



## 832FX BLACK FLEXIBLE EPOXY ENCAPSULATING AND POTTING COMPOUND (Part B)

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): Remove/Take off immediately all contaminated clothing. Rinse skin with water/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.
P310	Immediately call a POISON CENTER or doctor/physician.
P321	Specific treatment (see advice on this label).
P363	Wash contaminated clothing before reuse.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position 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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## SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

## Substances

See section below for composition of Mixtures

## Mixtures

CAS No	%[weight]	Name
9046-10-0	59	<u>bis(2-aminopropyl ether) propoxylated</u>
61788-44-1	20	<u>phenol, styrenated</u>
61788-46-3	9	<u>cocamine</u>
25620-58-0	9	<u>trimethylhexamethylene diamine</u>
90-72-2	2	<u>2,4,6-tris(dimethylamino)methylphenol</u>

## SECTION 4 FIRST AID MEASURES

## Description of first aid measures

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ 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.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ 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.</li> <li>▶ Seek immediate medical attention, preferably from an ophthalmologist.</li> </ul>
<b>Skin Contact</b>	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>▶ Quickly remove all contaminated clothing, including footwear.</li> <li>▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>▶ Transport to hospital, or doctor.</li> </ul> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ In case of major exposure to liquid amine, promptly remove any contaminated clothing, including rings, watches, and shoe, preferably under a safety shower.</li> <li>▶ Wash skin for 15 to 30 minutes with plenty of water and soap. Call a physician immediately.</li> <li>▶ 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.</li> <li>▶ Inform individuals responsible for cleaning of potential hazards associated with handling contaminated clothing.</li> <li>▶ Discard contaminated leather articles such as shoes, belts, and watchbands.</li> <li>▶ Note to Physician: Treat any skin burns as thermal burns. After decontamination, consider the use of cold packs and topical antibiotics.</li> </ul>

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<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prosthesis such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor.</li> <li>▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.</li> <li>▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).</li> <li>▶ 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.</li> <li>▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.</li> </ul> <p><b>This must definitely be left to a doctor or person authorised by him/her.</b></p> <p>(ICSC13719)</p> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ All employees working in areas where contact with amine catalysts is possible should be thoroughly trained in the administration of appropriate first aid procedures.</li> <li>▶ Experience has demonstrated that prompt administration of such aid can minimize the effects of accidental exposure.</li> <li>▶ Promptly move the affected person away from the contaminated area to an area of fresh air.</li> <li>▶ Keep the affected person calm and warm, but not hot.</li> <li>▶ If breathing is difficult, oxygen may be administered by a qualified person.</li> <li>▶ If breathing stops, give artificial respiration. Call a physician at once.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ If liquid amine are ingested, have the affected person drink several glasses of water or milk.</li> <li>▶ Do not induce vomiting.</li> <li>▶ 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.</li> </ul>

**Indication of any immediate medical attention and special treatment needed**

For acute or short term repeated exposures to phenols/ cresols:

- ▶ Phenol is absorbed rapidly through lungs and skin. [Massive skin contact may result in collapse and death]\*
- ▶ [Ingestion may result in ulceration of upper respiratory tract; perforation of oesophagus and/or stomach, with attendant complications, may occur. Oesophageal stricture may occur.]\*
- ▶ An initial excitatory phase may present. Convulsions may appear as long as 18 hours after ingestion. Hypotension and ventricular tachycardia that require vasopressor and antiarrhythmic therapy, respectively, can occur.
- ▶ Respiratory arrest, ventricular dysrhythmias, seizures and metabolic acidosis may complicate severe phenol exposures so the initial attention should be directed towards stabilisation of breathing and circulation with ventilation, intubation, intravenous lines, fluids and cardiac monitoring as indicated.
- ▶ [Vegetable oils retard absorption; do NOT use paraffin oils or alcohols. Gastric lavage, with endotracheal intubation, should be repeated until phenol odour is no longer detectable; follow with vegetable oil. A saline cathartic should then be given.]\* ALTERNATIVELY: Activated charcoal (1g/kg) may be given. A cathartic should be given after oral activated charcoal.
- ▶ Severe poisoning may require slow intravenous injection of methylene blue to treat methaemoglobinaemia.
- ▶ [Renal failure may require haemodialysis.]\*
- ▶ Most absorbed phenol is biotransformed by the liver to ethereal and glucuronide sulfates and is eliminated almost completely after 24 hours. [Ellenhorn and Barceloux: Medical Toxicology] \*[Union Carbide]

**BIOLOGICAL EXPOSURE INDEX - BEI**

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

Determinant	Index	Sampling Time	Comments
1. Total phenol in blood	250 mg/gm creatinine	End of shift	B, NS

B: Background levels occur in specimens collected from subjects **NOT** exposed

NS: Non-specific determinant; also seen in exposure to other materials

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.

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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 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

#### Extinguishing media

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

#### Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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#### Advice for firefighters

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> <li>▶ <b>Do not approach containers suspected to be hot.</b></li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Airline and air purifying respirators should not be worn for firefighting or other emergency or upset conditions.</li> <li>▶ Respirators should be used in conjunction with a respiratory protection program, which would include suitable fit testing and medical evaluation of the user.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Combustible.</li> <li>▶ Slight fire hazard when exposed to heat or flame.</li> <li>▶ Heating may cause expansion or decomposition leading to violent rupture of containers.</li> <li>▶ On combustion, may emit toxic fumes of carbon monoxide (CO).</li> <li>▶ May emit acrid smoke.</li> <li>▶ Mists containing combustible materials may be explosive.</li> </ul> <p>Combustion products include:  carbon dioxide (CO<sub>2</sub>)  nitrogen oxides (NO<sub>x</sub>)  other pyrolysis products typical of burning organic material.  May emit corrosive fumes.</p>
<b>HAZCHEM</b>	2X

### SECTION 6 ACCIDENTAL RELEASE MEASURES

#### Personal precautions, protective equipment and emergency procedures

See section 8

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## Environmental precautions

See section 12

## Methods and material for containment and cleaning up

## Minor Spills

- ▶ 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.

## Major Spills

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.

Chemical Class: phenols and cresols

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
wood fiber - pillow	1	throw	pitchfork	R, P, DGC, RT
foamed glass - pillow	2	shovel	shovel	R, W, P, DGC
sorbent clay - particulate	2	shovel	shovel	R, I, P
wood fibre - particulate	3	shovel	shovel	R, W, P, DGC

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## LAND SPILL - MEDIUM

cross-linked polymer - particulate	1	blower	skiploader	R,W, SS
cross-linked polymer - pillow	2	throw	skiploader	R, DGC, RT
sorbent clay - particulate	3	blower	skiploader	R, I, P
polypropylene - particulate	3	blower	skiploader	R, SS, DGC
wood fiber - particulate	4	blower	skiploader	R, W, P, DGC
expanded moneral - particulate	4	blower	skiploader	R, I, W, P, DGC

## Legend

DGC: Not effective where ground cover is dense

R: Not reusable

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Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control;

R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988

- ▶ 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.
- ▶ 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

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

## SECTION 7 HANDLING AND STORAGE

## Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ <b>WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.</b></li> <li>▶ Avoid smoking, naked lights or ignition sources.</li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ When handling, <b>DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul>

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<b>Ingestion</b>	<p>Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.</p> <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>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>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>
<b>Skin Contact</b>	<p>Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.</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>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.</p> <p>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>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> <p>The material can produce severe chemical burns following direct contact with the skin.</p>
<b>Eye</b>	<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>
<b>Chronic</b>	<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>Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems.</p> <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body 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>Prolonged exposure to some derivatives of phenol may produce dermatitis, anorexia, weight loss, weakness, muscle aches and pain, liver damage, dark urine, ochronosis, skin eruptions, diarrhoea, nervous disorders with headache, salivation, fainting, increased skin and scleral pigmentation, vertigo and mental disorders. Liver and kidney damage may also ensue. Chronic phenol toxicity was first noted in medical personnel in the late 1800s when 5 and 10% phenol was used as a skin disinfectant. The term carbolic (phenol) marasmus was given to this syndrome.</p> <p>Addition of structurally related phenolic compounds to the diet of Syrian golden hamsters induced forestomach hyperplasia and tumours. These compounds included 2(3)-tert-butyl-4-methoxyphenol (BHA) (CAS RN: 25013-16-5), 2-tert-butyl-4-methylphenol (TBMP) (29759-28-2) and p-tert-butylphenol (PTBP) (98-54-4); less active were catechol (154-23-4), p-methylphenol (331-39-5), methylhydroquinone (MHQ) (95-71-6) and pyrogallol (87-66-1), whilst no activity was seen with resorcinol (108-46-3), hydroquinone (123-31-9), propylparaben (94-13-3) and tert-butylhydroquinone (TBHQ) (1948-33-0).</p> <p>In autoradiographic studies, intake of BHA, TBMP, catechol, PMOP, PTBP and MHQ resulted in a significant increase in the labelling index of the forestomach epithelium, whilst PMOP induced epithelial damage and pyloric regenerative hyperplasia. Catechol, CA and PYMP induced similar but less marked alterations. Both catechol and PMOP increased the labelling index in the glandular stomach. The urinary bladder was free from histo-pathological lesions, but propylparabene, catechol, TBHQ and MHQ increased the labelling index. The authors of this study concluded that</p>

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long term administration of PTBP and TBMP may be carcinogenic for hamster forestomach and that both 1-hydroxy and tert-butyl substituents may play a role in the induction of forestomach tumours.  
Hiros, M., et al: Carcinogenesis, Vol 7, pp 1285-1289; 1986

832FX BLACK FLEXIBLE EPOXY ENCAPSULATING AND POTTING COMPOUND (Part B)	TOXICITY	IRRITATION
	Not Available	Not Available

  

bis(2-aminopropyl ether) propoxylated	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 250 mg/kg <sup>[2]</sup>	Eye (rabbit): 100 mg - SEVERE
	Oral (rat) LD50: 242 mg/kg <sup>[2]</sup>	Eye (rabbit): SEVERE ***
		Eye: adverse effect observed (irreversible damage) <sup>[1]</sup>
		Skin (rabbit): SEVERE ***
	Skin: adverse effect observed (corrosive) <sup>[1]</sup>	

  

phenol, styrenated	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye (rabbit): not irritating *
	Inhalation (rat) LC50: >0.315 mg/l/6h <sup>[2]</sup>	Skin (rabbit): slight *
	Oral (rat) LD50: >2000 mg/kg <sup>[1]</sup>	

  

cocoamine	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg <sup>[2]</sup>	Corrosive (Eye)
Oral (rat) LD50: 1300 mg/kg <sup>[2]</sup>	Corrosive (Skin) [ICI]	

  

trimethylhexamethylene diamine	TOXICITY	IRRITATION
	Oral (rat) LD50: 910 mg/kg <sup>[2]</sup>	Eye (rabbit): Corrosive *
	Skin (rabbit): Corrosive *	

  

2,4,6-tris[(dimethylamino)methyl]phenol	TOXICITY	IRRITATION
	dermal (rat) LD50: >973 mg/kg <sup>[1]</sup>	Eye (rabbit): 0.05 mg/24h - SEVERE
	Inhalation (rat) LC50: >0.125 mg/l/1hr. <sup>[2]</sup>	Eye: adverse effect observed (irreversible damage) <sup>[1]</sup>
	Oral (rat) LD50: 1200 mg/kg <sup>[2]</sup>	Skin (rabbit): 2 mg/24h - SEVERE
	Skin: adverse effect observed (corrosive) <sup>[1]</sup>	

**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

**BIS(2-AMINOPROPYL ETHER) PROPOXYLATED**

Convulsions, stomach ulceration, haemorrhage, respiratory tract changes, dermatitis after systemic administration recorded. \* Reichard \*\* Bayer Inc. Canada \*\*\* Texaco \*\*\*\*EpoxyLite

Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air. Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of the investigated oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol ) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity). The formation of other hydroperoxides was indicated by the detection of their corresponding aldehydes in the oxidation mixture .

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

Allergic Contact Dermatitis—Formation, Structural Requirements, and Reactivity of Skin Sensitizers.  
Ann-Therese Kariberg et al; Chem. Res. Toxicol.2008,21,53-69

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.

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

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	<p>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</p> <p><a href="http://doi.org/10.5487/TR.2015.31.2.105">http://doi.org/10.5487/TR.2015.31.2.105</a></p>
PHENOL, STYRENATED	<p>for styrenated phenols:</p> <p><b>Acute toxicity:</b> Available acute oral and dermal toxicity data indicated members of this category are not acutely toxic.</p> <p><b>Repeated Dose Toxicity :</b> 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.</p> <p><b>Genotoxicity.</b> Genotoxicity test indicate that the styrenated phenols do not have potential to cause mutations.</p> <p>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.</p> <p>Chromosome Aberration Studies. A chromosome aberration study <i>in vivo</i> has been conducted with isobutylenated methylstyrenated phenol and was negative. It would not be expected that styrenated phenol would give different results than isobutylenated methylstyrenated phenol.</p> <p>Other mutagenicity tests. An <i>in vitro</i> gene mutation assay with Mouse Lymphoma cells is available for isobutylenated methylstyrenated phenol and was negative. The only positive genotoxicity test was a bacterial DNA damage test with styrenated phenol.</p> <p>For hindered phenols:</p> <p>Available data shows that acute toxicity of these substances is low.</p> <p><b>Mutagenicity.</b> 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.</p> <p><b>In Vitro Chromosome Aberration Studies.</b> <i>In vitro</i> chromosome aberration studies are available for several members All except 2,6-di-tert-butyl-p-cresol were negative</p> <p><b>In Vivo Chromosome Aberration Studies.</b> <i>In vivo</i> studies evaluating chromosome damage are available for six of the hindered phenols. All <i>in vivo</i> evaluations were negative.</p> <p><b>Repeated Dose Toxicity.</b> 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)</p> <p><b>Carcinogenicity:</b> 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><b>NOTE:</b> 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):</p> <p>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.</p> <p>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>
2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL	<p>No significant acute toxicological data identified in literature search.</p> <p>The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.</p> <p>Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p>
832FX BLACK FLEXIBLE EPOXY ENCAPSULATING AND POTTING COMPOUND (Part B) & COCOAMINE & TRIMETHYLHEXAMETHYLENE DIAMINE	<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>

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<p><b>832FX BLACK FLEXIBLE EPOXY ENCAPSULATING AND POTTING COMPOUND (Part B) &amp; BIS(2-AMINOPROPYL ETHER) PROPOXYLATED &amp; COCOAMINE &amp; TRIMETHYLHEXAMETHYLENE DIAMINE &amp; 2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL</b></p>	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</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"> <li>▶ 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.</li> <li>▶ 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.</li> </ul> <p>Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion.</p> <p><b>Inhalation:</b></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><b>Skin Contact:</b></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><b>Eye Contact:</b></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.) Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling. 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. Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation.</p> <p><b>Ingestion:</b></p> <p>The oral toxicity of amine catalysts varies from moderately to very toxic. Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus, and gastrointestinal tract. Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs. 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><b>Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000 Alliance for Polyurethanes Industry</b></p>		
<p><b>BIS(2-AMINOPROPYL ETHER) PROPOXYLATED &amp; 2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL</b></p>	<p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p>		
<p><b>COCOAMINE &amp; TRIMETHYLHEXAMETHYLENE DIAMINE</b></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. 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><b>Acute Toxicity</b></p>	<p>✓</p>	<p><b>Carcinogenicity</b></p>	<p>✗</p>
<p><b>Skin Irritation/Corrosion</b></p>	<p>✓</p>	<p><b>Reproductivity</b></p>	<p>✗</p>
<p><b>Serious Eye Damage/Irritation</b></p>	<p>✗</p>	<p><b>STOT - Single Exposure</b></p>	<p>✗</p>

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Respiratory or Skin sensitisation	✓	STOT - Repeated Exposure	✓
Mutagenicity	✗	Aspiration Hazard	✗

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

## SECTION 12 ECOLOGICAL INFORMATION

## Toxicity

832FX BLACK FLEXIBLE EPOXY ENCAPSULATING AND POTTING COMPOUND (Part B)	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
		Not Available	Not Available	Not Available	Not Available

  

bis(2-aminopropyl ether) propoxylated	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	772.14mg/L	2
	EC50	48	Crustacea	80mg/L	2
	EC50	72	Algae or other aquatic plants	2.1mg/L	2
	NOEC	72	Algae or other aquatic plants	0.32mg/L	2

  

phenol, styrenated	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	0.003mg/L	3
	EC50	48	Crustacea	1.44mg/L	2
	EC50	96	Algae or other aquatic plants	0.004mg/L	3
	NOEC	504	Crustacea	0.115mg/L	2

  

cocoamine	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	=0.1mg/L	1
	EC50	48	Crustacea	=0.045mg/L	1
	EC50	96	Algae or other aquatic plants	=0.0008mg/L	1
	EC0	24	Crustacea	=0.032mg/L	1
	NOEC	96	Algae or other aquatic plants	=0.0002mg/L	1

  

trimethylhexamethylene diamine	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	78.605mg/L	3
	EC50	96	Algae or other aquatic plants	9.058mg/L	3
	EC10	72	Algae or other aquatic plants	=16.3mg/L	1

  

2,4,6-tris[(dimethylamino)methyl]phenol	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	175mg/L	2
	EC50	72	Algae or other aquatic plants	2.8mg/L	2

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

Very 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.

Environmental toxicity is a function of the n-octanol/ water partition coefficient (log Pow, log Kow). Phenols with log Pow >7.4 are expected to exhibit low toxicity to aquatic organisms. However the toxicity of phenols with a lower log Pow is variable, ranging from low toxicity (LC50 values >100 mg/l) to highly toxic (LC50 values <1 mg/l) dependent on log Pow, molecular weight and substitutions on the aromatic ring. Dinitrophenols are more toxic than predicted from QSAR estimates. Hazard information for these groups is not generally available.

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

**DO NOT discharge into sewer or waterways.**

## Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
phenol, styrenated	HIGH	HIGH
cocoamine	LOW	LOW
trimethylhexamethylene diamine	HIGH	HIGH
2,4,6-tris[(dimethylamino)methyl]phenol	HIGH	HIGH

Continued...





## 832FX BLACK FLEXIBLE EPOXY ENCAPSULATING AND POTTING COMPOUND (Part B)

## Air transport (ICAO-IATA / DGR)

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

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

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

Not Applicable

## SECTION 15 REGULATORY INFORMATION

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

## BIS(2-AMINOPROPYL ETHER) PROPOXYLATED IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Inventory of Chemical Substances (AICS)

## PHENOL, STYRENATED IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

## COCOAMINE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 10 / Appendix C

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

## TRIMETHYLHEXAMETHYLENE DIAMINE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

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

## 2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2

## National Inventory Status

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDCL	No (phenol, styrenated; bis(2-aminopropyl ether) propoxylated; 2,4,6-tris[(dimethylamino)methyl]phenol; trimethylhexamethylene diamine)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (bis(2-aminopropyl ether) propoxylated)

Continued...

## 832FX BLACK FLEXIBLE EPOXY ENCAPSULATING AND POTTING COMPOUND (Part B)

Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (phenol, styrenated; cocoamine)
Vietnam - NCI	Yes
Russia - ARIPS	No (phenol, styrenated)
<b>Legend:</b>	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

<b>Revision Date</b>	04/03/2020
<b>Initial Date</b>	30/03/2016

## SDS Version Summary

Version	Issue Date	Sections Updated
2.6.1.1.1	04/03/2020	Classification, Physical Properties

## Other information

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

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

## Definitions and abbreviations

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