

# BARNES PRODUCTS PTY LTD

#### Chemwatch: 47-2703 Version No: 11.2

Chemwatch Hazard Alert Code: 2

Issue Date: **15/03/2023** Print Date: **16/06/2023** S.GHS.NZL.EN.E

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

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

Product name	FLEXICAST BR PART A	
Chemical Name	Not Applicable	
Synonyms	POLYGEL 35 BRUSH-ON RUBBER PART A	
Chemical formula	Not Applicable	
Other means of identification	Not Available	
elevant identified uses of the	substance or mixture and uses advised against	
Relevant identified uses	Mould making and casting compound.	

# Details of the manufacturer or supplier of the safety data sheet

Registered company name	BARNES PRODUCTS PTY LTD	
Address	5 GREENHILLS AVE MOOREBANK NSW 2170 Australia	
Telephone	arnes 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	rnes 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 <sup>[1]</sup>	Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2, Acute Toxicity (Inhalation) Category 3, Sensitisation (Respiratory) Category 1, Carcinogenicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 2	
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 (inhalation), 6.3A, 6.4A, 6.5A (respiratory), 6.5B (contact), 6.7B, 6.9B	

#### Label elements

Hazard pictogram(s)



Signal word Danger

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Hazard statement(s)		
H315	Causes skin irritation.	
H317	May cause an allergic skin reaction.	
H319	Causes serious eye irritation.	
H331	Toxic if inhaled.	
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.	
H351	Suspected of causing cancer.	

H373 May cause damage to organs through prolonged or repeated exposure.

Precautionary	statement(s)	Prevention
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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

D204-D240		
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.	
P308+P313	IF exposed or concerned: Get medical advice/ attention.	
P342+P311	experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.	
P302+P352	IF ON SKIN: Wash with plenty of water and soap.	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.	
P337+P313	If eye irritation persists: Get medical advice/attention.	

# Precautionary statement(s) Storage

P403+P233	Store in a well-ventilated place. Keep container tightly closed.	
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	
101-68-8	<10	4,4'-diphenylmethane diisocyanate (MDI)
26471-62-5	<1	toluene diisocyanate
Not Available	NotSpec	prepolymer, proprietary
Not Available	NotSpec	plasticizer, proprietary
Legend:	<ol> <li>Classified by Chemwatch;</li> <li>Classification drawn from CCID EPA NZ;</li> <li>Classification drawn from Regulation (EU) No 1272/2008 - Annex VI;</li> <li>Classification drawn from C&amp;L</li> <li>EU IOELVs available</li> </ol>	

# **SECTION 4 First aid measures**

Description of first aid measur	res
Eye Contact	<ul> <li>If this product comes in contact with the eyes:</li> <li>Wash out immediately with fresh running water.</li> <li>Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>Seek medical attention without delay; if pain persists or recurs seek medical attention.</li> <li>Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
Skin Contact	If skin contact occurs: <ul> <li>Immediately remove all contaminated clothing, including footwear.</li> <li>Flush skin and hair with running water (and soap if available).</li> <li>Seek medical attention in event of irritation.</li> </ul>
Inhalation	<ul> <li>If fumes or combustion products are inhaled remove from contaminated area.</li> <li>Lay patient down. Keep warm and rested.</li> <li>Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>Transport to hospital, or doctor, without delay.</li> <li>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.</li> </ul>
Ingestion	<ul> <li>For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>Urgent hospital treatment is likely to be needed.</li> <li>If swallowed do NOT induce vomiting.</li> <li>If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>Observe the patient carefully.</li> <li>Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> </ul>

# Page 3 of 11

# FLEXICAST BR PART A

Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.

Transport to hospital or doctor without delay.

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

- 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.
- ٠ 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. Toluene diisocyanate is a known pulmonary sensitiser. Annual medical surveillance should be conducted including pulmonary history, examination of the heart and lungs, 14 x 17 inch (35 x 47 cm) x-ray and pulmonary function testing (FCV, FEV1).

In normal commercial preparations of toluene diisocyanate, the 2,4-isomer dominates in the ratio 4:1. However it is also hydrolysed, in air, more rapidly than the 2,6-isomer. Airway sensitivities may result from the appearance of immunoalobulins in the blood. Frequent inability to detect antibodies to TDI in clinical cases may result from the routine use of diagnostic antigens containing predominantly 2,4-TDI, whereas individuals may have been exposed to atmospheres in which 2,6-TDI was the predominant isomer. [Karol & Jin, Frontiers of Molecular Toxicology, pp 55-61, 1992]

#### **SECTION 5 Firefighting measures**

#### 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 ٠
- Water spray or fog may cause frothing and should be used in large quantities.

A control of

- ٠ Foam
- Dry chemical powder. ٠
- BCF (where regulations permit). Carbon dioxide.
- Water spray or fog Large fires only.

#### Special hazards arising from the substrate or mixture

rice for firefighters	
Fire Fighting	<ul> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear full body protective clothing with breathing apparatus.</li> <li>Prevent, by any means available, spillage from entering drains or water course.</li> <li>Use water delivered as a fine spray to control fire and cool adjacent area.</li> <li>Avoid spraying water onto liquid pools.</li> <li>DO NOT approach containers suspected to be hot.</li> <li>Cool fire exposed containers with water spray from a protected location.</li> </ul>
Fire/Explosion Hazard	<ul> <li>Combustible.</li> <li>Moderate fire hazard when exposed to heat or flame.</li> <li>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.</li> <li>Burns with acrid black smoke and poisonous fumes.</li> <li>Due to reaction with water producing CO2-gas, a hazardous build-up of pressure could result if contaminated containers are re-sealed.</li> <li>Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NOx and carbon monoxide.</li> <li>Combustion products include:</li> <li>carbon dioxide (CO2)</li> <li>isocyanates</li> <li>and minor amounts of</li> <li>hydrogen cyanide</li> <li>nitrogen oxides (NOx)</li> <li>other pyrolysis products typical of burning organic material.</li> <li>May emit corrosive fumes.</li> <li>When heated at high temperatures many isocyanates decompose rapidly generating a vapour which pressurises containers, possibly to the poin of rupture. Release of toxic and/or flammable isocyanate vapours may then occur</li> </ul>

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### 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	<ul> <li>Remove all ignition sources.</li> <li>Clean up all spills immediately.</li> <li>Avoid breathing vapours and contact with skin and eyes.</li> <li>Control personal contact with the substance, by using protective equipment.</li> <li>Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>Wipe up.</li> <li>Place in a suitable, labelled container for waste disposal.</li> </ul>
Major Spills	<ul> <li>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.</li> <li>For isocyanate spills of less than 40 litres (2 m2):</li> <li>Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible.</li> <li>Notify supervision and others as necessary.</li> <li>Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots).</li> <li>Control source of leakage (where applicable).</li> <li>Dike the spill to prevent spreading and to contain additions of decontaminating solution.</li> <li>Prevent the material from entering drains.</li> <li>Estimate spill pol volume or area.</li> <li>Avoid contamination with water, alkalies and detergent solutions.</li> <li>Material reacts with water and generates gas, pressurises containers with even drum rupture resulting.</li> <li>DO NOT reseal container if contamination is suspected.</li> <li>Open all containers with care.</li> <li>Moderate hazard.</li> <li>Clear area of personnel and move upwind.</li> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear breathing apparatus plus protective gloves.</li> <li>Prevent, by any means available, spillage from entering drains or water course.</li> <li>No smoking, naked lights or ignition sources.</li> <li>Increase ventilation.</li> </ul>

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

# **SECTION 7 Handling and storage**

Safe handling	<ul> <li>DO NOT allow clothing wet with material to stay in contact with skin</li> <li>Avoid all personal contact, including inhalation.</li> <li>Wear protective clothing when risk of exposure occurs.</li> <li>Use in a well-ventilated area.</li> <li>Prevent concentration in hollows and sumps.</li> <li>DO NOT enter confined spaces until atmosphere has been checked.</li> <li>Avoid smoking, naked lights or ignition sources.</li> <li>Avoid contact with incompatible materials.</li> </ul>
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. • 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.

# Conditions for safe storage, including any incompatibilities

Suitable container	<ul> <li>Metal can or drum</li> <li>Packaging as recommended by manufacturer.</li> <li>Check all containers are clearly labelled and free from leaks.</li> </ul>	
Storage incompatibility	<ul> <li>Avoid strong acids, bases.</li> <li>Segregate from alcohol, water.</li> <li>metals</li> </ul>	

# **SECTION 8 Exposure controls / personal protection**

# **Control parameters**

# Occupational Exposure Limits (OEL)

INGREDIENT DATA	
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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	4,4'-diphenylmethane diisocyanate (MDI)	MDI	0.02 mg/m3	0.07 mg/m3	Not Available	(dsen) - Dermal sensitiser (rsen) - Respiratory sensitiser (ifv) - The Inhalable Fraction and Vapour (ifv) notation is used when a material exerts sufficient

Ingredient	Material name	TWA	STEL	Peak	Notes
					vapour pressure such that it may be present in both particle and vapour phases, with each contributing to a significant portion of exposure
4,4'-diphenylmethane diisocyanate (MDI)	Methylene bisphenyl isocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	(dsen) - Dermal sensitiser (rsen) - Respiratory sensitiser (ifv) - The Inhalable Fraction and Vapour (ifv) notation is used when a material exerts sufficient vapour pressure such that it may be present in both particle and vapour phases, with each contributing to a significant portion of exposure
4,4'-diphenylmethane diisocyanate (MDI)	Diphenylmethane diisocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	(dsen) - Dermal sensitiser (rsen) - Respiratory sensitiser (ifv) - The Inhalable Fraction and Vapour (ifv) notation is used when a material exerts sufficient vapour pressure such that it may be present in both particle and vapour phases, with each contributing to a significant portion of exposure
toluene diisocyanate	Toluene- 2,4-diisocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	(dsen) - Dermal sensitiser (rsen) - Respiratory sensitiser (ifv) - The Inhalable Fraction and Vapour (ifv) notation is used when a material exerts sufficient vapour pressure such that it may be present in both particle and vapour phases, with each contributing to a significant portion of exposure
toluene diisocyanate	Toluene- 2,6-diisocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	(dsen) - Dermal sensitiser (rsen) - Respiratory sensitiser (ifv) - The Inhalable Fraction and Vapour (ifv) notation is used when a material exerts sufficient vapour pressure such that it may be present in both particle and vapour phases, with each contributing to a significant portion of exposure
	4,4'-diphenylmethane diisocyanate (MDI) 4,4'-diphenylmethane diisocyanate (MDI) toluene diisocyanate	4,4'-diphenylmethane diisocyanate (MDI)     Methylene bisphenyl isocyanate       4,4'-diphenylmethane diisocyanate (MDI)     Diphenylmethane diisocyanate       toluene diisocyanate     Toluene- 2,4-diisocyanate       toluene diisocyanate     Toluene- 2,4-diisocyanate	4,4'-diphenylmethane diisocyanate (MDI)       Methylene bisphenyl isocyanate       0.02 mg/m3         4,4'-diphenylmethane diisocyanate (MDI)       Diphenylmethane diisocyanate       0.02 mg/m3         4,4'-diphenylmethane diisocyanate (MDI)       Diphenylmethane diisocyanate       0.02 mg/m3         toluene diisocyanate       Toluene- 2,4-diisocyanate       0.02 mg/m3	4,4'-diphenylmethane diisocyanate (MDI)       Methylene bisphenyl isocyanate       0.02 mg/m3       0.07 mg/m3         4,4'-diphenylmethane diisocyanate (MDI)       Diphenylmethane diisocyanate       0.02 mg/m3       0.07 mg/m3         4,4'-diphenylmethane diisocyanate (MDI)       Diphenylmethane diisocyanate       0.02 mg/m3       0.07 mg/m3         toluene diisocyanate       Toluene- 2,4-diisocyanate       0.02 mg/m3       0.07 mg/m3	4,4'-diphenylmethane diisocyanate (MDI)       Methylene bisphenyl isocyanate       0.02 mg/m3       0.07 mg/m3       Not Available         4,4'-diphenylmethane diisocyanate (MDI)       Diphenylmethane diisocyanate       0.02 mg/m3       0.07 mg/m3       Not Available         4,4'-diphenylmethane diisocyanate (MDI)       Diphenylmethane diisocyanate       0.02 mg/m3       0.07 mg/m3       Not Available         toluene diisocyanate       Toluene- 2,4-diisocyanate       0.02 mg/m3       0.07 mg/m3       Not Available         toluene diisocyanate       Toluene- 2,4-diisocyanate       0.02 mg/m3       0.07 mg/m3       Not Available

Ingredient	TEEL-1	TEEL-1 TEEL-2		TEEL-3	
4,4'-diphenylmethane diisocyanate (MDI)	0.45 mg/m3	Not Available		Not Available	
4,4'-diphenylmethane diisocyanate (MDI)	29 mg/m3	40 mg/m3		240 mg/m3	
toluene diisocyanate	0.02 ppm	0.083 ppm		0.51 ppm	
toluene diisocyanate	Not Available	Not Available		Not Available	
toluene diisocyanate	Not Available	Not Available		Not Available	
Ingredient	Original IDLH		Revised IDLH		
4,4'-diphenylmethane diisocyanate (MDI)	75 mg/m3	75 mg/m3			
toluene diisocyanate	2.5 ppm	2.5 ppm		Not Available	

# Exposure controls

Appropriate engineering controls	<ul> <li>All processes in which isocyanates are used should be enclosed wherever possible.</li> <li>Total enclosure, accompanied by good general ventilation, should be used to keep atmospheric concentrations below the relevant exposure standards.</li> <li>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.</li> <li>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.</li> <li>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:</li> <li>Process controls which involve changing the way a job activity or process is done to reduce the risk.</li> <li>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.</li> <li>Employers may need to use multiple types of controls to prevent employee overexposure.</li> </ul>
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul> <li>Safety glasses with side shields.</li> <li>Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable.</li> </ul>
Skin protection	See Hand protection below
Hands/feet protection	NOTE: The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective acuipment to avoid all possible skin contact.

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. bo NOT wear natural rubber (latex gloves). lescyanate 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. NOT E: Natural rubber, neoprene, PVC can be affected by isocyanates <b>Do NOT uses skin cream unless necessary and then use only minimum amount.</b> Isocyanate vapour may be absorbed into skin cream and this increases hazard.
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. <ul> <li>P.Overalls.</li> <li>P.V.C apron.</li> <li>Barrier cream.</li> <li>Skin cleansing cream.</li> <li>Eye wash unit.</li> </ul>

#### Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

#### "Forsberg Clothing Performance Index".

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

# FLEXICAST BR PART A

Material	CPI
PE/EVAL/PE	А
BUTYL	С
NATURAL RUBBER	С
NITRILE	С
PVA	С
SARANEX-23	С
TEFLON	С
VITON	С

\* 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

Full face respirator with supplied air.

- 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

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.

# **SECTION 9** Physical and chemical properties

Appearance	Liquid with slightly sweet and acrid odour; does not mix with water.		
Physical state	Liquid	Relative density (Water = 1)	~1.1 @25C
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)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable

Flash point (°C)	193	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)	Not Available
Vapour pressure (kPa)	<0.13 @25C	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

# **SECTION 10 Stability and reactivity**

Reactivity	See section 7
Chemical stability	<ul> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

# **SECTION 11 Toxicological information**

# Information on toxicological effects

Inhaled	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. 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, 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	he individual.	
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition 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.		
Eye	This material can cause eye irritation and damage in some persons.		
Chronic	This material can cause eye irritation and damage in some persons. There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. 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 faces. 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. With most allergens, removal of the offending material results in resolution of symptoms. Asthma caused by toluene diisocyanate (TDI) continues for months or even years after exposure ceases. Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping		
	ΤΟΧΙΟΙΤΥ	IRRITATION	
FLEXICAST BR PART A	Not Available	Not Available	

4,4'-diphenylmethane diisocyanate (MDI)	τοχιςιτγ	IRRITATION
	Dermal (rabbit) LD50: >6200 mg/kg <sup>[2]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Inhalation(Rat) LC50: 0.368 mg/L4h <sup>[1]</sup>	Skin (rabbit): 500 mg /24 hours Dermal Sensitiser *Respiratory Sensitiser (g.pig) *[* = Bayer CCINFO 2133615]
	Oral (Mouse) LD50; 2200 mg/kg <sup>[2]</sup>	Skin: adverse effect observed (irritating) <sup>[1]</sup>

	TOXICITY	IRRITATION	
toluene diisocyanate	Dermal (rabbit) LD50: >9400 mg/kg <sup>[1]</sup>	Eye: adverse eff	iect observed (irritating) <sup>[1]</sup>
	Inhalation(Mouse) LC50; 0.069 mg/L4h <sup>[2]</sup>	Skin: adverse ef	fect observed (irritating) <sup>[1]</sup>
	Oral (Rat) LD50: >2000 mg/kg <sup>[1]</sup>		
Legend:	1. Value obtained from Europe ECHA Registered Subs specified data extracted from RTECS - Register of Tox	-	ined from manufacturer's SDS. Unless otherwise
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate The substance is classified by IARC as Group 3: <b>NOT</b> classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.		
TOLUENE DIISOCYANATE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause 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.		
	The following information refers to contact allergens as Contact allergies quickly manifest themselves as conta eczema involves a cell-mediated (T lymphocytes) immi involve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for distributed can be a more important allergen than one of clinical point of view, substances are noteworthy if they Asthma-like symptoms may continue for months or ever known as reactive airways dysfunction syndrome (RAD	act eczema, more rarely as urticaria of une reaction of the delayed type. Oth ificance of the contact allergen is no contact with it are equally important. , with stronger sensitising potential wit produce an allergic test reaction in in an years after exposure to the materi	or Quincke's oedema. The pathogenesis of contact ner allergic skin reactions, e.g. contact urticaria, t simply determined by its sensitisation potential: the A weakly sensitising substance which is widely h which few individuals come into contact. From a more than 1% of the persons tested.
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) & TOLUENE DIISOCYANATE	criteria for diagnosing RADS include the absence of pr asthma-like symptoms within minutes to hours of a doc airflow pattern on lung function tests, moderate to seve lymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the irr result of exposure due to high concentrations of irritatir disorder is characterized by difficulty breathing, cough Allergic reactions involving the respiratory tract are usu potential of the allergen and period of exposure often d others, and exposure to other irritants may aggravates Attention should be paid to atopic diathesis, characteris Exogenous allergic alveolitis is induced essentially by a lymphocytes) may be involved. Such allergy is of the d Isocyanate vapours are irritating to the airways and can consciousness and fluid in the lungs. Nervous system anxiety, depression and paranoia. Aromatic and aliphatic diisocyanates may cause airway effect. Of the several members of diisocyanates tested others produced a harmless outcome. This group of co	evious airways disease in a non-atop cumented exposure to the irritant. Other ere bronchial hyperreactivity on meth (or asthma) following an irritating inh itating substance. On the other hand g substance (often particles) and is and mucus production. ally due to interactions between IgE determine the severity of symptoms. I symptoms. Allergy causing activity is sed by increased susceptibility to nas allergen specific immune-complexes elayed type with onset up to four hou in cause their inflammation, with whe symptoms that may occur include he y toxicity and skin sensitization. Mon- on experimental animals by inhalational and the sensitization.	o high levels of highly irritating compound. Main bic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversib acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The antibodies and allergens and occur rapidly. Allergic Some people may be genetically more prone than due to interactions with proteins. sai inflammation, asthma and eczema. of the IgG type; cell-mediated reactions (T urs following exposure. ezing, gasping, severe distress, even loss of adache, sleep disturbance, euphoria, inco-ordinatio pomers and prepolymers exhibit similar respiratory on and oral exposure, some caused cancer while
DIISOCYANATE (MDI) &	criteria for diagnosing RADS include the absence of pr asthma-like symptoms within minutes to hours of a doc airflow pattern on lung function tests, moderate to seve lymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the irr result of exposure due to high concentrations of irritatir disorder is characterized by difficulty breathing, cough Allergic reactions involving the respiratory tract are usu potential of the allergen and period of exposure often do others, and exposure to other irritatirs may aggravate s Attention should be paid to atopic diathesis, characteris Exogenous allergic alveolitis is induced essentially by a lymphocytes) may be involved. Such allergy is of the d lsocyanate vapours are irritating to the airways and can consciousness and fluid in the lungs. Nervous system a anxiety, depression and paranoia. Aromatic and aliphatic diisocyanates may cause airway effect. Of the several members of diisocyanates tested others produced a harmless outcome. This group of co	evious airways disease in a non-atop cumented exposure to the irritant. Oth are bronchial hyperreactivity on meth (or asthma) following an irritating inh itating substance. On the other hand g substance (often particles) and is and mucus production. ally due to interactions between IgE determine the severity of symptoms. I symptoms. Allergy causing activity is sed by increased susceptibility to nas allergen specific immune-complexes elayed type with onset up to four hou in cause their inflammation, with whe symptoms that may occur include he y toxicity and skin sensitization. Mon- on experimental animals by inhalation	o high levels of highly irritating compound. Main bic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversib acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The antibodies and allergens and occur rapidly. Allergic Some people may be genetically more prone than due to interactions with proteins. sal inflammation, asthma and eczema. of the IgG type; cell-mediated reactions (T urs following exposure. ezing, gasping, severe distress, even loss of adache, sleep disturbance, euphoria, inco-ordinatio opmers and prepolymers exhibit similar respiratory on and oral exposure, some caused cancer while ied as cancer-causing.
DIISOCYANATE (MDI) & TOLUENE DIISOCYANATE Acute Toxicity Skin Irritation/Corrosion	criteria for diagnosing RADS include the absence of pr asthma-like symptoms within minutes to hours of a doc airflow pattern on lung function tests, moderate to seve lymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the irr result of exposure due to high concentrations of irritatir disorder is characterized by difficulty breathing, cough Allergic reactions involving the respiratory tract are usu potential of the allergen and period of exposure often do others, and exposure to other irritants may aggravate s Attention should be paid to atopic diathesis, characteri Exogenous allergic alveolitis is induced essentially by a lymphocytes) may be involved. Such allergy is of the d Isocyanate vapours are irritating to the airways and can consciousness and fluid in the lungs. Nervous system anxiety, depression and paranoia. Aromatic and aliphatic diisocyanates may cause airway effect. Of the several members of diisocyanates tested others produced a harmless outcome. This group of co	evious airways disease in a non-atop cumented exposure to the irritant. Othere bronchial hyperreactivity on meth (or asthma) following an irritating inhi- itating substance. On the other handing substance (often particles) and is and mucus production. Itally due to interactions between IgE letermine the severity of symptoms. A letergy causing activity is sed by increased susceptibility to nar- allergen specific immune-complexes elayed type with onset up to four hou in cause their inflammation, with whe symptoms that may occur include he y toxicity and skin sensitization. Mon- ion experimental animals by inhalati- propounds has therefore been classifi Carcinogenicity Reproductivity	o high levels of highly irritating compound. Main bic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversib acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to , industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The antibodies and allergens and occur rapidly. Allergic Some people may be genetically more prone than due to interactions with proteins. sal inflammation, asthma and eczema. of the IgG type; cell-mediated reactions (T urs following exposure. ezing, gasping, severe distress, even loss of adache, sleep disturbance, euphoria, inco-ordinatio omers and prepolymers exhibit similar respiratory on and oral exposure, some caused cancer while ied as cancer-causing.
DIISOCYANATE (MDI) & TOLUENE DIISOCYANATE Acute Toxicity Skin Irritation/Corrosion Serious Eye Damage/Irritation	criteria for diagnosing RADS include the absence of pr asthma-like symptoms within minutes to hours of a doc airflow pattern on lung function tests, moderate to seve lymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the irr result of exposure due to high concentrations of irritatir disorder is characterized by difficulty breathing, cough Allergic reactions involving the respiratory tract are usu potential of the allergen and period of exposure often do others, and exposure to other irritatirs may aggravate s Attention should be paid to atopic diathesis, characteris Exogenous allergic alveolitis is induced essentially by a lymphocytes) may be involved. Such allergy is of the d lsocyanate vapours are irritating to the airways and can consciousness and fluid in the lungs. Nervous system a anxiety, depression and paranoia. Aromatic and aliphatic diisocyanates may cause airway effect. Of the several members of diisocyanates tested others produced a harmless outcome. This group of co	evious airways disease in a non-atop cumented exposure to the irritant. Other per bronchial hyperreactivity on meth (or asthma) following an irritating inhi- itating substance. On the other hand g substance (often particles) and is and mucus production. Itally due to interactions between IgE letermine the severity of symptoms. A symptoms. Allergy causing activity is sed by increased susceptibility to nar- allergen specific immune-complexes elayed type with onset up to four hou in cause their inflammation, with whe symptoms that may occur include he y toxicity and skin sensitization. Mon- l on experimental animals by inhalation impounds has therefore been classif	o high levels of highly irritating compound. Main bic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversib acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The antibodies and allergens and occur rapidly. Allergic Some people may be genetically more prone than due to interactions with proteins. sai inflammation, asthma and eczema. of the IgG type; cell-mediated reactions (T urs following exposure. ezing, gasping, severe distress, even loss of adache, sleep disturbance, euphoria, inco-ordinatio opmers and prepolymers exhibit similar respiratory on and oral exposure, some caused cancer while ied as cancer-causing.
DIISOCYANATE (MDI) & TOLUENE DIISOCYANATE Acute Toxicity Skin Irritation/Corrosion	criteria for diagnosing RADS include the absence of pr asthma-like symptoms within minutes to hours of a doc airflow pattern on lung function tests, moderate to seve lymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the irr result of exposure due to high concentrations of irritatir disorder is characterized by difficulty breathing, cough Allergic reactions involving the respiratory tract are usu potential of the allergen and period of exposure often do others, and exposure to other irritants may aggravate s Attention should be paid to atopic diathesis, characteri Exogenous allergic alveolitis is induced essentially by a lymphocytes) may be involved. Such allergy is of the d Isocyanate vapours are irritating to the airways and can consciousness and fluid in the lungs. Nervous system anxiety, depression and paranoia. Aromatic and aliphatic diisocyanates may cause airway effect. Of the several members of diisocyanates tested others produced a harmless outcome. This group of co	evious airways disease in a non-atop cumented exposure to the irritant. Othere bronchial hyperreactivity on meth (or asthma) following an irritating inhi- itating substance. On the other handing substance (often particles) and is and mucus production. Itally due to interactions between IgE letermine the severity of symptoms. A letergy causing activity is sed by increased susceptibility to nar- allergen specific immune-complexes elayed type with onset up to four hou in cause their inflammation, with whe symptoms that may occur include he y toxicity and skin sensitization. Mon- ion experimental animals by inhalati- propounds has therefore been classifi Carcinogenicity Reproductivity	o high levels of highly irritating compound. Main bic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversib acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to , industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The antibodies and allergens and occur rapidly. Allergic Some people may be genetically more prone than due to interactions with proteins. sal inflammation, asthma and eczema. of the IgG type; cell-mediated reactions (T urs following exposure. ezing, gasping, severe distress, even loss of adache, sleep disturbance, euphoria, inco-ordinatio omers and prepolymers exhibit similar respiratory on and oral exposure, some caused cancer while ied as cancer-causing.

Legend: 🗙 –

Data either not available or does not fill the criteria for classification
 Data available to make classification

# **SECTION 12 Ecological information**

Toxicity Endpoint Test Duration (hr) Species Value Source FLEXICAST BR PART A Not Not Not Not Available Not Available Available Available Available Endpoint Test Duration (hr) Species Value Source Not LC50 96h Fish 95.24-134.37mg/l Available 4,4'-diphenylmethane diisocyanate (MDI) BCF 672h Fish 61-150 7 >100mg/l 2 EC50 48h Crustacea >=10mg/l NOEC(ECx) 504h Crustacea 2 Endpoint Test Duration (hr) Species Value Source NOEC(ECx) 504h Crustacea 0.5mg/l 2 toluene diisocyanate 3230mg/l EC50 96h Algae or other aquatic plants 1

	LC50	96h	Fish	~0.4mg/l	2
	EC50	48h	Crustacea	12.5mg/l	1
Legend:	Ecotox database	, ,	Substances - Ecotoxicological Information - Aquatio d Assessment Data 6. NITE (Japan) - Bioconcentrat		,

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

# Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
4,4'-diphenylmethane diisocyanate (MDI)	LOW (Half-life = 1 days)	LOW (Half-life = 0.24 days)
toluene diisocyanate	LOW (Half-life = 1 days)	LOW (Half-life = 0.13 days)

#### **Bioaccumulative potential**

Ingredient	Bioaccumulation
4,4'-diphenylmethane diisocyanate (MDI)	LOW (BCF = 15)
toluene diisocyanate	LOW (BCF = 5)

### Mobility in soil

Ingredient	Mobility
4,4'-diphenylmethane diisocyanate (MDI)	LOW (KOC = 376200)
toluene diisocyanate	LOW (KOC = 9114)

# **SECTION 13 Disposal considerations**

Waste treatment methods	
Product / Packaging disposal	<ul> <li>Containers may still present a chemical hazard/ danger when empty.</li> <li>Return to supplier for reuse/ recycling if possible.</li> <li>Otherwise: <ul> <li>If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> <li>Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> <li>DO NOT allow wash water from cleaning or process equipment to enter drains.</li> <li>It may be necessary to collect all wash water for treatment before disposal.</li> <li>In all cases disposal to sever may be subject to local laws and regulations and these should be considered first.</li> <li>Where in doubt contact the responsible authority.</li> <li>DO NOT recycle spilled material.</li> <li>Consult State Land Waste Management Authority for disposal.</li> <li>Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary decontaminant prior to disposal.</li> <li>DO NOT seal or stopper drums being decontaminated as CO2 gas is generated and may pressurise containers.</li> <li>Puncture containers to prevent re-use.</li> <li>Bury or incinerate residues at an approved site.</li> </ul> </li> </ul>

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

### **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	NO
HAZCHEM	Not Applicable

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

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

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

Transport in bulk according to Annex II of MARPOL and the IBC code Not Applicable

Product name	Group
4,4'-diphenylmethane diisocyanate (MDI)	Not Available
toluene diisocyanate	Not Available

# Transport in bulk in accordance with the IGC Code

Product name	Ship Type
4,4'-diphenylmethane diisocyanate (MDI)	Not Available
toluene diisocyanate	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
HSR002504	Additives Process Chemicals and Raw Materials Acutely Toxic Carcinogenic Group Standard 2020
HSR002613	Metal Industry Products Acutely Toxic Carcinogenic Group Standard 2020
HSR002625	N.O.S. Acutely Toxic Carcinogenic Group Standard 2020
HSR002671	Surface Coatings and Colourants Acutely Toxic Carcinogenic Group Standard 2020
HSR100425	Pharmaceutical Active Ingredients Group Standard 2020
HSR002592	Industrial and Institutional Cleaning Products Acutely Toxic Carcinogenic Group Standard 2020
HSR100757	Veterinary Medicines Limited Pack Size Finished Dose Group Standard 2020
HSR100758	Veterinary Medicines Non dispersive Closed System Application Group Standard 2020
HSR100759	Veterinary Medicines Non dispersive Open System Application Group Standard 2020

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

#### 4,4'-diphenylmethane diisocyanate (MDI) is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic	New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data	
New Zealand Approved Hazardous Substances with controls	New Zealand Inventory of Chemicals (NZIoC)	
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification	New Zealand Workplace Exposure Standards (WES)	
of Chemicals		
toluene diisocyanate 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	
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC	of Chemicals	
Monographs	New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification	
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC	of Chemicals - Classification Data	
Monographs - Group 2B: Possibly carcinogenic to humans	New Zealand Inventory of Chemicals (NZIoC)	
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for	New Zealand Workplace Exposure Standards (WES)	
Manufactured Nanomaterials (MNMS)		

New Zealand Approved Hazardous Substances with controls

### **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

#### **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	
6.5A or 6.5B	120	1	3	

#### **Tracking Requirements**

Not Applicable

# **National Inventory Status**

National Inventory

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (4,4'-diphenylmethane diisocyanate (MDI); toluene diisocyanate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
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	15/03/2023
Initial Date	02/02/2015

#### SDS Version Summary

Version	Date of Update	Sections Updated
11.1	15/03/2023	Identification of the substance / mixture and of the company / undertaking - Synonyms, Name
11.2	16/03/2023	Identification of the substance / mixture and of the company / undertaking - Supplier Information, Identification of the substance / mixture and of the company / undertaking - Synonyms, Name

### 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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