



832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

Mektronics

Version No: 4.6
Safety Data Sheet according to WHS and ADG requirements

Issue Date: 03/07/2019
Print Date: 12/05/2019
L.GHS.AUS.EN

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

Product Identifier

Product name	832TC-B
Synonyms	SDS Code: 832TC-Part B; 832TC-450ML, 832TC-450MLCA, 832TC-2L, 832TC-8L, 832TC-40L
Other means of identification	Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

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

Relevant identified uses	Thermally conductive epoxy resin for use with hardeners to pot devices or encapsulate components
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Details of the supplier of the safety data sheet

Registered company name	Mektronics	MG Chemicals (Head office)
Address	Unit 3 8 Bonz Place, Seven Hills NSW 2147 Australia	9347 - 193 Street Surrey V4N 4E7 British Columbia Canada
Telephone	1300 788 701	+(1) 800-201-8822
Fax	1300 722 004	+(1) 800-708-9888
Website	www.mektronics.com.au	www.mgchemicals.com
Email	sales@mektronics.com.au	Info@mgchemicals.com

Emergency telephone number

Association / Organisation	Verisk 3E (Access Code: 335388)
Emergency telephone numbers	+61 1 800 686 951
Other emergency telephone numbers	+61 280363166

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

Label elements

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

Hazard statement(s)

H319	Causes serious eye irritation.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.

Precautionary statement(s) Prevention

P280	Wear protective gloves/protective clothing/eye protection/face protection.
P261	Avoid breathing mist/vapours/spray.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P362	Take off contaminated clothing and wash before reuse.
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832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
1344-28-1.	52	<u>aluminium oxide</u>
68071-65-8	30	<u>tall oil/ triethylenetetramine/ tetraethylenepentamine</u>
100-51-6	11	<u>benzyl alcohol</u>
112-24-3	2	<u>triethylenetetramine</u>
64741-65-7.	1	<u>naphtha petroleum, heavy alkylate</u>
108-65-6	1	<u>propylene glycol monomethyl ether acetate, alpha-isomer</u>
1333-86-4	1	<u>carbon black</u>

SECTION 4 FIRST AID MEASURES**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<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.

Indication of any immediate medical attention and special treatment needed

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]

Clinical experience of benzyl alcohol poisoning is generally confined to premature neonates in receipt of preserved intravenous salines.

- ▶ Metabolic acidosis, bradycardia, skin breakdown, hypotonia, hepatorenal failure, hypotension and cardiovascular collapse are characteristic.
- ▶ High urine benzoate and hippuric acid as well as elevated serum benzoic acid levels are found.
- ▶ The so-called 'gaspings syndrome' describes the progressive neurological deterioration of poisoned neonates.
- ▶ Management is essentially supportive.

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**Extinguishing media**

- ▶ Foam.
- ▶ Dry chemical powder.

Continued...

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

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

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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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) aldehydes nitrogen oxides (NO_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> <p>May emit poisonous fumes. May emit corrosive fumes.</p> <p>WARNING: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.</p>
HAZCHEM	

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ Remove all ignition sources. ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	<p>Environmental hazard - contain spillage. Moderate hazard.</p> <ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Absorb remaining product with sand, earth or vermiculite. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ 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.
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Continued...

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

	<ul style="list-style-type: none"> ▶ 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
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ No smoking, naked lights or ignition sources. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<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. 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. Benzyl alcohol: <ul style="list-style-type: none"> ▶ may froth in contact with water ▶ slowly oxidises in air, oxygen forming benzaldehyde ▶ is incompatible with mineral acids, caustics, aliphatic amines, isocyanates ▶ reacts violently with strong oxidisers, and explosively with sulfuric acid at elevated temperatures ▶ corrodes aluminium at high temperatures ▶ is incompatible with aluminum, iron, steel ▶ attacks some nonfluorinated plastics; may attack, extract and dissolve polypropylene Benzyl alcohol contaminated with 1.4% hydrogen bromide and 1.2% of dissolved iron(II) polymerises exothermically above 100 deg. C. </p> <ul style="list-style-type: none"> ▶ Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION**Control parameters****OCCUPATIONAL EXPOSURE LIMITS (OEL)****INGREDIENT DATA**

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	aluminium oxide	Aluminium oxide	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	propylene glycol monomethyl ether acetate, alpha-isomer	1-Methoxy-2-propanol acetate	50 ppm / 274 mg/m3	548 mg/m3 / 100 ppm	Not Available	Not Available
Australia Exposure Standards	carbon black	Carbon black	3 mg/m3	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
aluminium oxide	Aluminum oxide; (Alumina)	5.7 mg/m3	15 mg/m3	25 mg/m3
benzyl alcohol	Benzyl alcohol	30 ppm	52 ppm	740 ppm
triethylenetetramine	Triethylenetetramine	3 ppm	14 ppm	83 ppm
propylene glycol monomethyl ether acetate, alpha-isomer	Propylene glycol monomethyl ether acetate, alpha-isomer; (1-Methoxypropyl-2-acetate)	Not Available	Not Available	Not Available
carbon black	Carbon black	9 mg/m3	99 mg/m3	590 mg/m3

Ingredient	Original IDLH	Revised IDLH
aluminium oxide	Not Available	Not Available
tall oil/ triethylenetetramine/ tetraethylenepentamine	Not Available	Not Available
benzyl alcohol	Not Available	Not Available

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

triethylenetetramine	Not Available	Not Available
naphtha petroleum, heavy alkylate	Not Available	Not Available
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available	Not Available
carbon black	1,750 mg/m ³	Not Available

MATERIAL DATA

Fragrance substance with is an established contact allergen in humans.

Scientific Committee on Consumer Safety SCCS OPINION on Fragrance allergens in cosmetic products 2012

For aluminium oxide and pyrophoric grades of aluminium:

Twenty seven year experience with aluminium oxide dust (particle size 96% 1.2 µm) 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


Polyamide hardeners have much reduced volatility, toxicity and are much less irritating to the skin and eyes than amine hardeners. However commercial polyamides may contain a percentage of residual unreacted amine and all unnecessary contact should be avoided.

for propylene glycol monomethyl ether acetate (PGMEA)

Saturated vapour concentration: 4868 ppm at 20 C.

A two-week inhalation study found nasal effects to the nasal mucosa in animals at concentrations up to 3000 ppm. Differences in the teratogenic potential of the alpha (commercial grade) and beta isomers of PGMEA may be explained by the formation of different metabolites. The beta-isomer is thought to be oxidised to methoxypropionic acid, a homologue to methoxyacetic acid which is a known teratogen. The alpha- form is conjugated and excreted. PGMEA mixture (containing 2% to 5% beta isomer) is a mild skin and eye irritant, produces mild central nervous system effects in animals at 3000 ppm and produces mild CNS impairment and upper respiratory tract and eye irritation in humans at 1000 ppm. In rats exposed to 3000 ppm PGMEA produced slight foetotoxic effects (delayed sternabral ossification) - no effects on foetal development were seen in rabbits exposed at 3000 ppm.

Exposure controls

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

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

	<ul style="list-style-type: none"> ▶ 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
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Recommended material(s)**GLOVE SELECTION INDEX**

Glove selection is based on a modified presentation of the:

'Forsberg Clothing Performance Index'.

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

Material	CPI
BUTYL	A
VITON	A

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

Continued...

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

NEOPRENE	C
NITRILE	C
PE/EVAL/PE	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as 'feel' or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Black		
Physical state	Liquid	Relative density (Water = 1)	1.61
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)	8695.65
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available
Flash point (°C)	96	Taste	Not Available
Evaporation rate	Not Available	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 (1%)	Not Available
Vapour density (Air = 1)	>1	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	<p>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. 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.</p> <p>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>
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832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

	<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>Inhalation of benzyl alcohol may affect respiration (paralysis of the respiratory center, respiratory depression, gasping respirations), cardiovascular system (hypotension)</p> <p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>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>
Ingestion	<p>Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucus. 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. 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> <p>Ingestion of large doses of benzyl alcohol may cause abdominal pain, nausea, vomiting, diarrhea. It may affect behavior/central nervous system and cause headache, somnolence, excitement, dizziness, ataxia, coma, convulsions, and other symptoms of central nervous system depression.</p> <p>Exposure to excessive amounts of benzyl alcohol has been associated with toxicity (hypotension, metabolic acidosis), particularly in neonates, and an increased incidence of kernicterus (a neurological condition that occurs in severe jaundice), particularly in small preterm infants. There have been rare reports of deaths, primarily in preterm infants, associated with exposure to excessive amounts of benzyl alcohol. The amount of benzyl alcohol from medications is usually considered negligible compared to that received in flush solutions containing benzyl alcohol. Administration of high dosages of medications containing this preservative must take into account the total amount of benzyl alcohol administered. The amount of benzyl alcohol at which toxicity may occur is not known. If the patient requires more than the recommended dosages or other medications containing this preservative, the practitioner must consider the daily metabolic load of benzyl alcohol from these combined sources.</p> <p>Accidental ingestion of the material may be damaging to the health of the individual.</p>
Skin Contact	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>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>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>Toxic effects may result from skin absorption</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>Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals.</p> <p>Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</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. 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>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>Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects.</p> <p>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</p>

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

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 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.

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 a 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]

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.

Prolonged or repeated exposure to benzyl alcohol may cause allergic contact dermatitis.

Prolonged or repeated ingestion may affect behavior/central nervous system with symptoms similar to acute ingestion. It may also affect the liver, kidneys, cardiovascular system, and metabolism (weight loss).

Animal studies have shown this compound to cause lung, liver, kidney and CNS disorders. Studies in animals have shown evidence of teratogenicity in the chick embryo. The significance of the information for humans is unknown.

Benzyl alcohol showed no evidence of carcinogenic activity in long-term toxicology and carcinogenesis study.

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. 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.

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.

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

TOXICITY

Not Available

IRRITATION

Not Available

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

aluminium oxide	TOXICITY	IRRITATION
	Oral (rat) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin: no adverse effect observed (not irritating) ^[1]
tall oil/ triethylenetetramine/ tetraethylenepentamine	TOXICITY	IRRITATION
	Not Available	Not Available
benzyl alcohol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 2000 mg/kg ^[2]	Eye (rabbit): 0.75 mg open SEVERE
	Inhalation (rat) LC50: >4.178 mg/l/4h ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Oral (rat) LD50: 1230 mg/kg ^[2]	Skin (man): 16 mg/48h-mild
		Skin (rabbit):10 mg/24h open-mild
	Skin: no adverse effect observed (not irritating) ^[1]	
triethylenetetramine	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: =550 mg/kg ^[2]	Eye (rabbit):20 mg/24 h - moderate
	Oral (rat) LD50: 2500 mg/kg ^[2]	Eye (rabbit); 49 mg - SEVERE
		Skin (rabbit): 490 mg open SEVERE
	Skin (rabbit): 5 mg/24 SEVERE	
naphtha petroleum, heavy alkylate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[2]	Not Available
	Inhalation (rat) LC50: >3.83 mg/l/4H ^[2]	
	Oral (rat) LD50: >7000 mg/kg ^[2]	
propylene glycol monomethyl ether acetate, alpha-isomer	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Inhalation (rat) LC50: 6510.0635325 mg/l/6h ^[2]	Skin: no adverse effect observed (not irritating) ^[1]
	Oral (rat) LD50: 5155 mg/kg ^[1]	
carbon black	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (rat) LD50: >15400 mg/kg ^[2]	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

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

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

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

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 several limitations and therefore cannot be used for quantitative risk assessment.

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.

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 haptensisation 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.

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.

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. 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.

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.

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.

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

**TALL OIL/
TRIETHYLENETETRAMINE/
TETRAETHYLENEPENTAMINE**

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

	<p>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>
BENZYL ALCOHOL	<p>For benzyl alkyl alcohols:</p> <p>Unlike benzylic alcohols, the beta-hydroxyl group of the members of this cluster is unlikely to undergo phase II metabolic activation. Instead, the beta-hydroxyl group is expected to contribute to detoxification via oxidation to hydrophilic acid. Despite structural similarity to carcinogenic ethyl benzene, only a marginal concern has been assigned to phenethyl alcohol due to limited mechanistic analogy.</p> <p>For benzoates:</p> <p>Acute toxicity: Benzyl alcohol, benzoic acid and its sodium and potassium salt can be considered as a single category regarding human health, as they are all rapidly metabolised and excreted via a common pathway within 24 hrs. Systemic toxic effects of similar nature (e.g. liver, kidney) were observed. However with benzoic acid and its salts toxic effects are seen at higher doses than with benzyl alcohol.</p> <p>The compounds exhibit low acute toxicity as for the oral and dermal route. The LD50 values are > 2000 mg/kg bw except for benzyl alcohol which needs to be considered as harmful by the oral route in view of an oral LD50 of 1610 mg/kg bw. The 4 hrs inhalation exposure of benzyl alcohol or benzoic acid at 4 and 12 mg/l as aerosol/dust respectively gave no mortality, showing low acute toxicity by inhalation for these compounds.</p> <p>Benzoic acid and benzyl alcohol are slightly irritating to the skin, while sodium benzoate was not skin irritating. No data are available for potassium benzoate but it is also expected not to be skin irritating. Benzoic acid and benzyl alcohol are irritating to the eye and sodium benzoate was only slightly irritating to the eye. No data are available for potassium benzoate but it is expected also to be only slightly irritating to the eye.</p> <p>Sensitisation: The available studies for benzoic acid gave no indication for a sensitising effect in animals, however occasionally very low positive reactions were recorded with humans (dermatological patients) in patch tests. The same occurs for sodium benzoate. It has been suggested that the very low positive reactions are non-immunologic contact urticaria. Benzyl alcohol gave positive and negative results in animals. Benzyl alcohol also demonstrated a maximum incidence of sensitization of only 1% in human patch testing. Over several decades no sensitization with these compounds has been seen among workers.</p> <p>Repeat dose toxicity: For benzoic acid repeated dose oral toxicity studies give a NOAEL of 800 mg/kg/day. For the salts values > 1000 mg/kg/day are obtained. At higher doses increased mortality, reduced weight gain, liver and kidney effects were observed.</p> <p>For benzyl alcohol the long-term studies indicate a NOAEL > 400 mg/kg bw/d for rats and > 200 mg/kg bw/d for mice. At higher doses effects on bodyweights, lesions in the brains, thymus, skeletal muscle and kidney were observed. It should be taken into account that administration in these studies was by gavage route, at which saturation of metabolic pathways is likely to occur.</p> <p>Mutagenicity: All chemicals showed no mutagenic activity in <i>in vitro</i> Ames tests. Various results were obtained with other <i>in vitro</i> genotoxicity assays. Sodium benzoate and benzyl alcohol showed no genotoxicity <i>in vivo</i>. While some mixed and/or equivocal <i>in vitro</i> chromosomal/chromatid responses have been observed, no genotoxicity was observed in the <i>in vivo</i> cytogenetic, micronucleus, or other assays. The weight of the evidence of the <i>in vitro</i> and <i>in vivo</i> genotoxicity data indicates that these chemicals are not mutagenic or clastogenic. They also are not carcinogenic in long-term carcinogenicity studies.</p> <p>In a 4-generation study with benzoic acid no effects on reproduction were seen (NOAEL: 750 mg/kg). No compound related effects on reproductive organs (gross and histopathology examination) could be found in the (sub) chronic studies in rats and mice with benzyl acetate, benzyl alcohol, benzaldehyde, sodium benzoate and supports a non-reprotoxic potential of these compounds. In addition, data from reprotoxicity studies on benzyl acetate (NOAEL >2000 mg/kg bw/d; rats and mice) and benzaldehyde (tested only up to 5 mg/kg bw; rats) support the non-reprotoxicity of benzyl alcohol and benzoic acid and its salts.</p> <p>Developmental toxicity: In rats for sodium benzoate dosed via food during the entire gestation developmental effects occurred only in the presence of marked maternal toxicity (reduced food intake and decreased body weight) (NOAEL = 1400 mg/kg bw). For hamster (NOEL: 300 mg/kg bw), rabbit (NOEL: 250 mg/kg bw) and mice (CD-1 mice, NOEL: 175 mg/kg bw) no higher doses (all by gavage) were tested and no maternal toxicity was observed. For benzyl alcohol: NOAEL= 550 mg/kg bw (gavage; CD-1 mice). LOAEL = 750 mg/kg bw (gavage mice). In this study maternal toxicity was observed e.g. increased mortality, reduced body weight and clinical toxicology. Benzyl acetate: NOEL = 500 mg/kg bw (gavage rats). No maternal toxicity was observed. The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p> <p>A member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances.</p> <p>All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The substances in this group:</p> <ul style="list-style-type: none"> - contain a benzene ring substituted with a reactive primary oxygenated functional group or can be hydrolysed to such a functional group - the major pathway of metabolic detoxification involves hydrolysis and oxidation to yield the corresponding benzoic acid derivate which is excreted either as the free acid or the glycine conjugate - they show a consistent pattern of toxicity in both short- and long- term studies and - they exhibit no evidence of genotoxicity in standardised batteries of <i>in vitro</i> and <i>in vivo</i> assays. <p>The benzyl derivatives are rapidly absorbed through the gut, metabolised primarily in the liver, and excreted in the urine as glycine conjugates of benzoic acid derivatives.</p> <p>In general, aromatic esters are hydrolysed <i>in vivo</i> through the catalytic activity of carboxylesterases, the most important of which are the A-esterases. Hydrolysis of benzyl and benzoate esters to yield corresponding alcohols and carboxylic acids and hydrolysis of acetals to yield benzaldehyde and simple alcohols have been reported in several experiments.</p> <p>The alcohols and aldehydes are rapidly oxidised to benzoic acid while benzoate esters are hydrolysed to benzoic acid.</p> <p>Flavor and Extract Manufacturers Association (FEMA)</p> <p>The aryl alkyl alcohol (AAA) fragrance ingredients are a diverse group of chemical structures with similar metabolic and toxicity profiles.</p> <p>The AAA fragrances demonstrate low acute and subchronic dermal and oral toxicity.</p> <p>At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin.</p> <p>The potential for eye irritation is minimal.</p> <p>With the exception of benzyl alcohol and to a lesser extent phenethyl and 2-phenoxyethyl AAA alcohols, human sensitization studies, diagnostic patch tests and human induction studies, indicate that AAA fragrance ingredients generally have no or low sensitization potential. Available data indicate that the potential for photosensitization is low.</p> <p>NOAELs for maternal and developmental toxicity are far in excess of current human exposure levels.</p> <p>No carcinogenicity in rats or mice was observed in 2-year chronic testing of benzyl alcohol or a-methylbenzyl alcohol; the latter did induce species and gender-specific renal adenomas in male rats at the high dose. There was no to little genotoxicity, mutagenicity, or clastogenicity in the mutagenicity <i>in vitro</i> bacterial assays, and <i>in vitro</i> mammalian cell assays. All <i>in vivo</i> micronucleus assays were negative.</p> <p>It is concluded that these materials would not present a safety concern at current levels of use as fragrance ingredients</p> <p>The Research Institute for Fragrance Materials (RIFM) Expert Panel</p>
TRIETHYLENETETRAMINE	<p>Handling ethyleneamine products is complicated by their tendency to react with other chemicals, such as carbon dioxide in the air, which results in the formation of solid carbamates. Because of their ability to produce chemical burns, skin rashes, and asthma-like symptoms, ethyleneamines also require substantial care in handling. Higher molecular weight ethyleneamines are often handled at elevated temperatures further increasing the possibility of vapor exposure to these compounds.</p> <p>Because of the fragility of eye tissue, almost any eye contact with any ethyleneamine may cause irreparable damage, even blindness. A single, short exposure to ethyleneamines, may cause severe skin burns, while a single, prolonged exposure may result in the material being absorbed through the skin in harmful amounts. Exposures have caused allergic skin reactions in some individuals. Single dose oral toxicity of ethyleneamines is low. The oral LD50 for rats is in the range of 1000 to 4500 mg/kg for the ethyleneamines.</p>

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

In general, the low-molecular weight polyamines have been positive in the Ames assay, increase sister chromatid exchange in Chinese hamster ovary (CHO) cells, and are positive for unscheduled DNA synthesis although they are negative in the mouse micronucleus assay. It is believed that the positive results are based on its ability to chelate copper

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

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

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

For alkyl polyamines:

The alkyl polyamines cluster consists of organic compounds containing two terminal primary amine groups and at least one secondary amine group. Typically these substances are derivatives of ethylenediamine, propylenediamine or hexanediamine. The molecular weight range for the entire cluster is relatively narrow, ranging from 103 to 232

Acute toxicity of the alkyl polyamines cluster is low to moderate via oral exposure and a moderate to high via dermal exposure. Cluster members have been shown to be eye irritants, skin irritants, and skin sensitisers in experimental animals. Repeated exposure in rats via the oral route indicates a range of toxicity from low to high hazard. Most cluster members gave positive results in tests for potential genotoxicity.

Limited carcinogenicity studies on several members of the cluster showed no evidence of carcinogenicity. Unlike aromatic amines, aliphatic amines are not expected to be potential carcinogens because they are not expected to undergo metabolic activation, nor would activated intermediates be stable enough to reach target macromolecules.

Polyamines potentiate NMDA induced whole-cell currents in cultured striatal neurons

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.

Triethylenetetramine (TETA) is a severe irritant to skin and eyes and induces skin sensitisation.

TETA is of moderate acute toxicity: LD50(oral, rat) > 2000 mg/kg bw, LD50(dermal, rabbit) = 550 - 805 mg/kg bw. Acute exposure to saturated vapour via inhalation was tolerated without impairment. Exposure to aerosol leads to reversible irritations of the mucous membranes in the respiratory tract.

Following repeated oral dosing via drinking water only in mice but not in rats at concentration of 3000 ppm there were signs of impairment. The NOAEL is 600 ppm [92 mg/kg bw (oral, 90 days)]. Lifelong dermal application to mice (1.2 mg/mouse) did not result in tumour formation.

There are differing results of the genetic toxicity for TETA. The positive results of the in vitro tests may be the result of a direct genetic action as well as a result of an interference with essential metal ions. Due to this uncertainty of the in vitro tests, the genetic toxicity of TETA has to be assessed on the basis of in vivo tests.

The in vivo micronucleus tests (i.p. and oral) and the SLRL test showed negative results.

There are no human data on reproductive toxicity (fertility assessment). The analogue diethylenetriamine had no effects on reproduction. TETA shows developmental toxicity in animal studies if the chelating property of the substance is effective. The NOEL is 830 mg/kg bw (oral).

Experience with female patients suffering from Wilson's disease demonstrated that no miscarriages and no foetal abnormalities occur during treatment with TETA..

In rats, there are several studies concerning developmental toxicity. The oral treatment of rats with 75, 375 and 750 mg/kg resulted in no effects on dams and fetuses, except slight increased fetal body weight. After oral treatment of rats with 830 or 1670 mg/kg bw only in the highest dose group increased foetal abnormalities in 27/44 fetus (69.2 %) were recorded, when simultaneously the copper content of the feed was reduced. Copper supplementation in the feed reduced significant the fetal abnormalities of the highest dose group to 3/51 (6.5 % foetus). These findings suggest that the developmental toxicity is produced as a secondary consequence of the chelating properties of TETA.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

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 LBPNS 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

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

NAPHTHA PETROLEUM,
HEAVY ALKYLATE

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

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 vivo 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 effect

s 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 compounds which are neuropathic.

This product contains toluene. There are indications from animal studies that prolonged exposure to high concentrations of toluene may lead to hearing loss.

This product contains ethyl benzene and naphthalene from which there is evidence of tumours in rodents.

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.

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.

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.

Human Effects: Prolonged/ repeated contact may cause defatting of the skin which can lead to dermatitis and may make the skin more susceptible to

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

	<p>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>PROPYLENE GLYCOL MONOMETHYL ETHER ACETATE, ALPHA-ISOMER</p>	<p>for propylene glycol ethers (PGEs):</p> <p>Typical propylene glycol ethers include propylene glycol n-butyl ether (PnB); dipropylene glycol n-butyl ether (DPnB); dipropylene glycol methyl ether acetate (DPMA); tripropylene glycol methyl ether (TPM).</p> <p>Testing of a wide variety of propylene glycol ethers has shown that propylene glycol-based ethers are less toxic than some ethers of the ethylene series. The common toxicities associated with the lower molecular weight homologues of the ethylene series, such as adverse effects on reproductive organs, the developing embryo and fetus, blood (haemolytic effects), or thymus, are not seen with the commercial-grade propylene glycol ethers. In the ethylene series, metabolism of the terminal hydroxyl group produces an alkoxyacetic acid. The reproductive and developmental toxicities of the lower molecular weight homologues in the ethylene series are due specifically to the formation of methoxyacetic and ethoxyacetic acids.</p> <p>Longer chain length homologues in the ethylene series are not associated with the reproductive toxicity but can cause haemolysis in sensitive species, also through formation of an alkoxyacetic acid. The predominant alpha isomer of all the PGEs (thermodynamically favored during manufacture of PGEs) is a secondary alcohol incapable of forming an alkoxypropionic acid. In contrast beta-isomers are able to form the alkoxypropionic acids and these are linked to teratogenic effects (and possibly haemolytic effects).</p> <p>This alpha isomer comprises greater than 95% of the isomeric mixture in the commercial product.</p> <p>Because the alpha isomer cannot form an alkoxypropionic acid, this is the most likely reason for the lack of toxicity shown by the PGEs as distinct from the lower molecular weight ethylene glycol ethers. More importantly, however, very extensive empirical test data show that this class of commercial-grade glycol ether presents a low toxicity hazard. PGEs, whether mono, di- or tripropylene glycol-based (and no matter what the alcohol group), show a very similar pattern of low to non-detectable toxicity of any type at doses or exposure levels greatly exceeding those showing pronounced effects from the ethylene series. One of the primary metabolites of the propylene glycol ethers is propylene glycol, which is of low toxicity and completely metabolised in the body.</p> <p>As a class, the propylene glycol ethers are rapidly absorbed and distributed throughout the body when introduced by inhalation or oral exposure. Dermal absorption is somewhat slower but subsequent distribution is rapid. Most excretion for PGEs is via the urine and expired air. A small portion is excreted in the faeces.</p> <p>As a group PGEs exhibits low acute toxicity by the oral, dermal, and inhalation routes. Rat oral LD50s range from >3,000 mg/kg (PnB) to >5,000 mg/kg (DPMA). Dermal LD50s are all > 2,000 mg/kg (PnB, & DPnB; where no deaths occurred), and ranging up to >15,000 mg/kg (TPM). Inhalation LC50 values were higher than 5,000 mg/m3 for DPMA (4-hour exposure), and TPM (1-hour exposure). For DPnB the 4-hour LC50 is >2,040 mg/m3. For PnB, the 4-hour LC50 was >651 ppm (>3,412 mg/m3), representing the highest practically attainable vapor level. No deaths occurred at these concentrations. PnB and TPM are moderately irritating to eyes while the remaining category members are only slightly irritating to nonirritating. PnB is moderately irritating to skin while the remaining category members are slightly to non-irritating.</p> <p>None are skin sensitizers.</p> <p>In repeated dose studies ranging in duration from 2 to 13 weeks, few adverse effects were found even at high exposure levels and effects that did occur were mild in nature. By the oral route of administration, NOAELs of 350 mg/kg-d (PnB – 13 wk) and 450 mg/kg-d (DPnB – 13 wk) were observed for liver and kidney weight increases (without accompanying histopathology). LOAELs for these two chemicals were 1000 mg/kg-d (highest dose tested).</p> <p>Dermal repeated-dose toxicity tests have been performed for many PGEs. For PnB, no effects were seen in a 13-wk study at doses as high as 1,000 mg/kg-d. A dose of 273 mg/kg-d constituted a LOAEL (increased organ weights without histopathology) in a 13-week dermal study for DPnB. For TPM, increased kidney weights (no histopathology) and transiently decreased body weights were found at a dose of 2,895 mg/kg-d in a 90-day study in rabbits. By inhalation, no effects were observed in 2-week studies in rats at the highest tested concentrations of 3244 mg/m3 (600 ppm) for PnB and 2,010 mg/m3 (260 ppm) for DPnB. TPM caused increased liver weights without histopathology by inhalation in a 2-week study at a LOAEL of 360 mg/m3 (43 ppm). In this study, the highest tested TPM concentration, 1010 mg/m3 (120 ppm), also caused increased liver weights without accompanying histopathology. Although no repeated-dose studies are available for the oral route for TPM, or for any route for DPMA, it is anticipated that these chemicals would behave similarly to other category members.</p> <p>One and two-generation reproductive toxicity testing has been conducted in mice, rats, and rabbits via the oral or inhalation routes of exposure on PM and PMA. In an inhalation rat study using PM, the NOAEL for parental toxicity is 300 ppm (1106 mg/m3) with decreases in body and organ weights occurring at the LOAEL of 1000 ppm (3686 mg/m3). For offspring toxicity the NOAEL is 1000 ppm (3686 mg/m3), with decreased body weights occurring at 3000 ppm (11058 mg/m3). For PMA, the NOAEL for parental and offspring toxicity is 1000 mg/kg/d. in a two generation gavage study in rats. No adverse effects were found on reproductive organs, fertility rates, or other indices commonly monitored in such studies. In addition, there is no evidence from histopathological data from repeated-dose studies for the category members that would indicate that these chemicals would pose a reproductive hazard to human health.</p> <p>In developmental toxicity studies many PGEs have been tested by various routes of exposure and in various species at significant exposure levels and show no frank developmental effects. Due to the rapid hydrolysis of DPMA to DPM, DPMA would not be expected to show teratogenic effects. At high doses where maternal toxicity occurs (e.g., significant body weight loss), an increased incidence of some anomalies such as delayed skeletal ossification or increased 13th ribs, have been reported. Commercially available PGEs showed no teratogenicity.</p> <p>The weight of the evidence indicates that propylene glycol ethers are not likely to be genotoxic. <i>In vitro</i>, negative results have been seen in a number of assays for PnB, DPnB, DPMA and TPM. Positive results were only seen in 3 out of 5 chromosome aberration assays in mammalian cells with DPnB. However, negative results were seen in a mouse micronucleus assay with DPnB and PM. Thus, there is no evidence to suggest these PGEs would be genotoxic <i>in vivo</i>. In a 2-year bioassay on PM, there were no statistically significant increases in tumors in rats and mice.</p> <p>A BASF report (in ECETOC) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects.</p> <p>The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.I]</p> <p>A BASF report (in ECETOC) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects. The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.I] *Shin-Etsu SDS</p>
<p>CARBON BLACK</p>	<p>WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.</p> <p>Inhalation (rat) TCLo: 50 mg/m3/6h/90D-1 Nil reported</p>
<p>832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B) & BENZYL ALCOHOL & TRIETHYLENETETRAMINE</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>832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B) & BENZYL ALCOHOL</p>	<p>Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and conjugal contact dermatitis occur.</p> <p>Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, plegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. This was shown by placebo-controlled challenges of nine patients to 'perfume mix'. The same patients were also subject to perfume provocation, with or without a</p>

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

carbon filter mask, to ascertain whether breathing through a filter with active carbon would prevent symptoms. The patients breathed through the mouth, during the provocations, as a nose clamp was used to prevent nasal inhalation. The patient's earlier symptoms were verified; breathing through the carbon filter had no protective effect. The symptoms were not transmitted via the olfactory nerve but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes.

Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits.

Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water.

Contact allergy to fragrances is relatively common, affecting 1 to 3% of the general population, based on limited testing with eight common fragrance allergens and about 16 % of patients patch tested for suspected allergic contact dermatitis.

Contact allergy to fragrance ingredients occurs when an individual has been exposed, on the skin, to a sufficient degree of fragrance contact allergens.

Contact allergy is a life-long, specifically altered reactivity in the immune system. This means that once contact allergy is developed, cells in the immune system will be present which can recognise and react towards the allergen. As a consequence, symptoms, i.e. allergic contact dermatitis, may occur upon re-exposure to the fragrance allergen(s) in question. Allergic contact dermatitis is an inflammatory skin disease characterised by erythema, swelling and vesicles in the acute phase. If exposure continues it may develop into a chronic condition with scaling and painful fissures of the skin. Allergic contact dermatitis to fragrance ingredients is most often caused by cosmetic products and usually involves the face and/or hands. It may affect fitness for work and the quality of life of the individual. Fragrance contact allergy has long been recognised as a frequent and potentially disabling problem. Prevention is possible as it is an environmental disease and if the environment is modified (e.g. by reduced use concentrations of allergens), the disease frequency and severity will decrease. Fragrance contact allergy is mostly non-occupational and related to the personal use of cosmetic products. Allergic contact dermatitis can be severe and widespread, with a significant impairment of quality of life and potential consequences for fitness for work. Thus, prevention of contact sensitisation to fragrances, both in terms of primary prevention (avoiding sensitisation) and secondary prevention (avoiding relapses of allergic contact dermatitis in those already sensitised), is an important objective of public health risk management measure.

Hands: Contact sensitisation may be the primary cause of hand eczema, or may be a complication of irritant or atopic hand eczema. The number of positive patch tests has been reported to correlate with the duration of hand eczema, indicating that long-standing hand eczema may often be complicated by sensitisation. Fragrance allergy may be a relevant problem in patients with hand eczema; perfumes are present in consumer products to which their hands are exposed. A significant relationship between hand eczema and fragrance contact allergy has been found in some studies based on patients investigated for contact allergy. However, hand eczema is a multi-factorial disease and the clinical significance of fragrance contact allergy in (severe) chronic hand eczema may not be clear.

Axillae Bilateral axillary (underarm) dermatitis may be caused by perfume in deodorants and, if the reaction is severe, it may spread down the arms and to other areas of the body. In individuals who consulted a dermatologist, a history of such first-time symptoms was significantly related to the later diagnosis of perfume allergy.

Face Facial eczema is an important manifestation of fragrance allergy from the use of cosmetic products (16). In men, after-shave products can cause an eczematous eruption of the beard area and the adjacent part of the neck and men using wet shaving as opposed to dry have been shown to have an increased risk of being fragrance allergic.

Irritant reactions (including contact urticaria): Irritant effects of some individual fragrance ingredients, e.g. citral are known. Irritant contact dermatitis from perfumes is believed to be common, but there are no existing investigations to substantiate this. Many more people complain about intolerance or rashes to perfumes/perfumed products than are shown to be allergic by testing. This may be due to irritant effects or inadequate diagnostic procedures. Fragrances may cause a dose-related contact urticaria of the non-immunological type (irritant contact urticaria). Cinnamal, cinnamic alcohol, and Myroxylon pereirae are well recognised causes of contact urticaria, but others, including menthol, vanillin and benzaldehyde have also been reported. The reactions to Myroxylon pereirae may be due to cinnamates. A relationship to delayed contact hypersensitivity was suggested, but no significant difference was found between a fragrance-allergic group and a control group in the frequency of immediate reactions to fragrance ingredients in keeping with a nonimmunological basis for the reactions seen.

Pigmentary anomalies: The term "pigmented cosmetic dermatitis" was introduced in 1973 for what had previously been known as melanosis faciei feminae when the mechanism (type IV allergy) and causative allergens were clarified. It refers to increased pigmentation, usually on the face/neck, often following sub-clinical contact dermatitis. Many cosmetic ingredients were patch tested at non-irritant concentrations and statistical evaluation showed that a number of fragrance ingredients were associated: jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol, geranium oil.

Photo-reactions Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon. Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products. Phototoxic reactions still occur but are rare.

General/respiratory: Fragrances are volatile and therefore, in addition to skin exposure, a perfume also exposes the eyes and naso-respiratory tract. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma. Asthma-like symptoms can be provoked by sensory mechanisms. In an epidemiological investigation, a significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients, in addition to hand eczema, which were independent risk factors in a multivariate analysis.

Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A prohaptens is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems. A prohaptens is a chemical that itself is non- or low-sensitising but that is transformed into a hapten in the skin (bioactivation) usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prohaptens or as a prohaptens, or both, because air oxidation and bioactivation can often give the same product (geraniol is an example). Some chemicals might act by all three pathways.

Prohaptens

Compounds that are bioactivated in the skin and thereby form haptens are referred to as prohaptens.

In the case of prohaptens, the possibility to become activated is inherent to the molecule and activation cannot be avoided by extrinsic measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Crossreactivity has been shown for certain alcohols and their corresponding aldehydes, i.e. between geraniol and geranial (citral) and between cinnamyl alcohol and cinnamal.

The human skin expresses enzyme systems that are able to metabolise xenobiotics, modifying their chemical structure to increase hydrophilicity and allow elimination from the body. Xenobiotic metabolism can be divided into two phases: phase I and phase II. Phase I transformations are known as activation or functionalisation reactions, which normally introduce or unmask hydrophilic functional groups. If the metabolites are sufficiently polar at this point they will be eliminated. However, many phase I products have to undergo subsequent phase II transformations, i.e. conjugation to make them sufficiently water soluble to be eliminated. Although the purpose of xenobiotic metabolism is detoxification, it can also convert relatively harmless compounds into reactive species.

Cutaneous enzymes that catalyse phase I transformations include the cytochrome P450 mixed-function oxidase system, alcohol and aldehyde dehydrogenases, monoamine oxidases, flavin-containing monooxygenases and hydrolytic enzymes. Acyltransferases, glutathione S-transferases, UDP-glucuronosyltransferases and sulfotransferases are examples of phase II enzymes that have been shown to be present in human skin. These enzymes are known to catalyse both activating and deactivating biotransformations, but the influence of the reactions on the allergenic activity of skin sensitisers has not been studied in detail. Skin sensitising prohaptens can be recognised and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or in vivo and in vitro studies of sensitisation potential and chemical reactivity.

QSAR prediction: The relationships between molecular structure and reactivity that form the basis for structural alerts are based on well established principles of mechanistic organic chemistry. Examples of structural alerts are aliphatic aldehydes (alerting to the possibility of sensitisation via a Schiff base reaction with protein amino groups), and alpha,beta-unsaturated carbonyl groups, C=C-CO- (alerting to the possibility of sensitisation via Michael addition of protein thiol groups). Prediction of the sensitisation potential of compounds that can act via abiotic or metabolic activation (pre- or prohaptens) is more complex compared to that of compounds that act as direct haptens without any activation. The autoxidation patterns can differ due to differences in the stability of the intermediates formed, e.g. it has been shown that autoxidation of the structural isomers linalool and geraniol results in different major haptens/allergens. Moreover, the complexity of the prediction increases further for those compounds that can act both as pre- and prohaptens. In such cases, the impact on the sensitisation potency depends on the degree of abiotic activation (e.g. autoxidation) in relation to the metabolic activation

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

ALUMINIUM OXIDE & TALL OIL/
TRIETHYLENETETRAMINE/
TETRAETHYLENEPENTAMINE
& CARBON BLACK

No significant acute toxicological data identified in literature search.

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

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

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
		Not Available	Not Available	Not Available	Not Available

aluminium oxide	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	0.001-0.134mg/L	2
	EC50	48	Crustacea	0.7364mg/L	2
	EC50	72	Algae or other aquatic plants	0.001-0.799mg/L	2
	NOEC	240	Crustacea	0.001-0.1002mg/L	2

tall oil/ triethylenetetramine/ tetraethylenepentamine	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
		Not Available	Not Available	Not Available	Not Available

benzyl alcohol	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	10mg/L	2
	EC50	48	Crustacea	230mg/L	2
	EC50	96	Algae or other aquatic plants	76.828mg/L	2
	NOEC	336	Fish	5.1mg/L	2

triethylenetetramine	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	180mg/L	1
	EC50	48	Crustacea	31.1mg/L	1
	EC50	72	Algae or other aquatic plants	2.5mg/L	1
	NOEC	72	Algae or other aquatic plants	<2.5mg/L	1

naphtha petroleum, heavy alkylate	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	EC50	72	Algae or other aquatic plants	=13mg/L	1
	NOEC	72	Algae or other aquatic plants	=0.1mg/L	1

propylene glycol monomethyl ether acetate, alpha-isomer	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	100mg/L	1
	EC50	48	Crustacea	373mg/L	2
	EC50	72	Algae or other aquatic plants	>1-mg/L	2
	NOEC	96	Algae or other aquatic plants	>=1-mg/L	2

carbon black	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	>100mg/L	2
	EC50	48	Crustacea	>100mg/L	2
	EC50	72	Algae or other aquatic plants	>10-mg/L	2
	EC10	72	Algae or other aquatic plants	>10-mg/L	2
	NOEC	96	Fish	>=1-mg/L	2

Continued...

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

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
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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, $[Al(H_2O)_6]^{3+}$, 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 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.

Hydroxyaluminium compounds are considered amphoteric (e.g., they can act as both acids and bases in solution). Because of this property, aluminium 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, Symplocos (Symplocaceae), 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 from soil, but is instead biologically diluted.

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

The greatest fraction of the gill-associated aluminium was not sorbed to the gill tissue, but to the gill mucus. It is thought that mucus appears to retard aluminium transport from solution to the membrane surface, thus delaying the acute biological response of the fish. It has been reported that concentrations of aluminium in whole-body tissue of the Atlantic salmon exposed to high concentrations of aluminium 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 aluminium exposure concentration. In acidic waters (pH 4.6-5.3) with low concentrations of calcium (0.5-1.5 mg Ca/L), labile aluminium between 25 and 75 ug/L is toxic. Because aluminium 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 aluminium exposure in humans.

Bioconcentration of aluminium 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 aluminium 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.

For benzyl alcohol:

log Kow : 1.1

Koc : <5

Henry's atm m³/mol: 3.91E-07

BOD 5: 1.55-1.6,33-62%

COD : 96%

ThOD : 2.519

BCF : 4

Bioaccumulation : not significant

Anaerobic effects : significant degradation

Effects on algae and plankton: inhibits degradation of glucose

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

Degradation Biological: significant
processes Abiotic: RxnOH*,no photochem

Ecotoxicity

Fish LC50 (48 h): fathead minnow 770 mg/l; (72 h): 480 mg/l; (96 h) 460 mg/l

Fish LC50 (96 h) fathead minnow 10 ppm, bluegill sunfish 15 ppm; tidewater silverside fish 15 ppm

Products of Biodegradation: Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

Toxicity of the Products of Biodegradation: The products of degradation are less toxic than the product itself.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
benzyl alcohol	LOW	LOW
triethylenetetramine	LOW	LOW
propylene glycol monomethyl ether acetate, alpha-isomer	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
benzyl alcohol	LOW (LogKOW = 1.1)
triethylenetetramine	LOW (LogKOW = -2.6464)
propylene glycol monomethyl ether acetate, alpha-isomer	LOW (LogKOW = 0.56)

Mobility in soil

Ingredient	Mobility
benzyl alcohol	LOW (KOC = 15.66)
triethylenetetramine	LOW (KOC = 309.9)
propylene glycol monomethyl ether acetate, alpha-isomer	HIGH (KOC = 1.838)

SECTION 13 DISPOSAL CONSIDERATIONS

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. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal. ▶ Bury or incinerate residue at an approved site. ▶ Recycle containers if possible, or dispose of in an authorised landfill.
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SECTION 14 TRANSPORT INFORMATION

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

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

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

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

Not Applicable

Continued...

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

SECTION 15 REGULATORY INFORMATION

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

ALUMINIUM OXIDE(1344-28-1.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
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TALL OIL/ TRIETHYLENETETRAMINE/ TETRAETHYLENEPENTAMINE(68071-65-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List	International Air Transport Association (IATA) Dangerous Goods Regulations
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes	International Maritime Dangerous Goods Requirements (IMDG Code)
Australia Inventory of Chemical Substances (AICS)	United Nations Recommendations on the Transport of Dangerous Goods Model Regulations

BENZYL ALCOHOL(100-51-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List	IMO IBC Code Chapter 17: Summary of minimum requirements
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes	IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	International Air Transport Association (IATA) Dangerous Goods Regulations
Australia Inventory of Chemical Substances (AICS)	International Maritime Dangerous Goods Requirements (IMDG Code)
GESAMP/EHS Composite List - GESAMP Hazard Profiles	United Nations Recommendations on the Transport of Dangerous Goods Model Regulations

TRIETHYLENETETRAMINE(112-24-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	GESAMP/EHS Composite List - GESAMP Hazard Profiles
Australia Inventory of Chemical Substances (AICS)	IMO IBC Code Chapter 17: Summary of minimum requirements
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)	IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix F (Part 3)	International Air Transport Association (IATA) Dangerous Goods Regulations
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Index	International Maritime Dangerous Goods Requirements (IMDG Code)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 10 / Appendix C	United Nations Recommendations on the Transport of Dangerous Goods Model Regulations

NAPHTHA PETROLEUM, HEAVY ALKYLATE(64741-65-7.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List	GESAMP/EHS Composite List - GESAMP Hazard Profiles
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes	IMO IBC Code Chapter 17: Summary of minimum requirements
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	International Air Transport Association (IATA) Dangerous Goods Regulations
Australia Inventory of Chemical Substances (AICS)	International Maritime Dangerous Goods Requirements (IMDG Code)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)	United Nations Recommendations on the Transport of Dangerous Goods Model Regulations
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5	

PROPYLENE GLYCOL MONOMETHYL ETHER ACETATE, ALPHA-ISOMER(108-65-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List	IMO IBC Code Chapter 17: Summary of minimum requirements
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes	IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk
Australia Exposure Standards	International Air Transport Association (IATA) Dangerous Goods Regulations
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	International Maritime Dangerous Goods Requirements (IMDG Code)
Australia Inventory of Chemical Substances (AICS)	United Nations Recommendations on the Transport of Dangerous Goods Model Regulations
GESAMP/EHS Composite List - GESAMP Hazard Profiles	

CARBON BLACK(1333-86-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Goods Too Dangerous To Be Transported	Australia Inventory of Chemical Substances (AICS)
Australia Exposure Standards	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

National Inventory Status

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (benzyl alcohol; propylene glycol monomethyl ether acetate, alpha-isomer; tall oil/ triethylenetetramine/ tetraethylenepentamine; aluminium oxide; naphtha petroleum, heavy alkylate; carbon black; triethylenetetramine)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (tall oil/ triethylenetetramine/ tetraethylenepentamine; naphtha petroleum, heavy alkylate)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (tall oil/ triethylenetetramine/ tetraethylenepentamine)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (tall oil/ triethylenetetramine/ tetraethylenepentamine)
Vietnam - NCI	Yes

832TC-B Thermally Conductive Epoxy: Encapsulating and Potting Compound (Part B)

Russia - ARIPS	No (tall oil/ triethylenetetramine/ tetraethylenepentamine; naphtha petroleum, heavy alkylate)
Thailand - TECl	No (tall oil/ triethylenetetramine/ tetraethylenepentamine; naphtha petroleum, heavy alkylate)
Legend:	Yes = All CAS declared ingredients are on the inventory No = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Revision Date	12/05/2020
Initial Date	31/03/2019

SDS Version Summary

Version	Issue Date	Sections Updated
3.5.1.1.1	03/07/2019	Physical Properties, Synonyms, Name

Other information

Ingredients with multiple cas numbers

Name	CAS No
aluminium oxide	1344-28-1., 1011245-20-7, 1022097-81-9, 107462-07-7, 107874-14-6, 1097999-44-4, 1197416-35-5, 122784-35-4, 1234495-70-5, 1239586-42-5, 12522-88-2, 127361-04-0, 12737-16-5, 131689-14-0, 1346644-15-2, 135152-65-7, 1355357-83-3, 135667-70-8, 138361-58-7, 148619-39-0, 152743-26-5, 153858-98-1, 157516-29-5, 163581-50-8, 165390-91-0, 170448-81-4, 190401-78-6, 200295-99-4, 205316-36-5, 209552-43-2, 230616-05-4, 252756-35-7, 253606-46-1, 253606-47-2, 253606-45-0, 268724-08-9, 39354-49-9, 457654-46-5, 488831-46-5, 521982-71-8, 53809-96-4, 54352-04-4, 546141-61-1, 663170-52-3, 67853-35-4, 67894-14-8, 67894-42-2, 68189-68-4, 68389-42-4, 68389-43-5, 74871-10-6, 76363-81-0, 84149-21-3, 90669-62-8, 916225-60-0, 960377-08-6, 11092-32-3
propylene glycol monomethyl ether acetate, alpha-isomer	108-65-6, 84540-57-8, 142300-82-1

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