#### **Mirotone**

Chemwatch: 4762-44 Version No: 7.1.14.9

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: **01/11/2019** Print Date: **25/08/2021** 

L.GHS.AUS.EN.RISK

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

#### **Product Identifier**

Product name	QUAPRO 8770 Advance 2K Part B Hardener	
Chemical Name	at Applicable	
Synonyms	8770; 8770B	
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	Waterbased PU Hardener.
	Use according to manufacturer's directions.

## Details of the supplier of the safety data sheet

Registered company name	Mirotone	
Address	1 Marigold Street Revesby NSW 2212 Australia	
Telephone	2 9795 3700	
Fax	+61 2 9771 3601	
Website	www.mirotone.com, www.polycure.com.au	
Email	Not Available	

# **Emergency telephone number**

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE	
Emergency telephone numbers	61 2 9186 1132	
Other emergency telephone numbers	+61 1800 951 288	

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

## **SECTION 2 Hazards identification**

# Classification of the substance or mixture

# HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

COMBUSTIBLE LIQUID, regulated for storage purposes only

Poisons Schedule Not Applicable	
Classification [1]	Serious Eye Damage/Eye Irritation Category 2A, Sensitisation (Skin) Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 3, Flammable Liquids Category 4
	*LIMITED EVIDENCE
Legend:  1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 127  Annex VI	

#### Label elements

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Signal word

Warning

# Hazard statement(s)

H319	Causes serious eye irritation.	
H317	ay cause an allergic skin reaction.	
H412	Harmful to aquatic life with long lasting effects.	
H227 Combustible liquid.		

<sup>\*</sup>LIMITED EVIDENCE

# Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.	
P102	Keep out of reach of children.	
P103	Read carefully and follow all instructions.	

# Precautionary statement(s) Prevention

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.	
P280 Wear protective gloves, protective clothing, eye protection and face protection.		
P261	Avoid breathing mist/vapours/spray.	
P273	Avoid release to the environment.	
P264 Wash all exposed external body areas thoroughly after handling.		

# Precautionary statement(s) Response

P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.	
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	Store in a well-ventilated place.

## Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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## **SECTION 3 Composition / information on ingredients**

#### **Substances**

See section below for composition of Mixtures

# **Mixtures**

CAS No	%[weight]	Name
160994-68-3	>60	hexamethylene diisocyanate polymer, ethoxylated
111109-77-4	20-40	dipropylene glycol dimethyl ether
822-06-0	<0.1	hexamethylene diisocyanate
Legend:  1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/20  Annex VI; 4. Classification drawn from C&L * EU IOELVs available		

#### **SECTION 4 First aid measures**

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#### **Description of first aid measures**

Eye Contact	If this product comes in contact with the eyes:  Wash out immediately with fresh running water.  Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.  Seek medical attention without delay; if pain persists or recurs seek medical attention.  Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs:  Immediately remove all contaminated clothing, including footwear.  Flush skin and hair with running water (and soap if available).  Seek medical attention in event of irritation.
Inhalation	<ul> <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.</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.</li> <li>Treatment is essentially symptomatic. A physician should be consulted.</li> </ul>
Ingestion	<ul> <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> <li>Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>Seek medical advice.</li> </ul>

# Indication of any immediate medical attention and special treatment needed

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

## Special hazards arising from the substrate or mixture

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

# Advice 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> </ul>
	Fire/Explosion Hazard	-CombustibleModerate fire hazard when exposed to heat or flameWhen heated to high temperatures decomposes rapidly generating vapour which pressures and may then rupture containers with release of flammable and highly toxic isocyanate vapourBurns with acrid black smoke and poisonous fumesDue to reaction with water producing CO2-gas, a hazardous build-up of pressure could result if contaminated containers are re-sealed.  Combustion products include: carbon dioxide (CO2) isocyanates and minor amounts of

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	hydrogen cyanide nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. May emit corrosive fumes.
HAZCHEM	Not Applicable

# **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> </ul>	
Major Spills	Moderate hazard.  Clear area of personnel and move upwind.  Alert Fire Brigade and tell them location and nature of hazard.  Wear breathing apparatus plus protective gloves.  Prevent, by any means available, spillage from entering drains or water course.	

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

# **SECTION 7 Handling and storage**

# Precautions for safe handling

i recautions for sale name	20019
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> </ul>
Other information	<ul> <li>Store in original containers.</li> <li>Keep containers securely sealed.</li> <li>No smoking, naked lights or ignition sources.</li> <li>Store in a cool, dry, well-ventilated area.</li> <li>Store away from incompatible materials and foodstuff containers.</li> </ul>

# 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 reaction with water, alcohols and detergent solutions. Isocyanates are electrophiles, and as such they are reactive toward a variety of nucleophiles including alcohols, amines, and even water. Upon treatment with an alcohol, an isocyanate forms a urethane linkage. If a di-isocyanate is treated with a compound containing two or more hydroxyl groups, such as a diol or a polyol, polymer chains are formed, which are known as polyurethanes. Reaction between a di-isocyanate and a compound containing two or more amine groups, produces long polymer chains known as polyureas.</li> <li>A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol.</li> <li>The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment.</li> <li>For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g.</li> <li>BRETHERICK: Handbook of Reactive Chemical Hazards, 4th Edition</li> </ul>

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

#### **Control parameters**

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#### Occupational Exposure Limits (OEL)

#### **INGREDIENT DATA**

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	hexamethylene diisocyanate	Hexamethylene diisocyanate	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available

#### **Emergency Limits**

Ingredient	TEEL-1	TEEL-2	TEEL-3
hexamethylene diisocyanate	0.018 ppm	0.2 ppm	3 ppm

Ingredient	Original IDLH	Revised IDLH
hexamethylene diisocyanate polymer, ethoxylated	Not Available	Not Available
dipropylene glycol dimethyl ether	Not Available	Not Available
hexamethylene diisocyanate	Not Available	Not Available

#### **Occupational Exposure Banding**

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit	
hexamethylene diisocyanate polymer, ethoxylated	D	> 0.1 to ≤ 1 ppm	
dipropylene glycol dimethyl ether	Е	≤ 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.		

#### MATERIAL DATA

# **Exposure controls**

# Appropriate engineering

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.

#### Personal protection

controls









# Eye and face protection

- ► Safety glasses with side shields.
- ► Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience.

## Skin protection

#### See Hand protection below

# 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

#### Hands/feet protection

observed when making a final choice.

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands.

- ► Do NOT wear natural rubber (latex gloves).
- ▶ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves.
- ▶ Protective gloves and overalls should be worn as specified in the appropriate national standard.
- ▶ Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated.
- ▶ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates
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Isocyanate vapour may be absorbed into skin cream and this increases hazard. **Body protection** See Other protection below 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 Other protection personnel understand instructions, especially newly recruited employees and those with local-language difficulties, where they are known. Overalls ▶ P.V.C apron. ▶ Barrier cream. Skin cleansing cream. Eve wash unit.

#### Recommended material(s)

#### **GLOVE SELECTION INDEX**

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	СРІ
SARANEX-23	A

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

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

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

# Respiratory protection

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

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

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

#### ^ - Full-face

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

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

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
- Organic vapour respirators with particulate pre- filters and powered, air-purifying respirators are NOT suitable.
- ▶ Personal protective equipment must be appropriately selected, individually

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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**

## Information on basic physical and chemical properties

Appearance	Clear colourless to light yellow flammable liquid with a mild odour; not miscible with water.		
Physical state	Liquid	Relative density (Water = 1)	1.05-1.10
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	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)	65	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Combustible.	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (%)	Not Available
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

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.

#### Inhaled

Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of

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gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Inhalation hazard is increased at higher temperatures.

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.

# Ingestion

Accidental ingestion of the material may be damaging to the health of the individual.

High molecular weight material; on single acute exposure would be expected to pass through gastrointestinal tract with little change / absorption. Occasionally accumulation of the solid material within the alimentary tract may result in formation of a bezoar (concretion), producing discomfort.

Swallowing of the liquid may cause aspiration of vomit into the lungs with the risk of haemorrhaging, pulmonary oedema, progressing to chemical pneumonitis; serious consequences may result.

Signs and symptoms of chemical (aspiration) pneumonitis may include coughing, gasping, choking, burning of the mouth, difficult breathing, and bluish coloured skin (cyanosis).

 $Skin\ contact\ with\ the\ material\ may\ damage\ the\ health\ of\ the\ individual;\ systemic\ effects\ may\ result\ following\ absorption.$ 

The material may produce moderate skin irritation; limited evidence or practical experience suggests, that the material either:

- produces moderate inflammation of the skin in a substantial number of individuals following direct contact and/or
- produces significant, but moderate, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period.

# Skin Contact

Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

Open cuts, abraded or irritated skin should not be exposed to this material

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

# Eve

Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.

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

Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates.

The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components.

This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces.

#### Chronic

Rats, rabbits, guinea pigs and monkeys exposed to DPME, 7 hr/day, 5 days a week for periods of 6-8 months to saturated atmospheres (300 ppm), exhibited little effect. Narcotic effects were produced in rats. This concentration of vapour is objectionable to human beings.

A 90-day inhalation study in rats with polymeric MDI (6 hours/day, 5 days/week) produced moderate to severe hyperplastic inflammatory lesions in the nasal cavities and lungs at levels of 8 mg/m3 or greater.

Rats exposed for two years to a respirable aerosol of polymeric MDI exhibited chronic pulmonary irritation at high concentrations. Only at the highest level (6 mg/m3), was there a significant incidence of a benign tumour of the lung (adenoma) and one malignant tumour (adenocarcinoma). There were no lung tumours at 1 mg/m3 and no effects at 0.2 mg/m3. Overall, the tumour incidence, both benign and malignant and the number of animals with the tumours were not different from controls. The increased incidence of lung tumours is associated with prolonged respiratory irritation and the concurrent accumulation of yellow material in the lung, which occurred throughout the study. In the absence of prolonged exposure to high concentrations leading to chronic irritation and lung damage, it is highly unlikely that tumour formation will occur.

Polyisocyanates still contain small amounts of monomeric isocyanate (typically <0.5 parts per weight) and both – the polyisocyanate and the monomer - have toxicological importance. In addition, solvents also contribute to the overall toxicity of these products

Due to the higher molecular weight and the much lower vapor pressure the polyisocyanates exhibit a significantly reduced health hazard as compared to the corresponding monomers. Nevertheless they should only be handled under controlled conditions. They are not or only slightly irritating to the skin and eyes, but might be irritating to the respiratory tract (nose, throat, lung). Studies with some glycol ethers (principally the monoethylene glycols) and their esters indicate reproductive changes, testicular

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atrophy, infertility and kidney function changes. The metabolic acetic acid derivatives of glycol ethers (alkoxyacetic acids), not the ether itself, have been found to be the proximal reproductive toxin in animals. The potency of these metabolites decreases significantly as the chain length of the ether increases. Consequently glycol ethers with longer substituents (e.g diethylene glycols, triethylene glycols) have not generally been associated with reproductive effects. One of the most sensitive indicators of toxic effects observed from many of the glycol ethers is an increase in the erythrocytic osmotic fragility in rats Which produces haemolytic anaemia).

AQUAPRO 8770 Advance	TOXICITY	IRRITATION
2K Part B Hardener	Not Available	Not Available
hexamethylene	TOXICITY	IRRITATION
diisocyanate polymer, ethoxylated	Oral(Rat) LD50; >2000 mg/kg <sup>[2]</sup>	Not Available
	TOXICITY	IRRITATION
dipropylene glycol	dermal (rat) LD50: >2000 mg/kg <sup>[2]</sup>	Not Available
dimethyl ether	Oral(Rat) LD50; 3300 mg/kg <sup>[2]</sup>	
	TOXICITY	IRRITATION
hexamethylene	dermal (rat) LD50: >525 mg/kg <sup>[1]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
diisocyanate	Inhalation(Rat) LC50; 0.124 mg/L4h <sup>[1]</sup>	Skin: adverse effect observed (corrosive) <sup>[1]</sup>
	Oral(Mouse) LD50; 350 mg/kg <sup>[2]</sup>	Skin: adverse effect observed (irritating) <sup>[1]</sup>
Legend:	Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS.     Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

HEXAMETHYLENE
DIISOCYANATE POLYMER,
ETHOXYLATED

**DIPROPYLENE GLYCOL** 

DIMETHYL ETHER

\* Coim SDS EX-7900

In vitro mutagenicity studies were negative; animal mutagencity studies were negative \* Dow MSDS for propylene glycol ethers (PGEs):

Typical propylene glycol ethers include propylene glycol n-butyl ether (PnB); dipropylene glycol n-butyl ether (DPnB); dipropylene glycol methyl ether acetate (DPMA); tripropylene glycol methyl ether (TPM).

Testing of a wide variety of propylene glycol ethers Testing of a wide variety of propylene glycol ethers has shown that propylene glycol-based ethers are less toxic than some ethers of the ethylene series. The common toxicities associated with the lower molecular weight homologues of the ethylene series, such as adverse effects on reproductive organs, the developing embryo and fetus, blood (haemolytic effects), or thymus, are not seen with the commercial-grade propylene glycol ethers. In the ethylene series, metabolism of the terminal hydroxyl group produces an alkoxyacetic acid. The reproductive and developmental toxicities of the lower molecular weight homologues in the ethylene series are due specifically to the formation of methoxyacetic and ethoxyacetic acids.

Longer chain length homologues in the ethylene series are not associated with the reproductive toxicity but can cause haemolysis in sensitive species, also through formation of an alkoxyacetic acid. The predominant alpha isomer of all the PGEs (thermodynamically favored during manufacture of PGEs) is a secondary alcohol incapable of forming an alkoxypropionic acid. The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

#### for diisocvanates

In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route.

# HEXAMETHYLENE DIISOCYANATE

# for 1,6-hexamethylene diisocyanate:

Exposures to HDI are often associated with exposures to its prepolymers, especially to a trimeric biuretic prepolymer of HDI (HDI-BT), which is widely used as a hardener in automobile and airplane paints, and which typically contains 0.5-1% unreacted HDI. There is evidence that diisocyanate prepolymers may induce asthma at the same or greater frequency as the monomers; therefore, there is a need to assess the potential for human exposure to prepolymeric HDI as well as monomeric HDI. 1,6-Hexamethylene diisocyanate is corrosive to the skin and the eye.

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

Inhalation studies with repeated exposures to 1,6-hexamethylene diisocyanate vapor show that the respiratory tract is the target with 1,6-hexamethylene diisocyanate showing primarily upper respiratory tract lesions (nasal cavity). 1,6-Hexamethylene diisocyanate did not show a neurotoxic effect in a combined reproduction/developmental/neurotoxicity study. Life-time inhalation exposure to rats revealed a progression of non-neoplastic respiratory tract lesions, primarily to the nasal cavity, and represented

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the sequelae of non-specific irritation.

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. No significant acute toxicological data identified in

Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact.

#### **HEXAMETHYLENE** DIISOCYANATE POLYMER, **ETHOXYLATED & HEXAMETHYLENE** DIISOCYANATE

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

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance.

Acute Toxicity	×	Carcinogenicity	×
Skin Irritation/Corrosion	×	Reproductivity	×
Serious Eye Damage/Irritation	<b>✓</b>	STOT - Single Exposure	×
Respiratory or Skin sensitisation	•	STOT - Repeated Exposure	×
Mutagenicity	×	Aspiration Hazard	×

★ – Data either not available or does not fill the criteria for classification Leaend:

Data available to make classification

#### **SECTION 12 Ecological information**

#### **Toxicity**

AQUAPRO 8770 Advance 2K Part B Hardener	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
hexamethylene	Endpoint	Test Duration (hr)	Species	Value	Source
diisocyanate polymer, ethoxylated	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
dipropylene glycol	NOEC(ECx)	504h	Crustacea	10mg/l	2
dimethyl ether	EC50	72h	Algae or other aquatic plants	1746mg/l	2
	LC50	96h	Fish	106-111mg/l	2
hexamethylene	Endpoint	Test Duration (hr)	Species	Value	Source
diisocyanate	EC0(ECx)	24h	Crustacea	<0.33mg/l	1

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	EC50	72h	Algae or other aquatic plants	>77.4mg/l	2
	LC50	96h	Fish	22mg/l	1
Legend:	3. EPIWIN Su	ite V3.12 (QSAR) - Aquatic Toxicity Data (Es	egistered Substances - Ecotoxicological Infor timated) 4. US EPA, Ecotox database - Aqua n) - Bioconcentration Data 7. METI (Japan) -	tic Toxicity Da	ta 5.

Harmful 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
dipropylene glycol dimethyl ether	HIGH	HIGH
hexamethylene diisocyanate	LOW	LOW

#### **Bioaccumulative potential**

Ingredient	Bioaccumulation
dipropylene glycol dimethyl ether	LOW (LogKOW = 0.3534)
hexamethylene diisocyanate	LOW (LogKOW = 3.1956)

#### Mobility in soil

Ingredient	Mobility
dipropylene glycol dimethyl ether	LOW (KOC = 10)
hexamethylene diisocyanate	LOW (KOC = 5864)

#### **SECTION 13 Disposal considerations**

# Waste treatment methods

- ▶ **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.
- - Consult State Land Waste Management Authority for disposal.
  - Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary decontaminant prior to disposal.
  - DO NOT seal or stopper drums being decontaminated as CO2 gas is generated and may pressurise containers.
  - ▶ Puncture containers to prevent re-use.

## **SECTION 14 Transport information**

#### **Labels Required**

COMBUSTIBLE LIQUID	COMBUSTIBLE LIQUID, regulated for storage purposes only
Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): 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

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

Product name	Group
hexamethylene diisocyanate polymer, ethoxylated	Not Available
dipropylene glycol dimethyl ether	Not Available
hexamethylene diisocyanate	Not Available

## Transport in bulk in accordance with the ICG Code

Product name	Ship Type
hexamethylene diisocyanate polymer, ethoxylated	Not Available
dipropylene glycol dimethyl ether	Not Available
hexamethylene diisocyanate	Not Available

## **SECTION 15 Regulatory information**

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

hexamethylene diisocyanate polymer, ethoxylated is found on the following regulatory lists

Not Applicable

dipropylene glycol dimethyl ether is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

hexamethylene diisocyanate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

Australian Inventory of Industrial Chemicals (AIIC)

## **National Inventory Status**

National Inventory	Status	
Australia - AIIC / Australia Non-Industrial Use	No (hexamethylene diisocyanate polymer, ethoxylated)	
Canada - DSL	No (hexamethylene diisocyanate polymer, ethoxylated)	
Canada - NDSL	No (dipropylene glycol dimethyl ether; hexamethylene diisocyanate)	
China - IECSC	No (hexamethylene diisocyanate polymer, ethoxylated)	
Europe - EINEC / ELINCS / NLP	No (hexamethylene diisocyanate polymer, ethoxylated; dipropylene glycol dimethyl ether)	
Japan - ENCS	No (hexamethylene diisocyanate polymer, ethoxylated)	
Korea - KECI	Yes	
New Zealand - NZIoC	Yes	
Philippines - PICCS	No (hexamethylene diisocyanate polymer, ethoxylated)	
USA - TSCA	Yes	
Taiwan - TCSI	Yes	
Mexico - INSQ	No (hexamethylene diisocyanate polymer, ethoxylated; dipropylene glycol dimethyl ether)	
Vietnam - NCI	Yes	
Russia - FBEPH	No (hexamethylene diisocyanate polymer, ethoxylated)	
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**

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**Initial Date** 

29/08/2011

## **SDS Version Summary**

Version	Date of Update	Sections Updated
6.1.1.1	28/02/2019	Acute Health (inhaled), Acute Health (skin), Acute Health (swallowed), Appearance, Chronic Health, Classification, Disposal, Engineering Control, Environmental, Exposure Standard, Fire Fighter (extinguishing media), Fire Fighter (fire/explosion hazard), Fire Fighter (fire fighting), First Aid (swallowed), Handling Procedure, Ingredients, Personal Protection (other), Personal Protection (Respirator), Personal Protection (hands/feet), Spills (major), Spills (minor), Storage (storage incompatibility), Storage (storage requirement), Toxicity and Irritation (Other)
7.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
7.1.2.1	26/04/2021	Regulation Change
7.1.3.1	03/05/2021	Regulation Change
7.1.4.1	06/05/2021	Regulation Change
7.1.5.1	10/05/2021	Regulation Change
7.1.5.2	30/05/2021	Template Change
7.1.5.3	04/06/2021	Template Change
7.1.5.4	05/06/2021	Template Change
7.1.6.4	07/06/2021	Regulation Change
7.1.6.5	09/06/2021	Template Change
7.1.6.6	11/06/2021	Template Change
7.1.6.7	15/06/2021	Template Change
7.1.7.7	17/06/2021	Regulation Change
7.1.8.7	21/06/2021	Regulation Change
7.1.8.8	05/07/2021	Template Change
7.1.9.8	14/07/2021	Regulation Change
7.1.10.8	19/07/2021	Regulation Change
7.1.10.9	01/08/2021	Template Change
7.1.11.9	02/08/2021	Regulation Change
7.1.12.9	05/08/2021	Regulation Change
7.1.13.9	09/08/2021	Regulation Change
7.1.14.9	23/08/2021	Regulation Change

#### 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.

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