrations of amine vapor. "Emergency" may be defined as any occurrence, such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that results in an uncontrolled release of amine liquid or vapor.
- ▶ Emergency protective equipment should include:
 - ▶ • Self-contained breathing apparatus, with full face-piece, operated in positive pressure or pressure-demand mode.
 - ▶ • Rubber gloves
 - ▶ • Long-sleeve coveralls or impervious full body suit
 - ▶ • Head protection, such as a hood, made of material(s) providing protection against amine catalysts
- ▶ Firefighting personnel and other on-site Emergency Responders should be fully trained in Chemical Emergency Procedures. However back-up from local authorities should be sought

6.4. Reference to other sections

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

SECTION 7 Handling and storage**7.1. Precautions for safe handling**

Safe handling	<ul style="list-style-type: none"> ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material. ▶ 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. Launder contaminated clothing before re-use. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. ▶ DO NOT allow clothing wet with material to stay in contact with skin
Fire and explosion protection	See section 5
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. ▶ DO NOT store near acids, or oxidising agents ▶ No smoking, naked lights, heat or ignition sources.

7.2. Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Lined metal can, lined metal pail/ can. ▶ Plastic pail. ▶ Polyliner drum. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks. <p>For low viscosity materials</p> <ul style="list-style-type: none"> ▶ Drums and jerricans must be of the non-removable head type. ▶ Where a can is to be used as an inner package, the can must have a screwed enclosure. <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> ▶ Removable head packaging; ▶ Cans with friction closures and ▶ low pressure tubes and cartridges <p>may be used.</p> <p>-</p> <p>Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.</p>
Storage incompatibility	<p>For aluminas (aluminium oxide):</p> <p>Incompatible with hot chlorinated rubber.</p> <p>In the presence of chlorine trifluoride may react violently and ignite.</p> <p>-May initiate explosive polymerisation of olefin oxides including ethylene oxide.</p> <p>-Produces exothermic reaction above 200°C with halocarbons and an exothermic reaction at ambient temperatures with halocarbons in the presence of other metals.</p> <p>-Produces exothermic reaction with oxygen difluoride.</p> <p>-May form explosive mixture with oxygen difluoride.</p> <p>-Forms explosive mixtures with sodium nitrate.</p> <p>-Reacts vigorously with vinyl acetate.</p> <p>Aluminium oxide is an amphoteric substance, meaning it can react with both acids and bases, such as hydrofluoric acid and sodium hydroxide, acting as an acid with a base and a base with an acid, neutralising the other and producing a salt.</p> <ul style="list-style-type: none"> ▶ Avoid contact with copper, aluminium and their alloys. ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ Avoid reaction with oxidising agents

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7.3. Specific end use(s)

See section 1.2

SECTION 8 Exposure controls / personal protection

8.1. Control parameters

Ingredient	DNELs Exposure Pattern Worker	PNECs Compartment
alumina hydrate	Inhalation 10.76 mg/m ³ (Systemic, Chronic) Inhalation 10.76 mg/m ³ (Local, Chronic) Oral 4.74 mg/kg bw/day (Systemic, Chronic) *	Not Available
bis(2-aminopropyl ether) propoxylated	Dermal 2.5 mg/kg bw/day (Systemic, Chronic) Inhalation 1.36 mg/m ³ (Systemic, Chronic)	0.015 mg/L (Water (Fresh)) 0.014 mg/L (Water - Intermittent release) 0.15 mg/L (Water (Marine)) 0.132 mg/kg sediment dw (Sediment (Fresh Water)) 0.125 mg/kg sediment dw (Sediment (Marine)) 0.018 mg/kg soil dw (Soil) 7.5 mg/L (STP) 6.93 mg/kg food (Oral)
ammonium polyphosphate	Inhalation 18.06 mg/m ³ (Systemic, Chronic) Inhalation 4.45 mg/m ³ (Systemic, Chronic) * Oral 1.28 mg/kg bw/day (Systemic, Chronic) *	Not Available
aluminium oxide	Dermal 0.84 mg/kg bw/day (Systemic, Chronic) Inhalation 3 mg/m ³ (Systemic, Chronic) Inhalation 3 mg/m ³ (Local, Chronic) Dermal 0.3 mg/kg bw/day (Systemic, Chronic) * Inhalation 0.75 mg/m ³ (Systemic, Chronic) * Oral 1.32 mg/kg bw/day (Systemic, Chronic) * Inhalation 0.75 mg/m ³ (Local, Chronic) *	74.9 µg/L (Water (Fresh)) 20 mg/L (STP)
phenol, styrenated	Dermal 21 mg/kg bw/day (Systemic, Chronic) Inhalation 74 mg/m ³ (Systemic, Chronic) Dermal 7.5 mg/kg bw/day (Systemic, Chronic) * Inhalation 13.1 mg/m ³ (Systemic, Chronic) * Oral 7.5 mg/kg bw/day (Systemic, Chronic) *	30 µg/L (Water (Fresh)) 3 µg/L (Water - Intermittent release) 46 µg/L (Water (Marine)) 1.86 mg/kg sediment dw (Sediment (Fresh Water)) 0.186 mg/kg sediment dw (Sediment (Marine)) 0.355 mg/kg soil dw (Soil) 36.2 mg/L (STP)
zinc borate	Dermal 1 585 mg/kg bw/day (Systemic, Chronic) Inhalation 22.4 mg/m ³ (Systemic, Chronic) Dermal 1 205 mg/kg bw/day (Systemic, Chronic) * Inhalation 8.3 mg/m ³ (Systemic, Chronic) * Oral 2.4 mg/kg bw/day (Systemic, Chronic) *	2.9 mg/L (Water (Fresh)) 2.9 mg/L (Water - Intermittent release) 13.7 mg/L (Water (Marine)) 117.8 mg/kg sediment dw (Sediment (Fresh Water)) 56.5 mg/kg sediment dw (Sediment (Marine)) 5.7 mg/kg soil dw (Soil) 10 mg/L (STP)
trimethylhexamethylene diamine	Oral 0.05 mg/kg bw/day (Systemic, Chronic) *	0.102 mg/L (Water (Fresh)) 0.01 mg/L (Water - Intermittent release) 0.315 mg/L (Water (Marine)) 0.622 mg/kg sediment dw (Sediment (Fresh Water)) 0.062 mg/kg sediment dw (Sediment (Marine)) 10 mg/kg soil dw (Soil) 72 mg/L (STP)
carbon black	Inhalation 1 mg/m ³ (Systemic, Chronic) Inhalation 0.5 mg/m ³ (Local, Chronic) Inhalation 0.06 mg/m ³ (Systemic, Chronic) *	1 mg/L (Water (Fresh)) 0.1 mg/L (Water - Intermittent release) 10 mg/L (Water (Marine))

* Values for General Population

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
UK Workplace Exposure Limits (WELs)	aluminium oxide	Aluminium oxides: respirable dust	4 mg/m ³	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs)	aluminium oxide	Aluminium oxides: inhalable dust	10 mg/m ³	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs)	carbon black	Carbon black	3.5 mg/m ³	7 mg/m ³	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
alumina hydrate	8.7 mg/m ³	73 mg/m ³	440 mg/m ³
bis(2-aminopropyl ether) propoxylated	4.8 mg/m ³	53 mg/m ³	320 mg/m ³
aluminium oxide	15 mg/m ³	170 mg/m ³	990 mg/m ³
carbon black	9 mg/m ³	99 mg/m ³	590 mg/m ³

Ingredient	Original IDLH	Revised IDLH
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Continued...

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Ingredient	Original IDLH	Revised IDLH
alumina hydrate	Not Available	Not Available
bis(2-aminopropyl ether) propoxylated	Not Available	Not Available
ammonium polyphosphate	Not Available	Not Available
aluminium oxide	Not Available	Not Available
phenol, styrenated	Not Available	Not Available
zinc borate	Not Available	Not Available
cocoamine	Not Available	Not Available
trimethylhexamethylene diamine	Not Available	Not Available
carbon black	1,750 mg/m ³	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
bis(2-aminopropyl ether) propoxylated	C	> 1 to ≤ 10 parts per million (ppm)
phenol, styrenated	E	≤ 0.1 ppm
zinc borate	E	≤ 0.01 mg/m ³
cocoamine	E	≤ 0.1 ppm
trimethylhexamethylene diamine	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

For aluminium oxide and pyrophoric grades of aluminium:

Twenty seven year experience with aluminium oxide dust (particle size 96% 1,2 um) without adverse effects either systemically or on the lung, and at a calculated concentration equivalent to 2 mg/m³ over an 8-hour shift has lead to the current recommendation of the TLV-TWA.

The limit should also apply to aluminium pyro powders whose toxicity is reportedly greater than aluminium dusts and should be protective against lung changes.

For aluminium oxide:

The experimental and clinical data indicate that aluminium oxide acts as an 'inert' material when inhaled and seems to have little effect on the lungs nor does it produce significant organic disease or toxic effects when exposures are kept under reasonable control.

[Documentation of the Threshold Limit Values], ACGIH, Sixth Edition

8.2. Exposure controls**8.2.1. Appropriate engineering 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, in turn, determine the 'capture velocities' of fresh circulating air required to effectively remove the contaminant.


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

Within each range the appropriate value depends on:

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

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations,

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	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.
8.2.2. Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure. ▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted. ▶ Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection. ▶ Alternatively a gas mask may replace splash goggles and face shields. ▶ 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] <p>For amines: SPECIAL PRECAUTION:</p> <ul style="list-style-type: none"> ▶ Because amines are alkaline materials that can cause rapid and severe tissue damage, wearing of contact lenses while working with amines is strongly discouraged. Wearing such lenses can prolong contact of the eye tissue with the amine, thereby causing more severe damage. ▶ Appropriate eye protection should be worn whenever amines are handled or whenever there is any possibility of direct contact with liquid products, vapors, or aerosol mists. <p>CAUTION:</p> <ul style="list-style-type: none"> ▶ Ordinary safety glasses or face-shields will not prevent eye irritation from high concentrations of vapour. ▶ In operations where positive-pressure, air-supplied breathing apparatus is not required, all persons handling liquid amine catalysts or other polyurethane components in open containers should wear chemical workers safety goggles. ▶ Eyewash fountains should be installed, and kept in good working order, wherever amines are used.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Elbow length PVC gloves ▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. <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> <p>For amines:</p> <ul style="list-style-type: none"> ▶ 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 ▶ Where there is a possibility of exposure to liquid amines skin protection should include: rubber gloves, (neoprene, nitrile, or butyl). ▶ DO NOT USE latex.

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Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ PVC Apron. ▶ PVC protective suit may be required if exposure severe. ▶ Eyewash unit. ▶ Ensure there is ready access to a safety shower.

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the 'Exposure Standard' (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-PAPR-2 P2 ^

^ - Full-face

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

- ▶ 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

Where engineering controls are not feasible and work practices do not reduce airborne amine concentrations below recommended exposure limits, appropriate respiratory protection should be used. In such cases, air-purifying respirators equipped with cartridges designed to protect against amines are recommended.

8.2.3. Environmental exposure controls

See section 12

SECTION 9 Physical and chemical properties**9.1. Information on basic physical and chemical properties**

Appearance	Black		
Physical state	Liquid	Relative density (Water = 1)	1.62
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)	2820
Initial boiling point and boiling range (°C)	>200	Molecular weight (g/mol)	Not Available
Flash point (°C)	>124	Taste	Not Available
Evaporation rate	Not Available BuAC = 1	Explosive properties	Not Available
Flammability	Not Applicable	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)	0.1	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Nanoform Solubility	Not Available	Nanoform Particle Characteristics	Not Available
Particle Size	Not Available		

9.2. Other information

Not Available

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SECTION 10 Stability and reactivity

10.1.Reactivity	See section 7.2
10.2. Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
10.3. Possibility of hazardous reactions	See section 7.2
10.4. Conditions to avoid	See section 7.2
10.5. Incompatible materials	See section 7.2
10.6. Hazardous decomposition products	See section 5.3

SECTION 11 Toxicological information

11.1. Information on toxicological effects

Inhaled	<p>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.</p> <p>Inhalation of alkaline corrosives may produce irritation of the respiratory tract with coughing, choking, pain and mucous membrane damage. Pulmonary oedema may develop in more severe cases; this may be immediate or in most cases following a latent period of 5-72 hours. Symptoms may include a tightness in the chest, dyspnoea, frothy sputum, cyanosis and dizziness. Findings may include hypotension, a weak and rapid pulse and moist rales.</p> <p>Inhalation of amine vapours may cause irritation of the mucous membranes of the nose and throat and lung irritation with respiratory distress and cough. Single exposures to near lethal concentrations and repeated exposures to sublethal concentrations produces tracheitis, bronchitis, pneumonitis and pulmonary oedema. Aliphatic and alicyclic amines are generally well absorbed from the respiratory tract. Systemic effects include headache, nausea, faintness and anxiety. These effects are thought to be transient and are probably related to the pharmacodynamic action of the amines. Histamine release by aliphatic amines may produce bronchoconstriction and wheezing.</p> <p>Inhalation of epoxy resin amine hardener vapours (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing 'amine asthma'. The literature records several instances of systemic intoxications following the use of amines in epoxy resin systems. Excessive exposure to the vapours of epoxy amine curing agents may cause both respiratory irritation and central nervous system depression. Signs and symptoms of central nervous system depression, in order of increasing exposure, are headache, dizziness, drowsiness, and incoordination. In short, a single prolonged (measured in hours) or excessive inhalation exposure may cause serious adverse effects, including death.</p> <p>Inhalation of freshly formed metal oxide particles sized below 1.5 microns and generally between 0.02 to 0.05 microns may result in 'metal fume fever'. Symptoms may be delayed for up to 12 hours and begin with the sudden onset of thirst, and a sweet, metallic or foul taste in the mouth. Other symptoms include upper respiratory tract irritation accompanied by coughing and a dryness of the mucous membranes, lassitude and a generalised feeling of malaise. Mild to severe headache, nausea, occasional vomiting, fever or chills, exaggerated mental activity, profuse sweating, diarrhoea, excessive urination and prostration may also occur. Tolerance to the fumes develops rapidly, but is quickly lost. All symptoms usually subside within 24-36 hours following removal from exposure.</p>
Ingestion	<p>Ingestion of alkaline corrosives may produce immediate pain, and circumoral burns. Mucous membrane corrosive damage is characterised by a white appearance and soapy feel; this may then become brown, oedematous and ulcerated. Profuse salivation with an inability to swallow or speak may also result. Even where there is limited or no evidence of chemical burns, both the oesophagus and stomach may experience a burning pain; vomiting and diarrhoea may follow. The vomitus may be thick and may be slimy (mucous) and may eventually contain blood and shreds of mucosa. Epiglottal oedema may result in respiratory distress and asphyxia. Marked hypotension is symptomatic of shock; a weak and rapid pulse, shallow respiration and clammy skin may also be evident. Circulatory collapse may occur and, if uncorrected, may produce renal failure. Severe exposures may result in oesophageal or gastric perforation accompanied by mediastinitis, substernal pain, peritonitis, abdominal rigidity and fever. Although oesophageal, gastric or pyloric stricture may be evident initially, these may occur after weeks or even months and years. Death may be quick and results from asphyxia, circulatory collapse or aspiration of even minute amounts. Death may also be delayed as a result of perforation, pneumonia or the effects of stricture formation.</p> <p>The material is not thought to produce adverse health effects following ingestion (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum.</p> <p>Aliphatic and alicyclic amines are generally well absorbed from the gut. Corrosive action may cause tissue damage throughout the gastrointestinal tract. Detoxification is thought to occur in the liver, kidney and intestinal mucosa with the enzymes, monoamine oxidase and diamine oxidase (histaminase) having a significant role.</p> <p>Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucous. If death does not occur within 24 hours there may be an improvement in the patients condition for 2-4 days only to be followed by the sudden onset of abdominal pain, board-like abdominal rigidity or hypo-tension; this indicates that delayed gastric or oesophageal corrosive damage has occurred.</p> <p>Inorganic polyphosphates are used extensively in domestic and industrial products. Rats fed 10% sodium trimetaphosphate for a month exhibited transient tubular necrosis; those given 10% sodium metaphosphate exhibited growth retardation; 10% sodium hexametaphosphate produced pale and swollen kidneys. Salts of this type appear to be hydrolysed in the bowel to produce phosphoric acid and systemic acidosis may result following absorption. Higher molecular weight species, absorbed from the alimentary canal, may produce hypocalcaemic tetany due to binding of ionised calcium by the absorbed phosphate. This is reported in at least one case following ingestion of sodium tripolyphosphate.</p> <p>Acute toxic responses to aluminium are confined to the more soluble forms.</p>

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Skin Contact	<p>Skin contact with the material may be harmful; systemic effects may result following absorption. The material can produce severe chemical burns following direct contact with the skin. Contact with aluminas (aluminium oxides) may produce a form of irritant dermatitis accompanied by pruritus. Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous reactions include erythema, intolerable itching and severe facial swelling. Blistering, with weeping of serious fluid, and crusting and scaling may also occur.</p> <p>Virtually all of the liquid amine curing agents can cause sensitisation or allergic skin reactions. Individuals exhibiting 'amine dermatitis' may experience a dramatic reaction upon re-exposure to minute quantities. Highly sensitive persons may even react to cured resins containing trace amounts of unreacted amine hardener. Minute quantities of air-borne amine may precipitate intense dermatological symptoms in sensitive individuals. Prolonged or repeated exposure may produce tissue necrosis.</p> <p>NOTE: Susceptibility to this sensitisation will vary from person to person. Also, allergic dermatitis may not appear until after several days or weeks of contact. However, once sensitisation has occurred, exposure of the skin to even very small amounts of the material may cause erythema (redness) and oedema (swelling) at the site. Thus, all skin contact with any epoxy curing agent should be avoided.</p> <p>Skin contact with alkaline corrosives may produce severe pain and burns; brownish stains may develop. The corroded area may be soft, gelatinous and necrotic; tissue destruction may be deep.</p> <p>Volatile amine vapours produce primary skin irritation and dermatitis. Direct local contact, with the lower molecular weight liquids, may produce skin burns. Percutaneous absorption of simple aliphatic amines is known to produce lethal effects often the same as that for oral administration. Cutaneous sensitisation has been recorded chiefly due to ethyleneamines. Histamine release following exposure to many aliphatic amines may result in 'triple response' (white vasoconstriction, red flare and wheal) in human skin.</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. Direct contact with alkaline corrosives may produce pain and burns. Oedema, destruction of the epithelium, corneal opacification and iritis may occur. In less severe cases these symptoms tend to resolve. In severe injuries the full extent of the damage may not be immediately apparent with late complications comprising a persistent oedema, vascularisation and corneal scarring, permanent opacity, staphyloma, cataract, symblepharon and loss of sight.</p> <p>Vapours of volatile amines cause eye irritation with lachrymation, conjunctivitis and minor transient corneal oedema which results in 'halos' around lights (glauropsia, 'blue haze', or 'blue-grey haze'). Vision may become misty and halos may appear several hours after workers are exposed to the substance</p> <p>This effect generally disappears spontaneously within a few hours of the end of exposure, and does not produce physiological after-effects. However oedema of the corneal epithelium, which is primarily responsible for vision disturbances, may take more than one or more days to clear, depending on the severity of exposure. Photophobia and discomfort from the roughness of the corneal surface also may occur after greater exposures.</p> <p>Although no detriment to the eye occurs as such, glauropsia predisposes an affected individual to physical accidents and reduces the ability to undertake skilled tasks such as driving a vehicle.</p> <p>Direct local contact with the liquid may produce eye damage which may be permanent in the case of the lower molecular weight species.</p>
Chronic	<p>On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> <p>Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.</p> <p>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.</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 sensitizer 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 sensitizers</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>Chronic exposure to aluminas (aluminium oxides) of particle size 1.2 microns did not produce significant systemic or respiratory system effects in workers. Epidemiologic surveys have indicated an excess of nonmalignant respiratory disease in workers exposed to aluminum oxide during abrasives production.</p> <p>Very fine Al₂O₃ powder was not fibrogenic in rats, guinea pigs, or hamsters when inhaled for 6 to 12 months and sacrificed at periods up to 12 months following the last exposure.</p> <p>When hydrated aluminas were injected intratracheally, they produced dense and numerous nodules of advanced fibrosis in rats, a reticulin network with occasional collagen fibres in mice and guinea pigs, and only a slight reticulin network in rabbits. Shaver's disease, a rapidly progressive and often fatal interstitial fibrosis of the lungs, is associated with a process involving the fusion of bauxite (aluminium oxide) with iron, coke and silica at 2000 deg. C.</p> <p>The weight of evidence suggests that catalytically active alumina and the large surface area aluminas can induce lung fibrosis (aluminosis) in experimental animals, but only when given by the intra-tracheal route. The pertinence of such experiments in relation to workplace exposure is doubtful especially since it has been demonstrated that the most reactive of the aluminas (i.e. the chi and gamma forms), when given by inhalation, are non-fibrogenic in experimental animals. However rats exposed by inhalation to refractory aluminium fibre showed mild fibrosis and possibly carcinogenic effects indicating that fibrous aluminas might exhibit different toxicology to non-fibrous forms. Aluminium oxide fibres administered by the intrapleural route produce clear evidence of carcinogenicity.</p> <p>Saffil fibre an artificially produced form alumina fibre used as refractories, consists of over 95% alumina, 3-4 % silica. Animal tests for fibrogenic, carcinogenic potential and oral toxicity have included in-vitro, intraperitoneal injection, intrapleural injection, inhalation, and feeding. The fibre has generally been inactive in animal studies. Also studies of Saffil dust clouds show very low respirable fraction.</p> <p>There is general agreement that particle size determines that the degree of pathogenicity (the ability of a micro-organism to produce infectious disease) of elementary aluminium, or its oxides or hydroxides when they occur as dusts, fumes or vapours. Only those particles small enough to enter the alveoli (sub 5 um) are able to produce pathogenic effects in the lungs.</p>

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Occupational exposure to aluminium compounds may produce asthma, chronic obstructive lung disease and pulmonary fibrosis. Long-term overexposure may produce dyspnoea, cough, pneumothorax, variable sputum production and nodular interstitial fibrosis; death has been reported. Chronic interstitial pneumonia with severe cavitations in the right upper lung and small cavities in the remaining lung tissue, have been observed in gross pathology. Shaver's Disease may result from occupational exposure to fumes or dusts; this may produce respiratory distress and fibrosis with large blebs. Animal studies produce no indication that aluminium or its compounds are carcinogenic. Because aluminium competes with calcium for absorption, increased amounts of dietary aluminium may contribute to the reduced skeletal mineralisation (osteopenia) observed in preterm infants and infants with growth retardation. In very high doses, aluminium can cause neurotoxicity, and is associated with altered function of the blood-brain barrier. A small percentage of people are allergic to aluminium and experience contact dermatitis, digestive disorders, vomiting or other symptoms upon contact or ingestion of products containing aluminium, such as deodorants or antacids. In those without allergies, aluminium is not as toxic as heavy metals, but there is evidence of some toxicity if it is consumed in excessive amounts. Although the use of aluminium cookware has not been shown to lead to aluminium toxicity in general, excessive consumption of antacids containing aluminium compounds and excessive use of aluminium-containing antiperspirants provide more significant exposure levels. Studies have shown that consumption of acidic foods or liquids with aluminium significantly increases aluminium absorption, and maltol has been shown to increase the accumulation of aluminium in nervous and osseous tissue. Furthermore, aluminium increases oestrogen-related gene expression in human breast cancer cells cultured in the laboratory. These salts' estrogen-like effects have led to their classification as metalloestrogen. Some researchers have expressed concerns that the aluminium in antiperspirants may increase the risk of breast cancer.

After absorption, aluminium distributes to all tissues in animals and humans and accumulates in some, in particular bone. The main carrier of the aluminium ion in plasma is the iron binding protein, transferrin. Aluminium can enter the brain and reach the placenta and foetus. Aluminium may persist for a very long time in various organs and tissues before it is excreted in the urine. Although retention times for aluminium appear to be longer in humans than in rodents, there is little information allowing extrapolation from rodents to the humans.

At high levels of exposure, some aluminium compounds may produce DNA damage in vitro and in vivo via indirect mechanisms. The database on carcinogenicity of aluminium compounds is limited. No indication of any carcinogenic potential was obtained in mice given aluminium potassium sulphate at high levels in the diet.

Aluminium has shown neurotoxicity in patients undergoing dialysis and thereby chronically exposed parenterally to high concentrations of aluminium. It has been suggested that aluminium is implicated in the aetiology of Alzheimer's disease and associated with other neurodegenerative diseases in humans. However, these hypotheses remain controversial. Several compounds containing aluminium have the potential to produce neurotoxicity (mice, rats) and to affect the male reproductive system (dogs). In addition, after maternal exposure they have shown embryotoxicity (mice) and have affected the developing nervous system in the offspring (mice, rats). The available studies have a number of limitations and do not allow any dose-response relationships to be established. The combined evidence from several studies in mice, rats and dogs that used dietary administration of aluminium compounds produce lowest-observed-adverse-effect levels (LOAELs) for effects on neurotoxicity, testes, embryotoxicity, and the developing nervous system of 52, 75, 100, and 50 mg aluminium/kg bw/day, respectively. Similarly, the lowest no-observed-adverse-effect levels (NOAELs) for effects on these endpoints were reported at 30, 27, 100, and for effects on the developing nervous system, between 10 and 42 mg aluminium/kg bw per day, respectively.

Controversy exists over whether aluminium is the cause of degenerative brain disease (Alzheimer's disease or AD). Several epidemiological studies show a possible correlation between the incidence of AD and high levels of aluminium in drinking water. A study in Toronto, for example, found a 2.6 times increased risk in people residing for at least 10 years in communities where drinking water contained more than 0.15 mg/l aluminium compared with communities where the aluminium level was lower than 0.1 mg/l. A neurochemical model has been suggested linking aluminium exposure to brain disease. Aluminium concentrates in brain regions, notably the hippocampus, cerebral cortex and amygdala where it preferentially binds to large pyramid-shaped cells - it does not bind to a substantial degree to the smaller interneurons. Aluminium displaces magnesium in key metabolic reactions in brain cells and also interferes with calcium metabolism and inhibits phosphoinositide metabolism. Phosphoinositide normally controls calcium ion levels at critical concentrations.

Under the microscope the brain of AD sufferers show thickened fibrils (neurofibrillary tangles - NFT) and plaques consisting of amyloid protein deposited in the matrix between brain cells. Tangles result from alteration of 'tau' a brain cytoskeletal protein. AD tau is distinguished from normal tau because it is hyperphosphorylated. Aluminium hyperphosphorylates tau in vitro. When AD tau is injected into rat brain NFT-like aggregates form but soon degrade. Aluminium stabilises these aggregates rendering them resistant to protease degradation. Plaque formation is also enhanced by aluminium which induces the accumulation of amyloid precursor protein in the thread-like extensions of nerve cells (axons and dendrites). In addition aluminium has been shown to depress the activity of most neuro-transmitters similarly depressed in AD (acetylcholine, norepinephrine, glutamate and GABA).

Aluminium enters the brain in measurable quantities, even when trace levels are contained in a glass of tap water. Other sources of bioavailable aluminium include baking powder, antacids and aluminium products used for general food preparation and storage (over 12 months, aluminium levels in soft drink packed in aluminium cans rose from 0.05 to 0.9 mg/l). [Walton, J and Bryson-Taylor, D. - *Chemistry in Australia*, August 1995] In chronic animal studies inorganic polyphosphates produced growth inhibition, increased kidney weights (with calcium deposition and desquamation), bone decalcification, parathyroid hypertrophy and hyperplasia, inorganic phosphaturia, hepatic focal necrosis and alterations to the size of muscle fibres.

Inorganic phosphates are not genotoxic in bacterial systems nor are they carcinogenic in rats. No reproductive or developmental toxicity was seen in studies using rats exposed to sodium hexametaphosphate or sodium trimetaphosphate.

834FX-B Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part B)	<table border="1"> <thead> <tr> <th data-bbox="378 1509 938 1570">TOXICITY</th> <th data-bbox="938 1509 1503 1570">IRRITATION</th> </tr> </thead> <tbody> <tr> <td data-bbox="378 1570 938 1630">Not Available</td> <td data-bbox="938 1570 1503 1630">Not Available</td> </tr> </tbody> </table>	TOXICITY	IRRITATION	Not Available	Not Available								
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	Inhalation(Rat) LC50; >4.85 mg/l4h ^[1]	
	Oral(Rat) LD50; >=300<=2000 mg/kg ^[1]	
aluminium oxide	TOXICITY	IRRITATION
	Inhalation(Rat) LC50; >2.3 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral(Rat) LD50; >2000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
phenol, styrenated	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): not irritating *
	Inhalation(Rat) LC50; >4.92 mg/l4h ^[1]	Skin (rabbit): slight *
	Oral(Rat) LD50; >2000 mg/kg ^[1]	
zinc borate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Eye (rabbit): mild *
	Inhalation(Rat) LC50; 4.95 mg/l4h ^[1]	Eye: adverse effect observed (irritating) ^[1]
	Oral(Rat) LD50; >5000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
		Skin: non-irritant *
cocoamine	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[2]	Corrosive (Eye)
	Oral(Rat) LD50; >2000 mg/kg ^[2]	Corrosive (Skin) [ICI]
trimethylhexamethylene diamine	TOXICITY	IRRITATION
	Oral(Rat) LD50; 910 mg/kg ^[2]	Eye (rabbit): Corrosive *
		Skin (rabbit): Corrosive *
carbon black	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral(Rat) LD50; >8000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
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	

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For aluminium compounds:

Aluminium present in food and drinking water is poorly absorbed through the gastrointestinal tract. The bioavailability of aluminium is dependent on the form in which it is ingested and the presence of dietary constituents with which the metal cation can complex. Ligands in food can have a marked effect on absorption of aluminium, as they can either enhance uptake by forming absorbable (usually water soluble) complexes (e.g., with carboxylic acids such as citric and lactic), or reduce it by forming insoluble compounds (e.g., with phosphate or dissolved silicate). Considering the available human and animal data it is likely that the oral absorption of aluminium can vary 10-fold based on chemical form alone. Although bioavailability appears to generally parallel water solubility, insufficient data are available to directly extrapolate from solubility in water to bioavailability.

For oral intake from food, the European Food Safety Authority (EFSA) has derived a tolerable weekly intake (TWI) of 1 milligram (mg) of aluminium per kilogram of bodyweight. In its health assessment, the EFSA states a medium bioavailability of 0.1 % for all aluminium compounds which are ingested with food. This corresponds to a systemically available tolerable daily dose of 0.143 microgrammes (µg) per kilogramme (kg) of body weight. This means that for an adult weighing 60 kg, a systemically available dose of 8.6 µg per day is considered safe.

Based on a neuro-developmental toxicity study of aluminium citrate administered via drinking water to rats, the Joint FAO/WHO Expert Committee on Food Additives (JECFA) established a Provisional Tolerable Weekly Intake (PTWI) of 2 mg/kg bw (expressed as aluminium) for all aluminium compounds in food, including food additives. The Committee on Toxicity of chemicals in food, consumer products and the environment (COT) considers that the derivation of this PTWI was sound and that it should be used in assessing potential risks from dietary exposure to aluminium.

The Federal Institute for Risk Assessment (BfR) of Germany has assessed the estimated aluminium absorption from antiperspirants. For this purpose, the data, derived from experimental studies, on dermal absorption of aluminium from antiperspirants for healthy and damaged skin was used as a basis. At about 10.5 µg, the calculated systemic intake values for healthy skin are above the 8.6 µg per day that are considered safe for an adult weighing 60 kg. If aluminium-containing antiperspirants are used on a daily basis, the tolerable weekly intake determined by the EFSA is therefore exceeded. The values for damaged skin, for example injuries from shaving, are many times higher. This means that in case of daily use of an aluminium-containing antiperspirant alone, the TWI may be completely exhausted. In addition, further aluminium absorption sources such as food, cooking utensils and other cosmetic products must be taken into account.

Systemic toxicity after repeated exposure

No studies were located regarding dermal effects in animals following intermediate or chronic-duration dermal exposure to various forms of aluminium.

When orally administered to rats, aluminium compounds (including aluminium nitrate, aluminium sulfate and potassium aluminium sulfate) have produced various effects, including decreased gain in body weight and mild histopathological changes in the spleen, kidney and liver of rats (104 mg Al/kg bw/day) and dogs (88-93 mg Al/kg bw/day) during subchronic oral exposure. Effects on nerve cells, testes, bone and stomach have been reported at higher doses. Severity of effects increased with dose.

The main toxic effects of aluminium that have been observed in experimental animals are neurotoxicity and nephrotoxicity. Neurotoxicity has also been described in patients dialysed with water containing high concentrations of aluminium, but epidemiological data on possible adverse

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	<p>effects in humans at lower exposures are inconsistent</p> <p>Reproductive and developmental toxicity: Studies of reproductive toxicity in male mice (intraperitoneal or subcutaneous administration of aluminium nitrate or chloride) and rabbits (administration of aluminium chloride by gavage) have demonstrated the ability of aluminium to cause testicular toxicity, decreased sperm quality in mice and rabbits and reduced fertility in mice. No reproductive toxicity was seen in females given aluminium nitrate by gavage or dissolved in drinking water. Multi-generation reproductive studies in which aluminium sulfate and aluminium ammonium sulfate were administered to rats in drinking water, showed no evidence of reproductive toxicity</p> <p>High doses of aluminium compounds given by gavage have induced signs of embryotoxicity in mice and rats in particular, reduced fetal body weight or pup weight at birth and delayed ossification. Developmental toxicity studies in which aluminium chloride was administered by gavage to pregnant rats showed evidence of foetotoxicity, but it was unclear whether the findings were secondary to maternal toxicity. A twelve-month neuro-development with aluminium citrate administered via the drinking water to Sprague-Dawley rats, was conducted according to Good Laboratory Practice (GLP). Aluminium citrate was selected for the study since it is the most soluble and bioavailable aluminium salt. Pregnant rats were exposed to aluminium citrate from gestational day 6 through lactation, and then the offspring were exposed post-weaning until postnatal day 364. An extensive functional observational battery of tests was performed at various times. Evidence of aluminium toxicity was demonstrated in the high (300 mg/kg bw/day of aluminium) and to a lesser extent, the mid-dose groups (100 mg/kg bw/day of aluminium). In the high-dose group, the main effect was renal damage, resulting in high mortality in the male offspring. No major neurological pathology or neurobehavioural effects were observed, other than in the neuromuscular subdomain (reduced grip strength and increased foot splay). Thus, the lowest observed adverse effect level (LOAEL) was 100 mg/kg bw/day and the no observed adverse effect level (NOAEL) was 30 mg/kg bw/day. Bioavailability of aluminium chloride, sulfate and nitrate and aluminium hydroxide was much lower than that of aluminium citrate This study was used by JECFA as key study to derive the PTWI.</p> <p>Genotoxicity Aluminium compounds were non-mutagenic in bacterial and mammalian cell systems, but some produced DNA damage and effects on chromosome integrity and segregation in vitro. Clastogenic effects were also observed in vivo when aluminium sulfate was administered at high doses by gavage or by the intraperitoneal route. Several indirect mechanisms have been proposed to explain the variety of genotoxic effects elicited by aluminium salts in experimental systems. Cross-linking of DNA with chromosomal proteins, interaction with microtubule assembly and mitotic spindle functioning, induction of oxidative damage, damage of lysosomal membranes with liberation of DNAase, have been suggested to explain the induction of structural chromosomal aberrations, sister chromatid exchanges, chromosome loss and formation of oxidized bases in experimental systems. The EFSA Panel noted that these indirect mechanisms of genotoxicity, occurring at relatively high levels of exposure, are unlikely to be of relevance for humans exposed to aluminium via the diet. Aluminium compounds do not cause gene mutations in either bacteria or mammalian cells. Exposure to aluminium compounds does result in both structural and numerical chromosome aberrations both in in-vitro and in-vivo mutagenicity tests. DNA damage is probably the result of indirect mechanisms. The DNA damage was observed only at high exposure levels.</p> <p>Carcinogenicity. The available epidemiological studies provide limited evidence that certain exposures in the aluminium production industry are carcinogenic to humans, giving rise to cancer of the lung and bladder. However, the aluminium exposure was confounded by exposure to other agents including polycyclic aromatic hydrocarbons, aromatic amines, nitro compounds and asbestos. There is no evidence of increased cancer risk in non-occupationally exposed persons.</p> <p>Neurodegenerative diseases. Following the observation that high levels of aluminium in dialysis fluid could cause a form of dementia in dialysis patients, a number of studies were carried out to determine if aluminium could cause dementia or cognitive impairment as a consequence of environmental exposure over long periods. Aluminium was identified, along with other elements, in the amyloid plaques that are one of the diagnostic lesions in the brain for Alzheimer disease, a common form of senile and pre-senile dementia. Some of the epidemiology studies suggest the possibility of an association of Alzheimer disease with aluminium in water, but other studies do not confirm this association. All studies lack information on ingestion of aluminium from food and how concentrations of aluminium in food affect the association between aluminium in water and Alzheimer disease." There are suggestions that persons with some genetic variants may absorb more aluminium than others, but there is a need for more analytical research to determine whether aluminium from various sources has a significant causal association with Alzheimer disease and other neurodegenerative diseases. Aluminium is a neurotoxicant in experimental animals. However, most of the animal studies performed have several limitations and therefore cannot be used for quantitative risk assessment.</p> <p>Contact sensitivity: It has been suggested that the body burden of aluminium may be linked to different diseases. Macrophagic myofasciitis and chronic fatigue syndrome can be caused by aluminium-containing adjuvants in vaccines. Macrophagic myofasciitis (MMF) has been described as a disease in adults presenting with ascending myalgia and severe fatigue following exposure to aluminium hydroxide-containing vaccines. The corresponding histological findings include aluminium-containing macrophages infiltrating muscle tissue at the injection site. The hypothesis is that the long-lasting granuloma triggers the development of the systemic syndrome.</p> <p>Aluminium acts not only as an adjuvant, stimulating the immune system either to fend off infections or to tolerate antigens, it also acts as a sensitiser causing contact allergy and allergic contact dermatitis. In general, metal allergies are very common and aluminium is considered to be a weak allergen. A metal must be ionised to be able to act as a contact allergen, then it has to undergo haptensation to be immunogenic and to initiate an immune response. Once inside the skin, the metal ions must bind to proteins to become immunologically reactive. The most important routes of exposure and sensitisation to aluminium are through aluminium-containing vaccines. One Swedish study showed a statistically significant association between contact allergy to aluminium and persistent itching nodules in children treated with allergen-specific immunotherapy (ASIT). Nodules were overrepresented in patients with contact allergy to aluminium</p> <p>Other routes of sensitisation reported in the literature are the prolonged use of aluminium-containing antiperspirants, topical medication, and tattooing of the skin with aluminium-containing pigments. Most of the patients experienced eczematous reactions whereas tattooing caused granulomas. Even though aluminium is used extensively in industry, only a low number of cases of occupational skin sensitisation to aluminium have been reported. Systemic allergic contact dermatitis in the form of flare-up reactions after re-exposure to aluminium has been documented: pruritic nodules at present and previous injection sites, eczema at the site of vaccination as well as at typically atopic localisations after vaccination with aluminium-containing vaccines and/or patch testing with aluminium, and also after use of aluminium-containing toothpaste</p>
<p>BIS(2-AMINOPROPYL ETHER) PROPOXYLATED</p>	<p>Convulsions, stomach ulceration, haemorrhage, respiratory tract changes, dermatitis after systemic administration recorded. * Reichard ** Bayer Inc. Canada *** Texaco ****EpoxyLite</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 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.</p> <p>On the basis of the lower irritancy, nonionic surfactants are often preferred to ionic surfactants in topical products. However, their susceptibility towards autooxidation also increases the irritation. Because of their irritating effect, it is difficult to diagnose ACD to these compounds by patch testing.</p> <p>Allergic Contact Dermatitis—Formation, Structural Requirements, and Reactivity of Skin Sensitizers. Ann-Therese Karlberg et al; Chem. Res. Toxicol. 2008, 21, 53-69</p> <p>Polyethylene glycols (PEGs) have a wide variety of PEG-derived mixtures due to their readily linkable terminal primary hydroxyl groups in combination with many possible compounds and complexes such as ethers, fatty acids, castor oils, amines, propylene glycols, among other derivatives. PEGs and their derivatives are broadly utilized in cosmetic products as surfactants, emulsifiers, cleansing agents, humectants, and skin conditioners.</p>

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	<p>PEGs and PEG derivatives were generally regulated as safe for use in cosmetics, with the conditions that impurities and by-products, such as ethylene oxides and 1,4-dioxane, which are known carcinogenic materials, should be removed before they are mixed in cosmetic formulations. Most PEGs are commonly available commercially as mixtures of different oligomer sizes in broadly- or narrowly-defined molecular weight (MW) ranges. For instance, PEG-10,000 typically designates a mixture of PEG molecules ($n = 195$ to 265) having an average MW of 10,000. PEG is also known as polyethylene oxide (PEO) or polyoxyethylene (POE), with the three names being chemical synonyms. However, PEGs mainly refer to oligomers and polymers with molecular masses below 20,000 g/mol, while PEOs are polymers with molecular masses above 20,000 g/mol, and POEs are polymers of any molecular mass. Relatively small molecular weight PEGs are produced by the chemical reaction between ethylene oxide and water or ethylene glycol (or other ethylene glycol oligomers), as catalyzed by acidic or basic catalysts. To produce PEO or high-molecular weight PEGs, synthesis is performed by suspension polymerization. It is necessary to hold the growing polymer chain in solution during the course of the poly-condensation process. The reaction is catalyzed by magnesium-, aluminum-, or calcium-organoelement compounds. To prevent coagulation of polymer chains in the solution, chelating additives such as dimethylglyoxime are used</p> <p>Safety Evaluation of Polyethylene Glycol (PEG) Compounds for Cosmetic Use: Toxicol Res 2015; 31:105-136 The Korean Society of Toxicology http://doi.org/10.5487/TR.2015.31.2.105</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p>
PHENOL, STYRENATED	<p>for styrenated phenols: Acute toxicity: Available acute oral and dermal toxicity data indicated members of this category are not acutely toxic. Repeated Dose Toxicity : A 12-week feeding study has been conducted with styrenated phenol. In the study the thyroid was identified as a target organ and a NOAEL (50 mg/kg/day) and LOAEL (158 mg/kg/day) established. Genotoxicity. Genotoxicity test indicate that the styrenated phenols do not have potential to cause mutations. Bacterial Gene Mutation Assays. Bacterial gene mutations assays have been conducted with both substances in the category. Assays were done with and without metabolic activation and were negative. Chromosome Aberration Studies. A chromosome aberration study <i>in vivo</i> has been conducted with isobutylated methylstyrenated phenol and was negative. It would not be expected that styrenated phenol would give different results than isobutylated methylstyrenated phenol. Other mutagenicity tests. An <i>in vitro</i> gene mutation assay with Mouse Lymphoma cells is available for isobutylated methylstyrenated phenol and was negative. The only positive genotoxicity test was a bacterial DNA damage test with styrenated phenol.</p> <p>For hindered phenols: Available data shows that acute toxicity of these substances is low. Mutagenicity. Data from bacterial reverse mutation assays and <i>in vitro</i> and <i>in vivo</i> chromosome aberration studies were reviewed. All assays, with and without metabolic activation, were negative. The weight of evidence for mutagenic potential for this category indicates these substances are not mutagenic. In Vitro Chromosome Aberration Studies. <i>In vitro</i> chromosome aberration studies are available for several members. All except 2,6-di-tert-butyl-p-cresol were negative In Vivo Chromosome Aberration Studies. <i>In vivo</i> studies evaluating chromosome damage are available for six of the hindered phenols. All <i>in vivo</i> evaluations were negative. Repeated Dose Toxicity. Repeated dose toxicity data of approximately three months (90-day, 12- and 13-week) are available for some of the substances in this group. The liver was the target organ in rats for almost all of the substances with subchronic toxicity data in that species. Other target organs included thyroid and kidney and mesenteric lymph nodes. NOAELs in rats ranged from 100 ppm (approximately 5 mg/kg/day) to 10,000 ppm (500 mg/kg/day) Carcinogenicity: Data is available for 2,6-di-tert-butyl-p-cresol (128-37-0); and 4,4'-thiobis-6-(t-butyl-m-cresol) (96-69-5). Liver adenomas were reported for 2,6-di-tert-butyl-p-cresol (128-37-0) and a NOAEL was established for the study at 25 mg/kg/day. 4,4'-Thiobis-6-(t-butyl-m-cresol) (96-69-5) was not carcinogenic in rats or mice, but the kidney was identified as a target organ in female rats</p> <p>NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA. NOAEL 50 mg/kg * LOAEL 158 mg/kg* * IUCLID Database</p>
COCOAMINE	<p>For Fatty Nitrogen-Derived ether amines and Fatty Nitrogen-derived amines (FND ether amines and FND amines): FND ether amines and FND amines are very similar in structure and function. . The minimal difference among the alkyl substituents and the large database for the FND categories indicates that the structural differences in these large alkyl chains do not result in differences in toxicity or mutagenicity.</p> <p>The differences in chain length, degree of saturation of the carbon chains, source of the natural oils, or addition of an amino group in the chain would not be expected to have an impact on the toxicity profile. This conclusion is supported by a number of studies in the FND family of chemicals (amines, cationics, and amides as separate categories) that show no differences in the length or degree of saturation of the alkyl substituents and is also supported by the limited toxicity of these long-chain substituted chemicals</p> <p>The available acute oral LD50 study for the propanamine derivative with the extensive data for the other supporting chemicals provides adequate evidence that the FND ether amines are only moderately to slightly toxic via this route and exposure period. Acute dermal studies for the supporting chemicals indicate these chemicals can be classified as minimally toxic. Acute inhalation studies did not result in deaths under normal exposure conditions for two chemicals. Repeated dose toxicity studies had similar NOAELs (12.5 to 50 mg/kg/day for rats and 3 or 13 mg/kg/day for dogs). Importantly because the highest exposure potential for some of the FND ether amines is via skin contact, a number of repeat dose dermal studies indicate the chemicals are highly irritating.</p> <p>No clear organ-specific toxicity occurred in any of the repeat dose studies with the supporting chemicals in the FND ether amines category. In addition, available data indicate that the FND ether amines are unlikely to be mutagenic and that they are not reproductive or developmental toxins</p> <p>In evaluating potential toxicity of the FND Amines chemicals, it is also useful to review the available data for the related FND Cationic and FND Amides Category chemicals. Acute oral toxicity studies (approximately 80 studies for 40 chemicals in the three categories) provide LD50 values from approximately 400 to 10,000 mg/kg with no apparent organ specific toxicity. Similarly, repeated dose toxicity studies (approximately 35 studies for 15 chemicals) provide NOAELs between 10 and 100 mg/kg/day for rats and slightly lower for dogs. More than 60 genetic toxicity studies (<i>in vitro</i> bacterial and mammalian cells as well as <i>in vivo</i> studies) indicated no mutagenic activity among more than 30 chemicals tested. For reproductive evaluations, 14 studies evaluated reproductive endpoints and/or reproductive organs for 11 chemicals, and 15 studies evaluated developmental toxicity for 13 chemicals indicating no reproductive or developmental effects for the FND group as a whole.</p> <p>The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p>
TRIMETHYLHEXAMETHYLENE DIAMINE	<p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p>
CARBON BLACK	<p>Inhalation (rat) TCLo: 50 mg/m³/6h/90D-I Nil reported</p> <p>WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.</p>
834FX-B Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating</p>

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<p>Potting Compound (Part B) & BIS(2-AMINOPROPYL ETHER) PROPOXYLATED & COCOAMINE & TRIMETHYLHEXAMETHYLENE DIAMINE</p>	<p>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.</p> <p>While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects.</p> <ul style="list-style-type: none"> ▶ Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis. ▶ Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient. <p>Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion.</p> <p>Inhalation:</p> <p>Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs. Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure.</p> <p>Higher concentrations of certain amines can produce severe respiratory irritation, characterised by nasal discharge, coughing, difficulty in breathing, and chest pains.</p> <p>Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, bronchopneumonia, and possible lung damage. Also, repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice, and liver enlargement. Some amines have been shown to cause kidney, blood, and central nervous system disorders in laboratory animal studies.</p> <p>While most polyurethane amine catalysts are not sensitizers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitized, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease.</p> <p>Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema.</p> <p>Skin Contact:</p> <p>Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis.</p> <p>Skin contact with some amines may result in allergic sensitization. Sensitized persons should avoid all contact with amine catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient.</p> <p>Eye Contact:</p> <p>Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations. Direct contact with the liquid amine may cause severe irritation and tissue injury, and the "burning" may lead to blindness. (Contact with solid products may result in mechanical irritation, pain, and corneal injury.)</p> <p>Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling.</p> <p>The corneal swelling may manifest itself in visual disturbances such as blurred or "foggy" vision with a blue tint ("blue haze") and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases.</p> <p>Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation.</p> <p>Ingestion:</p> <p>The oral toxicity of amine catalysts varies from moderately to very toxic.</p> <p>Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus, and gastrointestinal tract.</p> <p>Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs.</p> <p>Affected persons also may experience pain in the chest or abdomen, nausea, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death.</p> <p>Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000 Alliance for Polyurethanes Industry</p>		
<p>834FX-B Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part B) & COCOAMINE & TRIMETHYLHEXAMETHYLENE DIAMINE</p>	<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 sensitization potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitizing substance which is widely distributed can be a more important allergen than one with stronger sensitizing 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.</p>		
<p>ALUMINA HYDRATE & ALUMINIUM OXIDE & CARBON BLACK</p>	<p>No significant acute toxicological data identified in literature search.</p>		
<p>COCOAMINE & TRIMETHYLHEXAMETHYLENE DIAMINE</p>	<p>The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation.</p> <p>Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence).</p> <p>The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>		
<p>Acute Toxicity</p>	<p>✓</p>	<p>Carcinogenicity</p>	<p>✗</p>
<p>Skin Irritation/Corrosion</p>	<p>✓</p>	<p>Reproductivity</p>	<p>✓</p>

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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

11.2.1. Endocrine Disruption Properties

Not Available

SECTION 12 Ecological information

12.1. Toxicity

834FX-B Black Flexible Epoxy, Thermally Conductive–Flame Retardant, Encapsulating and Potting Compound (Part B)	Endpoint	Test Duration (hr)	Species	Value	Source
		Not Available	Not Available	Not Available	Not Available

alumina hydrate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	>100mg/l	1
	LC50	96h	Fish	0.57mg/l	2
	EC50	48h	Crustacea	>0.065mg/l	4
	EC50	96h	Algae or other aquatic plants	0.46mg/l	2

bis(2-aminopropyl ether) propoxylated	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	0.32mg/l	2
	EC50	72h	Algae or other aquatic plants	2.1mg/l	2
	LC50	96h	Fish	772.14mg/l	2
EC50	48h	Crustacea	80mg/l	2	

ammonium polyphosphate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	3.57mg/l	2
	EC50	72h	Algae or other aquatic plants	>97.1mg/l	2
	LC50	96h	Fish	>100mg/l	2
EC50	48h	Crustacea	>100mg/l	2	

aluminium oxide	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	0.2mg/l	2
	EC50	48h	Crustacea	1.5mg/l	2
	LC50	96h	Fish	0.078-0.108mg/l	2
	NOEC(ECx)	72h	Algae or other aquatic plants	>100mg/l	1
EC50	96h	Algae or other aquatic plants	0.024mg/l	2	

phenol, styrenated	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	504h	Crustacea	0.115mg/l	2
	EC50	72h	Algae or other aquatic plants	1.35mg/l	2
	LC50	96h	Fish	1mg/l	1
EC50	48h	Crustacea	>=0.58<=5.25mg/l	2	

zinc borate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	40.2mg/l	2
	LC50	96h	Fish	1.793mg/l	2
	EC50	48h	Crustacea	1mg/l	2
	NOEC(ECx)	768h	Fish	0.009mg/l	2
EC50	96h	Algae or other aquatic plants	15.4mg/l	2	

cocoamine	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	96h	Algae or other aquatic plants	<0.001mg/l	1
LC50	96h	Fish	0.1mg/l	1	

Continued...

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	EC50	48h	Crustacea	0.045mg/l	1
	EC50	96h	Algae or other aquatic plants	0.001mg/l	1
trimethylhexamethylene diamine	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	29.5mg/l	1
	EC10(ECx)	72h	Algae or other aquatic plants	16.3mg/l	1
carbon black	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	>0.2mg/l	2
	LC50	96h	Fish	>100mg/l	2
	EC50	48h	Crustacea	33.076-41.968mg/l	4
	NOEC(ECx)	24h	Crustacea	3200mg/l	1
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

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

Very toxic to aquatic organisms.

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

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

In air ammonia is persistent whilst, in water, it biodegrades rapidly to nitrate, producing a high oxygen demand. Ammonia is strongly adsorbed to soil. Ammonia is non-persistent in water (half-life 2 days) and is moderately toxic to fish under normal temperature and pH conditions. Ammonia is harmful to aquatic life at low concentrations but does not concentrate in the food chain. Ammonium ions may be toxic to fish at 0.3 mg/l

Drinking Water Standards:

0.5 mg/l (UK max.)

1.5 mg/l (WHO Levels)

Soil Guidelines: none available.

Air Quality Standards: none available.

The principal problems of phosphate contamination of the environment relates to eutrophication processes in lakes and ponds. Phosphorus is an essential plant nutrient and is usually the limiting nutrient for blue-green algae. A lake undergoing eutrophication shows a rapid growth of algae in surface waters. Planktonic algae cause turbidity and flotation films. Shore algae cause ugly muddying, films and damage to reeds. Decay of these algae causes oxygen depletion in the deep water and shallow water near the shore. The process is self-perpetuating because anoxic conditions at the sediment/water interface causes the release of more adsorbed phosphates from the sediment. The growth of algae produces undesirable effects on the treatment of water for drinking purposes, on fisheries, and on the use of lakes for recreational purposes.

For aluminium and its compounds and salts:

Despite its prevalence in the environment, no known form of life uses aluminium salts metabolically. In keeping with its pervasiveness, aluminium is well tolerated by plants and animals. Owing to their prevalence, potential beneficial (or otherwise) biological roles of aluminium compounds are of continuing interest.

Environmental fate:

Aluminium occurs in the environment in the form of silicates, oxides and hydroxides, combined with other elements such as sodium, fluorine and arsenic complexes with organic matter.

Acidification of soils releases aluminium as a transportable solution. Mobilisation of aluminium by acid rain results in aluminium becoming available for plant uptake.

As an element, aluminium cannot be degraded in the environment, but may undergo various precipitation or ligand exchange reactions. Aluminium in compounds has only one oxidation state (+3), and would not undergo oxidation-reduction reactions under environmental conditions. Aluminum can be complexed by various ligands present in the environment (e.g., fulvic and humic acids). The solubility of aluminum in the environment will depend on the ligands present and the pH.

The trivalent aluminum ion is surrounded by six water molecules in solution. The hydrated aluminum ion, $[Al(H_2O)_6]^{3+}$, undergoes hydrolysis, in which a stepwise deprotonation of the coordinated water ligands forms bound hydroxide ligands (e.g., $[Al(H_2O)_5(OH)]^{2+}$, $[Al(H_2O)_4(OH)_2]^+$). The speciation of aluminum in water is pH dependent. The hydrated trivalent aluminum ion is the predominant form at pH levels below 4. Between pH 5 and 6, the predominant hydrolysis products are $Al(OH)_2^+$ and $Al(OH)_2^+$, while the solid $Al(OH)_3$ is most prevalent between pH 5.2 and 8.8. The soluble species $Al(OH)_4^-$ is the predominant species above pH 9, and is the only species present above pH 10. Polymeric aluminum hydroxides appear between pH 4.7 and 10.5, and increase in size until they are transformed into colloidal particles of amorphous $Al(OH)_3$, which crystallise to gibbsite in acid waters. Polymerisation is affected by the presence of dissolved silica; when enough silica is present, aluminum is precipitated as poorly crystallised clay mineral species.

Hydroxyaluminum compounds are considered amphoteric (e.g., they can act as both acids and bases in solution). Because of this property, aluminum hydroxides can act as buffers and resist pH changes within the narrow pH range of 4-5.

Monomeric aluminum compounds, typified by aluminum fluoride, chloride, and sulfate, are considered reactive or labile compounds, whereas polymeric aluminum species react much more slowly in the environment. Aluminum has a stronger attraction for fluoride in an acidic environment compared to other inorganic ligand.

The adsorption of aluminum onto clay surfaces can be a significant factor in controlling aluminum mobility in the environment, and these adsorption reactions, measured in one study at pH 3.0-4.1, have been observed to be very rapid. However, clays may act either as a sink or a source for soluble aluminum depending on the degree of aluminum saturation on the clay surface.

Within the pH range of 5-6, aluminum complexes with phosphate and is removed from solution. Because phosphate is a necessary nutrient in ecological systems, this immobilization of both aluminum and phosphate may result in depleted nutrient states in surface water.

Plant species and cultivars of the same species differ considerably in their ability to take up and translocate aluminum to above-ground parts. Tea leaves may contain very high concentrations of aluminum, >5,000 mg/kg in old leaves. Other plants that may contain high levels of aluminum include Lycopodium (Lycopodiaceae), a few ferns, Symlocos (Symlocaceae), and Orites (Proteaceae). Aluminum is often taken up and concentrated in root tissue. In sub-alpine ecosystems, the large root biomass of the Douglas fir, *Abies amabilis*, takes up aluminum and immobilizes it, preventing large accumulation in above-ground tissue. It is unclear to what extent aluminum is taken up into root food crops and leafy vegetables. An uptake factor (concentration of aluminum in the plant/concentration of aluminum in soil) of 0.004 for leafy vegetables and 0.00065 for fruits and tubers has been reported, but the pH and plant species from which these uptake factors were derived are unclear. Based upon these values, however, it is clear that aluminum is not taken up in plants from soil, but is instead biodiluted.

Aluminum concentrations in rainbow trout from an alum-treated lake, an untreated lake, and a hatchery were highest in gill tissue and lowest in muscle. Aluminum residue analyses in brook trout have shown that whole-body aluminum content decreases as the fish advance from larvae to juveniles. These results imply that the aging larvae begin to decrease their rate of aluminum uptake, to eliminate aluminum at a rate that exceeds uptake, or to maintain approximately the same amount of aluminum while the body mass increases. The decline in whole-body aluminum residues in juvenile brook trout may be related to growth and dilution by edible muscle tissue that accumulated less aluminum than did the other tissues.

The greatest fraction of the gill-associated aluminum was not sorbed to the gill tissue, but to the gill mucus. It is thought that mucus appears to retard aluminum transport from solution to the membrane surface, thus delaying the acute biological response of the fish. It has been reported that concentrations of aluminum in whole-body tissue of the Atlantic salmon exposed to high concentrations of aluminum ranging from 3 ug/g (for fish exposed to 33 ug/L) to 96 ug/g (for fish exposed to 264 ug/L) at pH 5.5. After 60 days of exposure, BCFs ranged from 76 to 190 and were directly related to the aluminum exposure concentration. In acidic waters (pH 4.6-5.3) with low concentrations of calcium (0.5-1.5 mg Ca/L), labile aluminum between 25 and 75 ug/L is toxic. Because aluminum is toxic to many aquatic species, it is not bioaccumulated to a significant degree (BCF <300) in most fish and shellfish; therefore, consumption of contaminated fish does not appear to be a significant source of aluminum exposure in humans.

Bioconcentration of aluminum has also been reported for several aquatic invertebrate species. BCF values ranging from 0.13 to 0.5 in the whole-body were reported for the snail.

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Bioconcentration of aluminum has also been reported for aquatic insects.

Ecotoxicity:**Freshwater species pH >6.5**

Fish: Acute LC50 (48-96 h) 5 spp: 0.6 (*Salmo salar*) - 106 mg/L; Chronic NOEC (8-28 d): 7 spp, NOEC, 0.034-7.1 mg/L. The lowest measured chronic figure was an 8-d LC50 of 0.17 mg/L for *Micropterus* sp.

Amphibian: Acute LC50 (4 d): *Bufo americanus*, 0.86-1.66 mg/L; Chronic LC50 (8-d) 2.28 mg/L

Crustaceans LC50 (48 h): 1 sp 2.3-36 9 mg/L; Chronic NOEC (7-28 d) 3 spp, 0.136-1.72 mg/L

Algae EC50 (96 h): population growth, 0.46-0.57 mg/L; 2 spp, chronic NOEC, 0.8-2.0 mg/L

Freshwater species pH <6.5 (all between pH 4.5 and 6.0)

Fish LC50 (24-96 h): 4 spp, 0.015 (*S. trutta*) - 4.2 mg/L; chronic data on *Salmo trutta*, LC50 (21-42 d) 0.015- 0.105 mg/L

Amphibians LC50 (4-5 d): 2 spp, 0.540-2.670 mg/L (absolute range 0.40-5.2 mg/L)

Alga: 1 sp NOEC growth 2.0 mg/L

Among freshwater aquatic plants, single-celled plants are generally the most sensitive to aluminium. Fish are generally more sensitive to aluminium than aquatic invertebrates.

Aluminium is a gill toxicant to fish, causing both ionoregulatory and respiratory effects.

The bioavailability and toxicity of aluminium is generally greatest in acid solutions. Aluminium in acid habitats has been observed to be toxic to fish and phytoplankton. Aluminium is generally more toxic over the pH range 4.4-5.4, with a maximum toxicity occurring around pH 5.0-5.2. The inorganic single unit aluminium species (Al(OH)₂⁺) is thought to be the most toxic. Under very acid conditions, the toxic effects of the high H⁺ concentration appear to be more important than the effects of low concentrations of aluminium; at approximately neutral pH values, the toxicity of aluminium is greatly reduced. The solubility of aluminium is also enhanced under alkaline conditions, due to its amphoteric character, and some researchers found that the acute toxicity of aluminium increased from pH 7 to pH 9. However, the opposite relationship was found in other studies. The uptake and toxicity of aluminium in freshwater organisms generally decreases with increasing water hardness under acidic, neutral and alkaline conditions. Complexing agents such as fluoride, citrate and humic substances reduce the availability of aluminium to organisms, resulting in lower toxicity. Silicon can also reduce aluminium toxicity to fish.

Drinking Water Standards:

aluminium: 200 ug/l (UK max.)

200 ug/l (WHO guideline)

chloride: 400 mg/l (UK max.)

250 mg/l (WHO guideline)

fluoride: 1.5 mg/l (UK max.)

1.5 mg/l (WHO guideline)

nitrate: 50 mg/l (UK max.)

50 mg/l (WHO guideline)

sulfate: 250 mg/l (UK max.)

Soil Guideline: none available.

Air Quality Standards: none available.

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

12.2. Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
phenol, styrenated	HIGH	HIGH
cocoamine	LOW	LOW
trimethylhexamethylene diamine	HIGH	HIGH

12.3. Bioaccumulative potential

Ingredient	Bioaccumulation
phenol, styrenated	LOW (LogKOW = 7.0554)
cocoamine	HIGH (LogKOW = 5.7458)
trimethylhexamethylene diamine	LOW (LogKOW = 1.6347)

12.4. Mobility in soil

Ingredient	Mobility
phenol, styrenated	LOW (KOC = 2622000)
cocoamine	LOW (KOC = 27640)
trimethylhexamethylene diamine	LOW (KOC = 1101)

12.5. Results of PBT and vPvB assessment

	P	B	T
Relevant available data	Not Available	Not Available	Not Available
PBT	✘	✘	✘
vPvB	✘	✘	✘
PBT Criteria fulfilled?	No		
vPvB	No		

12.6. Endocrine Disruption Properties

Not Available

12.7. Other adverse effects

Not Available

SECTION 13 Disposal considerations**13.1. Waste treatment methods**


Continued...

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Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible. ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▶ Treat and neutralise at an approved treatment plant. ▶ Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material). ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
	Waste treatment options
Sewage disposal options	Not Available

SECTION 14 Transport information

Labels Required

		Limited quantity: 834FX-450ML, 834FX-1.7L
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Land transport (ADR-RID)

14.1. UN number	2735	
14.2. UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains bis(2-aminopropyl ether) propoxylated, trimethylhexamethylene diamine and cocoamine)	
14.3. Transport hazard class(es)	Class	8
	Subrisk	Not Applicable
14.4. Packing group	II	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Hazard identification (Kemler)	80
	Classification code	C7
	Hazard Label	8
	Special provisions	274
	Limited quantity	1 L
	Tunnel Restriction Code	2 (E)

Air transport (ICAO-IATA / DGR)

14.1. UN number	2735	
14.2. UN proper shipping name	Polyamines, liquid, corrosive, n.o.s. * (contains bis(2-aminopropyl ether) propoxylated, trimethylhexamethylene diamine and cocoamine); Amines, liquid, corrosive, n.o.s. * (contains bis(2-aminopropyl ether) propoxylated, trimethylhexamethylene diamine and cocoamine)	
14.3. Transport hazard class(es)	ICAO/IATA Class	8
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	8L
14.4. Packing group	II	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Special provisions	A3 A803
	Cargo Only Packing Instructions	855

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Cargo Only Maximum Qty / Pack	30 L
Passenger and Cargo Packing Instructions	851
Passenger and Cargo Maximum Qty / Pack	1 L
Passenger and Cargo Limited Quantity Packing Instructions	Y840
Passenger and Cargo Limited Maximum Qty / Pack	0.5 L

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	2735	
14.2. UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains bis(2-aminopropyl ether) propoxylated, trimethylhexamethylene diamine and cocoamine)	
14.3. Transport hazard class(es)	IMDG Class	8
	IMDG Subrisk	Not Applicable
14.4. Packing group	II	
14.5. Environmental hazard	Marine Pollutant	
14.6. Special precautions for user	EMS Number	F-A , S-B
	Special provisions	274
	Limited Quantities	1 L

Inland waterways transport (ADN)

14.1. UN number	2735	
14.2. UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains bis(2-aminopropyl ether) propoxylated, trimethylhexamethylene diamine and cocoamine)	
14.3. Transport hazard class(es)	8	Not Applicable
14.4. Packing group	II	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Classification code	C7
	Special provisions	274
	Limited quantity	1 L
	Equipment required	PP, EP
	Fire cones number	0

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

Not Applicable

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

Product name	Group
alumina hydrate	Not Available
bis(2-aminopropyl ether) propoxylated	Not Available
ammonium polyphosphate	Not Available
aluminium oxide	Not Available
phenol, styrenated	Not Available
zinc borate	Not Available
cocoamine	Not Available
trimethylhexamethylene diamine	Not Available
carbon black	Not Available

14.9. Transport in bulk in accordance with the ICG Code

Product name	Ship Type
alumina hydrate	Not Available
bis(2-aminopropyl ether) propoxylated	Not Available
ammonium polyphosphate	Not Available
aluminium oxide	Not Available
phenol, styrenated	Not Available
zinc borate	Not Available
cocoamine	Not Available
trimethylhexamethylene diamine	Not Available

Continued...

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Product name	Ship Type
carbon black	Not Available

SECTION 15 Regulatory information

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

alumina hydrate is found on the following regulatory lists Europe EC Inventory	European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)
bis(2-aminopropyl ether) propoxylated is found on the following regulatory lists Not Applicable	
ammonium polyphosphate is found on the following regulatory lists Europe EC Inventory	European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)
aluminium oxide is found on the following regulatory lists Chemical Footprint Project - Chemicals of High Concern List Europe EC Inventory	European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)
phenol, styrenated is found on the following regulatory lists EU European Chemicals Agency (ECHA) Community Rolling Action Plan (CoRAP) List of Substances Europe EC Inventory	European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)
zinc borate is found on the following regulatory lists Europe EC Inventory	European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)
cocoamine is found on the following regulatory lists Europe EC Inventory European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)	European Union (EU) Regulation (EC) No 1272/2008 on Classification, Labelling and Packaging of Substances and Mixtures - Annex VI
trimethylhexamethylene diamine is found on the following regulatory lists Europe EC Inventory	European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)
carbon black is found on the following regulatory lists Chemical Footprint Project - Chemicals of High Concern List EU European Chemicals Agency (ECHA) Community Rolling Action Plan (CoRAP) List of Substances Europe EC Inventory European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

This safety data sheet is in compliance with the following EU legislation and its adaptations - as far as applicable - : Directives 98/24/EC, - 92/85/EEC, - 94/33/EC, - 2008/98/EC, - 2010/75/EU; Commission Regulation (EU) 2020/878; Regulation (EC) No 1272/2008 as updated through ATPs.

15.2. Chemical safety assessment

No Chemical Safety Assessment has been carried out for this substance/mixture by the supplier.

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (alumina hydrate; bis(2-aminopropyl ether) propoxylated; ammonium polyphosphate; aluminium oxide; phenol, styrenated; trimethylhexamethylene diamine; carbon black)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (bis(2-aminopropyl ether) propoxylated)
Japan - ENCS	No (ammonium polyphosphate)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (ammonium polyphosphate; phenol, styrenated; cocoamine)
Vietnam - NCI	Yes
Russia - FBEPH	No (phenol, styrenated)

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National Inventory	Status
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	22/07/2021
Initial Date	27/06/2017

Full text Risk and Hazard codes

H290	May be corrosive to metals.
H302+H312	Harmful if swallowed or if contact with skin.
H304	May be fatal if swallowed and enters airways.
H315	Causes skin irritation.
H318	Causes serious eye damage.
H319	Causes serious eye irritation.
H335	May cause respiratory irritation.
H341	Suspected of causing genetic defects.
H351	Suspected of causing cancer.
H360	May damage fertility or the unborn child.
H400	Very toxic to aquatic life.
H411	Toxic to aquatic life with long lasting effects.
H412	Harmful to aquatic life with long lasting effects.
H413	May cause long lasting harmful effects to aquatic life.

Other information

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

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

For detailed advice on Personal Protective Equipment, refer to the following EU CEN Standards:

EN 166 Personal eye-protection

EN 340 Protective clothing

EN 374 Protective gloves against chemicals and micro-organisms

EN 13832 Footwear protecting against chemicals

EN 133 Respiratory protective devices

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

Reason For Change

A-2.00 - modifications to safety data sheet format