

EPOXYGLASS PART B BARNES PRODUCTS PTY LTD

Chemwatch: 5247-15 Version No: 5.1

Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Chemwatch Hazard Alert Code: 4

Issue Date: 18/03/2023 Print Date: 15/06/2023 S.GHS.NZL.EN.E

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

Product Identifier

Product name	EPOXYGLASS PART B
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains bis(2-aminopropyl ether) propoxylated)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses Epoxy coating.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	BARNES PRODUCTS PTY LTD	
Address	GREENHILLS AVE MOOREBANK NSW 2170 Australia	
Telephone	Barnes Australia +612 9793 7555 Mon-Fri 8am-4:30pm	
Fax	Barnes Australia +612 9793 7091	
Website	www.barnesnz.co.nz	
Email	sales@barnes.com.au	

Emergency telephone number

Association / Organisation	New Zealand Poisons Information Centre	
Emergency telephone numbers	Barnes NZ +649 9731 816 - Monday-Thursday 9am-5pm Friday 9am-4.30pm	
Other emergency telephone numbers	New Zealand Poisons Information Centre 0800 764 766 After Hours	

SECTION 2 Hazards identification

Classification of the substance or mixture

Classification [1]	Acute Toxicity (Oral) Category 3, Acute Toxicity (Dermal) Category 3, Skin Corrosion/Irritation Category 1A, Serious Eye Damage/Eye Irritation Category 1, Hazardous to the Aquatic Environment Acute Hazard Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 1	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI	
Determined by Chemwatch using GHS/HSNO criteria	6.1C (dermal), 6.1C (oral), 8.2A, 8.3A, 9.1A	

Label elements

Hazard pictogram(s)







Signal word Danger

Hazard statement(s)

H301	Toxic if swallowed.	
H311	Toxic in contact with skin.	
H314	Causes severe skin burns and eye damage.	
H410	Very toxic to aquatic life with long lasting effects.	

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Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.	
P301+P330+P331	F SWALLOWED: Rinse mouth. Do NOT induce vomiting.	
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P302+P352	IF ON SKIN: Wash with plenty of water.	
P363	Wash contaminated clothing before reuse.	
P361+P364	Take off immediately all contaminated clothing and wash it before reuse.	

Precautionary statement(s) Storage

P405 Store locked up.

Precautionary statement(s) Disposal

P501

Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
25154-52-3	40-70	nonylphenol
9046-10-0	30-50	bis(2-aminopropyl ether) propoxylated
929-59-9	<10	triethylene glycol diamine
Not Available	balance	Ingredients determined not to be hazardous
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L: * EU IOEL Vs available	

SECTION 4 First aid measures

Description of first aid measures

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 injure.
 - ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

For amine

- If liquid amines come in contact with the eyes, irrigate immediately and continuously with low pressure flowing water, preferably from an eye wash fountain, for 15 to 30 minutes.
- For more effective flushing of the eyes, use the fingers to spread apart and hold open the eyelids. The eyes should then be "rolled" or moved in all directions.
- ▶ Seek immediate medical attention, preferably from an ophthalmologist.

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.

Skin Contact

- For amines:

 In case of major exposure to liquid amine, promptly remove any contaminated clothing, including rings, watches, and shoe, preferably under a safety shower.
- Wash skin for 15 to 30 minutes with plenty of water and soap. Call a physician immediately.
- Remove and dry-clean or launder clothing soaked or soiled with this material before reuse. Dry cleaning of contaminated clothing may be more effective than normal laundering.
- Inform individuals responsible for cleaning of potential hazards associated with handling contaminated clothing.
- ▶ Discard contaminated leather articles such as shoes, belts, and watchbands.
- ▶ Note to Physician: Treat any skin burns as thermal burns. After decontamination, consider the use of cold packs and topical antibiotics.

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.

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Transport to hospital, or doctor. Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. This must definitely be left to a doctor or person authorised by him/her. (ICSC13719) For amines: ▶ All employees working in areas where contact with amine catalysts is possible should be thoroughly trained in the administration of appropriate first aid procedures. Experience has demonstrated that prompt administration of such aid can minimize the effects of accidental exposure. Promptly move the affected person away from the contaminated area to an area of fresh air. Keep the affected person calm and warm, but not hot. If breathing is difficult, oxygen may be administered by a qualified person. ▶ If breathing stops, give artificial respiration. Call a physician at once For advice, contact a Poisons Information Centre or a doctor at once. Urgent hospital treatment is likely to be needed. If swallowed do NOT induce vomiting If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious Ingestion Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink Transport to hospital or doctor without delay. For amines: • If liquid amine are ingested, have the affected person drink several glasses of water or milk. Do not induce vomiting.

Immediately transport to a medical facility and inform medical personnel about the nature of the exposure. The decision of whether to induce

Indication of any immediate medical attention and special treatment needed

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.

vomiting should be made by an attending physician.

- 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.
- Large 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 FYF

Injury should be irrigated for 20-30 minutes.

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

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

- Phenol is absorbed rapidly through lungs and skin. [Massive skin contact may result in collapse and death]*
- [Ingestion may result in ulceration of upper respiratory tract; perforation of oesophagus and/or stomach, with attendant complications, may occur. Oesophageal stricture may occur.1*
- An initial excitatory phase may present. Convulsions may appear as long as 18 hours after ingestion. Hypotension and ventricular tachycardia that require vasopressor and antiarrhythmic therapy, respectively, can occur.
- Respiratory arrest, ventricular dysrhythmias, seizures and metabolic acidosis may complicate severe phenol exposures so the initial attention should be directed towards stabilisation of breathing and circulation with ventilation, intubation, intravenous lines, fluids and cardiac monitoring as indicated.
- [Vegetable oils retard absorption; do NOT use paraffin oils or alcohols. Gastric lavage, with endotracheal intubation, should be repeated until phenol odour is no longer detectable; follow with vegetable oil. A saline cathartic should then be given.]* ALTERNATIVELY: Activated charcoal (1g/kg) may be given. A cathartic should be given after oral activated charcoal.
- Severe poisoning may require slow intravenous injection of methylene blue to treat methaemoglobinaemia.
- [Renal failure may require haemodialysis.]*
- Most absorbed phenol is biotransformed by the liver to ethereal and glucuronide sulfates and is eliminated almost completely after 24 hours. [Ellenhorn and Barceloux: Medical Toxicology] *[Union Carbide]

BIOLOGICAL EXPOSURE INDEX - BEI

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

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

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

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

For amines:

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

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

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due to an immunosuppressive mechanism.

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

Lung injury may result following a single massive overexposure to high vapour concentrations or multiple exposures to lower concentrations of any pulmonary irritant material. Health effects of amines, such as skin irritation and transient corneal edema ("blue haze," "halo effect," "glaucopsia"), are best prevented by means of formal worker education, industrial hygiene monitoring, and exposure control methods. Persons who are highly sensitive to the triggering effect of non-specific irritants should not be assigned to jobs in which such agents are used, handled, or manufactured.

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

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

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

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

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

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

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

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

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

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

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

Alliance for Polyurethanes Industry

Treat symptomatically.

SECTION 5 Firefighting measures

Extinguishing media

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

Do not use a water jet to fight fire.

Special hazards arising from the substrate or mixture

Fire Incompatibility

▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Advice for firefighters

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- 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 Fighting

- For amines:

 For firefighting, cleaning up large spills, and other emergency operations, workers must wear a self-contained breathing apparatus with full face-piece, operated in a pressure-demand mode.
- Airline and air purifying respirators should not be worn for firefighting or other emergency or upset conditions.
- Respirators should be used in conjunction with a respiratory protection program, which would include suitable fit testing and medical evaluation of the user.

► Slight fire I

- Combustible.Slight fire hazard when exposed to heat or flame.
- ▶ Heating may cause expansion or decomposition leading to violent rupture of containers.
- ► On combustion, may emit toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.
- Mists containing combustible materials may be explosive.

Fire/Explosion Hazard Combustion products include:

carbon dioxide (CO2)

nitrogen oxides (NOx)

other pyrolysis products typical of burning organic material.

Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.

May emit corrosive fumes

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills

- Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.
- Check regularly for spills and leaks.
- Clean up all spills immediately.

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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 for amines: If possible (i.e., without risk of contact or exposure), stop the leak. ▶ Contain the spilled material by diking, then neutralize. Next, absorb the neutralized product with clay, sawdust, vermiculite, or other inert absorbent and shovel into containers. Store the containers outdoors. • Brooms and mops should be disposed of, along with any remaining absorbent, in accordance with all applicable federal, state, and local regulations and requirements Decontamination of floors and other hard surfaces after the spilled material has been removed may be accomplished by using a 5% solution of acetic acid, followed by very hot water Dispose of the material in full accordance with all federal, state, and local laws and regulations governing the disposal of chemical wastes Waste materials from an amine catalyst spill or leak may be "hazardous wastes" that are regulated under various laws. Clear area of personnel and move upwind. 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. Consider evacuation (or protect in place). Stop leak if safe to do so. ► Contain spill with sand, earth or vermiculite. For amines: **Major Spills** First remove all ignition sources from the spill area. Have firefighting equipment nearby, and have firefighting personnel fully trained in the proper use of the equipment and in the procedures used in fighting a chemical fire. Figure Spills and leaks of polyurethane amine catalysts should be contained by diking, if necessary, and cleaned up only by properly trained and equipped personnel. All others should promptly leave the contaminated area and stay upwind. Protective equipment for cleanup crews should include appropriate respiratory protective devices and impervious clothing, footwear, and All work areas should be equipped with safety showers and eyewash fountains in good working order. Any material spilled or splashed onto the skin should be quickly washed off.

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

SECTION 7 Handling and storage

Precautions for safe handling Contains low boiling substance: Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately. ► Check for bulging containers. Vent periodically Always release caps or seals slowly to ensure slow dissipation of vapours DO NOT allow clothing wet with material to stay in contact with skin Avoid all personal contact, including inhalation. Safe handling Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material. Avoid smoking, naked lights or ignition sources Avoid contact with incompatible materials. When handling, DO NOT eat, drink or smoke Store in original containers. Keep containers securely sealed. Store in a cool, dry, well-ventilated area. Store away from incompatible materials and foodstuff containers. Other information Protect containers against physical damage and check regularly for leaks. Observe manufacturer's storage and handling recommendations contained within this SDS. DO NOT store near acids, or oxidising agents ▶ No smoking, naked lights, heat or ignition sources.

Conditions for safe storage, including any incompatibilities

Packing as recommended by manufacturer. Check all containers are clearly labelled and free from leaks. For low viscosity materials ▶ Drums and jerricans must be of the non-removable head type. ▶ Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.): Removable head packaging; Cans with friction closures and I low pressure tubes and cartridges

Suitable container

▶ Lined metal can, lined metal pail/ can.

may be used.

Plastic pail. Polyliner drum.

Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

Storage incompatibility

- Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
- Avoid contact with copper, aluminium and their alloys.
- Avoid reaction with oxidising agents

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SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
nonylphenol	3.9 mg/m3	43 mg/m3	260 mg/m3
bis(2-aminopropyl ether)	4.8 mg/m3	53 mg/m3	320 mg/m3

Ingredient	Original IDLH	Revised IDLH
nonylphenol	Not Available	Not Available
bis(2-aminopropyl ether) propoxylated	Not Available	Not Available
triethylene glycol diamine	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
nonylphenol	E	≤ 0.1 ppm
triethylene glycol diamine	E	≤ 0.1 ppm
Notes:	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.	

Exposure controls

Appropriate engineering controls

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.

Individual protection measures, such as personal protective equipment









- 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 document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.

Eye and face protection

For amines: SPECIAL PRECAUTION:

- Because amines are alkaline materials that can cause rapid and severe tissue damage, wearing of contact lenses while working with amines is strongly discouraged. Wearing such lenses can prolong contact of the eye tissue with the amine, thereby causing more severe damage.
- Appropriate eye protection should be worn whenever amines are handled or whenever there is any possibility of direct contact with liquid products, vapors, or aerosol mists.

CAUTION:

- Ordinary safety glasses or face-shields will not prevent eye irritation from high concentrations of vapour.
- In operations where positive-pressure, air-supplied breathing apparatus is not required, all persons handling liquid amine catalysts or other polyurethane components in open containers should wear chemical workers safety goggles.
- Eyewash fountains should be installed, and kept in good working order, wherever amines are used.

Skin protection

Hands/feet protection

See Hand protection below

- ► Elbow length PVC gloves
- ▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

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.

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	For amines: • 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 • Where there is a possibility of exposure to liquid amines skin protection should include: rubber gloves, (neoprene, nitrile, or butyl). • DO NOT USE latex.
Body protection	See Other protection below
Other protection	 Overalls. PVC Apron. PVC protective suit may be required if exposure severe. Eyewash unit. Ensure there is ready access to a safety shower.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the $\it computer-generated$ selection:

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Material	СРІ
NEOPRENE	Α
NITRILE	Α

- * CPI Chemwatch Performance Index
- A: Best Selection
- B: Satisfactory; may degrade after 4 hours continuous immersion
- C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AK-AUS / Class1 P2	-
up to 50	1000	-	AK-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	AK-2 P2
up to 100	10000	-	AK-3 P2
100+			Airline**

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Light amber clear liquid with an ammoniacal odour; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	0.95
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	>260	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	123.8 (PMCC)	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	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)	0
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7

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Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Inhaled

Skin Contact

Chronic

asthma"

Information on toxicological effects		
		Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane.
		Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting
	la bala d	several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine

The material can produce severe chemical burns following direct contact with the skin.

If applied to the eyes, this material causes severe eye damage.

Inhalation of high concentrations of gas/vapour causes lung irritation with coughing and nausea, central nervous depression with headache and dizziness, slowing of reflexes, fatigue and inco-ordination.

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva Ingestion production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow

Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucous.

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous

reactions include erythema, intolerable itching and severe facial swelling. Skin contact with alkaline corrosives may produce severe pain and burns; brownish stains may develop. The corroded area may be soft,

gelatinous and necrotic; tissue destruction may be deep. Open cuts, abraded or irritated skin should not be exposed to this material

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

Direct eye contact with corrosive bases can cause pain and burns. There may be swelling, epithelium destruction, clouding of the cornea and Eye inflammation of the iris. Mild cases often resolve; severe cases can be prolonged with complications such as persistent swelling, scarring, permanent cloudiness, bulging of the eye, cataracts, eyelids glued to the eyeball and blindness.

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. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.

Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.

Ample evidence from experiments exists that there is a suspicion this material directly reduces fertility.

Based on experience with animal studies, exposure to the material may result in toxic effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother.

Long-term exposure to phenol derivatives can cause skin inflammation, loss of appetite and weight, weakness, muscle aches and pain, liver damage, dark urine, loss of nails, skin eruptions, diarrhoea, nervous disorders with headache, salivation, fainting, discolouration of the skin and eyes, vertigo and mental disorders, and damage to the liver and kidneys.

Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma"

Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous reactions include erythema, intolerable itching and severe facial swelling.

EPOXYGLASS PART B	TOXICITY	IRRITATION	
EPOXIGLASS PARI B	Not Available	Not Available	
	TOXICITY	IRRITATION	
nonylphenol	Dermal (rabbit) LD50: >2000 mg/kg ^[2]	Eye (rabbit): 0.5 mg (open)-SEVERE	
	Oral (Rat) LD50: 1000-2500 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]	
		Skin (rabbit): 500 mg(open)-mod	
		Skin(rabbit):10mg/24h(open)-SEVERE	
		Skin: adverse effect observed (corrosive) ^[1]	
	TOXICITY	IRRITATION	
	Dermal (rabbit) LD50: 250 mg/kg ^[2]	Eye (rabbit): 100 mg - SEVERE	
bis(2-aminopropyl ether) propoxylated	Oral (Rat) LD50: 242 mg/kg ^[2]	Eye (rabbit): SEVERE *** 94/110	
		Eye: adverse effect observed (irreversible damage) ^[1]	
		Skin (rabbit): SEVERE *** 6.8/8.0	
		Skin: adverse effect observed (corrosive) ^[1]	
	TOXICITY	IRRITATION	
riethylene glycol diamine	Dermal (rabbit) LD50: >=8000 mg/kg ^[1]	Not Available	
	Oral (Rat) LD50: 1231 mg/kg ^[1]		
Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless of specified data extracted from RTECS - Register of Toxic Effect of chemical Substances			

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For nonviphenol and its compounds:

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

Effects in pregnant women.

NONYLPHENOL Subcutaneous injections of nonylphenol in late pregnancy causes the expression of certain placental and uterine proteins, namely CaBP-9k, which suggest it can be transferred through the placenta to the fetus. It has also been shown to have a higher potency on the first trimester placenta than the endogenous estrogen 17beta-estradiol.

These substances are intravenous anaesthetic agents. They have a very low level of acute toxicity; they may cause skin irritation. Repeated exposure may irritate the stomach. There is no evidence of this group of substances causing mutation or adverse effects on reproduction. However, at high doses, there may be reduction of newborn weight and reduced survival in early lactation period.

For nonylphenol:

Animal testing suggests that repeated exposure to nonylphenol may cause liver changes and kidney dysfunction. Nonylphenol was not found to cause mutations or chromosomal aberrations.

The material may cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration.

Convulsions, stomach ulceration, haemorrhage, respiratory tract changes, dermatitis after systemic administration recorded. * Reichard ** Bayer Inc. Canada *** Texaco ****Epoxylite

Polyethers (such as ethoxylated surfactants and polyethylene glycols) are highly susceptible to being oxidized in the air. They then form complex mixtures of oxidation products.

Animal testing reveals that whole the pure, non-oxidised surfactant is non-sensitizing, many of the oxidation products are sensitisers. The oxidization products also cause irritation.

Overexposure to most of these materials may cause adverse health effects.

Many amine-based compounds can cause release of histamines, which, in turn, can trigger allergic and other physiological effects, including constriction of the bronchi or asthma and inflammation of the cavity of the nose. Whole-body symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, rapid heartbeat, itching, reddening of the skin, urticaria (hives) and swelling of the face, which are usually transient.

There are generally four routes of possible or potential exposure: inhalation, skin contact, eye contact, and swallowing. Inhalation: Inhaling vapours may result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs. Higher concentrations of certain amines can produce severe respiratory irritation, characterized by discharge from the nose, coughing, difficulty in breathing and chest pain. Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, inflammation of the bronchi and lungs, and possible lung damage. Repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice and liver enlargement. Some amines have been shown to cause kidney, blood and central nervous system disorders in animal studies. While most polyurethane amine catalysts are not sensitisers, some certain individuals may also become sensitized to amines and my experience distress while breathing, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapours. Once sensitized, these individuals must avoid any further exposure to amines.

TRIETHYLENE GLYCOL

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. Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.

Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.

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

The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce

The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function.

The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

No significant acute toxicological data identified in literature search

NONYLPHENOL & BIS(2-AMINOPROPYL ETHER) PROPOXYLATED

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

NONYLPHENOL & BIS(2-AMINOPROPYL ETHER) PROPOXYLATED & TRIETHYLENE GLYCOL DIAMINE

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.

Acute Toxicity	✓	Carcinogenicity	X
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

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Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
EPOXYGLASS PART B	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1344h	Fish	90-220	7
	NOEC(ECx)	672h	Crustacea	0.0039mg/l	1
nonylphenol	EC50	72h	Algae or other aquatic plants	0.056mg/l	4
	EC50	96h	Algae or other aquatic plants	0.027mg/l	1
	LC50	96h	Fish	0.098-0.187mg	1 4
	EC50	48h	Crustacea	0.14mg/l	1
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	0.32mg/l	2
bis(2-aminopropyl ether) propoxylated	EC50	72h	Algae or other aquatic plants	2.1mg/l	2
propoxylateu	EC50	48h	Crustacea	80mg/l	2
	LC50	96h	Fish	772.14mg/	1 2
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	48h	Crustacea	75mg/l	2
triethylene glycol diamine	EC50	72h	Algae or other aquatic plants	>100mg/	1 2
	EC50	48h	Crustacea	75mg/l	2
Legend:	Ecotox databas		CHA Registered Substances - Ecotoxicological Im Aquatic Hazard Assessment Data 6. NITE (Japa		

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
nonylphenol	HIGH	HIGH
triethylene glycol diamine	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
nonylphenol	LOW (BCF = 271)
triethylene glycol diamine	LOW (LogKOW = -2.1672)

Mobility in soil

, y y	
Ingredient	Mobility
nonylphenol	LOW (KOC = 56010)
triethylene glycol diamine	LOW (KOC = 10)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal

- ▶ Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.
- ▶ 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.
- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Treat and neutralise at an approved treatment plant.
- For Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material).
- ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

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Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous. Only dispose to the environment if a tolerable exposure limit has been set for the substance.

Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

SECTION 14 Transport information

Labels Required



Marine Pollutant



2X

HAZCHEM

Land transport (UN)

UN number or ID number	2735		
UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains bis(2-aminopropyl ether) propoxylated)		
Transport hazard class(es)	Class 8 Subsidiary risk Not Applicable		
Packing group			
Environmental hazard	Environmentally hazardous		
Special precautions for user	Special provisions 274 Limited quantity 1 L		

Air transport (ICAO-IATA / DGR)

UN number	2735			
UN proper shipping name	Polyamines, liquid, corrosive, n.o.s. * (contains bis(2-aminopropyl ether) propoxylated); Amines, liquid, corrosive, n.o.s. * (contains bis(2-aminopropyl ether) propoxylated)			
Transport hazard class(es)	ICAO/IATA Class	8 Not Applicable		
	ERG Code	8L		
Packing group	II			
Environmental hazard	Environmentally hazardous			
	Special provisions		A3 A803	
	Cargo Only Packing Instructions		855	
	Cargo Only Maximum Qty / Pack		30 L	
Special precautions for user	Passenger and Cargo Packing Instructions		851	
	Passenger and Cargo Maximum Qty / Pack		1 L	
	Passenger and Cargo Limited Quantity Packing Instructions		Y840	
	Passenger and Cargo Limited Maximum Qty / Pack		0.5 L	

Sea transport (IMDG-Code / GGVSee)

(· · /			
UN number	2735			
UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains bis(2-aminopropyl ether) propoxylated)			
Transport hazard class(es)	IMDG Class 8 IMDG Subrisk N	lot Applicable		
Packing group	II			
Environmental hazard	Marine Pollutant			
Special precautions for user	EMS Number Special provisions	F-A, S-B 274		

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Limited Quantities

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

Not Applicable

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

Product name	Group
nonylphenol	Not Available
bis(2-aminopropyl ether) propoxylated	Not Available
triethylene glycol diamine	Not Available

Transport in bulk in accordance with the IGC Code

Product name	Ship Type
nonylphenol	Not Available
bis(2-aminopropyl ether) propoxylated	Not Available
triethylene glycol diamine	Not Available

SECTION 15 Regulatory information

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

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

HSR Number	Group Standard	
HSR100425	Pharmaceutical Active Ingredients Group Standard 2020	
HSR100756 Active Ingredients for Use in the Manufacture of Agricultural Compounds Group Standard 2020		

Please refer to Section 8 of the SDS for any applicable tolerable exposure limit or Section 12 for environmental exposure limit.

nonylphenol is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data

New Zealand Inventory of Chemicals (NZIoC)

bis(2-aminopropyl ether) propoxylated is found on the following regulatory lists

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data

New Zealand Inventory of Chemicals (NZIoC)

triethylene glycol diamine is found on the following regulatory lists

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data

New Zealand Inventory of Chemicals (NZIoC)

Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantity (Compliance Certificate)	Quantity (Compliance Certificate - Farms >4 ha)
6.1C	1000 kg or 1000 L	3500 kg or 3500 L
8.2A	50 kg or 50 L	500 kg or 500 L

Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

Maximum quantities of certain hazardous substances permitted on passenger service vehicles

Subject to Regulation 13.14 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Gas (aggregate water capacity in mL)	Liquid (L)	Solid (kg)	Maximum quantity per package for each classification
6.1C	120	1	3	
8.2A	prohibited	prohibited	prohibited	

Tracking Requirements

Not Applicable

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National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (triethylene glycol diamine)
Canada - NDSL	No (bis(2-aminopropyl ether) propoxylated)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (bis(2-aminopropyl ether) propoxylated)
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (triethylene glycol diamine)
Vietnam - NCI	Yes
Russia - FBEPH	No (triethylene glycol diamine)
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	18/03/2023
Initial Date	10/03/2017

SDS Version Summary

Version	Date of Update	Sections Updated	
4.1	23/12/2022	Classification review due to GHS Revision change.	
5.1	18/03/2023	Hazards identification - Classification, Composition / information on ingredients - Ingredients, Identification of the substance / mixture and of the company / undertaking - Supplier Information, Identification of the substance / mixture and of the company undertaking - Synonyms	

Other information

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

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

Definitions and abbreviations

PC - TWA: Permissible Concentration-Time Weighted Average

PC - STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。

IDLH: Immediately Dangerous to Life or Health Concentrations

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

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

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