



## Ardex RA 142

### Ardex (Ardex Australia)

Chemwatch: 62-3855  
Version No: 4.1.1.1  
Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 26/05/2016  
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Initial Date: Not Available  
S.GHS.AUS.EN

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

### Product Identifier

Product name	Ardex RA 142
Synonyms	Not Available
Proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains N-aminoethylpiperazine and 4-nonylphenol, branched)
Other means of identification	Not Available

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

Relevant identified uses	Reactive diluents are blended with epoxy resins to improve cure. Compared to typical curing techniques, reactive diluents allow the epoxy resin to be less viscous ("syrupy"). This improves surface wetting and adhesion. Epoxies that have added reactive diluents exhibit longer "pot life" (usable mixing time) than epoxy resins without diluents. Use according to manufacturer's directions.
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### Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)	Ardex (Ardex NZ)
Address	20 Powers Road Seven Hills NSW 2147 Australia	32 Lane Street Woolston Christchurch New Zealand
Telephone	1800 224 070	+64 3373 6928
Fax	1300 780 102	+64 3384 9779
Website	Not Available	Not Available
Email	Not Available	Not Available

### Emergency telephone number

Association / Organisation	Not Available	Not Available
Emergency telephone numbers	1800 224 070 (Mon-Fri, 9am-5pm)	+64 3373 6900
Other emergency telephone numbers	Not Available	Not Available

## SECTION 2 HAZARDS IDENTIFICATION

### Classification of the substance or mixture

**HAZARDOUS CHEMICAL. DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.**

### CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	1	2
Toxicity	2	3
Body Contact	3	4
Reactivity	1	2
Chronic	3	4

0 = Minimum  
1 = Low  
2 = Moderate  
3 = High  
4 = Extreme

Poisons Schedule	S5
Classification [1]	Metal Corrosion Category 1, Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Skin Corrosion/Irritation Category 1B, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Reproductive Toxicity Category 1B, Acute Aquatic Hazard Category 1, Chronic Aquatic Hazard Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

### Label elements

Continued...

GHS label elements	
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SIGNAL WORD	<b>DANGER</b>
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**Hazard statement(s)**

<b>H290</b>	May be corrosive to metals.
<b>H302</b>	Harmful if swallowed.
<b>H312</b>	Harmful in contact with skin.
<b>H314</b>	Causes severe skin burns and eye damage.
<b>H318</b>	Causes serious eye damage.
<b>H317</b>	May cause an allergic skin reaction.
<b>H360</b>	May damage fertility or the unborn child.
<b>H410</b>	Very toxic to aquatic life with long lasting effects.

**Precautionary statement(s) Prevention**

<b>P201</b>	Obtain special instructions before use.
<b>P260</b>	Do not breathe dust/fume/gas/mist/vapours/spray.
<b>P280</b>	Wear protective gloves/protective clothing/eye protection/face protection.
<b>P281</b>	Use personal protective equipment as required.

**Precautionary statement(s) Response**

<b>P301+P330+P331</b>	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
<b>P303+P361+P353</b>	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
<b>P305+P351+P338</b>	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
<b>P308+P313</b>	IF exposed or concerned: Get medical advice/attention.

**Precautionary statement(s) Storage**

<b>P405</b>	Store locked up.
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**Precautionary statement(s) Disposal**

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

See section below for composition of Mixtures

**Mixtures**

CAS No	%[weight]	Name
		Part A containing:
25068-38-6	40-60	<u>bisphenol A/ diglycidyl ether resin, liquid</u>
17557-23-2	30-50	<u>neopentyl glycol diglycidyl ether</u>
68609-97-2	3-7	<u>(C12-14)alkylglycidyl ether</u>
		Part B Containing:
140-31-8	30-40	<u>N-aminoethylpiperazine</u>
84852-15-3	30-40	<u>4-nonylphenol, branched</u>
68513-05-3	10-25	<u>tall oil/ tetraethylenepentamine polyamides</u>
112-24-3	10-25	<u>triethylenetetramine</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"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ If liquid amines come in contact with the eyes, irrigate immediately and continuously with low pressure flowing water, preferably from an eye wash fountain, for 15 to 30 minutes.</li> </ul>
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	<ul style="list-style-type: none"> <li>▶ For more effective flushing of the eyes, use the fingers to spread apart and hold open the eyelids. The eyes should then be "rolled" or moved in all directions.</li> <li>▶ Seek immediate medical attention, preferably from an ophthalmologist.</li> </ul>
<b>Skin Contact</b>	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>▶ Quickly remove all contaminated clothing, including footwear.</li> <li>▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>▶ Transport to hospital, or doctor.</li> </ul> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ In case of major exposure to liquid amine, promptly remove any contaminated clothing, including rings, watches, and shoe, preferably under a safety shower.</li> <li>▶ Wash skin for 15 to 30 minutes with plenty of water and soap. Call a physician immediately.</li> <li>▶ Remove and dry-clean or launder clothing soaked or soiled with this material before reuse. Dry cleaning of contaminated clothing may be more effective than normal laundering.</li> <li>▶ Inform individuals responsible for cleaning of potential hazards associated with handling contaminated clothing.</li> <li>▶ Discard contaminated leather articles such as shoes, belts, and watchbands.</li> <li>▶ Note to Physician: Treat any skin burns as thermal burns. After decontamination, consider the use of cold packs and topical antibiotics.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>▶ Transport to hospital, or doctor.</li> <li>▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.</li> <li>▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).</li> <li>▶ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested.</li> <li>▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.</li> </ul> <p><b>This must definitely be left to a doctor or person authorised by him/her.</b> (ICSC13719)</p> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ All employees working in areas where contact with amine catalysts is possible should be thoroughly trained in the administration of appropriate first aid procedures.</li> <li>▶ Experience has demonstrated that prompt administration of such aid can minimize the effects of accidental exposure.</li> <li>▶ Promptly move the affected person away from the contaminated area to an area of fresh air.</li> <li>▶ Keep the affected person calm and warm, but not hot.</li> <li>▶ If breathing is difficult, oxygen may be administered by a qualified person.</li> <li>▶ If breathing stops, give artificial respiration. Call a physician at once.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ If liquid amine are ingested, have the affected person drink several glasses of water or milk.</li> <li>▶ Do not induce vomiting.</li> <li>▶ Immediately transport to a medical facility and inform medical personnel about the nature of the exposure. The decision of whether to induce vomiting should be made by an attending physician.</li> </ul>

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

Treat symptomatically.

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

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

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

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

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

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

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

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

If exposure has been severe and/or symptoms marked, observation in hospital for 48 hours should be considered due to possibility of delayed pulmonary oedema.

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

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

- ▶ Severe poisoning may require slow intravenous injection of methylene blue to treat methaemoglobinaemia.
- ▶ [Renal failure may require haemodialysis.]\*
- ▶ Most absorbed phenol is biotransformed by the liver to ethereal and glucuronide sulfates and is eliminated almost completely after 24 hours. [Ellenhorn and Barceloux: Medical Toxicology] \*[Union Carbide]

## BIOLOGICAL EXPOSURE INDEX - BEI

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

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

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

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

For amines:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Alliance for Polyurethanes Industry**

## SECTION 5 FIREFIGHTING MEASURES

## Extinguishing media

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

## 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

## Advice for firefighters

## Fire Fighting

- ▶ Alert Fire Brigade and tell them location and nature of hazard.
  - ▶ Wear full body protective clothing with breathing apparatus.
  - ▶ Prevent, by any means available, spillage from entering drains or water course.
  - ▶ Use fire fighting procedures suitable for surrounding area.
- For amines:
- ▶ For firefighting, cleaning up large spills, and other emergency operations, workers must wear a self-contained breathing apparatus with full face-piece, operated in a pressure-demand mode.
  - ▶ Airline and air purifying respirators should not be worn for firefighting or other emergency or upset conditions.
  - ▶ Respirators should be used in conjunction with a respiratory protection program, which would include suitable fit testing and medical evaluation of the user.

## Fire/Explosion Hazard

- ▶ Combustible.
  - ▶ Slight fire hazard when exposed to heat or flame.
  - ▶ Heating may cause expansion or decomposition leading to violent rupture of containers.
  - ▶ On combustion, may emit toxic fumes of carbon monoxide (CO).
- Combustion products include; carbon dioxide (CO<sub>2</sub>) nitrogen oxides (NO<sub>x</sub>) other pyrolysis products typical of burning organic material. May emit corrosive fumes.

## SECTION 6 ACCIDENTAL RELEASE MEASURES

## Personal precautions, protective equipment and emergency procedures

## Minor Spills

- In the event of a spill of a reactive diluent, the focus is on containing the spill to prevent contamination of soil and surface or ground water.
- If irritating vapors are present, an approved air-purifying respirator with organic vapor canister is recommended for cleaning up spills and leaks.
- For small spills, reactive diluents should be absorbed with sand.

Continued...

	<ul style="list-style-type: none"> <li>▶ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.</li> <li>▶ Check regularly for spills and leaks.</li> </ul> <p>Small spills should be covered with inorganic absorbents and disposed of properly. Organic absorbents have been known to ignite when contaminated with amines in closed containers. Certain cellulosic materials used for spill cleanup such as wood chips or sawdust have shown reactivity with ethyleneamines and should be avoided. Ethyleneamine leaks will frequently be identified by the odor (ammoniacal) or by the formation of a white, solid, waxy substance (amine carbamates).</p> <ul style="list-style-type: none"> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid breathing vapours and contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Contain and absorb spill with sand, earth, inert material or vermiculite.</li> </ul> <p>for amines:</p> <ul style="list-style-type: none"> <li>▶ If possible (i.e., without risk of contact or exposure), stop the leak.</li> <li>▶ Contain the spilled material by diking, then neutralize.</li> <li>▶ Next, absorb the neutralized product with clay, sawdust, vermiculite, or other inert absorbent and shovel into containers.</li> <li>▶ Store the containers outdoors.</li> </ul>
<b>Major Spills</b>	<p>Industrial spills or releases of reactive diluents are infrequent and generally contained. If a large spill does occur, the material should be captured, collected, and reprocessed or disposed of according to applicable governmental requirements.</p> <p>An approved air-purifying respirator with organic-vapor canister is recommended for emergency work.</p> <ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> </ul> <p>For amines:</p> <ul style="list-style-type: none"> <li>▶ First remove all ignition sources from the spill area.</li> <li>▶ Have firefighting equipment nearby, and have firefighting personnel fully trained in the proper use of the equipment and in the procedures used in fighting a chemical fire.</li> <li>▶ Spills and leaks of polyurethane amine catalysts should be contained by diking, if necessary, and cleaned up only by properly trained and equipped personnel. All others should promptly leave the contaminated area and stay upwind.</li> </ul>

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

## SECTION 7 HANDLING AND STORAGE

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ <b>DO NOT USE brass or copper containers / stirrers</b></li> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Avoid contact with moisture.</li> </ul>
<b>Other information</b>	<p>for bulk storages:</p> <ul style="list-style-type: none"> <li>▶ If slight coloration of the ethyleneamine is acceptable, storage tanks may be made of carbon steel or black iron, provided they are free of rust and mill scale. However, if the amine is stored in such tanks, color may develop due to iron contamination. If iron contamination cannot be tolerated, tanks constructed of types 304 or 316 stainless steel should be used. (Note: Because they are quickly corroded by amines, do not use copper, copper alloys, brass, or bronze in tanks or lines.)</li> <li>▶ This product should be stored under a dry inert gas blanket, such as nitrogen, to minimize contamination resulting from contact with air and water</li> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ <b>DO NOT store near acids, or oxidising agents</b></li> <li>▶ No smoking, naked lights, heat or ignition sources.</li> </ul>

### Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Glass container is suitable for laboratory quantities</li> <li>▶ <b>DO NOT use aluminium or galvanised containers</b></li> <li>▶ <b>DO NOT use mild steel or galvanised containers</b></li> <li>▶ <b>DO NOT use aluminium, galvanised or tin-plated containers</b></li> <li>▶ Lined metal can, lined metal pail/ can.</li> <li>▶ Plastic pail.</li> <li>▶ Polyliner drum.</li> <li>▶ Packing as recommended by manufacturer.</li> </ul> <p>For low viscosity materials</p> <ul style="list-style-type: none"> <li>▶ Drums and jerricans must be of the non-removable head type.</li> <li>▶ Where a can is to be used as an inner package, the can must have a screwed enclosure.</li> </ul> <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> <li>▶ Removable head packaging;</li> <li>▶ Cans with friction closures and</li> <li>▶ low pressure tubes and cartridges</li> </ul> <p>may be used.</p>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Avoid cross contamination between the two liquid parts of product (kit).</li> <li>▶ 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.</li> <li>▶ This excess heat may generate toxic vapour</li> <li>▶ Avoid reaction with amines, mercaptans, strong acids and oxidising agents</li> <li>▶ Avoid reaction with oxidising agents</li> <li>▶ Avoid strong acids, bases.</li> </ul>

## SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

### Control parameters

#### OCCUPATIONAL EXPOSURE LIMITS (OEL)

**INGREDIENT DATA**


Not Available

**EMERGENCY LIMITS**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
bisphenol A/ diglycidyl ether resin, liquid	Epoxy resin (EPON 1001)	90 mg/m3	990 mg/m3	5900 mg/m3
bisphenol A/ diglycidyl ether resin, liquid	Epoxy resin (EPON 1007)	90 mg/m3	990 mg/m3	5900 mg/m3
bisphenol A/ diglycidyl ether resin, liquid	Epoxy resin (EPON 820)	41 mg/m3	450 mg/m3	2700 mg/m3
bisphenol A/ diglycidyl ether resin, liquid	Epoxy resin ERL-2795	32 mg/m3	350 mg/m3	2100 mg/m3
N-aminoethylpiperazine	Aminoethylpiperazine, N-	0.45 mg/m3	4.9 mg/m3	420 mg/m3
4-nonylphenol, branched	Nonyl phenol, 4- (branched)	0.074 mg/m3	0.82 mg/m3	260 mg/m3
triethylenetetramine	Triethylenetetramine	3 ppm	5.7 ppm	83 ppm

Ingredient	Original IDLH	Revised IDLH
bisphenol A/ diglycidyl ether resin, liquid	Not Available	Not Available
neopentyl glycol diglycidyl ether	Not Available	Not Available
(C12-14)alkylglycidyl ether	Not Available	Not Available
N-aminoethylpiperazine	Not Available	Not Available
4-nonylphenol, branched	Not Available	Not Available
tall oil/ tetraethylenepentamine polyamides	Not Available	Not Available
triethylenetetramine	Not Available	Not Available

**Exposure controls**

<b>Appropriate engineering controls</b>	<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.</p>
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>Chemical goggles.</li> <li>Full face shield may be required for supplementary but never for primary protection of eyes.</li> <li>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.</li> </ul> <p>For amines:</p> <p><b>SPECIAL PRECAUTION:</b></p> <ul style="list-style-type: none"> <li>Because amines are alkaline materials that can cause rapid and severe tissue damage, wearing of contact lenses while working with amines is strongly discouraged. Wearing such lenses can prolong contact of the eye tissue with the amine, thereby causing more severe damage.</li> <li>Appropriate eye protection should be worn whenever amines are handled or whenever there is any possibility of direct contact with liquid products, vapors, or aerosol mists.</li> </ul> <p><b>CAUTION:</b></p> <ul style="list-style-type: none"> <li>Ordinary safety glasses or face-shields will not prevent eye irritation from high concentrations of vapour.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <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>Suitability and durability of glove type is dependent on usage.</p> <ul style="list-style-type: none"> <li>Leather wear not recommended: Contaminated leather footwear, watch bands, should be destroyed, i.e. burnt, as they cannot be adequately decontaminated</li> <li>When handling liquid-grade epoxy resins wear chemically protective gloves (e.g nitrile or nitrile-butadiene rubber), boots and aprons.</li> <li><b>DO NOT use cotton or leather (which absorb and concentrate the resin), polyvinyl chloride, rubber or polyethylene gloves (which absorb the resin).</b></li> <li><b>DO NOT use barrier creams containing emulsified fats and oils as these may absorb the resin; silicone-based barrier creams should be reviewed prior to use.</b></li> </ul> <p>For amines:</p> <ul style="list-style-type: none"> <li>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly.</li> <li>Application of a non-perfumed moisturiser is recommended</li> <li>Where there is a possibility of exposure to liquid amines skin protection should include: rubber gloves, (neoprene, nitrile, or butyl).</li> <li>DO NOT USE latex.</li> </ul>

<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ PVC Apron.</li> <li>▶ PVC protective suit may be required if exposure severe.</li> <li>▶ Eyewash unit.</li> </ul>
<b>Thermal hazards</b>	Not Available

## 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:

Ardex RA 142

Material	CPI
BUTYL	C
NEOPRENE	C
NITRILE	C
PE/EVAL/PE	C
VITON	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 ABK-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	ABK-AUS P2	-	ABK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	ABK-AUS / Class 1 P2	-
up to 100 x ES	-	ABK-2 P2	ABK-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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

## SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

### Information on basic physical and chemical properties

<b>Appearance</b>	Reactive diluents are generally colourless to yellow/ amber, low viscosity liquids with mild ether-like odour; solubility in water varies across the family. May contain trace residuals of epichlorohydrin a known skin irritant.  Part A: White paste with a slight odour; does not mix with water. Part B: Black paste with a slight amine odour; does not mix with water.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	0.97-1.1
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	Not Available	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	>93	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	22g/L (VOC)
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water (g/L)</b>	Immiscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## SECTION 10 STABILITY AND REACTIVITY

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

## Ardex RA 142

## Hazardous decomposition products

See section 5

## SECTION 11 TOXICOLOGICAL INFORMATION

## Information on toxicological effects

<b>Inhaled</b>	<p>Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma".</p> <p>In animal testing, exposure to aerosols of some reactive diluents (notably o-cresol glycidyl ether, CAS RN: 2210-79-9) has been reported to affect the adrenal gland, central nervous system, kidney, liver, ovaries, spleen, testes, thymus, and respiratory tract.</p> <p>Inhalation of amine vapours may cause irritation of the mucous membrane of the nose and throat, and lung irritation with respiratory distress and cough. Swelling and inflammation of the respiratory tract is seen in serious cases; with headache, nausea, faintness and anxiety.</p> <p>Inhalation hazard is increased at higher temperatures.</p> <p>Inhalation of quantities of liquid mist may be extremely hazardous, even lethal due to spasm, extreme irritation of larynx and bronchi, chemical pneumonitis and pulmonary oedema.</p> <p>If phenols are absorbed via the lungs, systemic effects may occur affecting the cardiovascular and nervous systems. Inhalation can result in profuse perspiration, intense thirst, nausea, vomiting, diarrhoea, cyanosis, restlessness, stupor, falling blood pressure, hyperventilation, abdominal pain, anaemia, convulsions, coma, swelling and inflammation of the lung.</p> <p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p>
<b>Ingestion</b>	<p>Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.</p> <p>Reactive diluents exhibit a range of ingestion hazards. Small amounts swallowed incidental to normal handling operations are not likely to cause injury. However, swallowing larger amounts may cause injury.</p> <p>Male rats exposed to a single oral dose of bisphenol A diglycidyl ether (BADGE) at 750, 1000, and 2000 mg/kg/day showed a significantly increase in the number of immature and maturing sperm on the testis. There were no significant differences with respect to sperm head count, sperm motility, and sperm abnormality in the BADGE treatment groups</p> <p>Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucous.</p> <p>Bisphenol A diglycidyl ethers (BADGEs) produce sensitisation dermatitis characterised by a papular, vesicular eczema with considerable itching of the back of the hand, the forearm and face and neck. This lesion may persist for 10-14 days after withdrawal from exposure and recur immediately on re-exposure. This dermatitis may persist for longer periods following each exposure but is unlikely to become more intense. Lesions may develop a brownish colour and scaling occurs frequently.</p> <p>Amines without benzene rings when swallowed are absorbed throughout the gut. Corrosive action may cause damage throughout the gastrointestinal tract.</p> <p>Some phenol derivatives can cause damage to the digestive system. If absorbed, profuse sweating, thirst, nausea, vomiting, diarrhoea, cyanosis, restlessness, stupor, low blood pressure, gasping, abdominal pain, anaemia, convulsions, coma and lung swelling can happen followed by pneumonia.</p>
<b>Skin Contact</b>	<p>Skin contact with the material may be harmful; systemic effects may result following absorption.</p> <p>The material can produce chemical burns following direct contact with the skin.</p> <p>Bisphenol A diglycidyl ether (BADGE) may produce contact dermatitis characterised by erythema and oedema, with weeping followed by crusting and scaling. A liquid resin with a molecular weight of 350 produced severe skin irritation in rabbits when applied daily for 4 hours over 20 days.</p> <p>Following the initial contact there may be a discrete erythematous lesion, confined to the point of contact, which may persist for 48 hours to 10 days; the erythema may give way to a papular, vesicular rash with scaling.</p> <p>In animals uncured resin produces moderate ante-mortem depression, loss of body weight and diarrhoea.</p> <p>Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous reactions include erythema, intolerable itching and severe facial swelling.</p> <p>Volatile amine vapours produce irritation and inflammation of the skin. Direct contact can cause burns.</p> <p>Phenol and its derivatives can cause severe skin irritation if contact is maintained, and can be absorbed to the skin affecting the cardiovascular and central nervous system. Effects include sweating, intense thirst, nausea and vomiting, diarrhoea, cyanosis, restlessness, stupor, low blood pressure, hyperventilation, abdominal pain, anaemia, convulsions, coma, lung swelling followed by pneumonia.</p> <p>Skin contact with reactive diluents may cause slight to moderate irritation with local redness. Repeated or prolonged skin contact may cause burns.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream, through, for example, cuts, abrasions 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>
<b>Eye</b>	<p>The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.</p> <p>If applied to the eyes, this material causes severe eye damage.</p> <p>Vapours of volatile amines irritate the eyes, causing excessive secretion of tears, inflammation of the conjunctiva and slight swelling of the cornea, resulting in "halos" around lights. This effect is temporary, lasting only for a few hours. However this condition can reduce the efficiency of undertaking skilled tasks, such as driving a car. Direct eye contact with liquid volatile amines may produce eye damage, permanent for the lighter species.</p> <p>Some phenol derivatives may produce mild to severe eye irritation with redness, pain and blurred vision. Permanent eye injury may occur; recovery may also be complete or partial.</p> <p>Eye contact with reactive diluents may cause slight to severe irritation with the possibility of chemical burns or moderate to severe corneal injury.</p> <p>Direct eye contact with acid corrosives may produce pain, tears, sensitivity to light and burns. Mild burns of the epithelia generally recover rapidly and completely.</p>
<b>Chronic</b>	<p>Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>Ample evidence exists, from results in experimentation, that developmental disorders are directly caused by human exposure to the material.</p> <p>Ample evidence from experiments exists that there is a suspicion this material directly reduces fertility.</p> <p>Based on experience with animal studies, exposure to the material may result in toxic effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother.</p> <p>There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>Bisphenol A diglycidyl ethers (BADGEs) produce sensitisation dermatitis characterised by a papular, vesicular eczema with considerable itching of the back of the hand, the forearm and face and neck. This lesion may persist for 10-14 days after withdrawal from exposure and recur immediately on re-exposure. This dermatitis may persist for longer periods following each exposure but is unlikely to become more intense. Lesions may develop a brownish colour and scaling occurs frequently.</p> <p>For some reactive diluents, prolonged or repeated skin contact may result in absorption of potentially harmful amounts or allergic skin reactions</p> <p>Exposure to some reactive diluents (notably neopentylglycol diglycidyl ether, CAS RN:17557-23-2) has caused cancer in some animal testing.</p> <p>Secondary amines may react with nitrites to form potentially carcinogenic N-nitrosamines. Glycidyl ethers can cause genetic damage and cancer.</p> <p>Long-term exposure to phenol derivatives can cause skin inflammation, loss of appetite and weight, weakness, muscle aches and pain, liver damage, dark urine, loss of nails, skin eruptions, diarrhoea, nervous disorders with headache, salivation, fainting, discolouration of the skin and eyes, vertigo and mental disorders, and damage to the liver and kidneys.</p> <p>Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping.</p>



	Not Available	Not Available
bisphenol A/ diglycidyl ether resin, liquid	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >800 mg/kg <sup>[1]</sup>	Eye (rabbit): 100mg - Mild
	Oral (rat) LD50: 13447 mg/kg <sup>[1]</sup>	
neopentyl glycol diglycidyl ether	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: 2150 mg/kg[Anchor] <sup>[2]</sup>	Skin (human): Sensitiser [Shell]
	Oral (rat) LD50: 4500 mg/kg <sup>[2]</sup>	
(C12-14)alkylglycidyl ether	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: 16896 mg/kg <sup>[1]</sup>	Eye (rabbit): mild [Ciba]
		Skin (guinea pig): sensitiser
		Skin (human): Irritant
		Skin (human): non- sensitiser
		Skin (rabbit): moderate
N-aminoethylpiperazine	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: 866 mg/kg <sup>[1]</sup>	Eye (rabbit): 20 mg/24h - mod
	Oral (rat) LD50: >1000 mg/kg <sup>[1]</sup>	Skin (rabbit): 0.1 mg/24h - mild
		Skin (rabbit): 5 mg/24h - SEVERE
4-nonylphenol, branched	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: 1246 mg/kg <sup>[1]</sup>	Eye (rabbit): 100 mg - SEVERE
		Skin (rabbit): 500 mg/24h-SEVERE
tall oil/ tetraethylenepentamine polyamides	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: >5000 mg/kg <sup>[2]</sup>	Eyes (rabbit) (-) moderate
		Skin (rabbit) (-) moderate
triethylenetetramine	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: 805 mg/kgE <sup>[2]</sup>	Eye (rabbit):20 mg/24 h - moderate
	Oral (rat) LD50: 2500 mg/kgE <sup>[2]</sup>	Eye (rabbit); 49 mg - SEVERE
		Skin (rabbit): 490 mg open SEVERE
		Skin (rabbit): 5 mg/24 SEVERE

**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

<b>BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID</b>	<p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.</p> <p>The chemical structure of hydroxylated diphenylalkanes or bisphenols consists of two phenolic rings joined together through a bridging carbon. This class of endocrine disruptors that mimic oestrogens is widely used in industry, particularly in plastics</p> <p>Bisphenol A (BPA) and some related compounds exhibit oestrogenic activity in human breast cancer cell line MCF-7, but there were remarkable differences in activity. Several derivatives of BPA exhibited significant thyroid hormonal activity towards rat pituitary cell line GH3, which releases growth hormone in a thyroid hormone-dependent manner. However, BPA and several other derivatives did not show such activity.</p> <p>The substance is classified by IARC as Group 3: <b>NOT</b> classifiable as to its carcinogenicity to humans.</p> <p>Evidence of carcinogenicity may be inadequate or limited in animal testing.</p> <p>In mice, dermal application of bisphenol A diglycidyl ether (BADGE) (1, 10, or 100 mg/kg) for 13 weeks produced mild to moderate chronic active dermatitis. At the high dose, spongiosis and epidermal micro abscess formation were observed. In rats, dermal application of BADGE (10, 100, or 1000 mg/kg) for 13 weeks resulted in a decrease in body weight at the high dose. The no-observable effect level (NOEL) for dermal exposure was 100 mg/kg for both sexes. Foetotoxicity has been observed in animal studies Oral (rabbit, female) NOEL 180 mg/kg (teratogenicity); NOEL (maternal 60 mg/kg)</p>
<b>NEOPENTYL GLYCOL DIGLYCIDYL ETHER</b>	* Anchor SDS]
<b>N-AMINOETHYLPIPERAZINE</b>	<p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.</p> <p>Ethyleneamines are very reactive and can cause chemical burns, skin rashes and asthma-like symptoms. It is readily absorbed through the skin and may cause eye blindness and irreparable damage. As such, they require careful handling. In general, the low-molecular weight polyamines have been positive in the Ames assay (for genetic damage); however, this is probably due to their ability to chelate copper.</p> <p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration.</p>

	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>for piperazine: Exposure to piperazine and its salts has clearly been demonstrated to cause asthma in occupational settings. No NOAEL can be estimated for respiratory sensitisation (asthma). Although the LD50 levels indicate a relatively low level of oral acute toxicity (LD50 1-5 g/kg bw), signs of neurotoxicity may appear in humans after exposure to lower doses. Based on exposure levels of up to 3.4 mg/kg/day piperazine base and a LOAEL of 110 mg/kg, there is no concern for acute toxicity In pigs, piperazine is readily absorbed from the gastrointestinal tract, and the major part of the resorbed compound is excreted as unchanged piperazine during the first 48 hours.</p>		
<b>4-NONYLPHENOL, BRANCHED</b>	<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 cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. Gastrointestinal changes, liver changes, effects on newborn recorded.</p>		
<b>TALL OIL/ TETRAETHYLENEPENTAMINE POLYAMIDES</b>	<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.</p> <p>Ethyleneamines are very reactive and can cause chemical burns, skin rashes and asthma-like symptoms. It is readily absorbed through the skin and may cause eye blindness and irreparable damage. As such, they require careful handling. In general, the low-molecular weight polyamines have been positive in the Ames assay (for genetic damage); however, this is probably due to their ability to chelate copper.</p> <p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.</p> <p>For alkyl polyamines: The alkyl polyamines cluster consists of two terminal primary and at least one secondary amine groups and are derivatives of low molecular weight ethylenediamine, propylenediamine or hexanediamine. Toxicity depends on route of exposure. Cluster members have been shown to cause skin irritation or sensitisation, eye irritation and genetic defects, but have not been shown to cause cancer.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. Tetraethylenepentamine (TEPA) has a low acute toxicity when taken orally and a higher toxicity via the dermal route most likely due to the corrosive nature of TEPA to the skin against neutralization by stomach acid. TEPA may be corrosive to the skin and eyes. Long term dermal application may cause thickening of the epidermis and other skin changes. There were no evidence of reproductive toxicity but there may be foetal toxicity at high doses most likely due to copper deficiency and zinc toxicity.</p>		
<b>TRIETHYLENETETRAMINE</b>	<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.</p> <p>Ethyleneamines are very reactive and can cause chemical burns, skin rashes and asthma-like symptoms. It is readily absorbed through the skin and may cause eye blindness and irreparable damage. As such, they require careful handling. In general, the low-molecular weight polyamines have been positive in the Ames assay (for genetic damage); however, this is probably due to their ability to chelate copper.</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 cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration.</p> <p>For alkyl polyamines: The alkyl polyamines cluster consists of two terminal primary and at least one secondary amine groups and are derivatives of low molecular weight ethylenediamine, propylenediamine or hexanediamine. Toxicity depends on route of exposure. Cluster members have been shown to cause skin irritation or sensitisation, eye irritation and genetic defects, but have not been shown to cause cancer.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. Triethylenetetramine is a severe irritant to skin and eyes and may induce skin sensitisation. Acute exposure to saturated vapour via inhalation was tolerated without impairment but exposure to aerosol may lead to reversible irritations of the mucous membranes in the airways. Studies done on experimental animals showed that it does not cause cancer or foetal developmental defects. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).</p>		
<b>NEOPENTYL GLYCOL DIGLYCIDYL ETHER &amp; (C12-14)ALKYLGLYCIDYL ETHER</b>	<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.</p>		
<b>Acute Toxicity</b>	✓	<b>Carcinogenicity</b>	⊘
<b>Skin Irritation/Corrosion</b>	✓	<b>Reproductivity</b>	✓

Serious Eye Damage/Irritation	✓	STOT - Single Exposure	⊘
Respiratory or Skin sensitisation	✓	STOT - Repeated Exposure	⊘
Mutagenicity	⊘	Aspiration Hazard	⊘

Legend: ✗ – Data available but does not fill the criteria for classification  
✓ – Data required to make classification available  
⊘ – Data Not Available to make classification

## SECTION 12 ECOLOGICAL INFORMATION

### Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
bisphenol A/ diglycidyl ether resin, liquid	LC50	96	Fish	1.2mg/L	2
bisphenol A/ diglycidyl ether resin, liquid	EC50	48	Crustacea	1.1mg/L	2
bisphenol A/ diglycidyl ether resin, liquid	EC50	48	Crustacea	1.7mg/L	2
bisphenol A/ diglycidyl ether resin, liquid	NOEC	504	Crustacea	0.3mg/L	2
bisphenol A/ diglycidyl ether resin, liquid	EC50	72	Algae or other aquatic plants	9.4mg/L	2
neopentyl glycol diglycidyl ether	LC50	96	Fish	12.318mg/L	3
(C12-14)alkylglycidyl ether	LC50	96	Fish	>5000mg/L	2
(C12-14)alkylglycidyl ether	EC50	48	Crustacea	6.07mg/L	2
(C12-14)alkylglycidyl ether	NOEC	48	Crustacea	<10mg/L	2
N-aminoethylpiperazine	EC50	48	Crustacea	=32mg/L	1
N-aminoethylpiperazine	EC50	96	Algae or other aquatic plants	175.657mg/L	3
N-aminoethylpiperazine	LC50	96	Fish	>100mg/L	2
N-aminoethylpiperazine	EC50	48	Crustacea	32mg/L	2
N-aminoethylpiperazine	NOEC	48	Crustacea	10mg/L	2
4-nonylphenol, branched	BCF	24	Fish	0.193mg/L	4
4-nonylphenol, branched	EC10	96	Algae or other aquatic plants	0.012mg/L	4
4-nonylphenol, branched	LC50	96	Fish	0.017mg/L	4
4-nonylphenol, branched	EC50	48	Crustacea	0.0844mg/L	2
4-nonylphenol, branched	NOEC	168	Crustacea	0.001mg/L	2
4-nonylphenol, branched	EC50	96	Algae or other aquatic plants	0.027mg/L	2
tall oil/ tetraethylenepentamine polyamides	LC50	96	Fish	0.19mg/L	2
tall oil/ tetraethylenepentamine polyamides	EC50	24	Crustacea	0.42mg/L	2
tall oil/ tetraethylenepentamine polyamides	EC50	48	Crustacea	0.18mg/L	2
tall oil/ tetraethylenepentamine polyamides	NOEC	48	Crustacea	0.32mg/L	2
tall oil/ tetraethylenepentamine polyamides	EC50	72	Algae or other aquatic plants	0.638mg/L	2
triethylenetetramine	EC50	48	Crustacea	31.1mg/L	1
triethylenetetramine	EC10	72	Algae or other aquatic plants	0.67mg/L	1
triethylenetetramine	EC50	72	Algae or other aquatic plants	2.5mg/L	1
triethylenetetramine	NOEC	72	Algae or other aquatic plants	<2.5mg/L	1
triethylenetetramine	LC50	96	Fish	180mg/L	1

#### Legend:

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

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.  
Prevent, by any means available, spillage from entering drains or water courses.

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

### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
bisphenol A/ diglycidyl ether resin, liquid	HIGH	HIGH
neopentyl glycol diglycidyl ether	HIGH	HIGH
N-aminoethylpiperazine	HIGH	HIGH
4-nonylphenol, branched	HIGH	HIGH
triethylenetetramine	LOW	LOW

#### Bioaccumulative potential

Ingredient	Bioaccumulation
bisphenol A/ diglycidyl ether resin, liquid	LOW (LogKOW = 2.6835)
neopentyl glycol diglycidyl ether	LOW (LogKOW = 0.2342)
N-aminoethylpiperazine	LOW (LogKOW = -1.5677)
4-nonylphenol, branched	LOW (BCF = 271)
triethylenetetramine	LOW (LogKOW = -2.6464)

#### Mobility in soil

Ingredient	Mobility
bisphenol A/ diglycidyl ether resin, liquid	LOW (KOC = 51.43)
neopentyl glycol diglycidyl ether	LOW (KOC = 10)
N-aminoethylpiperazine	LOW (KOC = 171.7)
4-nonylphenol, branched	LOW (KOC = 56010)
triethylenetetramine	LOW (KOC = 309.9)



### SECTION 13 DISPOSAL CONSIDERATIONS

#### Waste treatment methods

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> </ul> <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"> <li>▶ Reduction</li> <li>▶ Reuse</li> <li>▶ Recycling</li> <li>▶ Disposal (if all else fails)</li> </ul> <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.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Recycle wherever possible.</li> <li>▶ 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.</li> <li>▶ Treat and neutralise at an approved treatment plant.</li> <li>▶ Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material).</li> </ul>
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### SECTION 14 TRANSPORT INFORMATION

#### Labels Required

	
Marine Pollutant	

<b>HAZCHEM</b>	2X
<b>Land transport (ADG)</b>	
<b>UN number</b>	2735
<b>Packing group</b>	III
<b>UN proper shipping name</b>	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains N-aminoethylpiperazine and 4-nonylphenol, branched)
<b>Environmental hazard</b>	Not Applicable
<b>Transport hazard class(es)</b>	Class : 8 Subrisk : Not Applicable
<b>Special precautions for user</b>	Special provisions : 223 274 Limited quantity : 5 L

**Air transport (ICAO-IATA / DGR)**

<b>UN number</b>	2735
<b>Packing group</b>	III
<b>UN proper shipping name</b>	Amines, liquid, corrosive, n.o.s. *; Polyamines, liquid, corrosive, n.o.s. * (contains N-aminoethylpiperazine and 4-nonylphenol, branched)
<b>Environmental hazard</b>	Not Applicable
<b>Transport hazard class(es)</b>	ICAO/IATA Class : 8 ICAO / IATA Subrisk : Not Applicable ERG Code : 8L
<b>Special precautions for user</b>	Special provisions : A3A803 Cargo Only Packing Instructions : 856 Cargo Only Maximum Qty / Pack : 60 L Passenger and Cargo Packing Instructions : 852 Passenger and Cargo Maximum Qty / Pack : 5 L Passenger and Cargo Limited Quantity Packing Instructions : Y841 Passenger and Cargo Limited Maximum Qty / Pack : 1 L

**Sea transport (IMDG-Code / GGVSee)**

<b>UN number</b>	2735
<b>Packing group</b>	III
<b>UN proper shipping name</b>	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains N-aminoethylpiperazine and 4-nonylphenol, branched)
<b>Environmental hazard</b>	Marine Pollutant
<b>Transport hazard class(es)</b>	IMDG Class : 8 IMDG Subrisk : Not Applicable
<b>Special precautions for user</b>	EMS Number : F-A, S-B Special provisions : 223 274 Limited Quantities : 5 L

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

Not Applicable

**SECTION 15 REGULATORY INFORMATION****Safety, health and environmental regulations / legislation specific for the substance or mixture****BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID(25068-38-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Substances Information System - Consolidated Lists Australia Inventory of Chemical Substances (AICS)

**NEOPENYL GLYCOL DIGLYCIDYL ETHER(17557-23-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Substances Information System - Consolidated Lists Australia Inventory of Chemical Substances (AICS)

**(C12-14)ALKYLGLYCIDYL ETHER(68609-97-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Substances Information System - Consolidated Lists Australia Inventory of Chemical Substances (AICS)

**N-AMINOETHYLPIPERAZINE(140-31-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Substances Information System - Consolidated Lists Australia Inventory of Chemical Substances (AICS)

**4-NONYLPHENOL, BRANCHED(84852-15-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Substances Information System - Consolidated Lists Australia Inventory of Chemical Substances (AICS)

Continued...

**TALL OIL/ TETRAETHYLENEPENTAMINE POLYAMIDES(68513-05-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

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

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (4-nonylphenol, branched; N-aminoethylpiperazine; (C12-14)alkylglycidyl ether; bisphenol A/ diglycidyl ether resin, liquid; neopentyl glycol diglycidyl ether; triethylenetetramine)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (tall oil/ tetraethylenepentamine polyamides; (C12-14)alkylglycidyl ether; bisphenol A/ diglycidyl ether resin, liquid; neopentyl glycol diglycidyl ether)
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
<b>Legend:</b>	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

**SECTION 16 OTHER INFORMATION****Other information****Ingredients with multiple cas numbers**

Name	CAS No
bisphenol A/ diglycidyl ether resin, liquid	25068-38-6, 25085-99-8
tall oil/ tetraethylenepentamine polyamides	1226892-45-0, 68513-05-3, 68555-22-6, 68953-36-6

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.

A list of reference resources used to assist the committee may be found at:

[www.chemwatch.net](http://www.chemwatch.net)

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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