Epoxy 900 Part B

ICP Construction Inc.

Version No: **9.9**
Safety Data Sheet according to OSHA HazCom Standard (2012) requirements

Issue Date: **04/13/2023**
Print Date: **04/20/2023**
S.GHS.USA.EN

SECTION 1 Identification

Product Identifier

Product name	Epoxy 900 Part B
Synonyms	Not Available
Proper shipping name	Amines, liquid, corrosive, n.o.s (contains isophorone diamine)
Other means of identification	Not Available

Recommended use of the chemical and restrictions on use

Relevant identified uses	Specialty flooring curative

Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	**ICP Construction Inc.**
Address	150 Dascomb Road Andover, MA 01810 United States
Telephone	1-866-667-5119|1-978-623-9987
Fax	Not Available
Website	www.icpgroup.com
Email	sds@icpgroup.com

Emergency phone number

Association / Organisation	**ChemTel**
Emergency telephone numbers	1-800-255-3924
Other emergency telephone numbers	1-813-248-0585

SECTION 2 Hazard(s) identification

Classification of the substance or mixture

NFPA 704 diamond

Note: The hazard category numbers found in GHS classification in section 2 of this SDSs are NOT to be used to fill in the NFPA 704 diamond. Blue = Health Red = Fire Yellow = Reactivity White = Special (Oxidizer or water reactive substances)

Classification	Sensitisation (Respiratory) Category 1, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Hazardous to the Aquatic Environment Long-Term Hazard Category 2, Acute Toxicity (Dermal) Category 4, Specific Target Organ Toxicity - Repeated Exposure Category 2, Corrosive to Metals Category 1, Serious Eye Damage/Eye Irritation Category 1, Acute Toxicity (Inhalation) Category 4, Acute Toxicity (Oral) Category 4, Sensitisation (Skin) Category 1A, Reproductive Toxicity Category 2, Germ Cell Mutagenicity Category 2, Skin Corrosion/Irritation Category 1A, Carcinogenicity Category 2

Label elements

Hazard pictogram(s)	
Signal word	**Danger**

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Hazard statement(s)

H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H336	May cause drowsiness or dizziness.
H411	Toxic to aquatic life with long lasting effects.
H312	Harmful in contact with skin.
H373	May cause damage to organs through prolonged or repeated exposure.
H290	May be corrosive to metals.
H332	Harmful if inhaled.
H302	Harmful if swallowed.
H317	May cause an allergic skin reaction.
H361	Suspected of damaging fertility or the unborn child.
H341	Suspected of causing genetic defects.
H314	Causes severe skin burns and eye damage.
H351	Suspected of causing cancer.

Hazard(s) not otherwise classified

Not Applicable

Precautionary statement(s) Prevention

P202	Do not handle until all safety precautions have been read and understood.
P260	Do not breathe dust/fumes/gas/mist/vapors/spray
P264	Wash thoroughly after handling.
P270	Do not eat, drink, or smoke while using this product.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

Precautionary statement(s) Response

P303+P313	If exposed or concerned, get medical advice/attention.
P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P337+P313	IF eye irritation persists, seek medical advice/attention.
P362+P364	Take off contaminated clothing and wash before reuse.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.
P406	Store in corrosive resistant/ container with a resistant inner liner.

Precautionary statement(s) Disposal

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

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
100-51-6	30-60	benzyl alcohol
69-72-7	0.5-1.5	salicylic acid
135108-88-2	10-30	formaldehyde/ benzenamine, hydrogenated
1761-71-3	5-10	4,4'-methylenebis(cyclohexylamine)
2579-20-6	5-10	1,3-cyclohexanebis(methylamine)
128-37-0	0.5-1.5	2,6-di-tert-butyl-4-methylphenol
1477-55-0	5-10	m-xylenediamine
2855-13-2	10-30	isophorone diamine
98-54-4	1-5	p-tert-butylphenol

The specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret.

SECTION 4 First-aid measures

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Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Immediately hold eyelids apart and flush the eye continuously with running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Transport to hospital or doctor without delay. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel. For amines: ▸ If liquid amines come in contact with the eyes, irrigate immediately and continuously with low pressure flowing water, preferably from an eye wash fountain, for 15 to 30 minutes. ▸ For more effective flushing of the eyes, use the fingers to spread apart and hold open the eyelids. The eyes should then be “rolled” or moved in all directions. ▸ Seek immediate medical attention, preferably from an ophthalmologist.
Skin Contact	If skin or hair contact occurs: ▸ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▸ Quickly remove all contaminated clothing, including footwear. ▸ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▸ Transport to hospital, or doctor. For amines: ▸ In case of major exposure to liquid amine, promptly remove any contaminated clothing, including rings, watches, and shoe, preferably under a safety shower. ▸ Wash skin for 15 to 30 minutes with plenty of water and soap. Call a physician immediately. ▸ Remove and dry-clean or launder clothing soaked or soiled with this material before reuse. Dry cleaning of contaminated clothing may be more effective than normal laundering. ▸ Inform individuals responsible for cleaning of potential hazards associated with handling contaminated clothing. ▸ Discard contaminated leather articles such as shoes, belts, and watchbands. ▸ Note to Physician: Treat any skin burns as thermal burns. After decontamination, consider the use of cold packs and topical antibiotics.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay. ▸ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▸ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▸ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▸ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. **This must definitely be left to a doctor or person authorised by him/her.** (ICSC13719) For amines: ▸ All employees working in areas where contact with amine catalysts is possible should be thoroughly trained in the administration of appropriate first aid procedures. ▸ Experience has demonstrated that prompt administration of such aid can minimize the effects of accidental exposure. ▸ Promptly move the affected person away from the contaminated area to an area of fresh air. ▸ Keep the affected person calm and warm, but not hot. ▸ If breathing is difficult, oxygen may be administered by a qualified person. ▸ If breathing stops, give artificial respiration. Call a physician at once.
Ingestion	▸ For advice, contact a Poisons Information Centre or a doctor at once. ▸ Urgent hospital treatment is likely to be needed. ▸ If swallowed do **NOT** induce vomiting. ▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▸ Observe the patient carefully. ▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▸ Transport to hospital or doctor without delay. For amines: ▸ If liquid amine are ingested, have the affected person drink several glasses of water or milk. ▸ Do not induce vomiting. ▸ Immediately transport to a medical facility and inform medical personnel about the nature of the exposure. The decision of whether to induce vomiting should be made by an attending physician.

Most important symptoms and effects, both acute and delayed

See Section 11

Indication of any immediate medical attention and special treatment needed

for salicylate intoxication:
· Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. Do not give ipecac after charcoal.
· Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
· Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
· Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
· In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
· Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
· Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
· Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps

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THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
· Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
· For hyperpyrexia, use sponge baths.
The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.
· Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.
[*GOSSELIN, et.al.: Clinical Toxicology of Commercial Products*]
The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.
Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.
HyperTox 3.0 http://www.ozemail.com.au/-ouad/SALI0001.HTA
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 "gasping syndrome describes the progressive neurological deterioration of poisoned neonates.
- Management is essentially supportive.

for non-steroidal anti-inflammatories (NSAIDs)
- Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.
- Patients should be managed by symptomatic and supportive care following a NSAIDs overdose.
- There are no specific antidotes.
- Emesis and/or activated charcoal (60 to 100 grams in adults, 1 to 2 g/kg in children), and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose).
- Forced diuresis, alkalinisation of urine, hemodialysis, or haemoperfusion may not be useful due to high protein binding.
- For gastrointestinal haemorrhage, monitor stool guaiac and administer antacids or sucralfate.
- For mild/moderate allergic reactions, administer antihistamines with or without inhaled beta agonists,corticosteroids, or epinephrine.
- For severe allergic reactions, administer oxygen, antihistamines,epinephrine, or corticosteroids. Nephritis or nephrotic syndrome, thrombocytopenia, or haemolytic anemia may respond to glucocorticoid administration.
- For severe acidosis, administer sodium bicarbonate.
- Administer as required: plasma volume expanders for severe hypotension; diazepam or other benzodiazepine for convulsions; vitamin K1 for hypoprothrombinaemia; and/or dopamine plus dobutamine intravenously to prevent or reverse early indications of renal failure.

Serious gastrointestinal toxicity, such as bleeding, ulceration, and perforation, can occur at any time, with or without warning symptoms, in patients treated chronically with NSAID therapy. Although minor upper gastrointestinal problems, such as dyspepsia, are common, usually developing early in therapy, physicians should remain alert for ulceration and bleeding in patients treated chronically with NSAIDs even in the absence of previous GI tract symptoms. In patients observed in clinical trials of several months to two years duration, symptomatic upper GI ulcers, gross bleeding or perforation appear to occur in approximately 1% of patients treated for 3 to 6 months, and in about 2% to 4% of patients treated for one year. Physicians should inform patients about the signs and/or symptoms of serious GI toxicity and what steps to take if they occur.
Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Except for a prior history of serious GI events and other risk factors known to be associated with peptic ulcer disease, such as alcoholism, smoking, etc., no risk factors (e.g., age, sex) have been associated with increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less well than other individuals, and most spontaneous reports of fatal GI events are in this population. Studies to date are inconclusive concerning the relative risk of various NSAIDs in causing such reactions. High doses of any NSAID probably carry a greater risk of these reactions, although controlled clinical trials showing this do not exist in most cases. In considering the use of relatively large doses (within the recommended dosage range), sufficient benefit should be anticipated to offset the potential increased risk of GI toxicity.
For acute or short-term repeated exposures to highly alkaline materials:
- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.
INGESTION:
- Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.
- Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.
* Activated charcoal does not absorb alkali.
* Gastric lavage should not be used.
Supportive care involves the following:
- Withhold oral feedings initially.
- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:
- Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]
For amines:
- Certain amines may cause injury to the respiratory tract and lungs if aspirated. Also, such products may cause tissue destruction leading to stricture. If lavage is performed, endotracheal and/or esophagoscopic control is suggested.
- No specific antidote is known.
- Care should be supportive and treatment based on the judgment of the physician in response to the reaction of the patient.

Laboratory animal studies have shown that a few amines are suspected of causing depletion of certain white blood cells and their precursors in lymphoid tissue. These effects may be due to an immunosuppressive mechanism.
Some persons with hyperreactive airways (e.g., asthmatic persons) may experience wheezing attacks (bronchospasm) when exposed to airway irritants.
Lung injury may result following a single massive overexposure to high vapour concentrations or multiple exposures to lower concentrations of any pulmonary irritant material.
Health effects of amines, such as skin irritation and transient corneal edema (“blue haze,” “halo effect,” “glaucopsia”), are best prevented by means of formal worker education, industrial hygiene monitoring, and exposure control methods. Persons who are highly sensitive to the triggering effect of non-specific irritants should not be assigned to jobs in which such agents are used, handled, or manufactured.
Medical surveillance programs should consist of a pre-placement evaluation to determine if workers or applicants have any impairments (e.g., hyperreactive airways or bronchial

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asthma) that would limit their fitness for work in jobs with potential for exposure to amines. A clinical baseline can be established at the time of this evaluation.
Periodic medical evaluations can have significant value in the early detection of disease and in providing an opportunity for health counseling.
Medical personnel conducting medical surveillance of individuals potentially exposed to polyurethane amine catalysts should consider the following:

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

Persons who are concurrently exposed to isocyanates also should be kept under medical surveillance.
Pre-existing medical conditions generally aggravated by exposure include skin disorders and allergies, chronic respiratory disease (e.g. bronchitis, asthma, emphysema), liver disorders, kidney disease, and eye disease.
Broadly speaking, exposure to amines, as characterised by amine catalysts, may cause effects similar to those caused by exposure to ammonia. As such, amines should be considered potentially injurious to any tissue that is directly contacted.
Inhalation of aerosol mists or vapors, especially of heated product, can result in chemical pneumonitis, pulmonary edema, laryngeal edema, and delayed scarring of the airway or other affected organs. There is no specific treatment.
Clinical management is based upon supportive treatment, similar to that for thermal burns.
Persons with major skin contact should be maintained under medical observation for at least 24 hours due to the possibility of delayed reactions.
Polyurethene Amine Catalysts: Guidelines for Safe Handling and Disposal Technical Bulletin June 2000
Alliance for Polyurethanes Industry

SECTION 5 Fire-fighting measures

Extinguishing media

- Foam.
- Dry chemical powder.
- BCF (where regulations permit).

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

Special protective equipment and precautions for fire-fighters

Fire Fighting	‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ Wear full body protective clothing with breathing apparatus. ‣ Prevent, by any means available, spillage from entering drains or water course. For amines: ‣ For firefighting, cleaning up large spills, and other emergency operations, workers must wear a self-contained breathing apparatus with full face-piece, operated in a pressure-demand mode. ‣ Airline and air purifying respirators should not be worn for firefighting or other emergency or upset conditions. ‣ Respirators should be used in conjunction with a respiratory protection program, which would include suitable fit testing and medical evaluation of the user.
Fire/Explosion Hazard	‣ Combustible. ‣ Slight fire hazard when exposed to heat or flame. ‣ Heating may cause expansion or decomposition leading to violent rupture of containers. Combustion products include: carbon dioxide (CO_2) aldehydes nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. May emit corrosive fumes. **WARNING**: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.

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	‣ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. ‣ Check regularly for spills and leaks. Slippery when spilt. ‣ Clean up all spills immediately. ‣ Avoid breathing vapours and contact with skin and eyes. ‣ Control personal contact with the substance, by using protective equipment. for amines: ‣ If possible (i.e., without risk of contact or exposure), stop the leak. ‣ Contain the spilled material by diking, then neutralize. ‣ Next, absorb the neutralized product with clay, sawdust, vermiculite, or other inert absorbent and shovel into containers.
Major Spills	Slippery when spilt. ‣ Clear area of personnel and move upwind. ‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ Wear full body protective clothing with breathing apparatus.

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	For amines: ▸ First remove all ignition sources from the spill area. ▸ Have firefighting equipment nearby, and have firefighting personnel fully trained in the proper use of the equipment and in the procedures used in fighting a chemical fire. ▸ Spills and leaks of polyurethane amine catalysts should be contained by diking, if necessary, and cleaned up only by properly trained and equipped personnel.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ **DO NOT** allow clothing wet with material to stay in contact with skin
Other information	▸ Store in original containers. ▸ Keep containers securely sealed. ▸ Store in a cool, dry, well-ventilated area. ▸ **DO NOT** store near acids, or oxidising agents ▸ No smoking, naked lights, heat or ignition sources.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Glass container is suitable for laboratory quantities ▸ Lined metal can, lined metal pail/ can. ▸ Plastic pail. ▸ Polyliner drum. For low viscosity materials ▸ Drums and jerricans must be of the non-removable head type. ▸ Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt.
Storage incompatibility	Benzyl alcohol: ▸ 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. ▸ Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air. Amines are incompatible with: · isocyanates, halogenated organics, peroxides, phenols (acidic), epoxides, anhydrides, and acid halides. · strong reducing agents such as hydrides, due to the liberation of flammable gas. Amines possess a characteristic ammonia smell, liquid amines have a distinctive "fishy" smell. ▸ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▸ Avoid contact with copper, aluminium and their alloys. ▸ 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
US OSHA Permissible Exposure Limits (PELs) Table Z-1	2,6-di-tert-butyl-4-methylphenol	Particulates Not Otherwise Regulated (PNOR)- Total dust	15 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	2,6-di-tert-butyl-4-methylphenol	Particulates Not Otherwise Regulated (PNOR)- Respirable fraction	5 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-3	2,6-di-tert-butyl-4-methylphenol	Inert or Nuisance Dust: Respirable fraction	5 mg/m3 / 15 mppcf	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-3	2,6-di-tert-butyl-4-methylphenol	Inert or Nuisance Dust: Total Dust	15 mg/m3 / 50 mppcf	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	2,6-di-tert-butyl-4-methylphenol	2,6-Di-tert-butyl-p-cresol	10 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	m-xylenediamine	m-Xylene-alpha,alpha'-diamine	Not Available	Not Available	0.1 mg/m3	[skin]
US OSHA Permissible Exposure Limits (PELs) Table Z-1	p-tert-butylphenol	Particulates Not Otherwise Regulated (PNOR)- Total dust	15 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	p-tert-butylphenol	Particulates Not Otherwise Regulated (PNOR)- Respirable fraction	5 mg/m3	Not Available	Not Available	Not Available

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US OSHA Permissible Exposure Limits (PELs) Table Z-3	p-tert-butylphenol	Inert or Nuisance Dust: Respirable fraction	5 mg/m3 / 15 mppcf	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-3	p-tert-butylphenol	Inert or Nuisance Dust: Total Dust	15 mg/m3 / 50 mppcf	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	p-tert-butylphenol	Particulates not otherwise regulated	Not Available	Not Available	Not Available	See Appendix D

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
benzyl alcohol	30 ppm	52 ppm	740 ppm
p-tert-butylphenol	1.5 mg/m3	40 mg/m3	240 mg/m3

Ingredient	Original IDLH	Revised IDLH
benzyl alcohol	Not Available	Not Available
salicylic acid	Not Available	Not Available
formaldehyde/ benzenamine, hydrogenated	Not Available	Not Available
4,4'-methylenebis(cyclohexylamine)	Not Available	Not Available
1,3-cyclohexanebis(methylamine)	Not Available	Not Available
2,6-di-tert-butyl-4-methylphenol	Not Available	Not Available
m-xylenediamine	Not Available	Not Available
isophorone diamine	Not Available	Not Available
p-tert-butylphenol	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
benzyl alcohol	E	≤ 0.1 ppm
salicylic acid	E	≤ 0.01 mg/m³
formaldehyde/ benzenamine, hydrogenated	E	≤ 0.1 ppm
4,4'-methylenebis(cyclohexylamine)	E	≤ 0.1 ppm
1,3-cyclohexanebis(methylamine)	D	> 0.1 to ≤ 1 ppm
isophorone diamine	D	> 0.1 to ≤ 1 ppm
Notes:	*Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.*	

Exposure controls

Appropriate engineering controls	**Unless written procedures, specific to the workplace are available, the following is intended as a guide:** ▸ **For Laboratory-scale handling of Substances assessed to be toxic by inhalation. *Quantities of up to 25 grams*** may be handled in Class II biological safety cabinets *; ***Quantities of 25 grams to 1 kilogram*** may be handled in Class II biological safety cabinets* or equivalent containment systems; ***Quantities exceeding 1 kg*** may be handled either using specific containment, a hood or Class II biological safety cabinet*, ▸ HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours. ▸ The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated.
Individual protection measures, such as personal protective equipment	
Eye and face protection	When handling very small quantities of the material eye protection may not be required. For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs: ▸ Chemical goggles. ▸ Face shield. For amines: SPECIAL PRECAUTION: ▸ Because amines are alkaline materials that can cause rapid and severe tissue damage, wearing of contact lenses while working with amines is strongly discouraged. Wearing such lenses can prolong contact of the eye tissue with the amine, thereby causing more severe damage. ▸ Appropriate eye protection should be worn whenever amines are handled or whenever there is any possibility of direct contact with liquid products, vapors, or aerosol mists.
Skin protection	See Hand protection below
Hands/feet protection	▸ Elbow length PVC gloves ▸ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. 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. 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.

Continued...

	▸ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▸ Double gloving should be considered. For amines: ▸ Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. ▸ Application of a non-perfumed moisturiser is recommended ▸ Where there is a possibility of exposure to liquid amines skin protection should include: rubber gloves, (neoprene, nitrile, or butyl).
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ PVC Apron. ▸ PVC protective suit may be required if exposure severe.

Respiratory protection

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

- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Not Available

Physical state	Liquid	**Relative density (Water = 1)**	Not Available
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Available
Flash point (°C)	99	**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)	Not Available	**Gas group**	Not Available
Solubility in water	Immiscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	<5 g/l when mixed as intended

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Continued...

Information on toxicological effects

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo. Inhalation of amine vapours may cause irritation of the mucous membrane of the nose and throat, and lung irritation with respiratory distress and cough. Swelling and inflammation of the respiratory tract is seen in serious cases; with headache, nausea, faintness and anxiety. Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma". The compound causes intestinal irritation due to its caustic nature. Lower doses may cause impaired appetite, sluggish reaction to stimuli and reduced alertness. High doses may cause eye irritation, excessive tear secretion; difficulty in breathing; lung, liver and kidney damage. Inhalation of benzyl alcohol may affect breathing (causing depression and paralysis of breathing and lower blood pressure. Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. Acute effects from inhalation of high vapour concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.
Ingestion	Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow. Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucous. Amines without benzene rings when swallowed are absorbed throughout the gut. Corrosive action may cause damage throughout the gastrointestinal tract. High oral doses of salicylates, such as aspirin, may cause a mild burning pain in the throat and stomach, causing vomiting. This is followed (within hours) by deep, rapid breathing, tiredness, nausea and further vomiting, thirst and diarrhoea. 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. Swallowing large doses of benzyl alcohol may cause abdominal pain, nausea, vomiting and diarrhea. It may affect behaviour and/or the central nervous system, and cause headache, sleepiness, excitement, dizziness, inco-ordination, coma, convulsions and other symptoms of central nervous system depression. In newborns, exposure to excessive amounts of benzyl alcohol has been associated with toxicity (low blood pressure and metabolic acidosis), and an increased incidence of severe jaundice leading to nervous system symptoms called kernicterus. Central nervous system (CNS) depression may include general discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal. Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.
Skin Contact	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. Volatile amine vapours produce irritation and inflammation of the skin. Direct contact can cause burns. 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. Undiluted benzene-1,3-dimethanamine may be corrosive to the skin. Concentrated solution of the material produces severe reddening and irritation. Repeated applications of a dilute concentration produce local swelling and redness, and skin sensitisation, which has been reported among workers in plastics manufacturing. Skin contact with alkaline corrosives may produce severe pain and burns; brownish stains may develop. The corroded area may be soft, gelatinous and necrotic; tissue destruction may be deep. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions 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. Skin contact with the material may be harmful; systemic effects may result following absorption. There is some evidence to suggest that the material may cause moderate inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.
Eye	If applied to the eyes, this material causes severe eye damage. Direct eye contact with corrosive bases can cause pain and burns. There may be swelling, epithelium destruction, clouding of the cornea and inflammation of the iris. Mild cases often resolve; severe cases can be prolonged with complications such as persistent swelling, scarring, permanent cloudiness, bulging of the eye, cataracts, eyelids glued to the eyeball and blindness. Vapours of volatile amines irritate the eyes, causing excessive secretion of tears, inflammation of the conjunctiva and slight swelling of the cornea, resulting in "halos" around lights. This effect is temporary, lasting only for a few hours. However this condition can reduce the efficiency of undertaking skilled tasks, such as driving a car.
Chronic	There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment. Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. Ample evidence from experiments exists that there is a suspicion this material directly reduces fertility. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk. Prolonged or repeated exposure to benzyl alcohol may cause allergic contact dermatitis (skin inflammation). Prolonged or repeated swallowing may affect behaviour and the central nervous system with symptoms similar to acute swallowing. It may also affect the liver, kidneys, cardiovascular system, the lungs and cause weight loss.

	TOXICITY	**IRRITATION**
Epoxy 900 Part B	Not Available	Not Available

Continued...

benzyl alcohol	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 2000 mg/kg[2]	Eye (rabbit): 0.75 mg open SEVERE
	Inhalation(Rat) LC50: >4.178 mg/L4h[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]
salicylic acid	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[2]	Eye (rabbit): 100 mg - SEVERE [*BDH], [**Extal]
	Inhalation(Rat) LC50: >0.225 mg/l4h[2]	Eye: adverse effect observed (irritating)[1]
	Oral (Cat) LD50; 400 mg/kg[2]	Skin (rabbit): 500 mg/24h - mild
		Skin: no adverse effect observed (not irritating)[1]
formaldehyde/ benzenamine, hydrogenated	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >1000 mg/kg[1]	Skin: adverse effect observed (corrosive)[1]
	Oral (Rat) LD50: >50<300 mg/kg[1]	
4,4'-methylenebis(cyclohexylamine)	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >1000 mg/kg[1]	Eye (rabbit): 10uL./24h SEVERE
	Inhalation(Mouse) LC50; 0.4 mg/l4h[2]	Eye: adverse effect observed (irreversible damage)[1]
	Oral (Rat) LD50: 350 mg/kg[1]	Eye: adverse effect observed (irritating)[1]
		Skin (rabbit): SEVERE Corrosive ** * [Air Products and Chemicals] ** [BASF CCINFO 1882394]
		Skin: adverse effect observed (corrosive)[1]
1,3-cyclohexanebis(methylamine)	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 1700 mg/kg[1]	Eye: adverse effect observed (irritating)[1]
	Oral (Rat) LD50: >200<2000 mg/kg[1]	Skin: adverse effect observed (corrosive)[1]
2,6-di-tert-butyl-4-methylphenol	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >2000 mg/kg[2]	Eye (rabbit): 100 mg/24h-moderate
	Oral (Rat) LD50: 890 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
		Skin (human): 500 mg/48h - mild
		Skin (rabbit):500 mg/48h-moderate
		Skin: no adverse effect observed (not irritating)[1]
m-xylenediamine	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 2000 mg/kg[2]	Eye (rabbit): 0.05 mg/24h SEVERE
	Inhalation(Rat) LC50: 0.8 mg/l4h[1]	Skin (rabbit): 0.75 mg/24h SEVERE
	Oral (Rat) LD50: >200 mg/kg[1]	
isophorone diamine	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Not Available
	Inhalation(Rat) LC50: >=1.07<=5.01 mg/l4h[1]	
	Oral (Rat) LD50: 1030 mg/kg[2]	
p-tert-butylphenol	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 2288 mg/kg[2]	Eye (rabbit) 0.05 mg/24h - SEVERE
	Oral (Rat) LD50: >2000 mg/kg[1]	Eye (rabbit): 10 mg - SEVERE
		Eye: adverse effect observed (irritating)[1]
		Skin (rabbit): 500 mg/4h - mild
		Skin: adverse effect observed (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*

Epoxy 900 Part B	Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation.

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BENZYL ALCOHOL	Unlike benzylic alcohols, the beta-hydroxyl group of the members of benzyl alkyl alcohols contributes to break down reactions but do not undergo phase II metabolic activation. Though structurally similar to cancer causing ethyl benzene, phenethyl alcohol is only of negligible concern due to limited similarity in their pattern of activity. For benzoates: Benzyl alcohol, benzoic acid and its sodium and potassium salt have a common metabolic and excretion pathway. All but benzyl alcohol are considered to be unharmful and of low acute toxicity. They may cause slight irritation by oral, dermal or inhalation exposure except sodium benzoate which doesn't irritate the skin. This is a member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS), based partly on their self-limiting properties as flavouring substances in food. In humans and other animals, they are rapidly absorbed, broken down and excreted, with a wide safety margin. They also lack significant potential to cause genetic toxicity and mutations. The aryl alkyl alcohol (AAA) fragrance ingredients have diverse chemical structures, with similar metabolic and toxicity profiles. The AAA fragrances demonstrate low acute and subchronic toxicity by skin contact and swallowing. At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin.
SALICYLIC ACID	For certain benzyl derivatives: The members of this group are rapidly absorbed through the gastrointestinal tract, metabolised primarily in the liver, and excreted primarily in the urine either unchanged or as conjugates of benzoic acid derivatives. At high dose levels, gut micro-organisms may act to produce minor amounts of breakdown products. However, no adverse effects have been reported even at repeated high doses. A member or analogue of a group of hydroxy and alkoxy-substituted 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. All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals.
FORMALDEHYDE/ BENZENAMINE, HYDROGENATED	Amine adducts have much reduced volatility and are less irritating to the skin and eyes than amine hardeners. However commercial amine adducts may contain a percentage of unreacted amine and all unnecessary contact should be avoided. Amine adducts are prepared by reacting excess primary amines with epoxy resin. No significant acute toxicological data identified in literature search.
4,4'-METHYLENEBIS(CYCLOHEXYLAMINE)	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
1,3-CYCLOHEXANEBIS(METHYLAMINE)	Gastrointestinal changes recorded. For 1,3-cyclohexanebis(methylamine) (CHBM): Animal testing shows that CHBMhas low to moderate acute toxicity by swallowing and moderate acute toxicity by skin contact. It is corrosive to the eyes and skin. In animals it caused changes to the weight of certain organs.
2,6-DI-TERT-BUTYL-4-METHYLPHENOL	* Degussa SDS Effects such as behavioral changes, reduction in body weight gain, and decrement in body weight have been observed after long-term administration of BHT to mice and rats. Toxic effects may be attributed more to BHT metabolites than to their parent compound, only a few studies have focused on their carcinogenicity and toxicity, and not only on that of BHT. The metabolite BHT-QM (syn: 2,6-di-tert-butyl-1,4-methylene-2,5-cyclohexadien-1-one, CAS RN: 2607-52-5) is a very reactive compound which is considered to play a significant role in hepatoxicity, pneumotoxicity, and skin tumor promotion in mice. In addition, it was reported that another quinone derivative, BHT-OH(t)QM (syn 2-tert-butyl-6-(2-hydroxy-tert-butyl-4-methylene-2,5-cyclohexadien-1-one, CAS RN: 124755-19-7), is chemically more reactive than BHT-QM, and it has been recognized as the principal metabolite responsible for lung tumor promotion activity of BHT in mice. BHT has been reported to exert prooxidant effects under certain conditions. Thus, when BHT was added in excess to a wheat seedling medium in aerobic conditions, an enhancement of the generation rate of superoxide anion was observed. This is a reactive particle that may damage cellular structures at high concentrations In addition, an increase in hepatic microsomal lipid peroxidation was observed in rats fed with diets containing 0.2% of BHT for 30 days. Some authors have reported that at high aeration rate, BHT can react with molecular oxygen rather than with the reactive oxygen species present, yielding BHT-phenoxyl radical and superoxide anion. In addition, the phenolic radical itself may undergo redox recycling which can be a critical factor depending on the reductant involved However, it has to be noted that BHT-phenoxyl radical has been reported to be relatively stable. Furthermore, the potential reactivity of BHT-derived metabolites should be taken into account; some studies reported that not only BHT but also its metabolites, such as BHT-Q and BHT-QM, can act as prooxidant. As BHT undergoes several reactions during biotransformation, a large number of intermediate metabolites have been identified. However, their nature and concentration depend on the environmental conditions and on the animal species. Although the changes undergone by BHT during in vivo digestion processes have not been studied, after submission of a fluid deep-frying fat containing BHT and BHT-QM to an in vitro gastrointestinal digestion model, both these were detected in the digested samples. These results indicate that BHT and its toxic metabolite could remain bioaccessible for intestinal absorption. Studies concerning BHT metabolism have shown that, unlike other synthetic antioxidants, BHT is a potent inducer of the microsomal monooxygenase system and its major route of degradation is oxidation catalyzed by cytochrome P450. Studies have reported potential toxicity derived from the ingestion or administration of BHT. As for acute oral toxicity, although this is considered low in animals, it must be noted that 2 clinical cases were reported in patients who suffered acute neurotoxicity and gastritis after ingesting a high dose of BHT (4 and 80 g without medical prescription) to cure recurrent genital herpes. Regarding short-term subchronic toxicity studies, it has been reported that BHT causes dose-related increase in the incidence and severity of toxic nephrosis in mice, nephrotoxicity and pneumotoxicity in rats, and in chicken a marked congestion of the liver and kidney, as well as diffuse enlargement of the liver with rounded borders and rupture with hemorrhaging . It has to be noted that the EFSA Panel (2012) pointed out certain inconsistencies in the findings obtained from the short-term and subchronic toxicity studies. Several genotoxicity studies on BHT concluded that BHT does not represent a genotoxic risk, because most of the studies carried out to that date had shown BHT was not able to induce mutations or to damage deoxyribonucleic acid (DNA). Nevertheless, it must be mentioned that other studies reported contrary results. The effect of BHT and 7 of its metabolites on in vitro DNA cleavage was studied and the metabolites BHT-Q (syn: 2,6-di-tert-butyl-2,5-cyclohexadiene-1,4-dione, CAS RN: 719-22-2), BHT-CHO (syn: 3,5-di-tert-butyl-4-hydroxybenzaldehyde, CAS RN: 1620-98-0 and BHT-OOH (syn: 2,6-di-tert-butyl-4-methyl-4-hydroperoxy-2,5-cyclohexadien-1-one, CAS RN: 6485-57-0) were able to cleave DNA.. The Panel on Food Additives and Nutrient Sources Added to Food of the European Food Safety Authority (EFSA) recognized that these positive genotoxicity results may be due to the prooxidative chemistry of BHT, which gives rise to reactive metabolites. Some studies addressed the carcinogenicity and chronic toxicity of BHT and its metabolites in rodents with contradictory results. Thus, mice-fed dietary BHT for a year developed marked hyperplasia of the hepatic bile ducts with an associated subacute cholangitis Moreover, after 104 wk of administration of BHT, the formation of hepatocellular tumors in male mice was observed. After 10 months of feeding mice with a diet containing different amounts of BHT, an increased incidence of liver tumors in male, but not female, animals was also reported . Several studies have demonstrated the potential of BHT to act either as a tumor promotor or as a tumor suppressor, modulating the carcinogenicity of some well-known carcinogens. Barbara Nieva-Echevarria etal: Comprehensive reviews in Food Science and Food Safety, Vol 14, Dec 2014 http://onlinelibrary.wiley.com/doi/10.1111/1541-4337.12121/pdf for bridged alkyl phenols: **Acute toxicity:** Acute oral and dermal toxicity data are available for all but two of the substances in the group. The data show that acute toxicity of these substances is low. The testing for acute toxicity spans five decades **Repeat dose toxicity:** Repeat dose studies on the members of this category include both subchronic and chronic exposures. Data show that acute toxicity following oral and topical use of hindered phenols is low. They are not proven to cause mutations.

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	However, long term use may affect the liver, thyroid, kidney and lymph nodes. The substance is classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing. **NOTE:** Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.
M-XYLENEDIAMINE	Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. For benzene-1,3-dimethanamine (m-xylene-alpha,alpha -diamine): Animal testing showed that benzene-1,3-methanamine caused tissue damage to the digestive and respiratory organs, if given by mouth or inhaled, respectively. The chemical is corrosive to animal skin, and may cause sensitization. Testing has not shown any reproductive toxicity or ability to cause mutations.
ISOPHORONE DIAMINE	Isophorone diamine is a strong skin irritant, corrosive with repeated application. Frequent occupational exposure may lead to the development of allergic skin inflammation. There could be damage to the smell organ, throat and lungs following inhalational exposure. The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
P-TERT-BUTYLPHENOL	These substances are intravenous anaesthetic agents. They have a very low level of acute toxicity; they may cause skin irritation. Repeated exposure may irritate the stomach. For p-tert-butylphenol: p-tert-butylphenol has low acute toxicity via all routes. It irritates the skin, eyes and airway. It may cause skin sensitisation in humans.
Epoxy 900 Part B & SALICYLIC ACID & FORMALDEHYDE/ BENZENAMINE, HYDROGENATED & 4,4'-METHYLENEBIS(CYCLOHEXYLAMINE) & 1,3-CYCLOHEXANEBIS(METHYLAMINE) & 2,6-DI-TERT-BUTYL-4-METHYLPHENOL & M-XYLENEDIAMINE & ISOPHORONE DIAMINE & P-TERT-BUTYLPHENOL	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant.
Epoxy 900 Part B & BENZYL ALCOHOL	Adverse reactions to fragrances in perfumes and fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, sensitivity to light, immediate contact reactions, and pigmented contact dermatitis. Airborne and connubial contact dermatitis occurs. Contact allergy is a lifelong condition, so symptoms may occur on re-exposure. Fragrance allergens act as haptens, low molecular weight chemicals that cause an immune response only when attached to a carrier protein. However, not all sensitizing fragrance chemicals are directly reactive, but require previous activation. A prehapten is a chemical that itself causes little or no sensitization, but is transformed into a hapten in the skin (bioactivation), usually via enzyme catalysis.
Epoxy 900 Part B & SALICYLIC ACID	The salicylates are well absorbed by mouth, and oral bioavailability is assumed to be total. In humans, absorption through skin is more limited. The salicylates are expected to be broken down to salicylic acid, mostly in the liver, and then conjugated with glycine or glucuronide and excreted in the urine.
Epoxy 900 Part B & 4,4'-METHYLENEBIS(CYCLOHEXYLAMINE) & M-XYLENEDIAMINE	Overexposure to most of these materials may cause adverse health effects. Many amine-based compounds can cause release of histamines, which, in turn, can trigger allergic and other physiological effects, including constriction of the bronchi or asthma and inflammation of the cavity of the nose. Whole-body symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, rapid heartbeat, itching, reddening of the skin, urticaria (hives) and swelling of the face, which are usually transient. There are generally four routes of possible or potential exposure: inhalation, skin contact, eye contact, and swallowing. Inhalation: Inhaling vapours may result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs. Higher concentrations of certain amines can produce severe respiratory irritation, characterized by discharge from the nose, coughing, difficulty in breathing and chest pain.
BENZYL ALCOHOL & 4,4'-METHYLENEBIS(CYCLOHEXYLAMINE) & 1,3-CYCLOHEXANEBIS(METHYLAMINE) & M-XYLENEDIAMINE & ISOPHORONE DIAMINE	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type.
BENZYL ALCOHOL & SALICYLIC ACID & 4,4'-METHYLENEBIS(CYCLOHEXYLAMINE) & 2,6-DI-TERT-BUTYL-4-METHYLPHENOL & ISOPHORONE DIAMINE & P-TERT-BUTYLPHENOL	The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.
SALICYLIC ACID & 1,3-CYCLOHEXANEBIS(METHYLAMINE) & M-XYLENEDIAMINE & P-TERT-BUTYLPHENOL	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
4,4'-METHYLENEBIS(CYCLOHEXYLAMINE) & 1,3-CYCLOHEXANEBIS(METHYLAMINE) & ISOPHORONE DIAMINE	The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function.
1,3-CYCLOHEXANEBIS(METHYLAMINE) & M-XYLENEDIAMINE	The material may cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration.

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

Continued...

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

SECTION 12 Ecological information

Toxicity

Epoxy 900 Part B

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

benzyl alcohol

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96h	Fish	10mg/l	4
EC50	72h	Algae or other aquatic plants	500mg/l	2
EC50	48h	Crustacea	230mg/l	2
NOEC(ECx)	336h	Fish	5.1mg/l	2
EC50	96h	Algae or other aquatic plants	76.828mg/l	2

salicylic acid

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	504h	Crustacea	<1mg/l	4
LC50	96h	Fish	>100mg/l	2
EC50	72h	Algae or other aquatic plants	>100mg/l	2
EC50	48h	Crustacea	118mg/l	2

formaldehyde/ benzenamine, hydrogenated

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96h	Fish	63mg/l	2
EC50	72h	Algae or other aquatic plants	43.94mg/l	2
EC50	48h	Crustacea	15.4mg/l	2
EC10(ECx)	72h	Algae or other aquatic plants	1.2mg/l	2

4,4'-methylenebis(cyclohexylamine)

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96h	Fish	68mg/l	2
EC50	72h	Algae or other aquatic plants	140-200mg/l	2
EC50	48h	Crustacea	6.84mg/l	2
NOEC(ECx)	336h	Fish	>1mg/l	2

1,3-cyclohexanebis(methylamine)

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	72h	Algae or other aquatic plants	13.7mg/l	2
EC50	72h	Algae or other aquatic plants	29.7mg/l	2
LC50	96h	Fish	130mg/l	2
EC50	48h	Crustacea	33.1mg/l	2

2,6-di-tert-butyl-4-methylphenol

Endpoint	Test Duration (hr)	Species	Value	Source
ErC50	72h	Algae or other aquatic plants	>0.42mg/l	1
BCF	1344h	Fish	220-2800	7
LC50	96h	Fish	>0.5mg/l	Not Available
EC50	72h	Algae or other aquatic plants	>0.42mg/l	1
EC50	48h	Crustacea	>0.17mg/l	2
EC0(ECx)	48h	Crustacea	>=0.31mg/l	1
EC50	96h	Algae or other aquatic plants	0.758mg/l	2

m-xylenediamine

Endpoint	Test Duration (hr)	Species	Value	Source
BCF	1008h	Fish	<0.3	7
LC50	96h	Fish	75mg/l	2
EC50	72h	Algae or other aquatic plants	12mg/l	2
EC50	48h	Crustacea	15.2mg/l	2
NOEC(ECx)	504h	Crustacea	4.7mg/l	2

isophorone diamine

Endpoint	Test Duration (hr)	Species	Value	Source
BCF	1008h	Fish	<0.3	7
NOEC(ECx)	72h	Algae or other aquatic plants	1.5mg/l	1
EC50	72h	Algae or other aquatic plants	37mg/l	1
LC50	96h	Fish	70mg/l	1

Continued...

	EC50	48h	Crustacea	14.6-21.5mg/l	4

p-tert-butylphenol

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	Not Reportedh	Crustacea	0.01mg/l	4
EC50	72h	Algae or other aquatic plants	~2.4mg/l	2
LC50	96h	Fish	>1mg/l	2
EC50	48h	Crustacea	3.4-4.5mg/l	4

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 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*

For isophorone diamine:
Persistence/Biodegradability: 42% (DOC, OECD 303A) *8.0% (DOC, Die away test -9/69/EEC)*
* [Morton]
Environmental Fate:
Isophorone diamine has a melting point of 10 C, it mixes with water and has a vapour pressure of 0.02 hPa at 20 C. The measured log Kow is 0.99 (23 C). The pKa of approximately 10.4 characterises the substance as a moderate base.
Models calculate the main target compartment for isophorone diamine to be water (99.8 %), followed by sediment and soil (both 0.08 %).
For benzene-1,3-dimethanamine (m-xylene-alpha,alpha'- diamine)
Environmental fate:
The chemical has a log Pow value of 0.18 at 2 a vapour pressure 5 C, of 0.04 hPa at 25 C, and a water solubility of > 100 000 mg/L. Fugacity model Mackay level III calculations suggest that the majority of the chemical would distribute to soil if released to soil and/or air compartment(s), and water if released to aquatic compartment.
The chemical is not readily biodegradable (49% after 28 d) or inherently biodegradable (BOD = 22%, TOC = 6% and analysis in HPLC = 21%) and it does not hydrolyse (half-life >1 y at 25 C).
For benzyl alcohol: log Kow : 1.1Koc : <5Henry's atm m3 /mol: 3.91E-07BOD 5: 1.55-1.6,33-62%COD : 96%ThOD : 2.519BCF : 4
Bioaccumulation: Not significant
Anaerobic Effects: Significant degradation.
Effects on algae and plankton: Inhibits degradation of glucose
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.
Prevent, by any means available, spillage from entering drains or water courses.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
benzyl alcohol	LOW	LOW
salicylic acid	LOW	LOW
4,4'-methylenebis(cyclohexylamine)	HIGH	HIGH
1,3-cyclohexanebis(methylamine)	LOW	LOW
2,6-di-tert-butyl-4-methylphenol	HIGH	HIGH
m-xylenediamine	HIGH	HIGH
isophorone diamine	HIGH	HIGH
p-tert-butylphenol	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
benzyl alcohol	LOW (LogKOW = 1.1)
salicylic acid	MEDIUM (BCF = 1000)
4,4'-methylenebis(cyclohexylamine)	LOW (LogKOW = 3.2649)
1,3-cyclohexanebis(methylamine)	LOW (LogKOW = 1.0688)
2,6-di-tert-butyl-4-methylphenol	HIGH (BCF = 2500)
m-xylenediamine	LOW (BCF = 2.7)
isophorone diamine	LOW (BCF = 3.4)
p-tert-butylphenol	LOW (BCF = 240)

Mobility in soil

Ingredient	Mobility
benzyl alcohol	LOW (KOC = 15.66)
salicylic acid	LOW (KOC = 23.96)
4,4'-methylenebis(cyclohexylamine)	LOW (KOC = 672.4)
1,3-cyclohexanebis(methylamine)	LOW (KOC = 914.6)
2,6-di-tert-butyl-4-methylphenol	LOW (KOC = 23030)
m-xylenediamine	LOW (KOC = 914.6)
isophorone diamine	LOW (KOC = 340.4)
p-tert-butylphenol	LOW (KOC = 1912)

Continued...

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ 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. 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. ▸ **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. ▸ Recycle wherever possible. ▸ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▸ Treat and neutralise at an approved treatment plant.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	

Shipping container and transport vehicle placarding and labeling may vary from the below information. Products that are regulated for transport will be packaged and marked as Dangerous Goods in Excepted Quantities according to US DOT, IATA and IMDG regulations. In case of reshipment, it is the responsibility of the shipper to determine the appropriate labels and markings in accordance with applicable transport regulations.

Land transport (DOT)

UN number or ID number	2735
UN proper shipping name	Amines, liquid, corrosive, n.o.s. (contains isophorone diamine)
Transport hazard class(es)	Class: 8 Subsidiary risk: Not Applicable
Packing group	III
Environmental hazard	Environmentally hazardous
Special precautions for user	Hazard Label: 8 Special provisions: IB3, T7, TP1, TP28

Air transport (ICAO-IATA / DGR)

UN number	2735
UN proper shipping name	Amines, liquid, corrosive, n.o.s. (contains isophorone diamine)
Transport hazard class(es)	ICAO/IATA Class: 8 ICAO / IATA Subrisk: Not Applicable ERG Code: 8L
Packing group	III
Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions: A3 A803 Cargo Only Packing Instructions: 856 Cargo Only Maximum Qty / Pack: 60 L Passenger and Cargo Packing Instructions: 852 Passenger and Cargo Maximum Qty / Pack: 5 L Passenger and Cargo Limited Quantity Packing Instructions: Y841 Passenger and Cargo Limited Maximum Qty / Pack: 1 L

Sea transport (IMDG-Code / GGVSee)

UN number	2735
UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. (contains isophorone diamine)

Continued...

Transport hazard class(es)	IMDG Class	8
	IMDG Subrisk	Not Applicable
Packing group	III	
Environmental hazard	Marine Pollutant	
Special precautions for user	EMS Number	F-A, S-B
	Special provisions	223 274
	Limited Quantities	5 L

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

Not Applicable

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

Product name	Group
benzyl alcohol	Not Available
salicylic acid	Not Available
formaldehyde/ benzenamine, hydrogenated	Not Available
4,4'-methylenebis(cyclohexylamine)	Not Available
1,3-cyclohexanebis(methylamine)	Not Available
2,6-di-tert-butyl-4-methylphenol	Not Available
m-xylenediamine	Not Available
isophorone diamine	Not Available
p-tert-butylphenol	Not Available

Transport in bulk in accordance with the IGC Code

Product name	Ship Type
benzyl alcohol	Not Available
salicylic acid	Not Available
formaldehyde/ benzenamine, hydrogenated	Not Available
4,4'-methylenebis(cyclohexylamine)	Not Available
1,3-cyclohexanebis(methylamine)	Not Available
2,6-di-tert-butyl-4-methylphenol	Not Available
m-xylenediamine	Not Available
isophorone diamine	Not Available
p-tert-butylphenol	Not Available

SECTION 15 Regulatory information

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

benzyl alcohol is found on the following regulatory lists

US - Massachusetts - Right To Know Listed Chemicals
US AIHA Workplace Environmental Exposure Levels (WEELs)
US DOE Temporary Emergency Exposure Limits (TEELs)
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory
US Toxicology Excellence for Risk Assessment (TERA) Workplace Environmental Exposure Levels (WEEL)

salicylic acid is found on the following regulatory lists

FEI Equine Prohibited Substances List - Controlled Medication
FEI Equine Prohibited Substances List (EPSL)
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

formaldehyde/ benzenamine, hydrogenated is found on the following regulatory lists

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

4,4'-methylenebis(cyclohexylamine) is found on the following regulatory lists

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

1,3-cyclohexanebis(methylamine) is found on the following regulatory lists

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

2,6-di-tert-butyl-4-methylphenol is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)
US - Alaska Air Quality Control - Concentrations Triggering an Air Quality Episode for Air Pollutants Other Than PM-2.5
US - Massachusetts - Right To Know Listed Chemicals
US NIOSH Recommended Exposure Limits (RELs)
US OSHA Permissible Exposure Limits (PELs) Table Z-1
US OSHA Permissible Exposure Limits (PELs) Table Z-3
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

Continued...

m-xylenediamine is found on the following regulatory lists

US - Massachusetts - Right To Know Listed Chemicals
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory
US NIOSH Recommended Exposure Limits (RELs)

isophorone diamine is found on the following regulatory lists

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

p-tert-butylphenol is found on the following regulatory lists

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)
US OSHA Permissible Exposure Limits (PELs) Table Z-1
US OSHA Permissible Exposure Limits (PELs) Table Z-3
US - Alaska Air Quality Control - Concentrations Triggering an Air Quality Episode for Air Pollutants Other Than PM-2.5
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory
US DOE Temporary Emergency Exposure Limits (TEELs)
US NIOSH Recommended Exposure Limits (RELs)

Federal Regulations

Superfund Amendments and Reauthorization Act of 1986 (SARA)

Section 311/312 hazard categories

Flammable (Gases, Aerosols, Liquids, or Solids)	No
Gas under pressure	No
Explosive	No
Self-heating	No
Pyrophoric (Liquid or Solid)	No
Pyrophoric Gas	No
Corrosive to metal	Yes
Oxidizer (Liquid, Solid or Gas)	No
Organic Peroxide	No
Self-reactive	No
In contact with water emits flammable gas	No
Combustible Dust	No
Carcinogenicity	Yes
Acute toxicity (any route of exposure)	Yes
Reproductive toxicity	Yes
Skin Corrosion or Irritation	Yes
Respiratory or Skin Sensitization	Yes
Serious eye damage or eye irritation	Yes
Specific target organ toxicity (single or repeated exposure)	Yes
Aspiration Hazard	No
Germ cell mutagenicity	Yes
Simple Asphyxiant	No
Hazards Not Otherwise Classified	No

US. EPA CERCLA Hazardous Substances and Reportable Quantities (40 CFR 302.4)

None Reported

State Regulations

US. California Proposition 65

None listed

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (benzyl alcohol; salicylic acid; formaldehyde/ benzenamine, hydrogenated; 4,4'-methylenebis(cyclohexylamine); 1,3-cyclohexanebis(methylamine); m-xylenediamine; p-tert-butylphenol)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (formaldehyde/ benzenamine, hydrogenated)
Japan - ENCS	No (formaldehyde/ benzenamine, hydrogenated)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (formaldehyde/ benzenamine, hydrogenated; 4,4'-methylenebis(cyclohexylamine); 1,3-cyclohexanebis(methylamine))

Continued...

National Inventory	Status
Vietnam - NCI	Yes
Russia - FBEPH	No (formaldehyde/ benzenamine, hydrogenated)
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.*

SECTION 16 Other information

Revision Date	04/13/2023
Initial Date	06/24/2020

CONTACT POINT

PLEASE NOTE THAT TITANIUM DIOXIDE IS NOT PRESENT IN CLEAR OR NEUTRAL BASES

SDS Version Summary

Version	Date of Update	Sections Updated
8.9	04/13/2023	Composition / information on ingredients - Ingredients

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.
The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios.

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end of SDS