

Soprema Alsan Trafik HP 520

Soprema Australia Pty Ltd

Chemwatch: 4778-91
Version No: 4.1.1.1
Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 03/09/2020
Print Date: 30/10/2020
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SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Soprema Alsan Trafik HP 520
Synonyms	Not Available
Proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
Other means of identification	Not Available

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

Relevant identified uses	Single-component waterproofing polyurethane resin.
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Details of the supplier of the safety data sheet

Registered company name	Soprema Australia Pty Ltd
Address	Level 2, 326 Keilor Road Niddrie VIC 3042 Australia
Telephone	+61 3 9938 3887
Fax	Not Available
Website	Not Available
Email	Not Available

Emergency telephone number

Association / Organisation	Soprema Australia Pty Ltd
Emergency telephone numbers	1800 567 1492 (8am - 5pm)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Flammable Liquid Category 2, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Skin Sensitizer Category 1, Respiratory Sensitizer Category 1, Germ cell mutagenicity Category 1B, Carcinogenicity Category 1B, Reproductive Toxicity Category 1A, Specific target organ toxicity - repeated exposure Category 2, Acute Aquatic Hazard Category 2, Chronic Aquatic Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

H225	Highly flammable liquid and vapour.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H317	May cause an allergic skin reaction.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H340	May cause genetic defects.
H350	May cause cancer.
H360Fd	May damage fertility. May damage the unborn child.
H373	May cause damage to organs through prolonged or repeated exposure.
H411	Toxic to aquatic life with long lasting effects.

Soprema Alsan Trafik HP 520

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P233	Keep container tightly closed.
P260	Do not breathe mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.
P285	In case of inadequate ventilation wear respiratory protection.
P240	Ground/bond container and receiving equipment.
P241	Use explosion-proof electrical/ventilating/lighting/intrinsically safe equipment.
P242	Use only non-sparking tools.
P243	Take precautionary measures against static discharge.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P321	Specific treatment (see advice on this label).
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before reuse.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P314	Get medical advice/attention if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P391	Collect spillage.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.

Precautionary statement(s) Disposal

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

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
64742-95-6	10-30	<u>naphtha petroleum, light aromatic solvent</u>
108-88-3	7-13	<u>toluene</u>
59719-67-4	1-5	<u>urethane bisoxazolidine</u>
26523-78-4	0.5-1.5	<u>tris(monononylphenyl)phosphite</u>
26471-62-5	0.1-1	<u>toluene diisocyanate</u>
4083-64-1	0.1-1	<u>p-toluenesulfonyl isocyanate</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.

Soprema Alsan Trafik HP 520

Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor. <p>Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.</p>
Ingestion	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice. ▶ Avoid giving milk or oils. ▶ Avoid giving alcohol. ▶ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

Indication of any immediate medical attention and special treatment needed

For acute or short term repeated exposures to petroleum distillates or related hydrocarbons:

- ▶ Primary threat to life, from pure petroleum distillate ingestion and/or inhalation, is respiratory failure.
 - ▶ Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO₂ 50 mm Hg) should be intubated.
 - ▶ Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
 - ▶ A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
 - ▶ Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.
 - ▶ Lavage is indicated in patients who require decontamination; ensure use of cuffed endotracheal tube in adult patients. [Ellenhorn and Barceloux: Medical Toxicology]
- Toluene diisocyanate is a known pulmonary sensitizer. Annual medical surveillance should be conducted including pulmonary history, examination of the heart and lungs, 14 x 17 inch (35 x 47 cm) x-ray and pulmonary function testing (FCV, FEV1).

In normal commercial preparations of toluene diisocyanate, the 2,4-isomer dominates in the ratio 4:1. However it is also hydrolysed, in air, more rapidly than the 2,6-isomer. Airway sensitivities may result from the appearance of immunoglobulins in the blood. Frequent inability to detect antibodies to TDI in clinical cases may result from the routine use of diagnostic antigens containing predominantly 2,4-TDI, whereas individuals may have been exposed to atmospheres in which 2,6-TDI was the predominant isomer. [Karol & Jin, Frontiers of Molecular Toxicology, pp 55-61, 1992]

For sub-chronic and chronic exposures to isocyanates:

- ▶ This material may be a potent pulmonary sensitizer which causes bronchospasm even in patients without prior airway hyperreactivity.
- ▶ Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
- ▶ Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
- ▶ Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.
- ▶ Some cross-sensitivity occurs between different isocyanates.
- ▶ Noncardiogenic pulmonary oedema and bronchospasm are the most serious consequences of exposure. Markedly symptomatic patients should receive oxygen, ventilatory support and an intravenous line.
- ▶ Treatment for asthma includes inhaled sympathomimetics (epinephrine [adrenalin], terbutaline) and steroids.
- ▶ Activated charcoal (1 g/kg) and a cathartic (sorbitol, magnesium citrate) may be useful for ingestion.
- ▶ Mydriatics, systemic analgesics and topical antibiotics (Sulamyd) may be used for corneal abrasions.
- ▶ There is no effective therapy for sensitised workers.

[Ellenhorn and Barceloux; Medical Toxicology]

NOTE: Isocyanates cause airway restriction in naive individuals with the degree of response dependant on the concentration and duration of exposure. They induce smooth muscle contraction which leads to bronchoconstrictive episodes. Acute changes in lung function, such as decreased FEV1, may not represent sensitivity.

[Karol & Jin, Frontiers in Molecular Toxicology, pp 56-61, 1992]

Personnel who work with isocyanates, isocyanate prepolymers or polyisocyanates should have a pre-placement medical examination and periodic examinations thereafter, including a pulmonary function test. Anyone with a medical history of chronic respiratory disease, asthmatic or bronchial attacks, indications of allergic responses, recurrent eczema or sensitisation conditions of the skin should not handle or work with isocyanates. Anyone who develops chronic respiratory distress when working with isocyanates should be removed from exposure and examined by a physician. Further exposure must be avoided if a sensitivity to isocyanates or polyisocyanates has developed.

SECTION 5 Firefighting measures**Extinguishing media**

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

Special hazards arising from the substrate or mixture

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. ▶ May be violently or explosively reactive. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Consider evacuation (or protect in place). ▶ Fight fire from a safe distance, with adequate cover. ▶ If safe, switch off electrical equipment until vapour fire hazard removed. ▶ Use water delivered as a fine spray to control the fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ Do not approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
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Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Liquid and vapour are highly flammable. ▶ Severe fire hazard when exposed to heat, flame and/or oxidisers. ▶ Vapour may travel a considerable distance to source of ignition. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). <p>Combustion products include: carbon dioxide (CO₂) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NO_x) phosphorus oxides (PO_x) other pyrolysis products typical of burning organic material.</p> <p>When heated at high temperatures many isocyanates decompose rapidly generating a vapour which pressurises containers, possibly to the point of rupture. Release of toxic and/or flammable isocyanate vapours may then occur</p> <ul style="list-style-type: none"> ▶ Burns with acrid black smoke.
HAZCHEM	*3YE

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	<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 small quantities with vermiculite or other absorbent material. ▶ Wipe up. ▶ Collect residues in a flammable waste container. 																		
Major Spills	<ul style="list-style-type: none"> ▶ Liquid Isocyanates and high isocyanate vapour concentrations will penetrate seals on self contained breathing apparatus - SCBA should be used inside encapsulating suit where this exposure may occur. <p>For isocyanate spills of less than 40 litres (2 m²):</p> <ul style="list-style-type: none"> ▶ Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible. ▶ Notify supervision and others as necessary. ▶ Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots). ▶ Control source of leakage (where applicable). ▶ Dike the spill to prevent spreading and to contain additions of decontaminating solution. ▶ Prevent the material from entering drains. ▶ Estimate spill pool volume or area. ▶ Absorb and decontaminate. - Completely cover the spill with wet sand, wet earth, vermiculite or other similar absorbent. - Add neutraliser (for suitable formulations: see below) to the adsorbent materials (equal to that of estimated spill pool volume). Intensify contact between spill, absorbent and neutraliser by carefully mixing with a rake and allow to react for 15 minutes ▶ Shovel absorbent/decontaminant solution mixture into a steel drum. ▶ Decontaminate surface. - Pour an equal amount of neutraliser solution over contaminated surface. - Scrub area with a stiff bristle brush, using moderate pressure. - Completely cover decontaminant with vermiculite or other similar absorbent. - After 5 minutes, shovel absorbent/decontamination solution mixture into the same steel drum used above. ▶ Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat decontaminate procedure immediately above ▶ Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for incineration. ▶ Decontaminate and remove personal protective equipment. ▶ Return to normal operation. ▶ Conduct accident investigation and consider measures to prevent reoccurrence. <p>Decontamination: Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation ("neutralising fluid"). Isocyanates and polyisocyanates are generally not miscible with water. Liquid surfactants are necessary to allow better dispersion of isocyanate and neutralising fluids/preparations. Alkaline neutralisers react faster than water/surfactant mixtures alone. Typically, such a preparation may consist of: Sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of {ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v}.</p> <p>Let stand for 24 hours Three commonly used neutralising fluids each exhibit advantages in different situations.</p> <p>Formulation A :</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>liquid surfactant</td> <td style="text-align: right;">0.2-2%</td> </tr> <tr> <td>sodium carbonate</td> <td style="text-align: right;">5-10%</td> </tr> <tr> <td>water to</td> <td style="text-align: right;">100%</td> </tr> </table> <p>Formulation B</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>liquid surfactant</td> <td style="text-align: right;">0.2-2%</td> </tr> <tr> <td>concentrated ammonia</td> <td style="text-align: right;">3-8%</td> </tr> <tr> <td>water to</td> <td style="text-align: right;">100%</td> </tr> </table> <p>Formulation C</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>ethanol, isopropanol or butanol</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>concentrated ammonia</td> <td style="text-align: right;">5%</td> </tr> <tr> <td>water to</td> <td style="text-align: right;">100%</td> </tr> </table> <p>After application of any of these formulae, let stand for 24 hours.</p>	liquid surfactant	0.2-2%	sodium carbonate	5-10%	water to	100%	liquid surfactant	0.2-2%	concentrated ammonia	3-8%	water to	100%	ethanol, isopropanol or butanol	50%	concentrated ammonia	5%	water to	100%
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Formulation B reacts faster than Formulation A. However, ammonia-based neutralisers should be used only under well-ventilated conditions to avoid overexposure to ammonia or if members of the emergency team wear suitable respiratory protection. Formulation C is especially suitable for cleaning of equipment from unreacted isocyanate and neutralizing under freezing conditions. Regard has to be taken to the flammability of the alcoholic solution.

- ▶ Avoid contamination with water, alkalis and detergent solutions.
- ▶ Material reacts with water and generates gas, pressurises containers with even drum rupture resulting.
- ▶ **DO NOT reseal container if contamination is suspected.**
- ▶ Open all containers with care.
- ▶ Clear area of personnel and move upwind.
- ▶ Alert Fire Brigade and tell them location and nature of hazard.
- ▶ May be violently or explosively reactive.
- ▶ Wear breathing apparatus plus protective gloves.
- ▶ Prevent, by any means available, spillage from entering drains or water course.
- ▶ Consider evacuation (or protect in place).
- ▶ No smoking, naked lights or ignition sources.
- ▶ Increase ventilation.
- ▶ Stop leak if safe to do so.
- ▶ Water spray or fog may be used to disperse /absorb vapour.
- ▶ Contain spill with sand, earth or vermiculite.
- ▶ Use only spark-free shovels and explosion proof equipment.
- ▶ 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

- ▶ Containers, even those that have been emptied, may contain explosive vapours.
- ▶ Do NOT cut, drill, grind, weld or perform similar operations on or near containers.
- ▶ **DO NOT allow clothing wet with material to stay in contact with skin**
- ▶ Electrostatic discharge may be generated during pumping - this may result in fire.
- ▶ Ensure electrical continuity by bonding and grounding (earthing) all equipment.
- ▶ Restrict line velocity during pumping in order to avoid generation of electrostatic discharge (≤ 1 m/sec until fill pipe submerged to twice its diameter, then ≤ 7 m/sec).
- ▶ Avoid splash filling.
- ▶ Do NOT use compressed air for filling discharging or handling operations.
- ▶ Avoid all personal contact, including inhalation.
- ▶ Wear protective clothing when risk of exposure occurs.
- ▶ Use in a well-ventilated area.
- ▶ Prevent concentration in hollows and sumps.
- ▶ **DO NOT enter confined spaces until atmosphere has been checked.**
- ▶ Avoid smoking, naked lights, heat or ignition sources.
- ▶ When handling, **DO NOT eat, drink or smoke.**
- ▶ Vapour may ignite on pumping or pouring due to static electricity.
- ▶ **DO NOT use plastic buckets.**
- ▶ Earth and secure metal containers when dispensing or pouring product.
- ▶ Use spark-free tools when handling.
- ▶ Avoid contact with incompatible materials.
- ▶ Keep containers securely sealed.
- ▶ 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.
- ▶ Avoid cross contamination between the two liquid parts of product (kit).
- ▶ If two part products are mixed or allowed to mix in proportions other than manufacturer's recommendation, polymerisation with gelation and evolution of heat (exotherm) may occur.
- ▶ This excess heat may generate toxic vapour

Other information

for commercial quantities of isocyanates:

- Isocyanates should be stored in adequately banded areas. Nothing else should be kept within the same banding. Pre-polymers need not be segregated. Drums of isocyanates should be stored under cover, out of direct sunlight, protected from rain, protected from physical damage and well away from moisture, acids and alkalis.
- Where isocyanates are stored at elevated temperatures to prevent solidifying, adequate controls should be installed to prevent the high temperatures and precautions against fire should be taken.
- Where stored in tanks, the more reactive isocyanates should be blanketed with a non-reactive gas such as nitrogen and equipped with absorptive type breather valve (to prevent vapour emissions)..
- Transfer systems for isocyanates in bulk storage should be fully enclosed and use pump or vacuum systems. Warning signs, in appropriate languages, should be posted where necessary.
- Areas in which polyurethane foam products are stored should be supplied with good general ventilation. Residual amounts of unreacted isocyanate may be present in the finished foam, resulting in hazardous atmospheric concentrations.
- Ideal storage temperature range is dependent on the specific polymer due to viscosity and melting point differences between the polymers. Use 25 deg C (77 deg F) to 30 deg C (86 deg F) as a guideline to most liquid isocyanates for optimum storage temperature. If some isocyanates are stored at or below a temperature of 25 deg C (77 deg F), crystallization and settling of the isocyanate may occur. Storage in a cold warehouse can cause crystals to form. These crystals can settle to the bottom of the container. If crystals do form, they can be melted easily with moderate heat. It is suggested that a container the size of a drum be warmed for 16-24 hours at sufficient temperature to melt the crystals. When the crystals are melted, the container should be agitated by rolling or stirring, until the contents are homogenous. Since heated isocyanate will generate vapors more rapidly than product stored at 25 deg C (77 deg F), be sure to follow the precautions under the Personal Protection.
- ▶ Store in original containers in approved flame-proof area.
- ▶ No smoking, naked lights, heat or ignition sources.

Soprema Alsan Trafik HP 520

- ▶ **DO NOT** store in pits, depressions, basements or areas where vapours may be trapped.
- ▶ Keep containers securely sealed.
- ▶ Store away from incompatible materials in a cool, dry well ventilated area.
- ▶ 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"> ▶ Packing as supplied by manufacturer. ▶ Plastic containers may only be used if approved for flammable liquid. ▶ Check that containers are clearly labelled and free from leaks. ▶ For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : 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. (23 deg. C) ▶ For manufactured product having a viscosity of at least 250 cSt. (23 deg. C) ▶ Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C): (i) Removable head packaging; (ii) Cans with friction closures and (iii) low pressure tubes and cartridges may be used. ▶ Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages ▶ In addition, where inner packagings are glass and contain liquids of packing group I there must be sufficient inert absorbent to absorb any spillage, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.
Storage incompatibility	<p>Toluene:</p> <ul style="list-style-type: none"> ▶ reacts violently with strong oxidisers, bromine, bromine trifluoride, chlorine, hydrochloric acid/ sulfuric acid mixture, 1,3-dichloro-5,5-dimethyl-2,4-imidazolidindione, dinitrogen tetraoxide, fluorine, concentrated nitric acid, nitrogen dioxide, silver chloride, sulfur dichloride, uranium fluoride, vinyl acetate ▶ forms explosive mixtures with strong acids, strong oxidisers, silver perchlorate, tetranitromethane ▶ is incompatible with bis-toluenediazo oxide ▶ attacks some plastics, rubber and coatings ▶ may generate electrostatic charges, due to low conductivity, on flow or agitation. <p>- Avoid reaction with water, alcohols and detergent solutions. Isocyanates are electrophiles, and as such they are reactive toward a variety of nucleophiles including alcohols, amines, and even water. Upon treatment with an alcohol, an isocyanate forms a urethane linkage. If a di-isocyanate is treated with a compound containing two or more hydroxyl groups, such as a diol or a polyol, polymer chains are formed, which are known as polyurethanes. Reaction between a di-isocyanate and a compound containing two or more amine groups, produces long polymer chains known as polyureas.</p> <p>- Isocyanates and thioisocyanates are incompatible with many classes of compounds, reacting exothermically to release toxic gases. Reactions with amines, strong bases, aldehydes, alcohols, alkali metals, ketones, mercaptans, strong oxidisers, hydrides, phenols, and peroxides can cause vigorous releases of heat. Acids and bases initiate polymerisation reactions in these materials.</p> <p>- Isocyanates also can react with themselves. Aliphatic di-isocyanates can form trimers, which are structurally related to cyanuric acid. Isocyanates participate in Diels-Alder reactions, functioning as dienophiles</p> <ul style="list-style-type: none"> - Isocyanates easily form adducts with carbodiimides, isothiocyanates, ketenes, or with substrates containing activated CC or CN bonds. - Some isocyanates react with water to form amines and liberate carbon dioxide. This reaction may also generate large volumes of foam and heat. Foaming spaces may produce pressure in confined spaces or containers. Gas generation may pressurise drums to the point of rupture. - Do NOT reseal container if contamination is expected - Open all containers with care - Base-catalysed reactions of isocyanates with alcohols should be carried out in inert solvents. Such reactions in the absence of solvents often occur with explosive violence, - Isocyanates will attack and embrittle some plastics and rubbers. - The isocyanate anion is a pseudohalide (syn pseudohalogen) whose chemistry, resembling that of the true halogens, allows it to substitute for halogens in several classes of chemical compounds.. The behavior and chemical properties of the several pseudohalides are identical to that of the true halide ions. <ul style="list-style-type: none"> ▶ A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol. ▶ The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment. ▶ For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g. <p>BRETHERICK: Handbook of Reactive Chemical Hazards, 4th Edition</p>

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	toluene	Toluene	50 ppm / 191 mg/m3	574 mg/m3 / 150 ppm	Not Available	Not Available
Australia Exposure Standards	toluene diisocyanate	Toluene-2,4-diisocyanate (TDI)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
Australia Exposure Standards	p-toluenesulfonyl isocyanate	Isocyanates, all (as-NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
naphtha petroleum, light aromatic solvent	Naphtha (coal tar); includes solvent naphtha, petroleum (64742-88-7), naphtha (petroleum) light aliphatic, rubber solvent (64742-89-8), heave catalytic cracked (64741-54-4), light straight run (64741-46-4), heavy aliphatic solvent (64742-96-7), high flash aromatic and aromatic solvent naphtha (64742-95-6)	1,200 mg/m3	6,700 mg/m3	40,000 mg/m3
toluene	Toluene	Not Available	Not Available	Not Available

Soprema Alsan Trafik HP 520

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
toluene diisocyanate	Toluene diisocyanate (mixed isomers)	0.02 ppm	0.083 ppm	0.51 ppm
toluene diisocyanate	Toluene-2,4-diisocyanate; (TDI)	Not Available	Not Available	Not Available
toluene diisocyanate	Toluene-2,6-diisocyanate	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
naphtha petroleum, light aromatic solvent	Not Available	Not Available
toluene	500 ppm	Not Available
urethane bisoxazolidine	Not Available	Not Available
tris(monononylphenyl)phosphite	Not Available	Not Available
toluene diisocyanate	2.5 ppm	Not Available
p-toluenesulfonyl isocyanate	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
naphtha petroleum, light aromatic solvent	E	≤ 0.1 ppm
urethane bisoxazolidine	E	≤ 0.1 ppm
tris(monononylphenyl)phosphite	E	≤ 0.1 ppm

Notes:

Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

MATERIAL DATA

for toluene diisocyanate:

NOTE: Detector tubes for toluene diisocyanate, measuring in excess of 0.02 ppm, are commercially available.

The odour recognition threshold, 0.05-0.4 ppm in air, is not reliable and being above exposure standard, gives no warning of exposure.

A substantial proportion of the working population (4.3% to 25%) can be sensitised to TDI at the ES-TWA. Such sensitisation was not limited to highly susceptible individuals and workers often developed symptoms early. Preplacement exams have been unsuccessful in identifying those who may develop sensitisation. Allergy, bronchial asthma and chronic bronchitis sufferers should be excluded from exposure to TDI. Chronic low level exposures below 0.02 ppm have been reported to cause sensitisation. Workers complained of cough, phlegm production, breathlessness and wheezing 2 to 17 years after the last exposure and it is reported that several workers developed chronic bronchitis 40 months after removal from exposure. Effects of TDI appear to be dose-related and there is a threshold (0.005 ppm) below which no respiratory effects are produced by at least the isomer 2,4-TDI. It should be noted that some polyurethane production facilities also emit amines which are the most important cause of respiratory symptoms and occupational asthma.

Odour Safety Factor(OSF)

OSF=0.029 ("2,4-TOLUENEDIISOCYANATE")

For toluene:

Odour Threshold Value: 0.16-6.7 (detection), 1.9-69 (recognition)

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

High concentrations of toluene in the air produce depression of the central nervous system (CNS) in humans. Intentional toluene exposure (glue-sniffing) at maternally-intoxicating concentration has also produced birth defects. Foetotoxicity appears at levels associated with CNS narcosis and probably occurs only in those with chronic toluene-induced kidney failure. Exposure at or below the recommended TLV-TWA is thought to prevent transient headache and irritation, to provide a measure of safety for possible disturbances to human reproduction, the prevention of reductions in cognitive responses reported amongst humans inhaling greater than 40 ppm, and the significant risks of hepatotoxic, behavioural and nervous system effects (including impaired reaction time and incoordination). Although toluene/ethanol interactions are well recognised, the degree of protection afforded by the TLV-TWA among drinkers is not known.

Odour Safety Factor(OSF)

OSF=17 (TOLUENE)

NOTE H: Special requirements exist in relation to classification and labelling of this substance. This note applies to certain coal- and oil -derived substances and to certain entries for groups of substances in Annex VI. European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP


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

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

Exposure controls

Appropriate engineering controls	<p>Use in a well-ventilated area</p> <p>Local exhaust ventilation may be required for safe working, i.e. to keep exposures below required standards, otherwise PPE is required.</p> <p>In confined spaces where there is inadequate ventilation, wear full-face air supplied breathing apparatus</p> <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> <ul style="list-style-type: none"> ▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area. ▶ Work should be undertaken in an isolated system such as a "glove-box" . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system. ▶ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within. ▶ Open-vessel systems are prohibited. ▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation.
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Soprema Alsan Trafik HP 520

	<ul style="list-style-type: none"> ▶ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system. ▶ For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. ▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas). ▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air. ▶ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed. <p>Refer also to protective measures for the other component used with the product. Read both SDS before using; store and attach SDS together.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	<p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> - frequency and duration of contact, - chemical resistance of glove material, - glove thickness and - dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> - When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. - Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> - Excellent when breakthrough time > 480 min - Good when breakthrough time > 20 min - Fair when breakthrough time < 20 min - Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> - Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. - Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <ul style="list-style-type: none"> ▶ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves. ▶ Protective gloves and overalls should be worn as specified in the appropriate national standard. ▶ Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated. ▶ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent] ▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent] ▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely. ▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable

Soprema Alsan Trafik HP 520

labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.

- ▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.
- ▶ Overalls.
- ▶ PVC Apron.
- ▶ PVC protective suit may be required if exposure severe.
- ▶ Eyewash unit.
- ▶ Ensure there is ready access to a safety shower.
- ▶ Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity.
- ▶ For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets).
- ▶ Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds. Electrical resistance must range between 0 to 500,000 ohms. Conductive shoes should be stored in lockers close to the room in which they are worn. Personnel who have been issued conductive footwear should not wear them from their place of work to their homes and return.

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:

Soprema Alsan Trafik HP 520

Material	CPI
PE/EVAL/PE	A
PVA	A
VITON	A
TEFLON	B
BUTYL	C
CPE	C
NATURAL RUBBER	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PVC	C
SARANEX-23	C
SARANEX-23 2-PLY	C
VITON/CHLOROBUTYL	C
VITON/NEOPRENE	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.

Respiratory protection

Type A-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	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-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
- ▶ In certain circumstances, personal protection of the individual employee is necessary. Personal protective devices should be regarded as being supplementary to substitution and engineering control and should not be used in preference to them as they do nothing to eliminate the hazard.
- ▶ However, in some situations, minimising exposure to isocyanates by enclosure and ventilation is not possible, and occupational exposure standards may be exceeded, particularly during on-site mixing of paints, spray-painting, foaming and maintenance of machine and ventilation systems. In these situations, air-line respirators or self-contained breathing apparatus complying with the appropriate national standard must be used.
- ▶ **Organic vapour respirators with particulate pre- filters and powered, air-purifying respirators are NOT suitable.**
- ▶ Personal protective equipment must be appropriately selected, individually fitted and workers trained in their correct use and maintenance. Personal protective equipment must be regularly checked and maintained to ensure that the worker is being protected.
- ▶ Air- line respirators or self-contained breathing apparatus complying with the appropriate national standard should be used during the clean-up of spills and the repair or clean-up of contaminated equipment and similar situations which cause emergency exposures to hazardous atmospheric concentrations of isocyanate.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Grey highly flammable viscous liquid with a solvent odour; does not mix with water		
Physical state	Liquid	Relative density (Water = 1)	1.14
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available

Continued...

pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	21	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	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)	>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>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>High inhaled concentrations of mixed hydrocarbons may produce narcosis characterised by nausea, vomiting and lightheadedness. Inhalation of aerosols may produce severe pulmonary oedema, pneumonitis and pulmonary haemorrhage. Inhalation of petroleum hydrocarbons consisting substantially of low molecular weight species (typically C2-C12) may produce irritation of mucous membranes, incoordination, giddiness, nausea, vertigo, confusion, headache, appetite loss, drowsiness, tremors and anaesthetic stupor. Massive exposures may produce central nervous system depression with sudden collapse and deep coma; fatalities have been recorded. Irritation of the brain and/or apnoeic anoxia may produce convulsions. Although recovery following overexposure is generally complete, cerebral micro-haemorrhage of focal post-inflammatory scarring may produce epileptiform seizures some months after the exposure. Pulmonary episodes may include chemical pneumonitis with oedema and haemorrhage. The lighter hydrocarbons may produce kidney and neurotoxic effects. Pulmonary irritancy increases with carbon chain length for paraffins and olefins. Alkenes produce pulmonary oedema at high concentrations. Liquid paraffins may produce anaesthesia and depressant actions leading to weakness, dizziness, slow and shallow respiration, unconsciousness, convulsions and death. C5-7 paraffins may also produce polyneuropathy. Aromatic hydrocarbons accumulate in lipid rich tissues (typically the brain, spinal cord and peripheral nerves) and may produce functional impairment manifested by nonspecific symptoms such as nausea, weakness, fatigue and vertigo; severe exposures may produce inebriation or unconsciousness. Many of the petroleum hydrocarbons are cardiac sensitisers and may cause ventricular fibrillations. Central nervous system (CNS) depression may include nonspecific 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.</p> <p>In addition to producing pulmonary sensitisation, toluene diisocyanate (TDI) is active in contracting smooth muscle such as that found in the airway. So-called bronchoconstriction is often mistaken for sensitisation and lung function tests, including measurement of forced expiratory volume (FEV1) and forced vital capacity (FCV) may distinguish acute reaction. Severe irritation is produced by inhalation of low vapour concentrations. At 0.02 ppm, TDI does not produce immediate irritation but this may become apparent after an extended period of exposure. Symptoms may include a burning sensation, coughing, wheezing, laryngitis, shortness of breath, headache, nausea and vomiting. Overexposure or repeated exposure may produce bronchial spasm and asthma which may not appear for several hours. Symptoms may persist for several weeks. Most individuals recover completely. Both allergy-prone and non allergy-prone individuals may become sensitised. Cross-sensitisation to other isocyanates may occur.</p> <p>Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination</p>
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Ingestion of petroleum hydrocarbons may produce irritation of the pharynx, oesophagus, stomach and small intestine with oedema and mucosal ulceration resulting; symptoms include a burning sensation in the mouth and throat. Large amounts may produce narcosis with nausea and vomiting, weakness or dizziness, slow and shallow respiration, swelling of the abdomen, unconsciousness and convulsions. Myocardial injury may produce arrhythmias, ventricular fibrillation and electrocardiographic changes. Central nervous system depression may also occur. Light aromatic hydrocarbons produce a warm, sharp, tingling sensation on contact with taste buds and may anaesthetise the tongue. Aspiration into the lungs may produce coughing, gagging and a chemical pneumonitis with pulmonary oedema and haemorrhage.</p> <p>Considered an unlikely route of entry in commercial/industrial environments. The liquid may produce gastrointestinal discomfort and may be harmful if swallowed. Ingestion may result in nausea, pain and vomiting. Vomit entering the lungs by aspiration may cause potentially lethal chemical pneumonitis</p>
Skin Contact	<p>Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.</p> <p>Limited 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</p>

Soprema Alsan Trafik HP 520

	<p>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. Toxic effects may result from skin absorption</p> <p>Aromatic hydrocarbons may produce skin irritation, vasodilation with erythema and changes in endothelial cell permeability. Systemic intoxication, resulting from contact with the light aromatics, is unlikely due to the slow rate of permeation. Branching of the side chain appears to increase percutaneous absorption.</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
<p style="text-align: center;">Eye</p>	<p>Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. 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>Petroleum hydrocarbons may produce pain after direct contact with the eyes. Slight, but transient disturbances of the corneal epithelium may also result. The aromatic fraction may produce irritation and lachrymation.</p>
<p style="text-align: center;">Chronic</p>	<p>Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.</p> <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>On the basis, primarily, of animal experiments, the material may be regarded as carcinogenic to humans. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in cancer on the basis of:</p> <ul style="list-style-type: none"> - appropriate long-term animal studies - other relevant information <p>There is sufficient evidence to provide a strong presumption that human exposure to the material may result in the development of heritable genetic damage, generally on the basis of</p> <ul style="list-style-type: none"> - appropriate animal studies, - other relevant information <p>Harmful: danger of serious damage to health by prolonged exposure through inhalation.</p> <p>Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.</p> <p>Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or 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>Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Chronic toluene habituation occurs following intentional abuse (glue sniffing) or from occupational exposure. Ataxia, incoordination and tremors of the hands and feet (as a consequence of diffuse cerebral atrophy), headache, abnormal speech, transient memory loss, convulsions, coma, drowsiness, reduced colour perception, frank blindness, nystagmus (rapid, involuntary eye-movements), hearing loss leading to deafness and mild dementia have all been associated with chronic abuse. Peripheral nerve damage, encephalopathy, giant axonopathy electrolyte disturbances in the cerebrospinal fluid and abnormal computer tomographic (CT scans) are common amongst toluene addicts. Although toluene abuse has been linked with kidney disease, this does not commonly appear in cases of occupational toluene exposures. Cardiac and haematological toxicity are however associated with chronic toluene exposures. Cardiac arrhythmia, multifocal and premature ventricular contractions and supraventricular tachycardia are present in 20% of patients who abused toluene-containing paints. Previous suggestions that chronic toluene inhalation produced human peripheral neuropathy have been discounted. However central nervous system (CNS) depression is well documented where blood toluene exceeds 2.2 mg%. Toluene abusers can achieve transient circulating concentrations of 6.5 %. Amongst workers exposed for a median time of 29 years, to toluene, no subacute effects on neurasthenic complaints and psychometric test results could be established.</p> <p>The prenatal toxicity of very high toluene concentrations has been documented for several animal species and man. Malformations indicative of specific teratogenicity have not generally been found. Neonatal toxicity, described in the literature, takes the form of embryo death or delayed foetal growth and delayed skeletal system development. Permanent damage of children has been seen only when mothers have suffered from chronic intoxication as a result of "sniffing".</p> <p>Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates.</p> <p>The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components.</p> <p>This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces. The faecal excretion in these animals was considered entirely due to ingestion of radioactivity from grooming and ingestion of deposited material from the nasopharyngeal region via the mucociliary escalator, i.e. not following systemic absorption. The faecal radioactivity was tentatively identified as mixed molecular weight polyureas derived from MDI. Diamine was not present. Thus, for MDI and diisocyanates in general the oral gavage dosing route is inappropriate for toxicological studies and risk assessment.</p> <p>It is expected that oral gavage dosing will result in a similar outcome to that produced by TDI or MDI, that is (1) reaction with stomach contents and (2) polymerization to solid polyureas.</p> <ul style="list-style-type: none"> ▶ Reaction with stomach contents is very plausibly described in case reports of accidental ingestion of polymeric MDI based glue in domestic animals. Extensive polymerization and CO₂ liberation resulting in an expansion of the gastric content is described in the stomach, without apparent acute chemical toxicity ▶ Polyurea formation in organic and aqueous phases has been described. In this generally accepted chemistry of hydrolysis of an isocyanate the initially produced carbamate decarboxylates to an amine which. The amine, as a reactive intermediate, then reacts very readily with the present isocyanate to produce a solid and inert polyurea. This urea formation acts as a pH buffer in the stomach, thus promoting transformation of the diisocyanate into polyurea, even under the acidic conditions. <p>At the absorptive tissues in the small intestine, these high molecular reaction products are likely to be of very low bioavailability, which is substantiated by the absence of systemic toxicity in acute oral bioassays with rats at the OECD limit dose (LC₅₀>2 g/kg bw).</p> <p>The respiratory tract may be regarded as the main entry for systemically available isocyanates as evidenced following MDI exposures. A detailed summary on urinary, plasma and in vitro metabolite studies is provided below. Taken together, all available studies provide convincing evidence that MDI-protein adduct and MDI-metabolite formation proceeds:</p> <ul style="list-style-type: none"> ▶ via formation of a labile isocyanate glutathione (GSH)-adduct, ▶ then transfer to a more stable adduct with larger proteins, and ▶ without formation of free MDA. MDA reported as a metabolite is actually formed by analytical workup procedures (strong acid or base

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hydrolysis) and is not an identified metabolite in urine or blood

Repeated or prolonged exposure to mixed hydrocarbons may produce narcosis with dizziness, weakness, irritability, concentration and/or memory loss, tremor in the fingers and tongue, vertigo, olfactory disorders, constriction of visual field, paraesthesias of the extremities, weight loss and anaemia and degenerative changes in the liver and kidney. Chronic exposure by petroleum workers, to the lighter hydrocarbons, has been associated with visual disturbances, damage to the central nervous system, peripheral neuropathies (including numbness and paraesthesias), psychological and neurophysiological deficits, bone marrow toxicities (including hypoplasia possibly due to benzene) and hepatic and renal involvement. Chronic dermal exposure to petroleum hydrocarbons may result in defatting which produces localised dermatoses. Surface cracking and erosion may also increase susceptibility to infection by microorganisms. One epidemiological study of petroleum refinery workers has reported elevations in standard mortality ratios for skin cancer along with a dose-response relationship indicating an association between routine workplace exposure to petroleum or one of its constituents and skin cancer, particularly melanoma. Other studies have been unable to confirm this finding.

Hydrocarbon solvents are liquid hydrocarbon fractions derived from petroleum processing streams, containing only carbon and hydrogen atoms, with carbon numbers ranging from approximately C5-C20 and boiling between approximately 35-370 deg C. Many of the hydrocarbon solvents have complex and variable compositions with constituents of 4 types, alkanes (normal paraffins, isoparaffins, and cycloparaffins) and aromatics (primarily alkylated one- and two-ring species). Despite the compositional complexity, most hydrocarbon solvent constituents have similar toxicological properties, and the overall toxicological hazards can be characterized in generic terms. Hydrocarbon solvents can cause chemical pneumonitis if aspirated into the lung, and those that are volatile can cause acute CNS effects and/or ocular and respiratory irritation at exposure levels exceeding occupational recommendations. Otherwise, there are few toxicologically important effects. The exceptions, n-hexane and naphthalene, have unique toxicological properties

Animal studies:

No deaths or treatment related signs of toxicity were observed in rats exposed to light alkylate naphtha (paraffinic hydrocarbons) at concentrations of 668, 2220 and 6646 ppm for 6 hrs/day, 5 days/wk for 13 weeks. Increased liver weights and kidney toxicity (male rats) was observed in high dose animals. Exposure to pregnant rats at concentrations of 137, 3425 and 6850 ppm did not adversely affect reproduction or cause maternal or foetal toxicity. Lifetime skin painting studies in mice with similar naphthas have shown weak or no carcinogenic activity following prolonged and repeated exposure. Similar

naphthas/distillates, when tested at nonirritating dose levels, did not show any significant carcinogenic activity indicating that this tumorigenic response is likely related to chronic irritation and not to dose. The mutagenic potential of naphthas has been reported to be largely negative in a variety of mutagenicity tests. The exact relationship between these results and human health is not known. Some components of this product have been shown to produce a species specific, sex hormonal dependent kidney lesion in male rats from repeated oral or inhalation exposure. Subsequent research has shown that the kidney damage develops via the formation of a alpha-2u-globulin, a mechanism unique to the male rat. Humans do not form alpha-2u-globulin, therefore, the kidney effects resulting from this mechanism are not relevant in human.

With most allergens, removal of the offending agent results in the individual becoming asymptomatic. Toluene diisocyanate (TDI)-induced asthma may continue for months or even years after exposure ceases. This may be due to a non-allergenic condition known as reactive airway dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Evidence of carcinogenic potential of commercial grade TDI in female mice included induction of haemangiomas in the spleen and subcutaneous tissues, hepatocellular adenomas, and haemangiosarcomas in the liver, ovary and peritoneum. Ingestion of commercial grade TDI produced subcutaneous fibromas, pancreatic acinar cell adenomas, mammary gland fibroadenomas and subcutaneous fibromas and fibrosarcomas in female rats. No treatment related tumours were induced in male mice.

Soprema Alsan Trafik HP 520	TOXICITY	IRRITATION
	Not Available	Not Available
naphtha petroleum, light aromatic solvent	TOXICITY	IRRITATION
	Inhalation (rat) LC50: >7331.62506 mg/l/8h ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (rat) LD50: >4500 mg/kg ^[1]	Skin: adverse effect observed (irritating) ^[1]
	Oral (rat) LD50: >5000 mg/kg ^[1]	
	Oral (rat) LD50: >5570 mg/kg ^[1]	
	Oral (rat) LD50: >7000 mg/kg ^[1]	
	Oral (rat) LD50: 14063 mg/kg ^[1]	
toluene	TOXICITY	IRRITATION
	100 mg/kg ^[2]	Eye (rabbit): 2mg/24h - SEVERE
	200 mg/kg ^[2]	Eye (rabbit): 0.87 mg - mild
	50 mg/kg ^[2]	Eye (rabbit): 100 mg/30sec - mild
	Dermal (rabbit) LD50: 12124 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Inhalation (rat) LC50: >6667.383825 mg/l/1hd ^[2]	Skin (rabbit): 20 mg/24h - moderate
	Inhalation (rat) LC50: 49 mg/l/4H ^[2]	Skin (rabbit): 500 mg - moderate
Oral (rat) LD50: 636 mg/kg ^[2]	Skin: adverse effect observed (irritating) ^[1]	
	Skin: no adverse effect observed (not irritating) ^[1]	
urethane bisoxazolidine	TOXICITY	IRRITATION
	Not Available	Eye: adverse effect observed (irritating) ^[1]
		Skin: no adverse effect observed (not irritating) ^[1]
tris(monononylphenyl)phosphite	TOXICITY	IRRITATION
	Oral (rat) LD50: >5000 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
		Skin: adverse effect observed (irritating) ^[1]

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	TOXICITY	IRRITATION
toluene diisocyanate	Inhalation (mouse) LC50: 9.6889323 mg/l/4H ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Oral (rat) LD50: >2000 mg/kg ^[1]	Skin: adverse effect observed (irritating) ^[1]
p-toluenesulfonyl isocyanate	TOXICITY	IRRITATION
	Oral (rat) LD50: 2600 mg/kg ^[2]	Not Available

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

<p>NAPHTHA PETROLEUM, LIGHT AROMATIC SOLVENT</p>	<p>For trimethylbenzenes:</p> <p>Absorption of 1,2,4-trimethylbenzene occurs after oral, inhalation, or dermal exposure. Occupationally, inhalation and dermal exposures are the most important routes of absorption although systemic intoxication from dermal absorption is not likely to occur due to the dermal irritation caused by the chemical prompting quick removal. Following oral administration of the chemical to rats, 62.6% of the dose was recovered as urinary metabolites indicating substantial absorption. 1,2,4-Trimethylbenzene is lipophilic and may accumulate in fat and fatty tissues. In the blood stream, approximately 85% of the chemical is bound to red blood cells. Metabolism occurs by side-chain oxidation to form alcohols and carboxylic acids which are then conjugated with glucuronic acid, glycine, or sulfates for urinary excretion. After a single oral dose to rats of 1200 mg/kg, urinary metabolites consisted of approximately 43.2% glycine, 6.6% glucuronic, and 12.9% sulfuric acid conjugates. The two principle metabolites excreted by rabbits after oral administration of 438 mg/kg/day for 5 days were 2,4-dimethylbenzoic acid and 3,4-dimethylhippuric acid. The major routes of excretion of 1,2,4-trimethylbenzene are exhalation of parent compound and elimination of urinary metabolites. Half-times for urinary metabolites were reported as 9.5 hours for glycine, 22.9 hours for glucuronide, and 37.6 hours for sulfuric acid conjugates.</p> <p>Acute Toxicity Direct contact with liquid 1,2,4-trimethylbenzene is irritating to the skin and breathing the vapor is irritating to the respiratory tract causing pneumonitis. Breathing high concentrations of the chemical vapor causes headache, fatigue, and drowsiness. In humans liquid 1,2,4-trimethylbenzene is irritating to the skin and inhalation of vapor causes chemical pneumonitis. High concentrations of vapor (5000-9000 ppm) cause headache, fatigue, and drowsiness. The concentration of 5000 ppm is roughly equivalent to a total of 221 mg/kg assuming a 30 minute exposure period (see end note 1).</p> <p>2. Animals - Mice exposed to 8130-9140 ppm 1,2,4-trimethylbenzene (no duration given) had loss of righting response and loss of reflexes. Direct dermal contact with the chemical (no species given) causes vasodilation, erythema, and irritation (U.S. EPA). Seven of 10 rats died after an oral dose of 2.5 mL of a mixture of trimethylbenzenes in olive oil (average dose approximately 4.4 g/kg). Rats and mice were exposed by inhalation to a coal tar distillate containing about 70% 1,3,5- and 1,2,4-trimethylbenzene; no pathological changes were noted in either species after exposure to 1800-2000 ppm for up to 48 continuous hours, or in rats after 14 exposures of 8 hours each at the same exposure levels. No effects were reported for rats exposed to a mixture of trimethylbenzenes at 1700 ppm for 10 to 21 days.</p> <p>Neurotoxicity 1,2,4-Trimethylbenzene depresses the central nervous system. Exposure to solvent mixtures containing the chemical causes headache, fatigue, nervousness, and drowsiness. Occupationally, workers exposed to a solvent containing 50% 1,2,4-trimethylbenzene had nervousness, headaches, drowsiness, and vertigo (U.S. EPA). Headache, fatigue, and drowsiness were reported for workers exposed (no dose given) to paint thinner containing 80% 1,2,4- and 1,3,5-trimethylbenzenes. Results of the developmental toxicity study indicate that the C9 fraction caused adverse neurological effects at the highest dose (1500 ppm) tested.</p> <p>Subchronic/Chronic Toxicity Long-term exposure to solvents containing 1,2,4-trimethylbenzene may cause nervousness, tension, and bronchitis. Painters that worked for several years with a solvent containing 50% 1,2,4- and 30% 1,3,5-trimethylbenzene showed nervousness, tension and anxiety, asthmatic bronchitis, anemia, and alterations in blood clotting; haematological effects may have been due to trace amounts of benzene.</p> <p>Rats given 1,2,4-trimethylbenzene orally at doses of 0.5 or 2.0 g/kg/day, 5 days/week for 4 weeks. All rats exposed to the high dose died and 1 rat in the low dose died (no times given); no other effects were reported. Rats exposed by inhalation to 1700 ppm of a trimethylbenzene isomeric mixture for 4 months had decreased weight gain, lymphopenia and neutrophilia.</p> <p>Genotoxicity: Results of mutagenicity testing, indicate that the C9 fraction does not induce gene mutations in prokaryotes (Salmonella typhimurium/mammalian microsome assay); or in mammalian cells in culture (in Chinese hamster ovary cells with and without activation). The C9 fraction does not induce chromosome mutations in Chinese hamster ovary cells with and without activation; does not induce chromosome aberrations in the bone marrow of Sprague-Dawley rats exposed by inhalation (6 hours/day for 5 days); and does not induce sister chromatid exchange in Chinese hamster ovary cells with and without activation.</p> <p>Developmental/Reproductive Toxicity: A three-generation reproductive study on the C9 fraction was conducted. CD rats (30/sex/group) were exposed by inhalation to the C9 fraction at concentrations of 0, 100, 500, or 1500 ppm (0, 100, 500, or 1500 mg/kg/day) for 6 hours/day, 5 days/week. There was evidence of parental and reproductive toxicity at all dose levels. Indicators of parental toxicity included reduced body weights, increased salivation, hunched posture, aggressive behavior, and death. Indicators of adverse reproductive system effects included reduced litter size and reduced pup body weight. The LOEL was 100 ppm; a no-observed-effect level was not established. Developmental toxicity, including possible developmental neurotoxicity, was evident in rats in a 3-generation reproductive study.</p> <p>No effects on fecundity or fertility occurred in rats treated dermally with up to 0.3 mL/rat/day of a mixture of trimethylbenzenes, 4-6 hours/day, 5 days/week over one generation.</p> <p>For C9 aromatics (typically trimethylbenzenes - TMBs)</p> <p>Acute Toxicity</p> <p>Acute toxicity studies (oral, dermal and inhalation routes of exposure) have been conducted in rats using various solvent products containing predominantly mixed C9 aromatic hydrocarbons (CAS RN 64742-95-6). Inhalation LC50's range from 6,000 to 10,000 mg/m³ for C9 aromatic naphtha and 18,000 to 24,000 mg/m³ for 1,2,4 and 1,3,5-TMB, respectively. A rat oral LD50 reported for 1,2,4-TMB is 5 grams/kg bw and a rat dermal LD50 for the C9 aromatic naphtha is >4 ml/kg bw. These data indicate that C9 aromatic solvents show that LD50/LC50 values are greater than limit doses for acute toxicity studies established under OECD test guidelines.</p> <p>Irritation and Sensitization</p> <p>Several irritation studies, including skin, eye, and lung/respiratory system, have been conducted on members of the category. The results indicate that C9 aromatic hydrocarbon solvents are mildly to moderately irritating to the skin, minimally irritating to the eye, and have the potential to irritate the respiratory tract and cause depression of respiratory rates in mice. Respiratory irritation is a key endpoint in the current occupational exposure limits established for C9 aromatic hydrocarbon solvents and trimethylbenzenes. No evidence of skin sensitization was identified.</p> <p>Repeated Dose Toxicity</p> <p>Inhalation: The results from a subchronic (3 month) neurotoxicity study and a one-year chronic study (6 hr/day, 5 days/week) indicate that effects from inhalation exposure to C9 Aromatic Hydrocarbon Solvents on systemic toxicity are slight. A battery of neurotoxicity and neurobehavioral endpoints were evaluated in the 3-month inhalation study on C9 aromatic naphtha tested at concentrations of 0, 101, 452, or 1320 ppm (0, 500, 2,220, or 6,500 mg/m³). In this study, other than a transient weight reduction in the high exposure group (not statistically significant at termination of exposures), no effects were reported on neuropathology or neurobehavioral parameters. The NOAEL for systemic and/or neurotoxicity was 6,500 mg/m³, the highest concentration tested. In an inhalation study of a commercial blend, rats were exposed to C9 aromatic naphtha concentrations of 0, 96, 198, or 373 ppm (0, 470, 970, 1830 mg/m³) for 6 hr/day, 5 days/week, for 12 months. Liver and kidney weights were increased in the high exposure group but no accompanying histopathology was observed in these organs.</p> <p>The NOAEL was considered to be the high exposure level of 373 ppm, or 1830 mg/m³. In two subchronic rat inhalation studies, both</p>
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of three months duration, rats were exposed to the individual TMB isomers (1,2,4-and 1,3,5-) to nominal concentrations of 0, 25, 100, or 250 ppm (0, 123, 492, or 1230 mg/m³). Respiratory irritation was observed at 492 (100 ppm) and 1230 mg/m³ (250 ppm) and no systemic toxicity was observed in either study. For both pure isomers, the NOELs are 25 ppm or 123 mg/m³ for respiratory irritation and 250 ppm or 1230 mg/m³ for systemic effects.

Oral: The C9 aromatic naphtha has not been tested via the oral route of exposure. Individual TMB isomers have been evaluated in a series of repeated-dose oral studies ranging from 14 days to 3 months over a wide range of doses. The effects observed in these studies included increased liver and kidney weights, changes in blood chemistry, increased salivation, and decreased weight gain at higher doses. Organ weight changes appeared to be adaptive as they were not accompanied by histopathological effects. Blood changes appeared sporadic and without pattern. One study reported hyaline droplet nephropathy in male rats at the highest dose (1000 mg/kg bw-day), an effect that is often associated with alpha-2mu-globulin-induced nephropathy and not considered relevant to humans. The doses at which effects were detected were 100 mg/kg-bw day or above (an exception was the pilot 14 day oral study - LOAEL 150 mg/kg bw-day - but the follow up three month study had a LOAEL of 600 mg/kg-bw-day with a NOAEL of 200 mg/kg bw-day). Since effects generally were not severe and could be considered adaptive or spurious, oral exposure does not appear to pose a high toxicity hazard for pure trimethylbenzene isomers.

Mutagenicity

In vitro genotoxicity testing of a variety of C9 aromatics has been conducted in both bacterial and mammalian cells. In vitro point mutation tests were conducted with Salmonella typhimurium and Escherichia coli bacterial strains, as well as with cultured mammalian cells such as the Chinese hamster cell ovary cells (HGPRT assay) with and without metabolic activation. In addition, several types of in vitro chromosomal aberration tests have been performed (chromosome aberration frequency in Chinese hamster ovary and lung cells, sister chromatid exchange in CHO cells). Results were negative both with and without metabolic activation for all category members. For the supporting chemical 1,2,3-TMB, a single in vitro chromosome aberration test was weakly positive. In in vivo bone marrow cytogenetics test, rats were exposed to C9 aromatic naphtha at concentrations of 0, 153, 471, or 1540 ppm (0, 750, 2,310, or 7,560 mg/m³) 6 hr/day, for 5 days. No evidence of in vivo somatic cell genotoxicity was detected. Based on the cumulative results of these assays, genetic toxicity is unlikely for substances in the C9 Aromatic Hydrocarbon Solvents Category

Reproductive and Developmental Toxicity

Results from the three-generation reproduction inhalation study in rats indicate limited effects from C9 aromatic naphtha. In each of three generations (F0, F1 and F2), rats were exposed to High Flash Aromatic Naphtha (CAS RN 64742-95-6) via whole body inhalation at target concentrations of 0, 100, 500, or 1500 ppm (actual mean concentrations throughout the full study period were 0, 103, 495, or 1480 ppm, equivalent to 0, 505, 2430, or 7265 mg/m³, respectively). In each generation, both sexes were exposed for 10 weeks prior to and two weeks during mating for 6 hrs/day, 5 days/wks. Female rats in the F0, F1, and F2 generation were then exposed during gestation days 0-20 and lactation days 5-21 for 6 hrs/day, 7 days/wk. The age at exposure initiation differed among generations; F0 rats were exposed starting at 9 weeks of age, F1 exposure began at 5-7 weeks, and F2 exposure began at postnatal day (PND) 22. In the F0 and F1 parental generations, 30 rats/sex/group were exposed and mated. However, in the F2 generation, 40/sex/group were initially exposed due to concerns for toxicity, and 30/sex/group were randomly selected for mating, except that all survivors were used at 1480 ppm. F3 litters were not exposed directly and were sacrificed on lactation day 21.

Systemic Effects on Parental Generations:

The F0 males showed statistically and biologically significantly decreased mean body weight by ~15% at 1480 ppm when compared with controls. Seven females died or were sacrificed in extremis at 1480 ppm. The F0 female rats in the 495 ppm exposed group had a 13% decrease in body weight gain when adjusted for initial body weight when compared to controls. The F1 parents at 1480 ppm had statistically significantly decreased mean body weights (by ~13% (females) and 22% (males)), and locomotor activity. F1 parents at 1480 ppm had increased ataxia and mortality (six females). Most F2 parents (70/80) exposed to 1480 ppm died within the first week. The remaining animals survived throughout the rest of the exposure period. At week 4 and continuing through the study, F2 parents at 1480 ppm had statistically significant mean body weights much lower than controls (~33% for males; ~28% for females); body weights at 495 ppm were also reduced significantly (by 13% in males and 15% in females). The male rats in the 495 ppm exposed group had a 12% decrease in body weight gain when adjusted for initial body weight when compared to controls. Based on reduced body weight observed, the overall systemic toxicity LOAEC is 495 ppm (2430 mg/m³).

Reproductive Toxicity-Effects on Parental Generations: There were no pathological changes noted in the reproductive organs of any animal of the F0, F1, or F2 generation. No effects were reported on sperm morphology, gestational period, number of implantation sites, or post-implantation loss in any generation. Also, there were no statistically or biologically significant differences in any of the reproductive parameters, including: number of mated females, copulatory index, copulatory interval, number of females delivering a litter, number of females delivering a live litter, or male fertility in the F0 or in the F2 generation. Male fertility was statistically significantly reduced at 1480 ppm in the F1 rats. However, male fertility was not affected in the F0 or in the F2 generations; therefore, the biological significance of this change is unknown and may or may not be attributed to the test substance. No reproductive effects were observed in the F0 or F1 dams exposed to 1480 ppm (7265 mg/m³). Due to excessive mortality at the highest concentration (1480 ppm, only six dams available) in the F2 generation, a complete evaluation is precluded. However, no clear signs of reproductive toxicity were observed in the F2 generation. Therefore, the reproductive NOAEC is considered 495 ppm (2430 mg/m³), which excludes analysis of the highest concentration due to excessive mortality.

Developmental Toxicity - Effects on Pups: Because of significant maternal toxicity (including mortality) in dams in all generations at the highest concentration (1480 ppm), effects in offspring at 1480 ppm are not reported here. No significant effects were observed in the F1 and F2 generation offspring at 103 or 495 ppm. However, in F3 offspring, body weights and body weight gain were reduced by ~10-11% compared with controls at 495 ppm for approximately a week (PND 14 through 21). Maternal body weight was also depressed by ~12% throughout the gestational period compared with controls. The overall developmental LOAEC from this study is 495 ppm (2430 mg/m³) based on the body weights reductions observed in the F3 offspring.

Conclusion: No effects on reproductive parameters were observed at any exposure concentration, although a confident assessment of the group exposed at the highest concentration was not possible. A potential developmental effect (reduction in mean pup weight and weight gain) was observed at a concentration that was also associated with maternal toxicity.

* [Devoe].

TOLUENE

For toluene:

Acute Toxicity

Humans exposed to intermediate to high levels of toluene for short periods of time experience adverse central nervous system effects ranging from headaches to intoxication, convulsions, narcosis, and death. Similar effects are observed in short-term animal studies.

Humans - Toluene ingestion or inhalation can result in severe central nervous system depression, and in large doses, can act as a narcotic. The ingestion of about 60 mL resulted in fatal nervous system depression within 30 minutes in one reported case.

Constriction and necrosis of myocardial fibers, markedly swollen liver, congestion and haemorrhage of the lungs and acute tubular necrosis were found on autopsy.

Central nervous system effects (headaches, dizziness, intoxication) and eye irritation occurred following inhalation exposure to 100 ppm toluene 6 hours/day for 4 days.

Exposure to 600 ppm for 8 hours resulted in the same and more serious symptoms including euphoria, dilated pupils, convulsions, and nausea. Exposure to 10,000-30,000 ppm has been reported to cause narcosis and death

Toluene can also strip the skin of lipids causing dermatitis

Animals - The initial effects are instability and incoordination, lachrymation and snuffles (respiratory exposure), followed by narcosis. Animals die of respiratory failure from severe nervous system depression. Cloudy swelling of the kidneys was reported in rats following inhalation exposure to 1600 ppm, 18-20 hours/day for 3 days

Subchronic/Chronic Effects:

Repeat doses of toluene cause adverse central nervous system effects and can damage the upper respiratory system, the liver, and the kidney. Adverse effects occur as a result from both oral and the inhalation exposures. A reported lowest-observed-effect level in humans for adverse neurobehavioral effects is 88 ppm.

Humans - Chronic occupational exposure and incidences of toluene abuse have resulted in hepatomegaly and liver function changes.

It has also resulted in nephrotoxicity and, in one case, was a cardiac sensitiser and fatal cardiotoxin. Neural and cerebellar dystrophy were reported in several cases of habitual "glue sniffing." An epidemiological study in France on workers chronically exposed to toluene fumes reported leukopenia and neutropenia. Exposure levels were not given in the secondary reference; however, the average urinary excretion of hippuric acid, a metabolite of toluene, was given as 4 g/L compared to a normal level of 0.6 g/L

Animals - The major target organs for the subchronic/chronic toxicity of toluene are the nervous system, liver, and kidney. Depressed immune response has been reported in male mice given doses of 105 mg/kg/day for 28 days. Toluene in corn oil administered to F344 male and female rats by gavage 5 days/week for 13 weeks, induced prostration, hypoactivity, ataxia, piloerection, lachrymation, excess salivation, and body tremors at doses 2500 mg/kg. Liver, kidney, and heart weights were also increased at this dose and histopathologic lesions were seen in the liver, kidneys, brain and urinary bladder. The no-observed-adverse effect level (NOAEL) for the study was 312 mg/kg (223 mg/kg/day) and the lowest-observed-adverse effect level (LOAEL) for the study was 625 mg/kg (446 mg/kg/day) .

Developmental/Reproductive Toxicity

Exposures to high levels of toluene can result in adverse effects in the developing human foetus. Several studies have indicated that high levels of toluene can also adversely effect the developing offspring in laboratory animals.

Humans - Variable growth, microcephaly, CNS dysfunction, attentional deficits, minor craniofacial and limb abnormalities, and developmental delay were seen in three children exposed to toluene in utero as a result of maternal solvent abuse before and during pregnancy

Animals - Sternebral alterations, extra ribs, and missing tails were reported following treatment of rats with 1500 mg/m3 toluene 24 hours/day during days 9-14 of gestation. Two of the dams died during the exposure. Another group of rats received 1000 mg/m3 8 hours/day during days 1-21 of gestation. No maternal deaths or toxicity occurred, however, minor skeletal retardation was present in the exposed fetuses. CFLP Mice were exposed to 500 or 1500 mg/m3 toluene continuously during days 6-13 of pregnancy. All dams died at the high dose during the first 24 hours of exposure, however none died at 500 mg/m3. Decreased foetal weight was reported, but there were no differences in the incidences of skeletal malformations or anomalies between the treated and control offspring.

Absorption - Studies in humans and animals have demonstrated that toluene is readily absorbed via the lungs and the gastrointestinal tract. Absorption through the skin is estimated at about 1% of that absorbed by the lungs when exposed to toluene vapor.

Dermal absorption is expected to be higher upon exposure to the liquid; however, exposure is limited by the rapid evaporation of toluene .

Distribution - In studies with mice exposed to radiolabeled toluene by inhalation, high levels of radioactivity were present in body fat, bone marrow, spinal nerves, spinal cord, and brain white matter. Lower levels of radioactivity were present in blood, kidney, and liver. Accumulation of toluene has generally been found in adipose tissue, other tissues with high fat content, and in highly vascularised tissues .

Metabolism - The metabolites of inhaled or ingested toluene include benzyl alcohol resulting from the hydroxylation of the methyl group. Further oxidation results in the formation of benzaldehyde and benzoic acid. The latter is conjugated with glycine to yield hippuric acid or reacted with glucuronic acid to form benzoyl glucuronide. o-cresol and p-cresol formed by ring hydroxylation are considered minor metabolites

Excretion - Toluene is primarily (60-70%) excreted through the urine as hippuric acid. The excretion of benzoyl glucuronide accounts for 10-20%, and excretion of unchanged toluene through the lungs also accounts for 10-20%. Excretion of hippuric acid is usually complete within 24 hours after exposure.

For nonylphenol and its compounds:

Alkylphenols like nonylphenol and bisphenol A have estrogenic effects in the body. They are known as xenoestrogens. Estrogenic substances and other endocrine disruptors are compounds that have hormone-like effects in both wildlife and humans. Xenoestrogens usually function by binding to estrogen receptors and acting competitively against natural estrogens. Nonylphenol has been found to act as an agonist of GPER (G protein-coupled estrogen receptor). Nonylphenol has been shown to mimic the natural hormone 17beta-estradiol, and it competes with the endogenous hormone for binding with the estrogen receptors ERalpha and ERbeta. Effects in pregnant women.

Subcutaneous injections of nonylphenol in late pregnancy causes the expression of certain placental and uterine proteins, namely CaBP-9k, which suggest it can be transferred through the placenta to the fetus. It has also been shown to have a higher potency on the first trimester placenta than the endogenous estrogen 17beta-estradiol. In addition, early prenatal exposure to low doses of nonylphenol cause an increase in apoptosis (programmed cell death) in placental cells. These "low doses" ranged from 10-13-10-9 M, which is lower than what is generally found in the environment.

Nonylphenol has also been shown to affect cytokine signaling molecule secretions in the human placenta. In vitro cell cultures of human placenta during the first trimester were treated with nonylphenol, which increase the secretion of cytokines including interferon gamma, interleukin 4, and interleukin 10, and reduced the secretion of tumor necrosis factor alpha. This unbalanced cytokine profile at this part of pregnancy has been documented to result in implantation failure, pregnancy loss, and other complications.

Effects on metabolism

Nonylphenol has been shown to act as an obesity enhancing chemical or obesogen, though it has paradoxically been shown to have anti-obesity properties. Growing embryos and newborns are particularly vulnerable when exposed to nonylphenol because low-doses can disrupt sensitive processes that occur during these important developmental periods. Prenatal and perinatal exposure to nonylphenol has been linked with developmental abnormalities in adipose tissue and therefore in metabolic hormone synthesis and release. Specifically, by acting as an estrogen mimic, nonylphenol has generally been shown to interfere with hypothalamic appetite control. The hypothalamus responds to the hormone leptin, which signals the feeling of fullness after eating, and nonylphenol has been shown to both increase and decrease eating behavior by interfering with leptin signaling in the midbrain. Nonylphenol has been shown mimic the action of leptin on neuropeptide Y and anorectic POMC neurons, which has an anti-obesity effect by decreasing eating behavior. This was seen when estrogen or estrogen mimics were injected into the ventromedial hypothalamus. On the other hand, nonylphenol has been shown to increase food intake and have obesity enhancing properties by lowering the expression of these anorexigenic neurons in the brain. Additionally, nonylphenol affects the expression of ghrelin: an enzyme produced by the stomach that stimulates appetite. Ghrelin expression is positively regulated by estrogen signaling in the stomach, and it is also important in guiding the differentiation of stem cells into adipocytes (fat cells). Thus, acting as an estrogen mimic, prenatal and perinatal exposure to nonylphenol has been shown to increase appetite and encourage the body to store fat later in life. Finally, long-term exposure to nonylphenol has been shown to affect insulin signaling in the liver of adult male rats.

Cancer

Nonylphenol exposure has also been associated with breast cancer. It has been shown to promote the proliferation of breast cancer cells, due to its agonistic activity on ERalpha (estrogen receptor alpha) in estrogen-dependent and estrogen-independent breast cancer cells. Some argue that nonylphenol's suggested estrogenic effect coupled with its widespread human exposure could potentially influence hormone-dependent breast cancer disease

for nonylphenol:

Nonylphenol was studied for oral toxicity in rats in a 28-day repeat dose toxicity test at doses of 0, 4, 15, 60 and 250 mg/kg/day. Changes suggesting renal dysfunction were mainly noted in both sexes given 250 mg/kg. Liver weights were increased in males given 60 mg/kg and in both sexes given 250 mg/kg group. Histopathologically, hypertrophy of the centrilobular hepatocytes was noted in both sexes given 250 mg/kg. Kidney weights were increased in males given 250 mg/kg and macroscopically, disseminated white spots, enlargement and pelvic dilatation were noted in females given 250 mg/kg. Histopathologically, the following lesions were noted in the 250 mg/kg group: basophilic change of the proximal tubules in both sexes, single cell necrosis of the proximal tubules, inflammatory cell infiltration in the interstitium and casts in females, basophilic change and dilatation of the collecting tubules in both sexes, simple hyperplasia of the pelvic mucosa and pelvic dilatation in females. In the urinary bladder, simple hyperplasia was noted in both sexes given 250 mg/kg. In the caecum, macroscopic dilatation was noted in both sexes given 250 mg/kg. Almost all changes except those in the kidney disappeared after a 14-day recovery period. The NOELs for males and females are considered to be 15

TRIS(MONONONYLPHENYL)PHOSPHITE

	<p>mg/kg/day and 60 mg/kg/day, respectively, under the conditions of the present study. Nonylphenol was not mutagenic to Salmonella typhimurium, TA100, TA1535, TA98, TA1537 and Escherichia coli WP2 uvrA, with or without an exogenous metabolic activation system. Nonylphenol induced neither structural chromosomal aberrations nor polyploidy in CHL/IU cells, in the absence or presence of an exogenous metabolic activation system.</p>
<p>TOLUENE DIISOCYANATE</p>	<p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>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.</p> <p>for diisocyanates:</p> <p>In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitizers. Diisocyanates are moderate to strong dermal sensitizers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.</p> <p>For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L. The experimental animal data available on prepolymeric diisocyanates show similar adverse effects at levels that range from 0.002 mg/L to 0.026 mg/L.</p> <p>There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route</p> <p>Oncogenicity: Most members of the diisocyanate category have not been tested for carcinogenic potential. Commercially available Poly-MDI was tested in a 2-year inhalation study in rats. The tested material contained 47% aromatic 4,4'-methylenediphenyl diisocyanate (MDI) and 53% higher molecular weight oligomers. Interim sacrifices at one year showed that males and females in the highest dose group (6 mg/m³) had treatment related histological changes in the nasal cavity, lungs and mediastinal lymph nodes. The incidence and severity of degeneration and basal cell hyperplasia of the olfactory epithelium and Bowman's gland hyperplasia were increased in males at the mid and high doses and in females at the high dose following the two year exposure period. Pulmonary adenomas were found in 6 males and 2 females, and pulmonary adenocarcinoma in one male in the high dose group. However, aliphatic hexamethylene diisocyanate (HDI) was found not to be carcinogenic in a two year repeated dose study in rats by the inhalation route. HDI has not been tested in mice by the inhalation route.</p> <p>Though the oral route is not an expected route of exposure to humans, it should be noted that in two year repeated dose studies by the oral route, aromatic toluene diisocyanate (TDI) and 3,3'-dimethoxy-benzidine-4,4'-diisocyanate (dianisidine diisocyanate, DADI) were found to be carcinogenic in rodents. TDI induced a statistically significant increase in the incidence of liver tumors in rats and mice as well as dose-related hemangiosarcomas of the circulatory system and has been classified by the Agency as a B2 carcinogen. DADI was found to be carcinogenic in rats, but not in mice, with a statistically increase in the incidence of pancreatic tumors observed.</p> <p>Respiratory and Dermal Sensitization: Based on the available toxicity data in animals and epidemiologic studies of humans, aromatic diisocyanates such as TDI and MDI are strong respiratory sensitizers. Aliphatic diisocyanates are generally not active in animal models for respiratory sensitization. However, HDI and possibly isophorone diisocyanate (IPDI), are reported to be associated with respiratory sensitization in humans. Symptoms resulting from occupational exposure to HDI include shortness of breath, increased bronchoconstriction reaction to histamine challenges, asthmatic reactions, wheezing and coughing. Two case reports of human exposure to IPDI by inhalation suggest IPDI is a respiratory sensitizer in humans. In view of the information from case reports in humans, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitizers. Studies in both human and mice using TDI, HDI, MDI and dicyclohexylmethane-4,4'-diisocyanate (HMDI) suggest cross-reactivity with the other diisocyanates, irrespective of whether the challenge compound was an aliphatic or aromatic diisocyanate. Diisocyanates are moderate to strong dermal sensitizers in animal studies. There seems to be little or no difference in the level of reactivity between aromatic and aliphatic diisocyanates.</p> <p>Dermal Irritation: Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. The level of irritation ranged from slightly to severely irritating to the skin. One chemical, hydrogenated MDI (1,1-methylenebis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.</p>
<p>P-TOLUENESULFONYL ISOCYANATE</p>	<p>for p-toluenesulfonyl isocyanate</p> <p>The acute oral toxicity (LD50) of PTSI is 2600 mg/kg. Based on the rapid hydrolysis of PTSI to PTSA (and carbon dioxide), repeated dose, reproductive, and developmental toxicity, as well as genotoxicity are best described by PTSA.</p> <p>for p-toluenesulfonamide (PTSA):</p> <p>PTSA was studied for oral toxicity in rats in a single dose toxicity test at doses of 889, 1333, 2000 and 3000 mg/kg in females and 2000 mg/kg in males, and in an OECD combined repeat dose and reproductive/developmental toxicity screening test at doses of 0, 120, 300 and 750 mg/kg/day in both sexes. PTSA was also tested for mutagenicity with assays for reverse mutation in bacteria and chromosomal aberrations in cultured Chinese hamster (CHL) cells. The single dose toxicity test revealed LD50 values of above 2000 mg/kg for both sexes.</p> <p>For repeat dose toxicity caused, daily administration of 300 mg/kg or more in males and females displayed an increase in salivation and a reduction in body weight gain, as well as a suppression of food consumption. No compound-related deaths were observed. Haematuria was observed within 3 days administration of 750 mg/kg in 4/13 males. Hematological examination and blood chemistry measurements in males showed a decrease in white blood cell count with an increase in lymphocyte count, increases in blood urea nitrogen and chloride, and slight elevation in GOT in medium and high dose groups and a decrease in potassium concentration, and increased GPT levels in the high dose group. Histopathological examination showed cytoplasmic changes in the epithelium of the urinary bladder in both sexes and an accelerated involution in the thymus especially in females. Signs of toxicity, such as salivation and urinary bladder changes, were observed in animals given 120 mg/kg and above. The NOEL for repeat dose toxicity was less than 120 mg/kg/day. For reproductive/developmental toxicity, females given 750 mg/kg/day demonstrated possible delivery or lactation state dysfunction and developmental suppression of embryos. NOELs for reproductive performance and offspring development were both 300 mg/kg/day. No teratogenic effects were observed.</p> <p>The mutagenicity tests performed were all negative. PTSA was not mutagenic for bacteria either with or without an exogenous metabolic activation system up to 5000 ug/plate. No chromosomal aberrations or polyploidy were induced in CHL cells up to 1.7 mg/ml with metabolic activation and 1.3 mg/ml without metabolic activation.</p>
<p>Soprema Alsan Trafik HP 520 & URETHANE BISOXAZOLIDINE & TRIS(MONONONYLPHENYL)PHOSPHITE & TOLUENE DIISOCYANATE</p>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly</p>

Soprema Alsan Trafik HP 520

	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.
Soprema Alsan Trafik HP 520 & URETHANE BISOXAZOLIDINE & TOLUENE DIISOCYANATE & P-TOLUENESULFONYL ISOCYANATE	Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. 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.
Soprema Alsan Trafik HP 520 & URETHANE BISOXAZOLIDINE & TRIS(MONONONYLPHENYL)PHOSPHITE	No significant acute toxicological data identified in literature search.
Soprema Alsan Trafik HP 520 & NAPHTHA PETROLEUM, LIGHT AROMATIC SOLVENT & TRIS(MONONONYLPHENYL)PHOSPHITE & TOLUENE DIISOCYANATE & P-TOLUENESULFONYL ISOCYANATE	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.
TOLUENE & TRIS(MONONONYLPHENYL)PHOSPHITE	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 of the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.
TOLUENE DIISOCYANATE & P-TOLUENESULFONYL ISOCYANATE	Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities. Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages. Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.

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

	Endpoint	Test Duration (hr)	Species	Value	Source
Soprema Alsan Trafik HP 520	Not Available	Not Available	Not Available	Not Available	Not Available
naphtha petroleum, light aromatic solvent	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	4.1mg/L	2
	EC50	48	Crustacea	3.2mg/L	2
	EC50	72	Algae or other aquatic plants	>1-mg/L	2
	NOEL	72	Algae or other aquatic plants	0.1mg/L	2
toluene	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	5.5mg/L	2
	EC50	48	Crustacea	3.78mg/L	5
	EC50	96	Algae or other aquatic plants	13mg/L	2
	NOEC	168	Crustacea	0.74mg/L	5
urethane bisoxazolidine	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>101mg/L	2
	EC50	48	Crustacea	>87.1mg/L	2

Continued...

Soprema Alsan Trafik HP 520

	EC50	72	Algae or other aquatic plants	18.6mg/L	2
	EC10	72	Algae or other aquatic plants	0.194mg/L	2
	NOEC	72	Algae or other aquatic plants	0.026mg/L	2
tris(monononylphenyl)phosphite	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	<10mg/L	2
	EC50	48	Crustacea	0.3mg/L	2
	EC50	72	Algae or other aquatic plants	>100mg/L	2
	NOEC	48	Crustacea	=0.058mg/L	1
toluene diisocyanate	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	ca.0.4mg/L	2
	EC50	48	Crustacea	12.5mg/L	2
	EC50	96	Algae or other aquatic plants	3-230mg/L	2
	NOEC	504	Crustacea	>=0.5mg/L	1
p-toluenesulfonyl isocyanate	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>45mg/L	2
	EC50	48	Crustacea	>100mg/L	2
	EC50	72	Algae or other aquatic plants	25mg/L	2
	NOEC	72	Algae or other aquatic plants	10mg/L	2

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
toluene	LOW (Half-life = 28 days)	LOW (Half-life = 4.33 days)
toluene diisocyanate	LOW (Half-life = 1 days)	LOW (Half-life = 0.13 days)
p-toluenesulfonyl isocyanate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
toluene	LOW (BCF = 90)
toluene diisocyanate	LOW (BCF = 5)
p-toluenesulfonyl isocyanate	LOW (LogKOW = 2.3424)

Mobility in soil

Ingredient	Mobility
toluene	LOW (KOC = 268)
toluene diisocyanate	LOW (KOC = 9114)
p-toluenesulfonyl isocyanate	LOW (KOC = 882.1)

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.
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Soprema Alsan Trafik HP 520

	<ul style="list-style-type: none"> ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible. ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material). ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
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SECTION 14 Transport information

Labels Required

	
Marine Pollutant	
HAZCHEM	•3YE

Land transport (ADG)

UN number	1263	
UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)	
Transport hazard class(es)	Class	3
	Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Environmentally hazardous	
Special precautions for user	Special provisions	163 367
	Limited quantity	5 L

Air transport (ICAO-IATA / DGR)

UN number	1263	
UN proper shipping name	Paint (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base); Paint related material (including paint thinning or reducing compounds)	
Transport hazard class(es)	ICAO/IATA Class	3
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	3L
Packing group	II	
Environmental hazard	Environmentally hazardous	
Special precautions for user	Special provisions	A3 A72 A192
	Cargo Only Packing Instructions	364
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	353
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y341
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1263	
UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)	
Transport hazard class(es)	IMDG Class	3
	IMDG Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Marine Pollutant	

Soprema Alsan Trafik HP 520

Special precautions for user	EMS Number	F-E , S-E
	Special provisions	163 367
	Limited Quantities	5 L

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

Not Applicable

SECTION 15 Regulatory information

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

naphtha petroleum, light aromatic solvent is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Chemical Footprint Project - Chemicals of High Concern List
Australian Inventory of Industrial Chemicals (AIIC)	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

toluene is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Australian Inventory of Industrial Chemicals (AIIC)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5	Chemical Footprint Project - Chemicals of High Concern List
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

urethane bisoxazolidine is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

tris(monononylphenyl)phosphite is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Australian Inventory of Industrial Chemicals (AIIC)
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toluene diisocyanate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Chemical Footprint Project - Chemicals of High Concern List
Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B : Possibly carcinogenic to humans
Australian Inventory of Industrial Chemicals (AIIC)	

p-toluenesulfonyl isocyanate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring	Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC	Yes
Australia - Non-Industrial Use	No (naphtha petroleum, light aromatic solvent; toluene; urethane bisoxazolidine; tris(monononylphenyl)phosphite; toluene diisocyanate; p-toluenesulfonyl isocyanate)
Canada - DSL	Yes
Canada - NDSL	No (naphtha petroleum, light aromatic solvent; toluene; urethane bisoxazolidine; tris(monononylphenyl)phosphite; toluene diisocyanate; p-toluenesulfonyl isocyanate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (urethane bisoxazolidine)
Korea - KECI	No (urethane bisoxazolidine)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (urethane bisoxazolidine)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (urethane bisoxazolidine; tris(monononylphenyl)phosphite; p-toluenesulfonyl isocyanate)
Vietnam - NCI	Yes
Russia - ARIPS	No (urethane bisoxazolidine)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	03/09/2020
Initial Date	22/02/2012

SDS Version Summary

Version	Issue Date	Sections Updated
3.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
4.1.1.1	03/09/2020	Classification change due to full database hazard calculation/update.

Other information

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

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

Definitions and abbreviations

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

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