



## MIROTHANE PU 5747

Mirotone (NZ) Ltd

Chemwatch: 5089-36

Version No: 4.1.1.1

Safety Data Sheet according to HSNO Regulations

Chemwatch Hazard Alert Code: 3

Issue Date: 01/01/2013

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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 5747
Synonyms	Product Code: 5747-B, hardener curing agent catalyst isocyanate
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	Application is usually by spray atomisation in a ventilated spray booth, after viscosity reduction with thinner 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 55555 (T4632) and MIROTHANE PU 5650 (T4630)
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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 <sup>[1]</sup>	Flammable Liquid Category 2, Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Respiratory Sensitizer Category 1, Skin Sensitizer Category 1, STOT - SE (Resp. Irr.) Category 3, STOT - SE (Narcosis) Category 3, Acute Aquatic Hazard Category 3
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**Legend:** 1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

**Determined by Chemwatch using GHS/HSNO criteria**

3.1B, 6.1D (dermal), 6.1D (inhalation), 6.3A, 6.4A, 6.5A (respiratory), 6.5B (contact), 6.9 (narcotic), 6.9 (respiratory), 9.1D

## Label elements

GHS label elements	  
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**SIGNAL WORD** **DANGER**

## Hazard statement(s)

H225	Highly flammable liquid and vapour
H312	Harmful in contact with skin
H332	Harmful if inhaled
H315	Causes skin irritation
H319	Causes serious eye irritation
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled
H317	May cause an allergic skin reaction
H335	May cause respiratory irritation
H336	May cause drowsiness or dizziness
H402	Harmful to aquatic life

## Precautionary statement(s) Prevention

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.
P273	Avoid release to the environment.
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.
P272	Contaminated work clothing should not be allowed out of the workplace.

## Precautionary statement(s) Response

P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.
P302+P352	IF ON SKIN: Wash with plenty of water and soap
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower.

## Precautionary statement(s) Storage

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

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## Mixtures

CAS No	%[weight]	Name
63368-95-6	30-60	<u>toluene diisocyanate/ hexamethylene diisocyanate copolymer</u>
584-84-9	<0.5	<u>toluene-2,4-diisocyanate</u>
822-06-0	<0.5	<u>hexamethylene diisocyanate</u>
1330-20-7	10-30	<u>xylene</u>
78-93-3	10-30	<u>methyl ethyl ketone</u>
Not Available	10-30	alkyl esters

## SECTION 4 FIRST AID MEASURES

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

## Description of first aid measures

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>Wash out immediately with fresh 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>Seek medical attention without delay; if pain persists or recurs seek medical attention.</li> <li>Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>Immediately remove all contaminated clothing, including footwear.</li> <li>Flush skin and hair with running water (and soap if available).</li> <li>Seek medical attention in event of irritation.</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, without delay.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <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>Seek medical advice.</li> <li>Avoid giving milk or oils.</li> <li>Avoid giving alcohol.</li> </ul>

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

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.
- 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.

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- ▶ 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 &amp; 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.

For acute or short term repeated exposures to xylene:

- ▶ Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- ▶ Pulmonary absorption is rapid with about 60-65% retained at rest.
- ▶ Primary threat to life from ingestion and/or inhalation, is respiratory failure.
- ▶ Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO<sub>2</sub> < 50 mm Hg or pCO<sub>2</sub> > 50 mm Hg) should be intubated.
- ▶ Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- ▶ A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- ▶ Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.

## BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
Methylhippu-ric acids in urine	1.5 gm/gm creatinine	End of shift	
	2 mg/min	Last 4 hrs of shift	

## SECTION 5 FIREFIGHTING MEASURES

## Extinguishing media

	<ul style="list-style-type: none"> <li>▶ Water spray or fog.</li> <li>▶ Alcohol stable foam.</li> <li>▶ Dry chemical powder.</li> <li>▶ Carbon dioxide.</li> </ul> <p><b>Do not</b> use a water jet to fight fire.</p>
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## Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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## Advice for firefighters

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ May be violently or explosively reactive.</li> <li>▶ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Consider evacuation (or protect in place).</li> <li>▶ Fight fire from a safe distance, with adequate cover.</li> <li>▶ If safe, switch off electrical equipment until vapour fire hazard removed.</li> <li>▶ Use water delivered as a fine spray to control the fire and cool adjacent area.</li> <li>▶ Avoid spraying water onto liquid pools.</li> <li>▶ <b>Do not approach containers suspected to be hot.</b></li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Liquid and vapour are highly flammable.</li> <li>▶ Severe fire hazard when exposed to heat, flame and/or oxidisers.</li> <li>▶ Vapour may travel a considerable distance to source of ignition.</li> <li>▶ Heating may cause expansion or decomposition leading to violent rupture of containers.</li> <li>▶ On combustion, may emit toxic fumes of carbon monoxide (CO).</li> </ul> <p>Combustion products include; carbon dioxide (CO<sub>2</sub>) and minor amounts of isocyanates hydrogen cyanide nitrogen oxides (NO<sub>x</sub>) other pyrolysis products typical of burning organic material</p> <p><b>Contains low boiling substance:</b> Closed containers may rupture due to pressure buildup under fire conditions.</p> <ul style="list-style-type: none"> <li>▶ Flooding quantities of water only.</li> <li>▶ Small quantities of water in contact with hot liquid may react violently with generation of a large volume of rapidly expanding hot sticky semi-solid foam.</li> <li>▶ Presents additional hazard when fire fighting in a confined space.</li> <li>▶ Cooling with flooding quantities of water reduces this risk.</li> <li>▶ Water spray or fog may cause frothing and should be used in large quantities.</li> </ul>

## SECTION 6 ACCIDENTAL RELEASE MEASURES

## Personal precautions, protective equipment and emergency procedures

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Remove all ignition sources.</li> <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 small quantities with vermiculite or other absorbent material.</li> <li>▶ Wipe up.</li> <li>▶ Collect residues in a flammable waste container.</li> </ul>
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Major Spills	<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>▶ May be violently or explosively reactive.</li> <li>▶ Wear breathing apparatus plus protective gloves.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Consider evacuation (or protect in place).</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Increase ventilation.</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Water spray or fog may be used to disperse /absorb vapour.</li> <li>▶ Contain spill with sand, earth or vermiculite.</li> <li>▶ Use only spark-free shovels and explosion proof equipment.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> <li>▶ Absorb remaining product with sand, earth or vermiculite.</li> <li>▶ Collect solid residues and seal in labelled drums for disposal.</li> <li>▶ Wash area and prevent runoff into drains.</li> <li>▶ If contamination of drains or waterways occurs, advise emergency services.</li> </ul>
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Personal Protective Equipment advice is contained in Section 8 of the MSDS.

## SECTION 7 HANDLING AND STORAGE

## Precautions for safe handling

Safe handling	<p><b>Contains low boiling substance:</b></p> <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"> <li>▶ Check for bulging containers.</li> <li>▶ Vent periodically</li> <li>▶ Always release caps or seals slowly to ensure slow dissipation of vapours</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>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ Avoid smoking, naked lights, heat or ignition sources.</li> <li>▶ When handling, <b>DO NOT eat, drink or smoke.</b></li> <li>▶ Vapour may ignite on pumping or pouring due to static electricity.</li> <li>▶ <b>DO NOT use plastic buckets.</b></li> <li>▶ Earth and secure metal containers when dispensing or pouring product.</li> <li>▶ Use spark-free tools when handling.</li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this MSDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.</li> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> </ul>
Other information	<ul style="list-style-type: none"> <li>▶ Store in original containers in approved flame-proof area.</li> <li>▶ No smoking, naked lights, heat or ignition sources.</li> <li>▶ <b>DO NOT store in pits, depressions, basements or areas where vapours may be trapped.</b></li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store away from incompatible materials in a cool, dry well ventilated area.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this MSDS.</li> </ul>

## Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> <li>▶ Packing as supplied by manufacturer.</li> <li>▶ Plastic containers may only be used if approved for flammable liquid.</li> <li>▶ Check that containers are clearly labelled and free from leaks.</li> <li>▶ 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.</li> <li>▶ For materials with a viscosity of at least 2680 cSt. (23 deg. C)</li> <li>▶ For manufactured product having a viscosity of at least 250 cSt. (23 deg. C)</li> <li>▶ 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.</li> <li>▶ 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</li> <li>▶ 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.</li> </ul>
Storage incompatibility	<ul style="list-style-type: none"> <li>▶ Avoid reaction with oxidising agents</li> </ul>

## PACKAGE MATERIAL INCOMPATIBILITIES

Not Available

## SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

## Control parameters

## OCCUPATIONAL EXPOSURE LIMITS (OEL)

## INGREDIENT DATA

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	toluene diisocyanate/ hexamethylene diisocyanate copolymer	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)	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.
New Zealand Workplace Exposure Standards (WES)	hexamethylene 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.
New Zealand Workplace Exposure Standards (WES)	xylene	Xylene (o-, m-, p-isomers)	217 mg/m3 / 50 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.

## EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
toluene diisocyanate/ hexamethylene diisocyanate copolymer	Isocyanate-bearing waste (as CNs N.O.S.)	8.3 mg/m3	8.3 mg/m3	50 mg/m3
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
hexamethylene diisocyanate	Hexamethylene diisocyanate; (1,6-Diisocyanatohexane)	0.005 ppm	0.02 ppm	0.8 ppm
xylene	Xylenes	Not Available	Not Available	Not Available
methyl ethyl ketone	Butanone, 2-; (Methyl ethyl ketone; MEK)	Not Available	Not Available	Not Available


Ingredient	Original IDLH	Revised IDLH
toluene diisocyanate/ hexamethylene diisocyanate copolymer	Not Available	Not Available
toluene-2,4-diisocyanate	Not Available	Not Available
hexamethylene diisocyanate	Not Available	Not Available
xylene	1,000 ppm	900 ppm
methyl ethyl ketone	3,000 ppm	3,000 [Unch] ppm
alkyl esters	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>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:
	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
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
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		

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	of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min.) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles.</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. 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]</li> </ul>
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> <li>▶ Wear chemical protective gloves, e.g. PVC.</li> <li>▶ Wear safety footwear or safety gumboots, e.g. Rubber</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>
Body protection	See Other protection below
Other protection	<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> <li>▶ Ensure there is ready access to a safety shower.</li> </ul>
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
TEFLON	A
BUTYL	B
VITON	B
BUTYL/NEOPRENE	C
HYPALON	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PVC	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 5 x ES	A-AUS / Class 1	-	A-PAPR-AUS / Class 1
up to 25 x ES	Air-line*	A-2	A-PAPR-2
up to 50 x ES	-	A-3	-
50+ 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(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

Appearance	Pale straw highly flammable liquid with a slight sweet odour; partially		
Physical state	Liquid	Relative density (Water = 1)	0.95

Continued...



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<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>	80	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	-3	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	HIGHLY FLAMMABLE.	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	10.6	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	1.2	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	6.00 @25C	<b>Gas group</b>	Not Available
<b>Solubility in water (g/L)</b>	Partly Miscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	>1	<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
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 TOXICOLOGICAL INFORMATION

## Information on toxicological effects

<b>Inhaled</b>	<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. If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.</p> <p>Headache, fatigue, lassitude, irritability and gastrointestinal disturbances (e.g., nausea, anorexia and flatulence) are the most common symptoms of xylene overexposure. Injury to the heart, liver, kidneys and nervous system has also been noted amongst workers. Transient memory loss, renal impairment, temporary confusion and some evidence of disturbance of liver function was reported in three workers overcome by gross exposure to xylene (10000 ppm). One worker died and autopsy revealed pulmonary congestion, oedema and focal alveolar haemorrhage. Volunteers inhaling xylene at 100 ppm for 5 to 6 hours showed changes in manual coordination reaction time and slight ataxia. Tolerance developed during the workweek but was lost over the weekend. Physical exercise may antagonise this effect. Xylene body burden in humans exposed to 100 or 200 ppm xylene in air depends on the amount of body fat with 4% to 8% of total absorbed xylene accumulating in adipose tissue.</p>
<b>Ingestion</b>	<p>Accidental ingestion of the material may be damaging to the health of the individual. Considered an unlikely route of entry in commercial/industrial environments. The liquid may produce gastrointestinal discomfort and may be harmful if swallowed. Ingestion may result in nausea, pain and vomiting. Vomiting entering the lungs by aspiration may cause potentially lethal chemical pneumonitis</p>
<b>Skin Contact</b>	<p>Skin contact with the material may be harmful; systemic effects may result following absorption. The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either</p> <ul style="list-style-type: none"> <li>▶ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or</li> <li>▶ 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.</li> </ul> <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. 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>
<b>Eye</b>	<p>Evidence exists, or practical experience predicts, that the material may cause severe eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>
<b>Chronic</b>	<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>A 90-day inhalation study in rats with polymeric MDI (6 hours/day, 5 days/week) produced moderate to severe hyperplastic inflammatory lesions in the nasal cavities and lungs at levels of 8 mg/m<sup>3</sup> or greater.</p> <p>With most allergens, removal of the offending agent results in the individual becoming asymptomatic. Toluene diisocyanate (TDI)-induced asthma may continue</p>

Continued...



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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. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

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 evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.

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.

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

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

Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping. 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.

MIROTHANE PU 5747	TOXICITY	IRRITATION
	Not Available	Not Available
toluene diisocyanate/ hexamethylene diisocyanate copolymer	TOXICITY	IRRITATION
	Not Available	Not Available
toluene-2,4-diisocyanate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye (rabbit): 100 mg - SEVERE
	Inhalation (mouse) LC50: 14.1 ppm/4h <sup>[1]</sup>	Skin (rabbit): 500 mg(open)-SEVERE
	Inhalation (rat) LC50: 14 ppm/4h <sup>[2]</sup>	Skin (rabbit):500 mg/24hr-moderate
hexamethylene diisocyanate	Oral (rat) LD50: >2000 mg/kg <sup>[1]</sup>	
	TOXICITY	IRRITATION
	dermal (rat) LD50: >7000 mg/kg <sup>[1]</sup>	Not Available
	Inhalation (rat) LC50: 0.06 mg/L/4h <sup>[2]</sup>	
	Inhalation (rat) LC50: 0.124 mg/L/4h <sup>[2]</sup>	
xylene	Inhalation (rat) LC50: 0.462 mg/L/4h <sup>[2]</sup>	
	Oral (rat) LD50: 710 mg/kg <sup>[1]</sup>	
	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >1700 mg/kg <sup>[2]</sup>	Eye (human): 200 ppm irritant
	Inhalation (rat) LC50: 5000 ppm/4h <sup>[2]</sup>	Eye (rabbit): 5 mg/24h SEVERE
methyl ethyl ketone	Oral (rat) LD50: 4300 mg/kg <sup>[2]</sup>	Eye (rabbit): 87 mg mild
		Skin (rabbit):500 mg/24h moderate
	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >8100 mg/kg <sup>[1]</sup>	- mild
	Inhalation (rat) LC50: 23.5 mg/L/8h <sup>[2]</sup>	Eye (human): 350 ppm -irritant
	Inhalation (rat) LC50: 50.1 mg/L/8 hr <sup>[2]</sup>	Eye (rabbit): 80 mg - irritant
	Oral (rat) LD50: 3474.9 mg/kg <sup>[1]</sup>	Skin (rabbit): 402 mg/24 hr - mild
		Skin (rabbit):13.78mg/24 hr open

**Legend:**

1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. \* Value obtained from manufacturer's msds. Unless otherwise specified data

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extracted from RTECS - Register of Toxic Effect of chemical Substances

**TOLUENE DIISOCYANATE/  
HEXAMETHYLENE  
DIISOCYANATE  
COPOLYMER**

The following information refers to contact allergens as a group and may not be specific to this product.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly 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.

The following information refers to contact allergens as a group and may not be specific to this product.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly 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.

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.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

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

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

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

for diisocyanates:

In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitizers. Diisocyanates are moderate to strong dermal sensitizers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.

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-methylenbis-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,

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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]

#### HEXAMETHYLENE DIISOCYANATE

The following information refers to contact allergens as a group and may not be specific to this product.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly 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.

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.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).

Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

for 1,6-hexamethylene diisocyanate:

Exposures to HDI are often associated with exposures to its prepolymers, especially to a trimeric biuretic prepolymer of HDI (HDI-BT), which is widely used as a hardener in automobile and airplane paints, and which typically contains 0.5-1% unreacted HDI. There is evidence that diisocyanate prepolymers may induce asthma at the same or greater frequency as the monomers; therefore, there is a need to assess the potential for human exposure to prepolymeric HDI as well as monomeric HDI.

1,6-Hexamethylene diisocyanate is corrosive to the skin and the eye.

1,6-Hexamethylene diisocyanate was found to induce dermal and respiratory sensitization in animals and humans. There is no threshold known for this effect.

Inhalation studies with repeated exposures to 1,6-hexamethylene diisocyanate vapor show that the respiratory tract is the target with 1,6-hexamethylene diisocyanate showing primarily upper respiratory tract lesions (nasal cavity). 1,6-Hexamethylene diisocyanate did not show a neurotoxic effect in a combined reproduction/developmental/neurotoxicity study. Life-time inhalation exposure to rats revealed a progression of non-neoplastic respiratory tract lesions, primarily to the nasal cavity, and represented the sequelae of non-specific irritation. Based on the presence of only reversible tissue responses to irritation at the low concentration of 0.005 ppm, this concentration was a NOAEL. No carcinogenic potential in rats was observed after life-time inhalation.

1,6-Hexamethylene diisocyanate showed no mutagenic activity *in vitro* in bacterial and in mammalian cell test systems.

1,6-Hexamethylene diisocyanate showed no clastogenic activity *in vivo*.

1,6-Hexamethylene diisocyanate has no effect on fertility and post-natal viability through post-natal day 4 in the rat after inhalation up to 0.299 ppm. The overall NOEL was 0.005 ppm.

Inhalation of 1,6-hexamethylene diisocyanate during the pregnancy of rats produced maternal effects (nasal turbinate histopathology) at concentrations <sup>3</sup> 0.052 ppm. No developmental toxicity was observed up to 0.308 ppm.

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.

#### XYLENE

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

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.

The substance is classified by IARC as Group 3:

**NOT** classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

Reproductive effector in rats

#### METHYL ETHYL KETONE

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.

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.

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.

Combinations with chloroform also show increase in toxicity

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	xylene	ILO Chemicals in the electronics industry that have toxic effects on reproduction
	methyl ethyl ketone	ILO Chemicals in the electronics industry that have toxic effects on reproduction

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

NOT AVAILABLE

Ingredient	Endpoint	Test Duration	Effect	Value	Species	BCF
toluene diisocyanate/hexamethylene diisocyanate copolymer	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
hexamethylene diisocyanate	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
xylene	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
alkyl esters	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
toluene-2,4-diisocyanate	HIGH	HIGH
hexamethylene diisocyanate	LOW	LOW
xylene	HIGH (Half-life = 360 days)	LOW (Half-life = 1.83 days)
methyl ethyl ketone	LOW (Half-life = 14 days)	LOW (Half-life = 26.75 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
toluene-2,4-diisocyanate	LOW (BCF = 5)
hexamethylene diisocyanate	LOW (LogKOW = 3.1956)
xylene	MEDIUM (BCF = 740)
methyl ethyl ketone	LOW (LogKOW = 0.29)

Mobility in soil

Ingredient	Mobility
toluene-2,4-diisocyanate	LOW (KOC = 9114)
hexamethylene diisocyanate	LOW (KOC = 5864)
methyl ethyl ketone	MEDIUM (KOC = 3.827)

SECTION 13 DISPOSAL CONSIDERATIONS

## MIROTHANE PU 5747

## Waste treatment methods

<p><b>Product / Packaging disposal</b></p>	<p>For isocyanate spills of less than 40 litres (2 m<sup>2</sup>):</p> <ul style="list-style-type: none"> <li>▶ Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible.</li> <li>▶ Notify supervision and others as necessary.</li> <li>▶ Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots).</li> <li>▶ Control source of leakage (where applicable).</li> <li>▶ Dike the spill to prevent spreading and to contain additions of decontaminating solution.</li> <li>▶ Prevent the material from entering drains.</li> <li>▶ Estimate spill pool volume or area.</li> <li>▶ Absorb and decontaminate. - Completely cover the spill with wet sand, wet earth, vermiculite or other similar absorbent. - Add neutraliser (for suitable formulations: see below) to the adsorbent materials (equal to that of estimated spill pool volume). Intensify contact between spill, absorbent and neutraliser by carefully mixing with a rake and allow to react for 15 minutes</li> <li>▶ Shovel absorbent/decontaminant solution mixture into a steel drum.</li> <li>▶ Decontaminate surface. - Pour an equal amount of neutraliser solution over contaminated surface. - Scrub area with a stiff bristle brush, using moderate pressure. - Completely cover decontaminant with vermiculite or other similar absorbent. - After 5 minutes, shovel absorbent/decontamination solution mixture into the same steel drum used above.</li> <li>▶ Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat decontaminate procedure immediately above</li> <li>▶ Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for incineration.</li> <li>▶ Decontaminate and remove personal protective equipment.</li> <li>▶ Return to normal operation.</li> <li>▶ Conduct accident investigation and consider measures to prevent reoccurrence.</li> </ul> <p><b>Decontamination:</b></p> <p>Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation ("neutralising fluid"). Isocyanates and polyisocyanates are generally not miscible with water. Liquid surfactants are necessary to allow better dispersion of isocyanate and neutralising fluids/ preparations. Alkaline neutralisers react faster than water/surfactant mixtures alone.</p> <p>Typically, such a preparation may consist of:</p> <p>Sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of (ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v).</p> <p>Let stand for 24 hours</p> <p>Three commonly used neutralising fluids each exhibit advantages in different situations.</p> <p><b>Formulation A :</b></p> <table> <tr> <td>liquid surfactant</td><td>0.2-2%</td></tr> <tr> <td>sodium carbonate</td><td>5-10%</td></tr> <tr> <td>water to</td><td>100%</td></tr> </table> <p><b>Formulation B</b></p> <table> <tr> <td>liquid surfactant</td><td>0.2-2%</td></tr> <tr> <td>concentrated ammonia</td><td>3-8%</td></tr> <tr> <td>water to</td><td>100%</td></tr> </table> <p><b>Formulation C</b></p> <table> <tr> <td>ethanol, isopropanol or butanol</td><td>50%</td></tr> <tr> <td>concentrated ammonia</td><td>5%</td></tr> <tr> <td>water to</td><td>100%</td></tr> </table> <p>After application of any of these formulae, let stand for 24 hours.</p> <p>Formulation B reacts faster than Formulation A. However, ammonia-based neutralisers should be used only under well-ventilated conditions to avoid overexposure to ammonia or if members of the emergency team wear suitable respiratory protection. Formulation C is especially suitable for cleaning of equipment from unreacted isocyanate and neutralizing under freezing conditions. Regard has to be taken to the flammability of the alcoholic solution.</p> <ul style="list-style-type: none"> <li>▶ Consult manufacturer for recycling options and recycle where possible .</li> <li>▶ Consult State Land Waste Management Authority for disposal.</li> <li>▶ Incinerate residue at an approved site.</li> <li>▶ Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul>	liquid surfactant	0.2-2%	sodium carbonate	5-10%	water to	100%	liquid surfactant	0.2-2%	concentrated ammonia	3-8%	water to	100%	ethanol, isopropanol or butanol	50%	concentrated ammonia	5%	water to	100%
liquid surfactant	0.2-2%																		
sodium carbonate	5-10%																		
water to	100%																		
liquid surfactant	0.2-2%																		
concentrated ammonia	3-8%																		
water to	100%																		
ethanol, isopropanol or butanol	50%																		
concentrated ammonia	5%																		
water to	100%																		
	<p>Ensure that the disposal of material is carried out in accordance with Hazardous Substances (Disposal) Regulations 2001.</p>																		

## SECTION 14 TRANSPORT INFORMATION

## Labels Required

	
<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	•3YE

## Land transport (UN)

<b>UN number</b>	1866
<b>Packing group</b>	II
<b>UN proper shipping name</b>	RESIN SOLUTION, flammable
<b>Environmental hazard</b>	No relevant data
<b>Transport hazard class(es)</b>	Class : 3
	Subrisk : Not Applicable

Special precautions for user	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)	ICAO/IATA Class	3
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	3L
Special precautions for user	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
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

**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	toluene-2,4-diisocyanate	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	hexamethylene diisocyanate	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	xylene	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	methyl ethyl ketone	Z

**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



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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

<b>toluene diisocyanate/ hexamethylene diisocyanate copolymer(63368-95-6) is found on the following regulatory lists</b>	"New Zealand Inventory of Chemicals (NZIoC)", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"
<b>toluene- 2,4-diisocyanate(584-84-9) is found on the following regulatory lists</b>	"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"
<b>hexamethylene diisocyanate(822-06-0) is found on the following regulatory lists</b>	"New Zealand Inventory of Chemicals (NZIoC)", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"
<b>xylene(1330-20-7) is found on the following regulatory lists</b>	"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"
<b>methyl ethyl ketone(78-93-3) is found on the following regulatory lists</b>	"New Zealand Inventory of Chemicals (NZIoC)", "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
toluene diisocyanate/ hexamethylene diisocyanate copolymer	63368-95-6	Not Available	Not Available

Harmonisation (C&L Inventory)	Hazard Class and Category Code(s)	Pictograms Signal Word Code(s)	Hazard Statement Code(s)
1	Skin Sens. 1	GHS07, Wng	H317
2	Skin Sens. 1, Resp. Sens. 1, Acute Tox. 4, STOT SE 3	Wng, GHS08, Dgr	H317, H334, H332, H335

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.

Ingredient	CAS number	Index No	ECHA Dossier
hexamethylene diisocyanate	822-06-0	615-011-00-1	01-2119457571-37-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. 3, Resp. Sens. 1, STOT SE 3	GHS06, GHS08, Dgr	H315, H317, H319, H331, H334, H335
2	Skin Sens. 1, Eye Irrit. 2, Resp. Sens. 1, STOT SE 3, Acute Tox. 4, Acute Tox. 1, Acute Tox. 2, Skin Corr. 1C, Aquatic Chronic 3	GHS06, GHS08, Dgr, GHS05	H317, H319, H334, H335, H302, H330, H314, H336, H412

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

Ingredient	CAS number	Index No	ECHA Dossier
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Continued...



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xylene	1330-20-7	601-022-00-9	01-2119488216-32-XXXX
Harmonisation (C&L Inventory)	Hazard Class and Category Code(s)	Pictograms Signal Word Code(s)	Hazard Statement Code(s)
1	Flam. Liq. 3, Acute Tox. 4, Skin Irrit. 2	GHS07, GHS02, Wng	H226, H312, H315, H332
2	Acute Tox. 4, Skin Irrit. 2, Asp. Tox. 1, Eye Irrit. 2, Acute Tox. 3, Aquatic Chronic 2, Repr. 1B, STOT SE 1, STOT RE 1, Flam. Liq. 2	Wng, GHS08, Dgr, GHS01, GHS09	H312, H315, H332, H304, H411, H360, H370, H372, H225, H318
1	Flam. Liq. 3, Acute Tox. 4, Skin Irrit. 2	GHS07, GHS02, Wng	H226, H312, H315, H332
2	Flam. Liq. 3, Acute Tox. 4, Skin Irrit. 2	GHS07, GHS02, Wng	H226, H312, H315, H332

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.

### 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	Y
Canada - DSL	Y
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
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

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 (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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