

## Section 1 Identification of Chemical Product and Company

Code	Description	Size	Colour
154002	Soudabond 642 DUO Part A	300 ml	Black

Recommended use:	Sealant	
HSNO Group Standard	HSR002680	
UN number, shipping name and packaging group:	Non Regulated	
Supplier contact details:	Soudal Ltd	Freephone: 0800 70 10 80
	134 Kohia Drive	Phone: (07) 847 5540
	Horotiu	Fax: (07) 847 0324
	Hamilton 3288	Email: sales@soudal.co.nz
	New Zealand	Website: <a href="http://www.soudal.co.nz">www.soudal.co.nz</a>
<b>POISON CENTRE NUMBER: 0800 764 766 (24 hours)</b>		

## Section 2 Hazards Identification

### Statement of Hazardous Nature

This product is classified as:

**HAZARDOUS SUBSTANCE** according to the criteria of GHS v7.

**NOT REGULATED** under NZS5433:2020 Transport of Dangerous Goods on Land

### GHS classification:

Classification	GHS Hazard statements
Flammable Liquid Category 4	H227 Combustible liquid
Acute Inhalation Toxicity Category 4	H322 Harmful if inhaled
Skin Irritation Category 2	H315 Cause skin irritation
Eye Irritation Category 2	H319 Causes serious eye irritation
Respiratory Sensitisation Category 1	H334 May cause allergy or asthma symptoms or breathing difficulties if inhaled
Skin Sensitisation Category 1	H317 May cause an allergic skin reaction
Carcinogenicity Category 2	H351 Suspected of causing cancer
STOT – SE RTI Category 3	H335 May cause respiratory irritation

HSNO Signal Word:

**DANGER**



### Precautionary Statements:

P102 Keep out of the reach of children

P103 Read label before use

## SAFETY DATASHEET

- |           |   |               |  |
|-----------|---|---------------|--|
| P202      | Do not handle until all safety precautions are read and understood                    | P362+P364     | Take off contaminated clothing and wash it before reuse  |
| P210      | Keep away from heat, hot surfaces, open flames and other ignition sources. No smoking | 305+P351+P338 | IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing |
| P261      | Avoid breathing mists/ sprays/ vapours  | P337+P313     | If eye irritation persists: get medical advice attention   |
| P271      | Use only outdoors or in a well-ventilated area  | P304+P340     | IF INHALED: Remove person to fresh air and keep at rest in a position comfortable for breathing                                |
| P284      | In case of inadequate ventilation, wear respiratory protection                        | P342+P311     | If experiencing respiratory symptoms: Call a POISON CENTRE/ doctor/ physician/ first aider                                     |
| P280      | Wear protective gloves, protective clothing, eye protection and face protection       | P308+P313     | If exposed or concerned: Get medical advice/ attention   |
| P272      | Contaminated work clothing should not be allowed out of the workplace                 | P370+P378     | In case of fire: Use alcohol resistant foam or normal protein foam to extinguish   |
| P264      | Wash all external exposed body areas thoroughly after handling                        | P501          | Dispose of contents/ container to authorised hazardous or special waste collection points in accordance with local regulation  |
| P301+P330 | IF SWALLOWED: Rinse mouth   |               |  |
| P302+P352 | IF ON SKIN (or hair): Wash with plenty of water and soap                              |               |  |
| P333+P313 | If skin irritation or rash occurs: Get medical advice/ attention                      |               |  |

### Section 3. Composition/Information on Ingredients

INGREDIENT	CAS No	WEIGHT %
Polymeric diphenylmethane diisocyanate	9016-87-9	40 – 50
Castor oil	8001-79-4	10 - 20
Diphenylmethane diisocyanate (mixed isomers)	26447-40-5	10 – 20
p-toluenesulfonyl isocyanate	4083-64-1	< 1
Ingredients determined to be non-hazardous		balance

This is a commercial product whose exact ratio of components may vary slightly. Minor quantities of other non-hazardous ingredients are also possible.

### Section 4 First Aid Measures

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

#### Eye contact:

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:

Quickly but gently, wipe material off skin with a dry, clean cloth. Immediately remove all contaminated clothing, including footwear. Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. Transport to hospital, or doctor

#### Inhalation:

remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay. Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.

#### Ingestion:

IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. For advice, contact a Poisons Information Centre or a doctor. Urgent hospital treatment is likely to be needed. In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. Where medical attention is not immediately available or where the

patient is more than 15 minutes from a hospital or unless instructed otherwise: INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (headdown position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear a protective glove when inducing vomiting by mechanical means.

**Notes to physician:**

Treat symptomatically.

**Section 5 Fire-Fighting 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. Water spray or fog may cause frothing and should be used in large quantities. Dry chemical powder. BCF (where regulations permit). Carbon dioxide.

**Fire/ Explosion Hazard:**

-Combustible. - Moderate fire hazard when exposed to heat or flame. - When heated to high temperatures decomposes rapidly generating vapour which pressures and may then rupture containers with release of flammable and highly toxic isocyanate vapour. - Burns with acrid black smoke and poisonous fumes. - Due to reaction with water producing CO<sub>2</sub>-gas, a hazardous build-up of pressure could result if contaminated containers are re-sealed. - Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NO<sub>x</sub> and carbon monoxide. carbon dioxide (CO<sub>2</sub>)

**Advice for fire-fighters:**

Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses. Use firefighting procedures suitable for surrounding area. DO NOT approach containers suspected to be hot. Cool fire exposed containers with water spray from a protected location. If safe to do so, remove containers from path of fire. Equipment should be thoroughly decontaminated after use.

**Section 6 Accidental Release Measures****Minor Spills:**

Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Contain and absorb spill with sand, earth, inert material or vermiculite. Wipe up. Place in a suitable, labelled container for waste disposal.

**Major Spill**

Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus. Prevent, by all means available, spillage from entering drains or water courses. Consider evacuation (or protect in place). No smoking, naked lights or ignition sources. Increase ventilation. Stop leak if safe to do so. Water spray or fog may be used to disperse / absorb vapour. Contain or absorb spill with sand, earth or vermiculite. Collect recoverable product into labelled containers for recycling. Collect solid residues and seal in labelled drums for disposal. Wash area and prevent runoff into drains. After clean-up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. If contamination of drains or waterways occurs, advise emergency services.

**Section 7 Handling and Storage****Handling:**

Avoid skin contact, including inhalation. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Avoid contact with moisture. Avoid contact with incompatible materials. When handling, DO NOT eat, drink or smoke. Keep containers securely sealed when not in use. Avoid physical damage to containers. Always wash hands with soap and water after handling. Work clothes should be laundered separately. Launder contaminated clothing before re-use. Use good occupational work practice. Observe manufacturer's storage and handling recommendations contained within this SDS. Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. DO NOT allow clothing wet with material to stay in contact with skin

**Storage:**

Store in original containers. Keep containers securely sealed.. 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.

**Suitable Container:**

Polyethylene or polypropylene container. Packing as recommended by manufacturer. Check all containers are clearly labelled and free from leaks

## Section 8 Exposure Controls/Personal Protection

### Exposure Limits


CAS no.	Substance or ingredient	WES-TWA	WES-STEL
9016-87-9	Polymeric diphenylmethane diisocyanate	0.02 mg/m <sup>3</sup>	0.07 mg/m <sup>3</sup>
26447-40-5	Diphenylmethane diisocyanate (mixed isomers)	0.02 mg/m <sup>3</sup>	0.07 mg/m <sup>3</sup>
4083-64-1	p-toluenesulfonyl isocyanate	0.02 mg/m <sup>3</sup>	0.07 mg/m <sup>3</sup>

The TWA exposure value is the average airborne concentration of a particular substance when calculated over a normal 8 hour working day for a 5-day working week. The STEL (Short Term Exposure Limit) is an exposure value that may be equalled (but should not be exceeded) for no longer than 15 minutes and should not be repeated more than 4 times per day. There should be at least 60 minutes between successive exposures at the STEL. The term "peak" is used when the TWA limit, because of the rapid action of the substance, should never be exceeded, even briefly.

### Engineering Controls:

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure. General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

### Exposure controls:

Control	Protective measure
Eye	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. Medical and first-aid personnel should be trained in their removal, and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent] 
Respiratory	Not normally required. Where inadequate ventilation exists then a Type A-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)
Skin	Wear chemical protective gloves, e.g. PVC. Wear safety footwear or safety gumboots, e.g. Rubber Overalls. PVC Apron. PVC protective suit may be required if exposure severe

## Section 9 Physical and Chemical Properties

### General substance properties:

Property	Details
Appearance	Liquid
Colour	Colourless

<b>Odour</b>	Characteristic
<b>pH</b>	Not applicable
<b>Vapour pressure</b>	No data kPa
<b>Vapour Density</b>	No data
<b>Viscosity</b>	99224.8 mm <sup>2</sup> 120 cP 20°C
<b>Boiling Point</b>	No data °C
<b>Volatile materials</b>	No data %
<b>Freezing/melting point</b>	Not available
<b>Water Solubility</b>	Immiscible
<b>Specific gravity/density</b>	1.29 g/ml
<b>Flash point</b>	>63 °C
<b>Evaporation Rate</b>	No data BuAC = 1
<b>Auto-ignition temperature</b>	No data °C
<b>Upper and lower flammability limits</b>	No data % LEL No data % UEL
<b>Corrosiveness</b>	Not available

## Section 10 Stability and Reactivity

### Stability:

Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.

### Conditions to avoid:

Exposure to excessive heat, open flames and sparks. Avoid conditions that favour the formation of excessive mists and/or fumes. Contact with water may release flammable gases.

### Incompatible materials to avoid:

Oxidising or reducing agents

### Hazardous decomposition products:

Carbon monoxide (CO) carbon dioxide (CO<sub>2</sub>) other pyrolysis products typical of burning organic material.

## Section 11 Toxicological Information

### Summary of Toxicity

Test	Data and symptoms of exposure
<b>Inhaled</b>	The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational

	<p>setting. There is strong evidence to suggest that this material can cause, if inhaled once, serious, irreversible damage of organs. 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. There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs. There is strong evidence to suggest that this material, on a single contact with skin, can cause very serious, irreversible damage of organs. There is strong evidence to suggest that this material can cause, if swallowed once, very serious, irreversible damage of organs.</p>
<b>Oral</b>	<p>Strong evidence exists that exposure to the material may cause irreversible damage (other than cancer, mutations and birth defects) following a single exposure by swallowing. Constant use of purgatives/laxatives may decrease the sensitivity of the intestinal mucosa causing a diminished response to normal stimuli. The redevelopment of a normal habit is thus prevented. The material has NOT been classified by EC Directives or other classification systems as 'harmful by ingestion'. This is because of the lack of corroborating animal or human evidence. Accidental ingestion of the material may be seriously damaging to the health of the individual; animal experiments indicate that ingestion of less than 40 gram may be fatal.</p>
<b>Dermal</b>	<p>There is strong evidence to suggest that this material, on a single contact with skin, can cause serious, irreversible damage of organs. The material is not thought to be a skin irritant (as classified by EC Directives using animal models). Temporary discomfort, however, may result from prolonged dermal exposures. Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Open cuts abraded or irritated skin should not be exposed to this material. Entry into the bloodstream 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.</p>
<b>Eye</b>	<p>This material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure</p>
<b>Chronic</b>	<p>Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. There is sufficient evidence to suggest that this material directly causes cancer in humans. This product contains a polymer with a functional group considered to be of high concern. Isothiocyanates may cause hypersensitivity of the skin and airways. Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates. The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components. This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces. The faecal excretion in these animals was considered entirely due to ingestion of radioactivity from grooming and ingestion of deposited material from the nasopharyngeal region via the mucociliary escalator, i.e. not following systemic absorption. The faecal radioactivity was tentatively identified as mixed molecular weight polyureas derived from MDI. Diamine was not present. Thus, for MDI and diisocyanates in general the oral gavage dosing route is inappropriate for toxicological studies and risk assessment. It is expected that oral gavage dosing will result in a similar outcome to that produced by TDI or MDI, that is (1) reaction with stomach contents and (2) polymerization to solid polyureas. Reaction with stomach contents is very plausibly described in case reports of accidental ingestion of polymeric MDI based glue in domestic animals. Extensive polymerization and CO<sub>2</sub> liberation resulting in an expansion of the gastric content is described in the stomach, without apparent acute chemical toxicity. Polyurea formation in organic and aqueous phases has been described. In this generally accepted chemistry of hydrolysis of an isocyanate the initially produced carbamate decarboxylates to an amine which. The amine, as a reactive intermediate, then reacts very readily with the present isocyanate to produce a solid and inert polyurea. This urea formation acts as a pH buffer in the stomach, thus promoting transformation of the diisocyanate into polyurea, even under the acidic conditions. At the resorbive tissues in the small intestine, these high molecular reaction products are likely to be of very low bioavailability, which is substantiated by the absence of systemic toxicity in acute oral bioassays with rats at the OECD limit dose (LC<sub>50</sub>&gt;2 g/kg bw). The respiratory tract may be regarded as the main entry for systemically available isocyanates as evidenced following MDI exposures. A detailed</p>

	summary on urinary, plasma and in vitro metabolite studies is provided below. Taken together, all available studies provide convincing evidence that MDI-protein adduct and MDI-metabolite formation proceeds: via formation of a labile isocyanate glutathione (GSH)-adduct, then transfer to a more stable adduct with larger proteins, and without formation of free MDA. MDA reported as a metabolite is actually formed by analytical workup procedures (strong acid or base hydrolysis) and is not an identified metabolite in urine or blood. Extended use of purgatives and laxatives can cause a profuse, watery diarrhoea with severe dehydration, mineral losses, weakness and weight loss. Absorption from the bowel may become impaired and damage to the heart and kidneys can also occur. Animal testing shows that polymeric MDI can damage the nasal cavities and lungs, causing inflammation and increased cell growth. Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping. Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, incoordination, anxiety, depression and paranoia.
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Ingredient	Oral LD <sub>50</sub>	Dermal LD <sub>50</sub>	Inhalation LC <sub>50</sub>
ATE			
Polymeric diphenylmethane diisocyanate	43000 mg/kg	>9400 mg/kg	0.49 mg/L/4h
Castor oil	>4800 mg/kg		
Diphenylmethane diisocyanate (mixed isomers)	>2000 mg/kg	>6200 mg/kg	0.369 mg/L/4h
p-toluenesulfonyl isocyanate	2600 mg/kg	>2000 mg/kg	>320 ppm/4h

## Section 12 Ecological Information

### Summary of Ecotoxicity

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high-water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters. Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

Ingredient	Fish	Crustacea	Algae
ATE			
Castor oil		EC <sub>50 48hr</sub> 100 mg/L	EC <sub>50 72hr</sub> >100 mg/L
Diphenylmethane diisocyanate (mixed isomers)	LC <sub>50 96hr</sub> >95 mg/L	EC <sub>50 48hr</sub> >10 mg/L	EC <sub>50 72hr</sub> 3230 mg/L
p-toluenesulfonyl isocyanate	LC <sub>50 96hr</sub> >45 mg/L	EC <sub>50 48hr</sub> >100 mg/L	EC <sub>50 72hr</sub> 25 mg/L

	Persistence Water/Soil	Persistence Air	Bioaccumulation	Mobility
Polymeric diphenylmethane diisocyanate			LOW	
Castor oil			LOW	
Diphenylmethane diisocyanate (mixed isomers)			LOW	
p-toluenesulfonyl isocyanate	HIGH	HIGH	LOW	LOW

## Section 13 Disposal Considerations

### Disposal methods:

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

Otherwise: If container cannot be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. Where possible retain label warnings and SDS and observe all notices pertaining to the product. Legislation addressing waste disposal requirements may differ by country, state and/or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: Reduction | Reuse | Recycling | Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf-life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. 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. Steve

## Section 14 Transport Considerations

NOT REGULATED

## Section 15 Regulatory Information

**HSNO approval number and Group Standard:**

**HSR002680      Surface Coatings & Colourants Combustible, Carcinogenic**

**Group Standard conditions and other regulations:**

Condition	Requirement
SDS	Required
Emergency plan	Required when quantities exceed 100 Lt
Certified handler	Not required
Tracking	Not applicable
Bundling and secondary containment	Required dependent upon total quantity and pack size
Signage	Required when quantities exceed 100 Lt
Location Compliance certificate	Not required
Hazardous Atmosphere Zone	Required to meet AS/NZS60079.10
Fire extinguisher	1 required

### National Inventories

*Y = All ingredients are on the inventory*

National Inventories:

Australia	AiIC <small>non-industrial use</small>	Yes
Canada	DSL	Yes
	NDSL	No
China	IECSC	Yes
EU	EINEC/ELINCS/NLP	No
Japan	ENCS	Yes
Korea	KECI	Yes
New Zealand	NZIOC	Yes
Philippines	PICCS	Yes
US	TSCA	Yes
Taiwan	TCSI	Yes
Mexico	INSQ	No
Vietnam	NCI	Yes
Russia	FBEPH	Yes
UAE	Control List	No

## Section 16 Other Information

### Revision History:

March 2026	Reviewed
March 2022	Initial preparation

### Abbreviations:

Abbreviation	Description
CAS number	Number assigned to chemical in the Chemical Abstracts Service registry
HAZCHEM code	Code used by fire-fighters to determine correct method of action in the case of fire
HSNO	Hazardous Substances and New Organisms (Act)
ICAO Technical Instructions	International Civil Aviation Organization Technical Instructions
LC <sub>50</sub>	Lethal concentration 50% - concentration fatal to 50% of the tested population
LD <sub>50</sub>	Lethal dose 50% - dose fatal to 50% of the tested population
NZS 5433:2020	New Zealand Standard 5433 (Standard for the Transport of Dangerous Goods on Land)
STEL	Short term exposure limit
TWA	Time weighted average (typically measured as 8 hours)
UN number	United Nations number
WES	Workplace exposure standard

### References

Chemical properties and GHS classifications derived from the New Zealand chemical classification information database (CCID).  
[www.epa.govt.nz](http://www.epa.govt.nz).

Workplace exposure limits derived from Workplace Exposure Standards and Biological Exposure Indices 15<sup>th</sup> Edition (February 2025).

***The information provided on this SDS is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered as a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material in combination with any other material or in any process, unless specified in the text.***

This SDS was prepared by Collievale Enterprises in accord with the Hazardous Substances (Safety Data Sheets) Notice 2020  
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End of SDS