Support Glue

Knauf UK & Ireland GmbH

Version No: **2.1**
Safety data sheet according to REACH Regulation (EC) No 1907/2006, as amended by UK REACH Regulations SI 2019/758

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L.REACH.GB.EN.E

SECTION 1 Identification of the substance / mixture and of the company / undertaking

1.1. Product Identifier

Product name	Support Glue
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Professional use, adhesive. Use according to manufacturer's directions.
Uses advised against	No specific uses advised against are identified.

1.3. Details of the manufacturer or supplier of the safety data sheet

Registered company name	**Knauf UK & Ireland GmbH**
Address	Kemsley Fields Business Park Kent ME9 8SR Great Britain
Telephone	0800 521 050
Fax	Not Available
Website	www.knauf.co.uk
Email	cservice@knauf.com

1.4. Emergency telephone number

Association / Organisation	**NHS Emergency Number**
Emergency telephone numbers	111
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

2.1. Classification of the substance or mixture

Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567 [1]	H315 - Skin Corrosion/Irritation Category 2, H317 - Sensitisation (Skin) Category 1, H318 - Serious Eye Damage/Eye Irritation Category 1, H334 - Sensitisation (Respiratory) Category 1, H335 - Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, H351 - Carcinogenicity Category 2, H373 - Specific Target Organ Toxicity - Repeated Exposure Category 2
Legend:	*1. Classification by vendor; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567*

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2.2. Label elements

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

Hazard statement(s)

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335	May cause respiratory irritation.
H351	Suspected of causing cancer.
H373	May cause damage to organs through prolonged or repeated exposure.

Supplementary statement(s)

Not Applicable

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.
P264	Wash all exposed external body areas thoroughly after handling.
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.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

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 hazardous or special waste collection point in accordance with any local regulation.

2.3. Other hazards

Ingestion may produce health damage*.

chlorobenzene	Listed in the Europe Regulation (EC) No 1907/2006 - Annex XVII (Restrictions may apply)

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SECTION 3 Composition / information on ingredients

3.1.Substances

See 'Composition on ingredients' in Section 3.2

3.2.Mixtures

1. CAS No 2.EC No 3.Index No 4.REACH No	%[weight]	Name	Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567	SCL / M-Factor	Nanoform Particle Characteristics
1. 1305-78-8 2.215-138-9 3.Not Available 4.Not Available	25-<50	calcium oxide *	Corrosive to Metals Category 1, Skin Corrosion/Irritation Category 1B, Serious Eye Damage/Eye Irritation Category 1; H290, H314, H318 [1]	Not Available	Not Available
1. 9016-87-9 2.Not Available 3.Not Available 4.Not Available	10-<20	polymeric diphenylmethane diisocyanate	Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2, Acute Toxicity (Inhalation) Category 4, Sensitisation (Respiratory) Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3 , Carcinogenicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 2; H315, H317, H319, H332, H334, H335, H351, H373, EUH204 [1]	Not Available	Not Available
1. 4083-64-1 2.223-810-8 3.615-012-00-7 4.Not Available	0.1-<0.25	p-toluenesulfonyl isocyanate	Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2, Sensitisation (Respiratory) Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3; H315, H319, H334, H335 [2]	Eye Irrit.; H319: C ≥ 5 % | STOT SE 3; H335: C ≥ 5 % | Skin Irrit. 2; H315: C ≥ 5 %	Not Available
1. 108-90-7 2.203-628-5 3.602-033-00-1 4.Not Available	0.00015-<0.0015	chlorobenzene *	Flammable Liquids Category 3, Skin Corrosion/Irritation Category 2, Acute Toxicity (Inhalation) Category 4, Hazardous to the Aquatic Environment Long-Term Hazard Category 2; H226, H315, H332, H411 [2]	Not Available	Not Available

Legend:	*1. Classification by vendor; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567; 3. Classification drawn from C&L; * EU IOELVs available; [e] Substance identified as having endocrine disrupting properties*

SECTION 4 First aid measures

4.1. Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Immediately hold eyelids apart and flush the eye continuously with running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Transport to hospital or doctor without delay. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▸ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▸ Quickly remove all contaminated clothing, including footwear. ▸ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▸ Transport to hospital, or doctor.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay. Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.
Ingestion	▸ 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.

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	▸ Observe the patient carefully. ▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▸ Seek medical advice.

4.2 Most important symptoms and effects, both acute and delayed

See Section 11

4.3. Indication of any immediate medical attention and special treatment needed

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

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

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

* Catharsis and emesis are absolutely contra-indicated.
* Activated charcoal does not absorb alkali.
* Gastric lavage should not be used.

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

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

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

5.1. Extinguishing media

- 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.
- Presents additional hazard when fire fighting in a confined space.
- Cooling with flooding quantities of water reduces this risk.
- Water spray or fog may cause frothing and should be used in large quantities.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).

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- Carbon dioxide.
- Water spray or fog - Large fires only.

5.2. 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

5.3. Advice for firefighters

Fire Fighting	‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ Wear full body protective clothing with breathing apparatus. ‣ Prevent, by any means available, spillage from entering drains or water course. ‣ Use water delivered as a fine spray to control 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	Polyurethane polymer is a combustible material which may be ignited if exposed to an open flame. Decomposition from fire can produce significant amounts of carbon monoxide and hydrogen cyanide, in addition to nitrogen oxides, isocyanates, and other toxic products. Because of the flammability of the material, it may to be treated with flame retardants , almost all of which are considered harmful. - Combustible. - Moderate fire hazard when exposed to heat or flame. - When heated to high temperatures decomposes rapidly generating vapour which pressures and may then rupture containers with release of flammable and highly toxic isocyanate vapour. - Burns with acrid black smoke and poisonous fumes. - Due to reaction with water producing CO2-gas, a hazardous build-up of pressure could result if contaminated containers are re-sealed. - Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NOx and carbon monoxide. Combustion products include: carbon dioxide (CO2) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. May emit corrosive fumes. When heated at high temperatures many isocyanates decompose rapidly generating a vapour which pressurises containers, possibly to the point of rupture. Release of toxic and/or flammable isocyanate vapours may then occur

SECTION 6 Accidental release measures

6.1. Personal precautions, protective equipment and emergency procedures

See section 8

6.2. Environmental precautions

See section 12

6.3. Methods and material for containment and cleaning up

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 spill with sand, earth, inert material or vermiculite. ‣ Wipe up. ‣ Place in a suitable, labelled container for waste disposal.
Major Spills	‣ Liquid Isocyanates and high isocyanate vapour concentrations will penetrate seals on self contained breathing apparatus - SCBA should be used inside encapsulating suit where this exposure may occur. For isocyanate spills of less than 40 litres (2 m2): ‣ Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible. ‣ Notify supervision and others as necessary. ‣ Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots). ‣ Control source of leakage (where applicable). ‣ Dike the spill to prevent spreading and to contain additions of decontaminating solution. ‣ Prevent the material from entering drains. ‣ Estimate spill pool volume or area.

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- Absorb and decontaminate. - Completely cover the spill with wet sand, wet earth, vermiculite or other similar absorbent. - Add neutraliser (for suitable formulations: see below) to the adsorbent materials (equal to that of estimated spill pool volume). Intensify contact between spill, absorbent and neutraliser by carefully mixing with a rake and allow to react for 15 minutes
- Shovel absorbent/decontaminant solution mixture into a steel drum.
- Decontaminate surface. - Pour an equal amount of neutraliser solution over contaminated surface. - Scrub area with a stiff bristle brush, using moderate pressure. - Completely cover decontaminant with vermiculite or other similar absorbent. - After 5 minutes, shovel absorbent/decontamination solution mixture into the same steel drum used above.
- Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat decontaminate procedure immediately above
- Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for incineration.
- Decontaminate and remove personal protective equipment.
- Return to normal operation.
- Conduct accident investigation and consider measures to prevent reoccurrence.

Decontamination:
Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation ("neutralising fluid"). Isocyanates and polyisocyanates are generally not miscible with water. Liquid surfactants are necessary to allow better dispersion of isocyanate and neutralising fluids/ preparations. Alkaline neutralisers react faster than water/surfactant mixtures alone.
Typically, such a preparation may consist of:
Sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of {ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v}.
Let stand for 24 hours
Three commonly used neutralising fluids each exhibit advantages in different situations.
Formulation A :
liquid surfactant 0.2-2%
sodium carbonate 5-10%
water to 100%
Formulation B
liquid surfactant 0.2-2%
concentrated ammonia 3-8%
water to 100%
Formulation C
ethanol, isopropanol or butanol 50%
concentrated ammonia 5%
water to 100%

After application of any of these formulae, let stand for 24 hours.

Formulation B reacts faster than Formulation A. However, ammonia-based neutralisers should be used only under well-ventilated conditions to avoid overexposure to ammonia or if members of the emergency team wear suitable respiratory protection.
Formulation C is especially suitable for cleaning of equipment from unreacted isocyanate and neutralizing under freezing conditions. Regard has to be taken to the flammability of the alcoholic solution.
- Avoid contamination with water, alkalies 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.

Moderate hazard.
- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- 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.

6.4. Reference to other sections

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

SECTION 7 Handling and storage

7.1. Precautions for safe handling

Safe handling	▸ **DO NOT** allow clothing wet with material to stay in contact with skin

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	‣ 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 or ignition sources. ‣ Avoid contact with incompatible materials. ‣ When handling, **DO NOT** eat, drink or smoke. ‣ Keep containers securely sealed when not in use. ‣ Avoid physical damage to containers. ‣ Always wash hands with soap and water after handling. ‣ Work clothes should be laundered separately. ‣ Use good occupational work practice. ‣ Observe manufacturer's storage and handling recommendations contained within this SDS. ‣ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Fire and explosion protection	See section 5
Other information	for commercial quantities of isocyanates: · Isocyanates should be stored in adequately bunded areas. Nothing else should be kept within the same bunding. Pre-polymers need not be segregated. Drums of isocyanates should be stored under cover, out of direct sunlight, protected from rain, protected from physical damage and well away from moisture, acids and alkalis. · Where isocyanates are stored at elevated temperatures to prevent solidifying, adequate controls should be installed to prevent the high temperatures and precautions against fire should be taken. · Where stored in tanks, the more reactive isocyanates should be blanketed with a non-reactive gas such as nitrogen and equipped with absorptive type breather valve (to prevent vapour emissions).. · Transfer systems for isocyanates in bulk storage should be fully enclosed and use pump or vacuum systems. Warning signs, in appropriate languages, should be posted where necessary. · Areas in which polyurethane foam products are stored should be supplied with good general ventilation. Residual amounts of unreacted isocyanate may be present in the finished foam, resulting in hazardous atmospheric concentrations. · Ideal storage temperature range is dependent on the specific polymer due to viscosity and melting point differences between the polymers. Use 25 deg C (77 deg F) to 30 deg C (86 deg F) as a guideline to most liquid isocyanates for optimum storage temperature. If some isocyanates are stored at or below a temperature of 25 deg C (77 deg F), crystallization and settling of the isocyanate may occur. Storage in a cold warehouse can cause crystals to form. These crystals can settle to the bottom of the container. If crystals do form, they can be melted easily with moderate heat. It is suggested that a container the size of a drum be warmed for 16-24 hours at sufficient temperature to melt the crystals. When the crystals are melted, the container should be agitated by rolling or stirring, until the contents are homogenous. Since heated isocyanate will generate vapors more rapidly than product stored at 25 deg C (77 deg F), be sure to follow the precautions under the Personal Protection. ‣ **DO NOT** store near acids, or oxidising agents ‣ Store in original containers. ‣ Keep containers securely sealed. ‣ No smoking, naked lights or ignition sources. ‣ Store in a cool, dry, well-ventilated area. ‣ Store away from incompatible materials and foodstuff containers. ‣ Protect containers against physical damage and check regularly for leaks. ‣ Observe manufacturer's storage and handling recommendations contained within this SDS.

7.2. Conditions for safe storage, including any incompatibilities

Suitable container	‣ Metal can or drum ‣ Packaging as recommended by manufacturer. ‣ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	‣ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ‣ Avoid contact with copper, aluminium and their alloys. ‣ A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol. ‣ The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment. ‣ For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g. BRETHERICK: Handbook of Reactive Chemical Hazards, 4th Edition
Hazard categories in accordance with Regulation (EC) No 1272/2008	Not Available
Qualifying quantity (tonnes) of dangerous substances as referred to in Article 3(10) for the application of	Not Available

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7.3. Specific end use(s)

See section 1.2

SECTION 8 Exposure controls / personal protection

8.1. Control parameters

Ingredient	DNELs Exposure Pattern Worker	PNECs Compartment
calcium oxide	Inhalation 1.25 mg/m³ (Systemic, Chronic) Inhalation 1 mg/m³ (Local, Chronic) Inhalation 2.5 mg/m³ (Systemic, Acute) Inhalation 2.5 mg/m³ (Local, Acute) *Inhalation 1 mg/m³ (Local, Chronic) ** *Inhalation 4 mg/m³ (Local, Acute) **	0.37 mg/L (Water (Fresh)) 0.37 mg/L (Water - Intermittent release) 0.24 mg/L (Water (Marine)) 817.4 mg/kg soil dw (Soil) 2.27 mg/L (STP)
p-toluenesulfonyl isocyanate	Dermal 0.92 mg/kg bw/day (Systemic, Chronic) Inhalation 3.24 mg/m³ (Systemic, Chronic) *Dermal 0.46 mg/kg bw/day (Systemic, Chronic) ** *Inhalation 0.8 mg/m³ (Systemic, Chronic) ** *Oral 0.46 mg/kg bw/day (Systemic, Chronic) **	0.03 mg/L (Water (Fresh)) 0.3 mg/L (Water - Intermittent release) 0.003 mg/L (Water (Marine)) 0.172 mg/kg sediment dw (Sediment (Fresh Water)) 0.017 mg/kg sediment dw (Sediment (Marine)) 0.017 mg/kg soil dw (Soil) 0.4 mg/L (STP)
chlorobenzene	Dermal 5 mg/kg bw/day (Systemic, Chronic) Inhalation 23 mg/m³ (Systemic, Chronic) Inhalation 23 mg/m³ (Local, Chronic) Dermal 15 mg/kg bw/day (Systemic, Acute) Inhalation 46 mg/m³ (Systemic, Acute) Inhalation 46 mg/m³ (Local, Acute) *Dermal 3 mg/kg bw/day (Systemic, Chronic) ** *Inhalation 1 mg/m³ (Systemic, Chronic) ** *Oral 3 mg/kg bw/day (Systemic, Chronic) ** *Dermal 3 mg/kg bw/day (Systemic, Acute) ** *Inhalation 1 mg/m³ (Systemic, Acute) ** *Oral 3 mg/kg bw/day (Systemic, Acute) **	0.008 mg/L (Water (Fresh)) 0.066 mg/L (Water - Intermittent release) 0.001 mg/L (Water (Marine)) 0.227 mg/kg sediment dw (Sediment (Fresh Water)) 0.023 mg/kg sediment dw (Sediment (Marine)) 0.04 mg/kg soil dw (Soil) 1.4 mg/L (STP) 0.01 g/kg food (Oral)

* Values for General Population

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
UK Workplace Exposure Limits (WELs).	calcium oxide	Calcium oxide - Respirable fraction	1 mg/m3	4 mg/m3	Not Available	Not Available
UK Workplace Exposure Limits (WELs).	calcium oxide	Calcium oxide	2 mg/m3	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs).	polymeric diphenylmethane diisocyanate	Isocyanates, all (as -NCO) Except methyl isocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	Sen
UK Workplace Exposure Limits (WELs).	p-toluenesulfonyl isocyanate	Isocyanates, all (as -NCO) Except methyl isocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	Sen
UK Workplace Exposure Limits (WELs).	chlorobenzene	Chlorobenzene	1 ppm / 4.7 mg/m3	14 mg/m3 / 3 ppm	Not Available	Sk

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
calcium oxide	6 mg/m3	110 mg/m3	660 mg/m3
polymeric diphenylmethane diisocyanate	0.15 mg/m3	3.6 mg/m3	22 mg/m3
chlorobenzene	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
calcium oxide	25 mg/m3	Not Available
polymeric diphenylmethane diisocyanate	Not Available	Not Available

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Ingredient	Original IDLH	Revised IDLH
p-toluenesulfonyl isocyanate	Not Available	Not Available
chlorobenzene	1,000 ppm	Not Available

MATERIAL DATA

8.2. Exposure controls

8.2.1. Appropriate engineering controls

- All processes in which isocyanates are used should be enclosed wherever possible.
- Total enclosure, accompanied by good general ventilation, should be used to keep atmospheric concentrations below the relevant exposure standards.
- If total enclosure of the process is not feasible, local exhaust ventilation may be necessary. Local exhaust ventilation is essential where lower molecular weight isocyanates (such as TDI or HDI) is used or where isocyanate or polyurethane is sprayed.
- Where other isocyanates or pre-polymers are used and aerosol formation cannot occur, local exhaust ventilation may not be necessary if the atmospheric concentration can be kept below the relevant exposure standards.
- Where local exhaust ventilation is installed, exhaust vapours should not be vented to the exterior in such a manner as to create a hazard.

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.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
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.
Employers may need to use multiple types of controls to prevent employee overexposure.

- Spraying of material or material in admixture with other components must be carried out in conditions conforming to local state regulations (AS/NZS 4114, UNI EN 12215:2010, ANSI/AIHA Z9.3–2007 or national equivalent).
- Local exhaust ventilation with full face positive-pressure air supplied breathing apparatus (hood or helmet type) is required.
- Spraying should be performed in a spray booth fitted with an effective exhaust system which complies with local environmental legislation.
- The spray booth area must be isolated from unprotected personnel whilst spraying is in progress and until all spraying mist has cleared.

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.

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

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.

8.2.2. Individual protection measures, such as personal protective equipment

Eye and face protection

- Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure.
- Chemical goggles. Whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted. [AS/NZS 1337.1, EN166 or national equivalent]
- Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.
- Alternatively a gas mask may replace splash goggles and face shields.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy

Continued...

	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].
Skin protection	See Hand protection below
Hands/feet protection	‣ Elbow length PVC gloves **NOTE:** ‣ 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. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. ‣ Do NOT wear natural rubber (latex gloves). ‣ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves. ‣ Protective gloves and overalls should be worn as specified in the appropriate national standard. ‣ Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated. ‣ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates ‣ **DO NOT** use skin cream unless necessary and then use only minimum amount. ‣ Isocyanate vapour may be absorbed into skin cream and this increases hazard. Avoid contact with moisture.
Body protection	See Other protection below
Other protection	All employees working with isocyanates must be informed of the hazards from exposure to the contaminant and the precautions necessary to prevent damage to their health. They should be made aware of the need to carry out their work so that as little contamination as possible is produced, and of the importance of the proper use of all safeguards against exposure to themselves and their fellow workers. Adequate training, both in the proper execution of the task and in the use of all associated engineering controls, as well as of any personal protective equipment, is essential. Employees exposed to contamination hazards should be educated in the need for, and proper use of, facilities, clothing and equipment and thereby maintain a high standard of personal cleanliness. Special attention should be given to ensuring that all personnel understand instructions, especially newly recruited employees and those with local-language difficulties, where they are known. ‣ Overalls. ‣ P.V.C apron. ‣ Barrier cream.

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- Skin cleansing cream.
- Eye wash unit.

Ansell Glove Selection

Glove *— In order of recommendation*
AlphaTec® 15-554
AlphaTec® 53-001
AlphaTec® Solvex® 37-175
BioClean™ Emerald BENS
BioClean™ Extra BLAS
BioClean™ Fusion (Sterile) S-BFAP
BioClean™ N-Plus BNPS
BioClean™ Ultimate BUPS
MICROFLEX® 93-732
MICROFLEX® LifeStar EC™ 93-868

The suggested gloves for use should be confirmed with the glove supplier.

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-PAPR-2 P2 ^

^ - Full-face
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

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

76ak-p()
For spraying or operations which might generate aerosols:
Full face respirator with supplied air.

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

8.2.3. Environmental exposure controls

See section 12

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SECTION 9 Physical and chemical properties

9.1. Information on basic physical and chemical properties

Appearance	Beige liquid with characteristic odour; does not mix with water.

Physical state	Liquid	**Relative density (Water = 1)**	1.38-1.48 @23C
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Applicable	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	45000-55000 @23C
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	>62	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Combustible.	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water	Immiscible	**pH as a solution (1%)**	Not Applicable
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available
Nanoform Solubility	Not Available	**Nanoform Particle Characteristics**	Not Available
Particle Size	Not Available		

9.2. Other information

Not Available

SECTION 10 Stability and reactivity

10.1.Reactivity	See section 7.2
10.2. Chemical stability	▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
10.3. Possibility of hazardous reactions	See section 7.2
10.4. Conditions to avoid	See section 7.2
10.5. Incompatible materials	See section 7.2
10.6. Hazardous decomposition products	See section 5.3

SECTION 11 Toxicological information

11.1. Information on toxicological effects

Inhaled	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. Inhalation of calcium oxide may produce inflammation of the respiratory passages and ulceration and perforation of the septum. The vapour/mist may be highly irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache,

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	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 for several hours after exposure. Sensitized people can react to very low doses, and should not be allowed to work in situations allowing exposure to this material. Continued exposure of sensitised persons may lead to possible long term respiratory impairment. Inhalation hazard is increased at higher temperatures.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. High molecular weight material; on single acute exposure would be expected to pass through gastrointestinal tract with little change / absorption. Occasionally accumulation of the solid material within the alimentary tract may result in formation of a bezoar (concretion), producing discomfort.
Skin Contact	Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after 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. The material may accentuate any pre-existing dermatitis condition Irritation caused by calcium oxide is a result of local liberation of heat and dehydration of tissues which occurs on "slaking" of the small size particles and the resulting alkalinity of the slaked product. Open cuts, abraded or irritated skin should not be exposed to this material 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.
Eye	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
Chronic	On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. 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. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Polyisocyanates still contain small amounts of monomeric isocyanate (typically <0.5 parts per weight) and both – the polyisocyanate and the monomer - have toxicological importance. In addition, solvents also contribute to the overall toxicity of these products. Due to the higher molecular weight and the much lower vapor pressure the polyisocyanates exhibit a significantly reduced health hazard as compared to the corresponding monomers. Nevertheless they should only be handled under controlled conditions. They are not or only slightly irritating to the skin and eyes, but might be irritating to the respiratory tract (nose, throat, lung). Polyisocyanates might act as skin sensitisers On that basis there is clear evidence from sensitive animal models that aliphatic polyisocyanates and prepolymers (HDI-based as well as IPDI-based, for example) may cause skin sensitisation. it is decided to classify all HDI-based and IPDI-based polyisocyanates and prepolymers as skin sensitisers. From animal models, however, there is no evidence that polyisocyanates are sensitising to the respiratory tract. Results from animal tests with repeated aerosol exposures indicate that under these conditions the respiratory tract is the primary target of aliphatic polyisocyanates, other

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organs are not significantly affected..
Available information does not provide evidence that polyisocyanates might either be mutagenic, carcinogenic or toxic to reproduction.
Polymers based on isocyanate monomers (polyurethanes) are generally of low concern. However, in the majority of cases it is not possible to conclude from the chemical name of the polymer whether an individual polyurethane is, or is not, of low concern.
Finished polyurethane polymers used in the majority of household applications contain no unreacted isocyanate groups. The production of these polymers involves the use of an excess of the hydroxyl group-containing monomer or monomers leading to complete reaction of all of the isocyanate groups.
For certain applications, however, similar polymer chemistry can be used with the isocyanate group-containing monomer in excess. This results in the formation of a polyurethane 'pre-polymer', which is intended to be further reacted in its end use. Where the pre-polymer is identified as being 'blocked', it indicates that there are no free isocyanate groups.
The polymer contained in this product has a reactive group generally considered to be of high concern (US EPA). There are health concerns for isocyanates on the basis of their skin and respiratory sensitisation properties and other lung effects e.g TDI and MDI). Aromatic isocyanates may be potentially carcinogenic (e.g. TDI and DADI). Frequently new chemical isocyanates are manufactured with a significant excess of isocyanate monomer. Whilst it is generally accepted that polymers with a molecular weight exceeding 1000 are unlikely to pass through biological membranes, oligomers with lower molecular weight and specifically, those with a molecular weight below 500, may. Estimations based on a "highly" dispersed polymer population suggest that a polymer of approximate molecular weight 5000 could contain no more than one reactive group of high concern for it to be regulated as a polymer of low concern (a so-called PLC) Polymers with a molecular weight above 10000 are generally considered to be PLCs because these are not expected to be absorbed by biological systems. The choice of 10000 as a cut-off value is thought to provide a safety factor of 100, regarded as reasonable in light of limited data, duration of studies, dose levels at which effects are seen, and extrapolation from animals to humans.
Fully reacted polyurethane polymer is chemically inert. No exposure limits have been established in the U.S. by OSHA (Occupational Safety and Health Administration) or ACGIH (American Conference of Governmental Industrial Hygienists). It is not regulated by OSHA for carcinogenicity.
Liquid resin blends containing residual isocyanates may contain hazardous or regulated components. Isocyanates are known skin and respiratory sensitizers. Additionally, amines, glycols, and phosphate present in spray polyurethane foams present risks.
The oral administration of polyurethane particles at 5 and 10 mg/kg/day for 10 days generated an inflammation response in mice. There was increased visceral fat accumulation in the treated mice in all groups (2, 5, 10 mg/kg/d) compared to controls. The lungs of mice in the 5 and 10 mg/kg/day groups showed inflammation, and inflammatory infiltrate was observed in all treatment groups.
The material contains a substantial proportion of a polymer considered to be of low concern (PLC). The trend towards production of lower molecular weight polymers (thus reducing the required level of solvent use and creating a more "environmentally-friendly" material) has brought with it the need to define PLCs as those
having molecular weights of between 1000 and 10000 and containing less than 10% of the molecules with molecular weight below 500 and less than 25% of the molecules with a molecular weight below 1000. These may contain unlimited low concern functional groups or moderate concern reactive functional groups with a combined functional group equivalent weight (FGEW, a concept developed by the US EPA describing whether the reactive functional group is sufficiently diluted by polymeric material) of a 1000 or more (provided no high concern groups are present) or high concern reactive functional groups with a FGEW of 5000 or more (FGEW includes moderate concern groups if present).
having molecular weights exceeding 10000 (without restriction on reactive groups).
inhalation of polymers with molecular weights > 70,000 Da has been linked with irreversible lung damage due to lung overloading and impaired clearance of particles from the lung, particularly following repeated exposure. If the polymer is inhaled at low levels and/or infrequently, it is assumed that it will be cleared from the lungs.
Reactive functional groups are in turn classified as being of low, moderate or high concern Classification of the polymer as a PLC, in accordance with established criteria, does not mean that hazards will not be associated with the polymer (during its import, manufacture, use, storage, handling or disposal). The polymer may, for example, contain a large number of particles in the respirable range, a hazard which may need to assessed in the health and safety risk assessment. Similarly a polymer with low concern reactive may be released into the environment in large quantities and produce an environmental hazard.
Whilst it is generally accepted that polymers with a molecular weight exceeding 1000 are unlikely to pass through biological membranes, oligomers with lower molecular weight and specifically, those with a molecular weight below 500, may. Estimations based on a "highly" dispersed polymer population (polydispersity = 10) suggests that the molecular weight of the polymer carrying a reactive group of high concern must be 5000 to be considered a PLC; similarly a polymer of approximate molecular weight 1000 could contain no more than one reactive group of moderate concern (for two moderate concern groups, the molecular weight would be about 2500).
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.
The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components.
This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces. The faecal excretion in these animals was considered entirely due to ingestion of radioactivity from grooming and ingestion of deposited material from the nasopharangeal region via the mucociliary escalator, i.e. not following systemic absorption. The faecal radioactivity was tentatively identified as mixed molecular weight polyureas derived from MDI. Diamine was not present. Thus, for MDI and diisocyanates in general the oral gavage dosing route is inappropriate for toxicological studies and risk assessment.
It is expected that oral gavage dosing will result in a similar outcome to that produced by TDI or MDI, that is (1) reaction with stomach contents and (2) polymerization to solid polyureas.

- Reaction with stomach contents is very plausibly described in case reports of accidental ingestion of polymeric MDI based glue in domestic animals. Extensive polymerization and CO2 liberation resulting in an expansion of the gastric content is described in the stomach, without apparent acute chemical toxicity

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- Polyurea formation in organic and aqueous phases has been described. In this generally accepted chemistry of hydrolysis of an isocyanate the initially produced carbamate decarboxylates to an amine which. The amine, as a reactive intermediate, then reacts very readily with the present isocyanate to produce a solid and inert polyurea. This urea formation acts as a pH buffer in the stomach, thus promoting transformation of the diisocyanate into polyurea, even under the acidic conditions.

At the resorbtive tissues in the small intestine, these high molecular reaction products are likely to be of very low bioavailability, which is substantiated by the absence of systemic toxicity in acute oral bioassays with rats at the OECD limit dose (LC50>2 g/kg bw).
The respiratory tract may be regarded as the main entry for systemically available isocyanates as evidenced following MDI exposures.
A detailed summary on urinary, plasma and in vitro metabolite studies is provided below. Taken together, all available studies provide convincing evidence that MDI-protein adduct and MDI-metabolite formation proceeds:

- via formation of a labile isocyanate glutathione (GSH)-adduct,
- then transfer to a more stable adduct with larger proteins, and
- without formation of free MDA. MDA reported as a metabolite is actually formed by analytical workup procedures (strong acid or base hydrolysis) and is not an identified metabolite in urine or blood

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/m3 or greater.
Rats exposed for two years to a respirable aerosol of polymeric MDI exhibited chronic pulmonary irritation at high concentrations. Only at the highest level (6 mg/m3),was there a significant incidence of a benign tumour of the lung (adenoma) and one malignant tumour (adenocarcinoma).There were no lung tumours at 1 mg/m3 and no effects at 0.2 mg/m3. Overall, the tumour incidence, both benign and malignant and the number of animals with the tumours were not different from controls.The increased incidence of lung tumours is associated with prolonged respiratory irritation and the concurrent accumulation of yellow material in the lung, which occurred throughout the study.In the absence of prolonged exposure to high concentrations leading to chronic irritation and lung damage,it is highly unlikely that tumour formation will occur.
Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

Support Glue	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

calcium oxide	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Eye: adverse effect observed (irreversible damage)[1]
	Inhalation(Rat) LC50: >3 mg/l4h[1]	Skin: adverse effect observed (irritating)[1]
	Oral (Rat) LD50: >2000 mg/kg[1]	

polymeric diphenylmethane diisocyanate	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >9400 mg/kg[2]	Eye (rabbit): 100 mg - mild
	Inhalation(Rat) LC50: 0.49 mg/L4h[2]	
	Oral (Rat) LD50: 43000 mg/kg[2]	

p-toluenesulfonyl isocyanate	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Not Available
	Inhalation(Rat) LC50: >320 ppm4h[2]	
	Oral (Rat) LD50: 2600 mg/kg[2]	

chlorobenzene	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >5010 mg/kg[1]	Eye: adverse effect observed (irritating)[1]
	Oral (Rat) LD50: 1100 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
		Skin: adverse effect observed (irritating)[1]

Legend:	*1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*

POLYMERIC DIPHENYLMETHANE DIISOCYANATE

product
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.

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	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. 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 sensitisers. Diisocyanates are moderate to strong 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 sensitisers. 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 sensitiser 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 sensitisers. 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 sensitisers 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. 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.
P-TOLUENESULFONYL ISOCYANATE	for p-toluenesulfonyl isocyanate The acute oral toxicity (LD50) of PTSI is 2600 mg/kg. Based on the rapid hydrolysis of PTSI to PTSA (and carbon dioxide), repeated dose, reproductive, and developmental toxicity, as well as genotoxicity are best described by PTSA. . for p-toluenesulfonamide (PTSA): PTSA was studied for oral toxicity in rats in a single dose toxicity test at doses of 889, 1333, 2000 and 3000 mg/kg in females and 2000 mg/kg in males, and in an OECD combined repeat dose and reproductive/developmental toxicity screening test at doses of 0, 120, 300 and 750 mg/kg/day in both sexes .PTSA was also tested for mutagenicity with assays for reverse mutation in bacteria and chromosomal aberrations in cultured Chinese hamster (CHL) cells. The single dose toxicity test revealed LD50 values of above 2000 mg/kg for both sexes. For repeat dose toxicity caused, daily administration of 300 mg/kg or more in males and females displayed an increase in salivation and a reduction in body weight gain, as well as a suppression of food consumption. No compound-related deaths were observed. Haematuria was observed within 3 days administration of 750 mg/kg in 4/13 males. Hematological examination and blood chemistry measurements in males showed a decrease in white blood cell count with an increase in lymphocyte count, increases in blood urea nitrogen and chloride, and slight elevation in GOT in medium and high dose groups and a decrease in potassium concentration,and increased GPT levels in the high dose group. Histopathological examination showed cytoplasmic changes in the epithelium of the urinary bladder in both sexes and an accelerated involution in the thymus especially in females. Signs of toxicity, such as salivation and urinary bladder changes, were observed in animals given 120 mg/kg and above. The NOEL for repeat dose toxicity was less than 120 mg/kg/day. For reproductive/developmental toxicity, females given 750 mg/kg/day demonstrated possible delivery or lactation state dysfunction and developmental suppression of embryos. NOELs for reproductive performance and offspring development were both 300 mg/kg/day. No teratogenic effects were observed.

Continued...

	The mutagenicity tests performed were all negative. PTSA was not mutagenic for bacteria either with or without an exogenous metabolic activation system up to 5000 ug/plate. No chromosomal aberrations or polyploidy were induced in CHL cells up to 1.7 mg/ml with metabolic activation and 1.3 mg/ml without metabolic activation.
CHLOROBENZENE	Mammalian somatic cell mutagen NTP Carcinogenesis studies indicate some positive findings for rat following administration by gavage. During the manufacture and use of chlorobenzenes, clinical symptoms and signs of excessive exposure include: central nervous system effects and irritation of the eyes and upper respiratory tract (MCB); haematological disorders (1,2-DCB); and central nervous system effects, hardening of the skin, and haematological disorders including anaemia (1,4-DCB). All chlorobenzenes appear to be absorbed readily from the gastrointestinal and respiratory tracts in humans and experimental animals, with absorption influenced by the position of the chlorine in different isomers of the same congener. The chlorobenzenes are less readily absorbed through the skin. After rapid distribution to highly perfused organs in experimental animals, absorbed chlorobenzenes accumulate primarily in the fatty tissue, with smaller amounts in the liver and other organs. Chlorobenzenes have been shown to cross the placenta, and have been found in the foetal brain. In general, accumulation is greater for the more highly chlorinated congeners. There is considerable variation, however, in the accumulation of different isomers of the same congener. In both humans and experimental animals, the metabolism of chlorobenzenes proceeds via microsomal oxidation to the corresponding chlorophenol. These chlorophenols can be excreted in the urine as mercapturic acids, or as glucuronic acid or sulfate conjugates. Tetrachlorobenzenes (TeCB) and pentachlorobenzene (PeCB) are metabolized at a slower rate and remain in the tissues for longer periods than the monochloro- to trichloro- congeners. Some of the chlorobenzenes induce a wide range of enzyme systems including those involved in oxidative, reductive, conjugation, and hydrolytic pathways. In general, elimination of the higher chlorinated benzenes is slower than that of the MCB and DCB congeners, and a greater proportion of the tri- to penta-congeners are eliminated unchanged in the faeces. With few exceptions, the chlorobenzenes are only moderately toxic for experimental animals, on an acute basis, and, generally, have oral LD50s greater than 1000 mg/kg body weight; from the limited data available, dermal LD50s are higher. The ingestion of a lethal dose leads to respiratory paralysis, while the inhalation of high doses causes local irritation and depression of the central nervous system. Acute exposures to non-lethal doses of chlorobenzenes induce toxic effects on the liver, kidneys, adrenal glands, mucous membranes, and brain, and effects on metabolizing enzymes. Studies on skin and eye irritation caused by chlorobenzenes have been restricted to 1,2,4-TCB and 1,2-DCB. Both produce severe discomfort, but no permanent damage was noted after direct application to the rabbit eye. 1,2,4-TCB is mildly irritating to the skin and may lead to dermatitis after repeated or prolonged contact. No evidence of sensitization was found. Short-term exposures (5-21 days) of rats and mice to MCB and DCBs at hundreds of mg/kg body weight resulted in liver damage and haematological changes indicative of bone marrow damage. Liver damage was also the major adverse effect noted after the short-term exposure of rats or rabbits to other chlorobenzenes (TCB-PeCB), at doses slightly lower than those for MCB and DCBs. Several of the chlorobenzene isomers studied induced porphyria, the isomers with *para* chlorine atoms being the most active (i.e., 1,4-DCB, 1,2,4-TCB, 1,2,3,,4-TeCB, and PeCB). The general order of toxicity noted for TeCBs and PeCB after short-term exposure was: 1,2,4,5-TeCB >PeCB>1,2,3,4- and 1,2,3,5-TeCB, which correlated well with the levels found in fat and liver. Long-term exposure studies (up to 6 months) on several species of experimental animals indicated a trend for the toxicity of chlorobenzenes to increase with increased ring chlorination. However, there was considerable variation in the long-term toxicities of different isomers of the same congener. For example, 1,4-DCB appeared to be much less toxic than 1,2-DCB. There was a good correlation between toxicity and the degree of accumulation of the compound in the body tissues, female animals being less sensitive than males. Major target organs were the liver and kidney; at higher doses, effects on the haematopoietic system were reported and thyroid toxicity was noted in studies on 1,2,4,5-TeCB and PeCB. There has been no evidence that chlorobenzenes are teratogenic in rats and rabbits. High doses produce embryotoxic and fetotoxic effects. However, such doses were clearly toxic to the mother. Although there is some evidence that TCBs, TeCBs, and PeCB are embryotoxic and fetotoxic at doses that are not toxic for the mother, available data are inconsistent.
CALCIUM OXIDE & POLYMERIC DIPHENYLMETHANE DIISOCYANATE & P-TOLUENESULFONYL ISOCYANATE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
POLYMERIC DIPHENYLMETHANE DIISOCYANATE & P-TOLUENESULFONYL ISOCYANATE	Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. 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

Continued...

	skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities. Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages. Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.

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

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

11.2 Information on other hazards

11.2.1. Endocrine disrupting properties

No evidence of endocrine disrupting properties were found in the current literature.

11.2.2. Other information

See Section 11.1

SECTION 12 Ecological information

12.1. Toxicity

Support Glue

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

calcium oxide

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>14mg/l	2
EC50	48h	Crustacea	49.1mg/l	2
LC50	96h	Fish	50.6mg/l	2
NOEC(ECx)	72h	Algae or other aquatic plants	14mg/l	2

polymeric diphenylmethane diisocyanate

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

p-toluenesulfonyl isocyanate

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	25mg/l	2
EC50	48h	Crustacea	>100mg/l	2
NOEC(ECx)	72h	Algae or other aquatic plants	10mg/l	2
LC50	96h	Fish	>45mg/l	2

chlorobenzene

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	96h	Algae or other aquatic plants	2.55-420mg/l	4
BCF	1344h	Fish	3.9-22.8	7
EC50	72h	Algae or other aquatic plants	8.1mg/l	2
EC50	48h	Crustacea	19.9mg/l	1
LC50	96h	Fish	0.05mg/l	2
NOEC(ECx)	48h	Crustacea	6.25mg/l	1

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

Continued...

DO NOT discharge into sewer or waterways.

12.2. Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
p-toluenesulfonyl isocyanate	HIGH	HIGH
chlorobenzene	HIGH (Half-life = 300 days)	LOW (Half-life = 30.38 days)

12.3. Bioaccumulative potential

Ingredient	Bioaccumulation
p-toluenesulfonyl isocyanate	LOW (LogKOW = 2.3424)
chlorobenzene	LOW (BCF = 41)

12.4. Mobility in soil

Ingredient	Mobility
p-toluenesulfonyl isocyanate	LOW (KOC = 882.1)
chlorobenzene	LOW (KOC = 268)

12.5. Results of PBT and vPvB assessment

	P	B	T
Relevant available data	Not Available	Not Available	Not Available
PBT	✗	✗	✗
vPvB	✗	✗	✗

PBT Criteria fulfilled?	No
vPvB	No

12.6. Endocrine disrupting properties

No evidence of endocrine disrupting properties were found in the current literature.

12.7. Other adverse effects

No evidence of ozone depleting properties were found in the current literature.

SECTION 13 Disposal considerations

13.1. Waste treatment methods

Product / Packaging disposal	▸ **DO NOT** allow wash water from cleaning or process equipment to enter drains. ▸ It may be necessary to collect all wash water for treatment before disposal. ▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▸ Where in doubt contact the responsible authority. ▸ **DO NOT** recycle spilled material. ▸ Consult State Land Waste Management Authority for disposal. ▸ Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary decontaminant prior to disposal. ▸ **DO NOT** seal or stopper drums being decontaminated as CO_2 gas is generated and may pressurise containers. ▸ Puncture containers to prevent re-use. ▸ Bury or incinerate residues at an approved site.
Waste treatment options	Not Available
Sewage disposal options	Not Available

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO

Land transport (ADR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Continued...

14.1. **UN number or ID number**	Not Applicable
14.2. **UN proper shipping name**	Not Applicable
14.3. **Transport hazard class(es)**	Class: Not Applicable Subsidiary Hazard: Not Applicable
14.4. **Packing group**	Not Applicable
14.5. **Environmental hazard**	Not Applicable
14.6. **Special precautions for user**	Hazard identification (Kemler): Not Applicable Classification code: Not Applicable Hazard Label: Not Applicable Special provisions: Not Applicable Limited quantity: Not Applicable Tunnel Restriction Code: Not Applicable

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

14.1. **UN number**	Not Applicable
14.2. **UN proper shipping name**	Not Applicable
14.3. **Transport hazard class(es)**	ICAO/IATA Class: Not Applicable ICAO / IATA Subsidiary Hazard: Not Applicable ERG Code: Not Applicable
14.4. **Packing group**	Not Applicable
14.5. **Environmental hazard**	Not Applicable
14.6. **Special precautions for user**	Special provisions: Not Applicable Cargo Only Packing Instructions: Not Applicable Cargo Only Maximum Qty / Pack: Not Applicable Passenger and Cargo Packing Instructions: Not Applicable Passenger and Cargo Maximum Qty / Pack: Not Applicable Passenger and Cargo Limited Quantity Packing Instructions: Not Applicable Passenger and Cargo Limited Maximum Qty / Pack: Not Applicable

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

14.1. **UN number**	Not Applicable
14.2. **UN proper shipping name**	Not Applicable
14.3. **Transport hazard class(es)**	IMDG Class: Not Applicable IMDG Subsidiary Hazard: Not Applicable
14.4. **Packing group**	Not Applicable
14.5 **Environmental hazard**	Not Applicable
14.6. **Special precautions for user**	EMS Number: Not Applicable Special provisions: Not Applicable Limited Quantities: Not Applicable

Inland waterways transport (ADN): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

14.1. **UN number**	Not Applicable

Continued...

14.2. **UN proper shipping name**	Not Applicable
14.3. **Transport hazard class(es)**	Not Applicable | Not Applicable
14.4. **Packing group**	Not Applicable
14.5. **Environmental hazard**	Not Applicable
14.6. **Special precautions for user**	Classification code: Not Applicable Special provisions: Not Applicable Limited quantity: Not Applicable Equipment required: Not Applicable Fire cones number: Not Applicable

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

Not Applicable

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

Product name	Group
calcium oxide	Not Available
polymeric diphenylmethane diisocyanate	Not Available
p-toluenesulfonyl isocyanate	Not Available
chlorobenzene	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
calcium oxide	Not Available
polymeric diphenylmethane diisocyanate	Not Available
p-toluenesulfonyl isocyanate	Not Available
chlorobenzene	Not Available

SECTION 15 Regulatory information

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

calcium oxide is found on the following regulatory lists

Great Britain GB Biocidal Active Substances
UK Workplace Exposure Limits (WELs).

polymeric diphenylmethane diisocyanate is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic
UK Workplace Exposure Limits (WELs).

p-toluenesulfonyl isocyanate is found on the following regulatory lists

Great Britain GB mandatory classification and labelling list (GB MCL)
UK Workplace Exposure Limits (WELs).

chlorobenzene is found on the following regulatory lists

Great Britain GB mandatory classification and labelling list (GB MCL)
UK Workplace Exposure Limits (WELs).

Additional Regulatory Information

Not Applicable

This safety data sheet is in compliance with the following EU legislation and its adaptations - as far as applicable - : Directives 98/24/EC, - 92/85/EEC, - 94/33/EC,

Continued...

- 2008/98/EC, - 2010/75/EU; Commission Regulation (EU) 2020/878; Regulation (EC) No 1272/2008 as updated through ATPs.

Information according to 2012/18/EU (Seveso III):

Seveso Category	Not Available

15.2. Chemical safety assessment

No Chemical Safety Assessment has been carried out for this substance/mixture by the supplier.

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (calcium oxide; polymeric diphenylmethane diisocyanate; p-toluenesulfonyl isocyanate; chlorobenzene)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (polymeric diphenylmethane diisocyanate)
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (p-toluenesulfonyl isocyanate)
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.*

SECTION 16 Other information

Revision Date	28/12/2023
Initial Date	28/12/2023

Full text Risk and Hazard codes

H226	Flammable liquid and vapour.
H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H319	Causes serious eye irritation.
H332	Harmful if inhaled.
H411	Toxic to aquatic life with long lasting effects.

Other information

As from 24 August 2023 adequate training is required before industrial or professional use.
Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

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

For detailed advice on Personal Protective Equipment, refer to the following EU CEN Standards:
EN 166 Personal eye-protection
EN 340 Protective clothing
EN 374 Protective gloves against chemicals and micro-organisms
EN 13832 Footwear protecting against chemicals

Continued...

EN 133 Respiratory protective devices

Definitions and abbreviations

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

- AIIC: Australian Inventory of Industrial Chemicals
- DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China
- EINECS: European INventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances
- NLP: No-Longer Polymers
- ENCS: Existing and New Chemical Substances Inventory
- KECI: Korea Existing Chemicals Inventory
- NZIoC: New Zealand Inventory of Chemicals
- PICCS: Philippine Inventory of Chemicals and Chemical Substances
- TSCA: Toxic Substances Control Act
- TCSI: Taiwan Chemical Substance Inventory
- INSQ: Inventario Nacional de Sustancias Químicas
- NCI: National Chemical Inventory
- FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

Classification and procedure used to derive the classification for mixtures according to Regulation (EC) 1272/2008 [CLP]

Classification according to regulation (EC) No 1272/2008 [CLP] and amendments	Classification Procedure
Skin Corrosion/Irritation Category 2, H315	Minimum classification
Sensitisation (Skin) Category 1, H317	Calculation method
Serious Eye Damage/Eye Irritation Category 1, H318	Minimum classification
Sensitisation (Respiratory) Category 1, H334	Calculation method
Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3 , H335	Calculation method
Carcinogenicity Category 2, H351	Calculation method
Specific Target Organ Toxicity - Repeated Exposure Category 2, H373	Calculation method