



MIROTONE

MIROTHANE PU 5730

Mirotone (NZ) Ltd

Chemwatch: 55874

Version No: 2.1.1.1

Safety Data Sheet according to HSNO Regulations

Chemwatch Hazard Alert Code: 3

Issue Date: 01/01/2013

Print Date: 04/23/2015

Initial Date: Not Available

L.GHS.NZL.EN

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

Product Identifier

Product name	MIROTHANE PU 5730 *** OBSOLETE ***
Synonyms	Product Code: 5730, formerly MIROTHANE 878 / 890 Hardener, polyurethane hardener urethane curing agent
Proper shipping name	RESIN SOLUTION, flammable
Other means of identification	Not Available

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

Relevant identified uses	The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. Hardener for MIROTHANE PU 5545
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Details of the manufacturer/importer

Registered company name	Mirotone (NZ) Ltd
Address	32 Cryers Road New Zealand
Telephone	0800 FINISH (0800 346 474)
Fax	0800 346 434
Website	mirotone.com
Email	information@mirotone.co.nz

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	111
Other emergency telephone numbers	Not Available

CHEMWATCH EMERGENCY RESPONSE

Primary Number	Alternative Number 1	Alternative Number 2
+800 2436 2255	+612 9186 1132	Not Available

Once connected and if the message is not in your preferred language then please dial 01

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

**Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation.
Classified as Dangerous Goods for transport purposes.**

CHEMWATCH HAZARD RATINGS

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

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

GHS Classification [1]	Flammable Liquid Category 2, Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, STOT - SE (Resp. Irr.) Category 3, STOT - SE (Narcosis) Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI



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Determined by Chemwatch
using GHS/HSNO criteria

3.1B, 6.1D (inhalation), 6.3A, 6.4A, 6.9 (narcotic), 6.9 (respiratory)

Label elements

GHS label elements	 
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SIGNAL WORD

DANGER

Hazard statement(s)

H225	Highly flammable liquid and vapour
H332	Harmful if inhaled
H315	Causes skin irritation
H319	Causes serious eye irritation
H335	May cause respiratory irritation
H336	May cause drowsiness or dizziness

Precautionary statement(s) Prevention

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P271	Use only outdoors or in a well-ventilated area.
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face 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.

Precautionary statement(s) Response

P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P337+P313	If eye irritation persists: Get medical advice/attention.
P302+P352	IF ON SKIN: Wash with plenty of water and soap
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised chemical landfill or if organic to high temperature incineration
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
9081-90-7	30-60	<u>TDI/ trimethylolpropane prepolymer (solution)</u>
141-78-6	30-60	<u>ethyl acetate</u>
78-93-3	30-60	<u>methyl ethyl ketone</u>
584-84-9	<0.7	<u>toluene-2,4-diisocyanate</u>

SECTION 4 FIRST AID MEASURES

NZ Poisons Centre 0800 POISON (0800 764 766) | NZ Emergency Services: 111

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Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay.
Ingestion	<ul style="list-style-type: none"> ▶ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus. ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.

for simple esters:

BASIC TREATMENT

- ▶ Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- ▶ Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- ▶ Monitor and treat, where necessary, for pulmonary oedema .
- ▶ Monitor and treat, where necessary, for shock.
- ▶ **DO NOT use emetics.** Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- ▶ Give activated charcoal.

ADVANCED TREATMENT

- ▶ Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.
- ▶ Monitor and treat, where necessary, for arrhythmias.
- ▶ Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- ▶ Treat seizures with diazepam.
- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- ▶ Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L. *EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994*

for simple ketones:

BASIC TREATMENT

- ▶ Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- ▶ Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- ▶ Monitor and treat, where necessary, for pulmonary oedema .
- ▶ Monitor and treat, where necessary, for shock.
- ▶ **DO NOT use emetics.** Where ingestion is suspected rinse mouth and give up to 200 ml water (5mL/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- ▶ Give activated charcoal.

ADVANCED TREATMENT

- ▶ Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Consider intubation at first sign of upper airway obstruction resulting from oedema.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.
- ▶ Monitor and treat, where necessary, for arrhythmias.
- ▶ Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- ▶ Treat seizures with diazepam.

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- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- ▶ Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

For sub-chronic and chronic exposures to isocyanates:

- ▶ This material may be a potent pulmonary sensitiser 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

- ▶ Alcohol stable 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

Advice for firefighters

Fire Fighting

- ▶ 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.

Fire/Explosion Hazard

- ▶ 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).
- Combustion products include; carbon dioxide (CO₂) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material
- Contains low boiling substance:** Closed containers may rupture due to pressure buildup under fire conditions.

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Minor Spills

- ▶ 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

- ▶ 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.

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- ▶ 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 MSDS.

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ Contains low boiling substance: <p>Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately.</p> <ul style="list-style-type: none"> ▶ Check for bulging containers. ▶ Vent periodically ▶ Always release caps or seals slowly to ensure slow dissipation of vapours ▶ 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 MSDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	<ul style="list-style-type: none"> ▶ Store below 38 deg. C. ▶ Store in original containers in approved flame-proof area. ▶ No smoking, naked lights, heat or ignition sources. ▶ 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 MSDS.

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	<ul style="list-style-type: none"> ▶ Avoid reaction with water, alcohols and detergent solutions. ▶ 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. ▶ 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 in confined 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. ▶ 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. ▶ Avoid reaction with oxidising agents

Not Available

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	TDI/ trimethylolpropane prepolymer (solution)	Isocyanates, all, (as -NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Sensitiser; These values apply to all isocyanates, including prepolymers, present in the workplace air as vapours, mist or dust.
New Zealand Workplace Exposure Standards (WES)	ethyl acetate	Ethyl acetate	720 mg/m3 / 200 ppm	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	methyl ethyl ketone	Methyl ethyl ketone	445 mg/m3 / 150 ppm	890 mg/m3 / 300 ppm	Not Available	Exposure can also be estimated by biological monitoring.
New Zealand Workplace Exposure Standards (WES)	toluene-2,4-diisocyanate	Isocyanates, all, (as -NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Sensitiser; These values apply to all isocyanates, including prepolymers, present in the workplace air as vapours, mist or dust.

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
TDI/ trimethylolpropane prepolymer (solution)	Isocyanate-bearing waste (as CNs N.O.S.)	8.3 mg/m3	8.3 mg/m3	50 mg/m3
ethyl acetate	Ethyl acetate	400 ppm	400 ppm	10000 ppm
methyl ethyl ketone	Butanone, 2-; (Methyl ethyl ketone; MEK)	Not Available	Not Available	Not Available
toluene-2,4-diisocyanate	Toluene diisocyanate (mixed isomers)	0.045 ppm	0.43 ppm	0.43 ppm
toluene-2,4-diisocyanate	Toluene-2,4-diisocyanate; (TDI)	Not Available	Not Available	Not Available






Ingredient	Original IDLH	Revised IDLH
TDI/ trimethylolpropane prepolymer (solution)	Not Available	Not Available
ethyl acetate	10,000 ppm	2,000 [LEL] ppm
methyl ethyl ketone	3,000 ppm	3,000 [Unch] ppm
toluene-2,4-diisocyanate	Not Available	Not Available

MATERIAL DATA

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>For flammable liquids and flammable gases, local exhaust ventilation or a process enclosure ventilation system may be required. Ventilation equipment should be explosion-resistant.</p> <p>Spraying of material or material in admixture with other components must be carried out in conditions conforming to local state regulations. Local exhaust ventilation with full face air supplied breathing apparatus (hood or helmet type) is normally required. Unprotected personnel must vacate spraying area.</p> <p>NOTE: Isocyanate vapours will not be adequately absorbed by organic vapour respirators. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.</p>	
	Type of Contaminant:	Air Speed:
	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
	Within each range the appropriate value depends on:	
	Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture		1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only		2: Contaminants of high toxicity
3: Intermittent, low production.		3: High production, heavy use
4: Large hood or large air mass in motion		4: Small hood-local control only
<p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min.) for extraction of solvents generated by spraying at a point 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.</p>		

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Personal protection	    
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens 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	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <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.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ PVC Apron. ▶ PVC protective suit may be required if exposure severe. ▶ Eyewash unit. ▶ Ensure there is ready access to a safety shower.
Thermal hazards	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:

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Material	CPI
PE/EVAL/PE	A
PVA	A
BUTYL	B
BUTYL/NEOPRENE	B
TEFLON	B
HYPALON	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PVC	C
SARANEX-23	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 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	Air-line*	A-2	A-PAPR-2 ^
up to 20 x ES	-	A-3	-
20+ x ES	-	Air-line**	-

* - Continuous-flow; ** - Continuous-flow or positive pressure demand

^ - 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)

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Pale straw coloured, highly flammable liquid with a slight, sweet odour; reacts		
Physical state	Liquid	Relative density (Water = 1)	0.96
Odour	Not Available	Partition coefficient n-octanol / water	Not Available

Continued...

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Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	117	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	16	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available
Upper Explosive Limit (%)	7.6	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	1.4	Volatile Component (%vol)	>60
Vapour pressure (kPa)	2.933 @25C	Gas group	Not Available
Solubility in water (g/L)	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 vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.</p> <p>The main effects of simple aliphatic esters are narcosis and irritation and anaesthesia at higher concentrations. These effects become greater as the molecular weights and boiling points increase. Central nervous system depression, headache, drowsiness, dizziness, coma and neurobehavioral changes may also be symptomatic of overexposure. Respiratory tract involvement may produce mucous membrane irritation, dyspnea, and tachypnea, pharyngitis, bronchitis, pneumonitis and, in massive exposures, pulmonary oedema (which may be delayed). Gastrointestinal effects include nausea, vomiting, diarrhoea and abdominal cramps. Liver and kidney damage may result from massive exposures.</p> <p>Exposure to ketone vapours may produce nose, throat and mucous membrane irritation. High concentrations of vapour may produce central nervous system depression characterised by headache, vertigo, loss of coordination, narcosis and cardiorespiratory failure. Some ketones produce neurological disorders (polyneuropathy) characterised by bilateral symmetrical paresthesia and muscle weakness primarily in the legs and arms.</p>
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Considered an unlikely route of entry in commercial/industrial environments The liquid may produce considerable gastrointestinal discomfort and may be harmful or toxic if swallowed. Ingestion may result in nausea, pain and vomiting. Vomit entering the lungs by aspiration may cause potentially lethal chemical pneumonitis</p> <p>The main effects of simple aliphatic esters are narcosis and irritation and anaesthesia at higher concentrations. These effects become greater as the molecular weights and boiling points increase. Central nervous system depression, headache, drowsiness, dizziness, coma and neurobehavioral changes may also be symptomatic of overexposure. Respiratory tract involvement may produce mucous membrane irritation, dyspnea, and tachypnea, pharyngitis, bronchitis, pneumonitis and, in massive exposures, pulmonary oedema (which may be delayed). Gastrointestinal effects include nausea, vomiting, diarrhoea and abdominal cramps. Liver and kidney damage may result from massive exposures.</p>
Skin Contact	<p>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</p> <p>The material may produce moderate skin irritation; limited evidence or practical experience suggests, that the material either:</p> <ul style="list-style-type: none"> ▶ produces moderate inflammation of the skin in a substantial number of individuals following direct contact and/or ▶ produces significant, but moderate, 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. <p>Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>Reactions may not occur on exposure but response may be delayed with symptoms only appearing many hours later</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>Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation.</p> <p>The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.</p> <p>Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p>

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Eye	<p>Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals. Repeated or prolonged eye contact may cause inflammation (similar to windburn) characterised by a temporary redness of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p> <p>The vapour when concentrated has pronounced eye irritation effects and this gives some warning of high vapour concentrations. If eye irritation occurs seek to reduce exposure with available control measures, or evacuate area.</p> <p>The liquid produces a high level of eye discomfort and is capable of causing pain and severe conjunctivitis. Corneal injury may develop, with possible permanent impairment of vision, if not promptly and adequately treated.</p>
Chronic	<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. [CCTRADE-Bayer, APMF]</p> <p>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-allergic 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.</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-allergic 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. 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>CONTAINS free organic isocyanate. Mixing and application requires special precautions and use of personal protective gear [APMF]</p> <p>Sensitisation may result in allergic dermatitis responses including rash, itching, hives or swelling of extremities.</p> <p>Sensitisation may give severe responses to very low levels of exposure, in situations where exposure may occur.</p>

MIROTHANE PU 5730 *** OBSOLETE ***	TOXICITY Not Available	IRRITATION Not Available
TDI/ trimethylolpropane prepolymer (solution)	TOXICITY Oral (rat) LD50: >5000 mg/kg ^[2]	IRRITATION [Bayer] Eye (rabbit): mild-irritant Skin (rabbit): non-irritant/24hr
ethyl acetate	TOXICITY Dermal (rabbit) LD50: >18000 mg/kg ^[2] Inhalation (mouse) LC50: >18 mg/4 h ^[1] Inhalation (mouse) LC50: 33.5 mg/2 h ^[1] Inhalation (mouse) LC50: 45 mg/L/2h ^[2] Inhalation (rat) LC50: >6000 ppm/6h ^[2] Inhalation (rat) LC50: 1600 ppm/8h ^[2] Inhalation (rat) LC50: 200 mg/l1 h ^[1] Oral (rat) LD50: 10170 mg/kg ^[1]	IRRITATION Eye (human): 400 ppm
methyl ethyl ketone	TOXICITY Dermal (rabbit) LD50: >8100 mg/kg ^[1] Inhalation (rat) LC50: 23.5 mg/L/8h ^[2] Inhalation (rat) LC50: 50.1 mg/L/8 hr ^[2] Oral (rat) LD50: 3474.9 mg/kg ^[1]	IRRITATION - mild Eye (human): 350 ppm -irritant Eye (rabbit): 80 mg - irritant Skin (rabbit): 402 mg/24 hr - mild Skin (rabbit):13.78mg/24 hr open
toluene-2,4-diisocyanate	TOXICITY dermal (rat) LD50: >2000 mg/kg ^[1] Inhalation (mouse) LC50: 14.1 ppm6 h ^[1] Inhalation (rat) LC50: 14 ppm/4h ^[2] Oral (rat) LD50: >2000 mg/kg ^[1]	IRRITATION Eye (rabbit): 100 mg - SEVERE Skin (rabbit): 500 mg(open)-SEVERE Skin (rabbit):500 mg/24hr-moderate

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extracted from RTECS - Register of Toxic Effect of chemical Substances

<p>TDI/ TRIMETHYLOLPROPANE PREPOLYMER (SOLUTION)</p>	<p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p> <p>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.</p> <p>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.</p> <p>The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p>
<p>METHYL ETHYL KETONE</p>	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p> <p>Methyl ethyl ketone is considered to have a low order of toxicity; however methyl ethyl ketone is often used in combination with other solvents and the toxic effects of the mix may be greater than either solvent alone. Combinations of n-hexane with methyl ethyl ketone and also methyl n-butyl ketone with methyl ethyl ketone show increase in peripheral neuropathy, a progressive disorder of nerves of extremities.</p> <p>Combinations with chloroform also show increase in toxicity</p>
<p>TOLUENE- 2,4-DIISOCYANATE</p>	<p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>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.</p> <p>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.</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.</p> <p>Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p> <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</p>

Continued...

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dermal sensitisers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.

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.

There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route

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.

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.

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.

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.

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.

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen

[National Toxicology Program: U.S. Dep. of Health & Human Services 2002]

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 required to make classification available
 ✗ – Data available but does not fill the criteria for classification
 ⊖ – Data Not Available to make classification

CMR STATUS

REPROTOXIN	methyl ethyl ketone	ILO Chemicals in the electronics industry that have toxic effects on reproduction
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SECTION 12 ECOLOGICAL INFORMATION

Toxicity

NOT AVAILABLE

Ingredient	Endpoint	Test Duration	Effect	Value	Species	BCF
TDI/ trimethylolpropane prepolymer (solution)	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
ethyl acetate	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
methyl ethyl ketone	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
toluene-2,4-diisocyanate	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethyl acetate	LOW (Half-life = 14 days)	LOW (Half-life = 14.71 days)

Continued...

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methyl ethyl ketone	LOW (Half-life = 14 days)	LOW (Half-life = 26.75 days)
toluene-2,4-diisocyanate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
ethyl acetate	HIGH (BCF = 3300)
methyl ethyl ketone	LOW (LogKOW = 0.29)
toluene-2,4-diisocyanate	LOW (BCF = 5)

Mobility in soil

Ingredient	Mobility
ethyl acetate	LOW (KOC = 6.131)
methyl ethyl ketone	MEDIUM (KOC = 3.827)
toluene-2,4-diisocyanate	LOW (KOC = 9114)


SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> Consult manufacturer for recycling options and recycle where possible. Consult State Land Waste Management Authority for disposal. Incinerate residue at an approved site. Recycle containers if possible, or dispose of in an authorised landfill.
	Ensure that the disposal of material is carried out in accordance with Hazardous Substances (Disposal) Regulations 2001.

SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO
HAZCHEM	•3YE

Land transport (UN)

UN number	1866				
Packing group	II				
UN proper shipping name	RESIN SOLUTION, flammable				
Environmental hazard	No relevant data				
Transport hazard class(es)	<table> <tr> <td>Class</td><td>3</td></tr> <tr> <td>Subrisk</td><td>Not Applicable</td></tr> </table>	Class	3	Subrisk	Not Applicable
Class	3				
Subrisk	Not Applicable				
Special precautions for user	<table> <tr> <td>Special provisions</td><td>Not Applicable</td></tr> <tr> <td>Limited quantity</td><td>5 L</td></tr> </table>	Special provisions	Not Applicable	Limited quantity	5 L
Special provisions	Not Applicable				
Limited quantity	5 L				

Air transport (ICAO-IATA / DGR)

UN number	1866												
Packing group	II												
UN proper shipping name	Resin solution flammable												
Environmental hazard	No relevant data												
Transport hazard class(es)	<table> <tr> <td>ICAO/IATA Class</td><td>3</td></tr> <tr> <td>ICAO / IATA Subrisk</td><td>Not Applicable</td></tr> <tr> <td>ERG Code</td><td>3L</td></tr> </table>	ICAO/IATA Class	3	ICAO / IATA Subrisk	Not Applicable	ERG Code	3L						
ICAO/IATA Class	3												
ICAO / IATA Subrisk	Not Applicable												
ERG Code	3L												
Special precautions for user	<table> <tr> <td>Special provisions</td><td>A3</td></tr> <tr> <td>Cargo Only Packing Instructions</td><td>364</td></tr> <tr> <td>Cargo Only Maximum Qty / Pack</td><td>60 L</td></tr> <tr> <td>Passenger and Cargo Packing Instructions</td><td>353</td></tr> <tr> <td>Passenger and Cargo Maximum Qty / Pack</td><td>5 L</td></tr> <tr> <td>Passenger and Cargo Limited Quantity Packing Instructions</td><td>Y341</td></tr> </table>	Special provisions	A3	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
Special provisions	A3												
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												

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Passenger and Cargo Limited Maximum Qty / Pack	1 L
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Sea transport (IMDG-Code / GGVSee)

UN number	1866
Packing group	II
UN proper shipping name	RESIN SOLUTION flammable
Environmental hazard	Not Applicable
Transport hazard class(es)	IMDG Class : 3
	IMDG Subrisk : Not Applicable
Special precautions for user	EMS Number : F-E , S-E
	Special provisions : Not Applicable
	Limited Quantities : 5 L

Transport in bulk according to Annex II of MARPOL 73 / 78 and the IBC code

Source	Ingredient	Pollution Category
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	ethyl acetate	Z
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	methyl ethyl ketone	Z
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	toluene-2,4-diisocyanate	Y

SECTION 15 REGULATORY INFORMATION

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

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR002596	Laboratory Chemicals and Reagent Kits Group Standard 2006
HSR002528	Cleaning Products (Flammable) Group Standard 2006
HSR002583	Fuel Additives (Flammable) Group Standard 2006
HSR002662	Surface Coatings and Colourants (Flammable) Group Standard 2006
HSR002611	Metal Industry Products (Flammable) Group Standard 2006
HSR002621	N.O.S. (Flammable) Group Standard 2006
HSR002641	Polymers (Flammable) Group Standard 2006
HSR002637	Photographic Chemicals (Flammable) Group Standard 2006
HSR002495	Additives, Process Chemicals and Raw Materials (Flammable) Group Standard 2006
HSR002576	Food Additives and Fragrance Materials (Flammable) Group Standard 2006
HSR002563	Embalming Products (Flammable) Group Standard 2006
HSR002556	Dental Products (Flammable) Group Standard 2006
HSR100425	Pharmaceutical Active Ingredients Group Standard 2010
HSR002599	Leather and Textile Products (Flammable) Group Standard 2006
HSR002603	Lubricants (Flammable) Group Standard 2006
HSR002650	Solvents (Flammable) Group Standard 2006
HSR002552	Cosmetic Products Group Standard 2006
HSR002548	Corrosion Inhibitors (Flammable) Group Standard 2006
HSR100757	Veterinary Medicine (Limited Pack Size, Finished Dose) Standard 2012
HSR100758	Veterinary Medicines (Non-dispersive Closed System Application) Group Standard 2012
HSR100759	Veterinary Medicines (Non-dispersive Open System Application) Group Standard 2012
HSR100628	Straight-chained Lepidopteran Sex Pheromone Group Standard 2012

TDI/ trimethylolpropane prepolymer (solution) (9081-90-7) is found on the following regulatory lists	"New Zealand Inventory of Chemicals (NZIoC)", "New Zealand Workplace Exposure Standards (WES)"
ethyl acetate(141-78-6) is found on the following regulatory lists	"New Zealand Inventory of Chemicals (NZIoC)", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"
methyl ethyl ketone(78-93-3) is found on the following regulatory lists	"New Zealand Inventory of Chemicals (NZIoC)", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"

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toluene-2,4-diisocyanate(584-84-9) is found on the following regulatory lists

"New Zealand Inventory of Chemicals (NZIoC)", "International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"

ECHA SUMMARY

Ingredient	CAS number	Index No	ECHA Dossier
TDI/ trimethylolpropane prepolymer (solution)	9081-90-7	Not Available	Not Available

Harmonisation (C&L Inventory)	Hazard Class and Category Code(s)	Pictograms Signal Word Code(s)	Hazard Statement Code(s)
Not Available	Not Available	Not Available	Not Available

Harmonisation Code 1 = The most prevalent classification. Harmonisation Code 2 = The most severe classification.

Ingredient	CAS number	Index No	ECHA Dossier
ethyl acetate	141-78-6	607-022-00-5	01-2119475103-46-XXXX

Harmonisation (C&L Inventory)	Hazard Class and Category Code(s)	Pictograms Signal Word Code(s)	Hazard Statement Code(s)
1	Flam. Liq. 2, Eye Irrit. 2, STOT SE 3	GHS07, GHS02, Dgr	H225, H319, H336
2	Flam. Liq. 2, Eye Irrit. 2, STOT SE 3, Aquatic Chronic 1, Eye Irrit. 2A, Acute Tox. 4, Asp. Tox. 1, Skin Sens. 1	GHS07, Dgr, GHS01, Wng	H225, H319, H336, H335

Harmonisation Code 1 = The most prevalent classification. Harmonisation Code 2 = The most severe classification.

Ingredient	CAS number	Index No	ECHA Dossier
methyl ethyl ketone	78-93-3	606-002-00-3	01-2119457290-43-XXXX, 01-2119943742-35-XXXX

Harmonisation (C&L Inventory)	Hazard Class and Category Code(s)	Pictograms Signal Word Code(s)	Hazard Statement Code(s)
1	Flam. Liq. 2, Eye Irrit. 2, STOT SE 3	GHS07, GHS02, Dgr	H225, H319, H336
2	Flam. Liq. 2, Eye Irrit. 2, STOT SE 3, Skin Irrit. 2, Eye Irrit. 2A	Dgr, Wng, GHS01, GHS08	H225, H319, H371, H312, H302, H341, H361, H314

Harmonisation Code 1 = The most prevalent classification. Harmonisation Code 2 = The most severe classification.

Ingredient	CAS number	Index No	ECHA Dossier
toluene-2,4-diisocyanate	584-84-9	615-006-00-4	01-2119454791-34-XXXX, 01-2119486974-18-XXXX

Harmonisation (C&L Inventory)	Hazard Class and Category Code(s)	Pictograms Signal Word Code(s)	Hazard Statement Code(s)
1	Skin Irrit. 2, Skin Sens. 1, Eye Irrit. 2, Acute Tox. 2, Resp. Sens. 1, STOT SE 3, Carc. 2, Aquatic Chronic 3, Eye Dam. 1, Acute Tox. 1	GHS06, GHS08, Dgr, GHS05	H315, H317, H319, H330, H334, H335, H351, H412, H318
2	Skin Sens. 1, Eye Irrit. 2, Acute Tox. 2, Resp. Sens. 1, Carc. 2, Acute Tox. 1, Eye Irrit. 2A, Acute Tox. 3, Skin Corr. 1B, STOT SE 1, STOT RE 1, Aquatic Acute 1, Aquatic Chronic 1, Skin Irrit. 2, Eye Dam. 1, Aquatic Chronic 3, STOT SE 2	GHS06, GHS08, Dgr, GHS09, GHS05	H317, H319, H330, H334, H351, H311, H314, H370, H372, H400, H410, H315, H318, H412, H302, H371

Harmonisation Code 1 = The most prevalent classification. Harmonisation Code 2 = The most severe classification.

Location Test Certificate

Subject to Regulation 55 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations, a location test certificate is required when quantity greater than or equal to those indicated below are present.

Hazard Class	Quantity beyond which controls apply for closed containers	Quantity beyond which controls apply when use occurring in open containers
3.1B	100 L in containers greater than 5 L 250 L in containers up to and including 5 L	50 L 50 L

Approved Handler

Subject to Regulation 56 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations and Regulation 9 of the Hazardous Substances (Classes 6, 8, and 9 Controls) Regulations, the substance must be under the personal control of an Approved Handler when present in a quantity greater than or equal to those indicated below.

Class of substance	Quantities
3.1B	250 L (when in containers greater than 5 L) 500 L (when in containers up to and including 5 L)

National Inventory	Status
Australia - AICS	N (TDI/ trimethylolpropane prepolymer (solution))
Canada - DSL	N (TDI/ trimethylolpropane prepolymer (solution))
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	N (TDI/ trimethylolpropane prepolymer (solution))
Japan - ENCS	N (TDI/ trimethylolpropane prepolymer (solution))
Korea - KECI	N (TDI/ trimethylolpropane prepolymer (solution))

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New Zealand - NZIoC	Y
Philippines - PICCS	N (TDI/ trimethylolpropane prepolymer (solution))
USA - TSCA	N (TDI/ trimethylolpropane prepolymer (solution))
Legend:	<i>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)</i>

SECTION 16 OTHER INFORMATION**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.

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

www.chemwatch.net

The (M)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.

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