

# WATTYL EPINAMEL DTM985/DTS680 STD PART B

Hazard Alert Code:  
HIGH

Chemwatch Material Safety Data Sheet

Version No: 6.1.1.1

Chemwatch 22-0650

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X9317SP

## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

WATTYL EPINAMEL DTM985/DTS680 STD PART B

### PROPER SHIPPING NAME

FLAMMABLE LIQUID, CORROSIVE, N.O.S.(contains xylene and trimethylolpropane triamine ether, propoxylated)

### PRODUCT USE

The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. Used according to manufacturer's directions. Requires that the two parts be mixed by hand or mixer before use, in accordance with manufacturers directions. Mix only as much as is required. Do not return the mixed material to the original containers.

### SUPPLIER

Company: Valspar Australia Pty Ltd Pty Limited

Address:

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Australia

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## Section 2 - HAZARDS IDENTIFICATION

### STATEMENT OF HAZARDOUS NATURE

**HAZARDOUS SUBSTANCE. DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.**

### RISK

| Risk Codes | Risk Phrases  |
|------------|---|
| R10        | • Flammable.  |
| R20/21/22  | • Harmful by inhalation, in contact with skin and if swallowed. |
| R34        | • Causes burns.   |
| R41        | • Risk of serious damage to eyes.                               |
| R43        | • May cause SENSITISATION by skin contact.                      |
| R52        | • Harmful to aquatic organisms.                                 |
| R33?       | • Cumulative effects may result following exposure*.            |
| R40(3)?    | • Limited evidence of a carcinogenic effect*.                   |
| R42?       | • Possible respiratory sensitiser*.                             |
| R61?       | • May be harmful to the foetus/embryo*.                         |
| R65?       | • HARMFUL-May cause lung damage if swallowed.                   |
| R67?       | • Vapours potentially cause drowsiness and dizziness*.          |

### SAFETY

| Safety Codes | Safety Phrases  |
|--------------|---|
| S01          | • Keep locked up.   |
| S23          | • Do not breathe gas/ fumes/ vapour/ spray.   |
| S24          | • Avoid contact with skin.  |
| S25          | • Avoid contact with eyes.  |
| S36          | • Wear suitable protective clothing.  |
| S37          | • Wear suitable gloves.   |
| S39          | • Wear eye/ face protection.  |
| S51          | • Use only in well ventilated areas.  |
| S09          | • Keep container in a well ventilated place.  |
| S53          | • Avoid exposure - obtain special instructions before use.  |
| S401         | • To clean the floor and all objects contaminated by this material, use water and detergent.                                    |
| S07          | • Keep container tightly closed.  |
| S27          | • Take off immediately all contaminated clothing.   |
| S26          | • In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.                    |
| S45          | • In case of accident or if you feel unwell, IMMEDIATELY contact Doctor or Poisons Information Centre (show label if possible). |
| S60          | • This material and its container must be disposed of as hazardous waste.   |
| S63          | • In case of accident by inhalation: remove casualty to fresh air and keep at rest.   |

### Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

| NAME  | CAS RN     | %     |
|---|------------|-------|
| polyamine adduct                                |            | 30-60 |
| solvents  |            | 10-30 |
| trimethylolpropane triamine ether, propoxylated | 39423-51-3 | 18    |

### Section 4 - FIRST AID MEASURES

#### SWALLOWED

- Avoid giving milk or oils.
- Avoid giving alcohol.
- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

#### EYE

- If this product comes in contact with the eyes:
  - Immediately hold eyelids apart and flush the eye continuously with running water.
  - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
  - Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
  - Transport to hospital or doctor without delay.

#### SKIN

- If skin or hair contact occurs:
  - Immediately flush body and clothes with large amounts of water, using safety shower if available.
  - Quickly remove all contaminated clothing, including footwear.
  - Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
  - Transport to hospital, or doctor.

#### INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prosthesis 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.
- Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.
- Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).
- As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested.
- Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.

#### **NOTES TO PHYSICIAN**

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically.

for salicylate intoxication:

- Pending gastric lavage, use emetics such as syrup of ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. Do not give ipecac after charcoal.
- Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.

For acute or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.

For acute or short term repeated exposures to xylene:

- Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- Pulmonary absorption is rapid with about 60-65% retained at rest.
- Primary threat to life from ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases ( $pO_2 < 50$  mm Hg or  $pCO_2 > 50$  mm Hg) should be intubated.

for non-steroidal anti-inflammatories (NSAIDs)

- Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.
- Patients should be managed by symptomatic and supportive care following a NSAIDs overdose.
- There are no specific antidotes.
- Emesis and/or activated charcoal (60 to 100 grams in adults, 1 to 2 g/kg in children), and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose).

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort.

## **Section 5 - FIRE FIGHTING MEASURES**

#### **EXTINGUISHING MEDIA**

- Alcohol stable foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

Do not use a water jet to fight fire.

#### **FIRE FIGHTING**

- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear breathing apparatus plus protective gloves in the event of a fire.
- Prevent, by any means available, spillage from entering drains or water course.

#### **FIRE/EXPLOSION HAZARD**

- Liquid and vapour are flammable.

- Moderate fire hazard when exposed to heat or flame.
- Vapour forms an explosive mixture with air.
- Moderate explosion hazard when exposed to heat or flame.

Combustion products include: carbon dioxide (CO<sub>2</sub>), carbon monoxide (CO), aldehydes, nitrogen oxides (NO<sub>x</sub>), other pyrolysis products typical of burning organic material.

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

#### **FIRE INCOMPATIBILITY**

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

#### **HAZCHEM**

- 3WE

## Section 6 - ACCIDENTAL RELEASE MEASURES

#### **MINOR SPILLS**

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact with the substance, by using protective equipment.
- Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.
- Check regularly for spills and leaks.

#### **MAJOR SPILLS**

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear full body protective clothing with breathing apparatus.

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

## Section 7 - HANDLING AND STORAGE

#### **PROCEDURE FOR HANDLING**

- Containers, even those that have been emptied, may contain explosive vapours.
- Do NOT cut, drill, grind, weld or perform similar operations on or near containers.

Contains low boiling substance:

Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately.

- Check for bulging containers.
- Vent periodically
- Always release caps or seals slowly to ensure slow dissipation of vapours
- DO NOT USE brass or copper containers / stirrers
- DO NOT allow clothing wet with material to stay in contact with skin
- Electrostatic discharge may be generated during pumping - this may result in fire.
- Ensure electrical continuity by bonding and grounding (earthing) all equipment.
- Restrict line velocity during pumping in order to avoid generation of electrostatic discharge ( $\leq 1$  m/sec until fill pipe submerged to twice its diameter, then  $\leq 7$  m/sec).
- Avoid splash filling.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of overexposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.

#### **SUITABLE CONTAINER**

- Glass container is suitable for laboratory quantities
- DO NOT use aluminium or galvanised containers
- Packing as supplied by manufacturer.
- Plastic containers may only be used if approved for flammable liquid.
- Check that containers are clearly labelled and free from leaks.
- For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : Where a can is to be used as an inner package, the can must have a screwed enclosure.
- For materials with a viscosity of at least 2680 cSt. (23 deg. C)
- For manufactured product having a viscosity of at least 250 cSt. (23 deg. C)
- Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C): (i) Removable head packaging; (ii) Cans with friction closures and (iii) low pressure tubes and

cartridges may be used.

#### STORAGE INCOMPATIBILITY

- Avoid contact with copper, aluminium and their alloys.
- Avoid reaction with oxidising agents

#### STORAGE REQUIREMENTS

- Store in original containers in approved flammable liquid storage area.
- Store away from incompatible materials in a cool, dry, well-ventilated area.
- DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
- No smoking, naked lights, heat or ignition sources.
- DO NOT store near acids, or oxidising agents

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

| Source                             | Material  | TWA<br>ppm | TWA<br>mg/m <sup>3</sup> | STEL<br>ppm | STEL<br>mg/m <sup>3</sup> | Peak<br>ppm | Peak<br>mg/m <sup>3</sup> | TWA<br>F/CC | Notes |
|------------------------------------|---|------------|--------------------------|-------------|---------------------------|-------------|---------------------------|-------------|-------|
| Australia<br>Exposure<br>Standards | Wattyl Epinamel<br>DTM985/DTS680 STD Part<br>B (Xylene (o-, m-, p-<br>isomers)) | 80         |                          | 150         | 655                       |             |                           |             |       |

The following materials had no OELs on our records

- trimethylolpropane triamine ether, propoxylated: CAS:39423-51-3 CAS:125086-34-2 CAS:155833-32-2 CAS:168569-33-3 CAS:58329-86-5 CAS:87993-80-4 CAS:98084-94-7

### MATERIAL DATA

#### WATTYL EPINAMEL DTM985/DTS680 STD PART B:

Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

for xylenes:

IDLH Level: 900 ppm

Odour Threshold Value: 20 ppm (detection), 40 ppm (recognition)

NOTE: Detector tubes for o-xylene, measuring in excess of 10 ppm, are available commercially. (m-xylene and p-xylene give almost the same response).<

For n-butanol:

Odour Threshold Value: 0.12-3.4 ppm (detection), 1.0-3.5 ppm (recognition)

NOTE: Detector tubes for n-butanol, measuring in excess of 5 ppm are commercially available.

Exposure at or below the TLV-TWA is thought to provide protection against hearing loss due to vestibular and auditory nerve damage in younger workers and to protect against the significant risk of headache and irritation.

25 ppm may produce mild irritation of the respiratory tract 50 ppm may produce headache and vertigo.

Higher concentrations may produce marked irritation, sore throat, coughing, nausea, shortness of breath, pulmonary injury and central nervous system depression characterised by headache, dizziness, dullness and drowsiness.

#### TRIMETHYLOLPROPANE TRIAMINE ETHER, PROPOXYLATED:

No exposure limits set by NOHSC or ACGIH.

### PERSONAL PROTECTION

#### RESPIRATOR

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

#### EYE

- When handling very small quantities of the material eye protection may not be required.

For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:

- Chemical goggles.
- Face shield. Full face shield may be required for supplementary but never for primary protection of eyes.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens 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]

#### HANDS/FEET

- When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

**NOTE:**

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and

has to be observed when making a final choice.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Change gloves frequently and when contaminated, punctured or torn.

**OTHER**

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity.
- For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets), non sparking safety footwear.

**ENGINEERING CONTROLS**

■ CARE: Use of a quantity of this material in confined space or poorly ventilated area, where rapid build up of concentrated atmosphere may occur, could require increased ventilation and/or protective gear.

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.

**Section 9 - PHYSICAL AND CHEMICAL PROPERTIES**

**APPEARANCE**

Clear yellow to amber flammable liquid with a solvent/amine odour; not miscible with water.

**PHYSICAL PROPERTIES**

Liquid.

Does not mix with water.

Floats on water.

Corrosive.

|                           |               |                                 |                |
|---------------------------|---------------|---------------------------------|----------------|
| State                     | LIQUID        | Molecular Weight                | Not Applicable |
| Melting Range (°C)        | Not Available | Viscosity                       | Not Available  |
| Boiling Range (°C)        | 138 (initial) | Solubility in water (g/L)       | Immiscible     |
| Flash Point (°C)          | 24            | pH (1% solution)                | Not Available  |
| Decomposition Temp (°C)   | Not Available | pH (as supplied)                | Not Available  |
| Autoignition Temp (°C)    | Not Available | Vapour Pressure (kPa)           | Not Available  |
| Upper Explosive Limit (%) | Not Available | Specific Gravity (water=1)      | 0.95-1.00      |
| Lower Explosive Limit (%) | Not Available | Relative Vapour Density (air=1) | >1             |
| Volatile Component (%vol) | Not Available | Evaporation Rate                | Not Available  |

**Section 10 - CHEMICAL STABILITY**

**CONDITIONS CONTRIBUTING TO INSTABILITY**

- Presence of incompatible materials.
- Product is considered stable.

- Hazardous polymerisation will not occur.

For incompatible materials - refer to Section 7 - Handling and Storage.

## Section 11 - TOXICOLOGICAL INFORMATION

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

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

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucous. If death does not occur within 24 hours there may be an improvement in the patients condition for 2-4 days only to be followed by the sudden onset of abdominal pain, boardlike abdominal rigidity or hypo-tension; this indicates that delayed gastric or oesophageal corrosive damage has occurred.

Swallowing of n-butanol may cause breathing difficulties, headache, nausea, vomiting, irritation of the airway and mucous membranes as well as depression of the central nervous system.

High oral doses of salicylates, such as aspirin, may cause a mild burning pain in the throat and stomach, causing vomiting. This is followed (within hours) by deep, rapid breathing, tiredness, nausea and further vomiting, thirst and diarrhoea. The central nervous system is first stimulated, and then depression from failure occurs. Stimulation produces vomiting, hyperventilation, headache, ringing in the ears, confusion, behaviour and mood changes, and generalised convulsions. Respiratory failure and cardiovascular collapse can result in death. There may also be sweating, skin eruptions, internal bleeding, kidney failure and inflamed pancreas. There may be bloody stools, purple skin spots or blood in the vomit. Many of these symptoms are due to disturbances in blood chemistry. A dose of 300 mg/kg can cause serious effects while 500 mg/kg can be lethal.

Non-steroidal anti-inflammatory drug (NSAID) overdose may produce nausea, vomiting, indigestion and upper abdominal pain. Other effects may include drowsiness, dizziness, confusion, disorientation, lethargy, "pins and needles", intense headache, blurred vision, ringing in the ears, muscle twitching, convulsions, stupor and coma. There have been other reported effects, such as sweating, decreased urination frequency or absence of urine, increased heart rate, low or high blood pressure and kidney damage.

Not a likely route of entry into the body in commercial or industrial environments. The liquid may produce considerable gastrointestinal discomfort and be harmful or toxic if swallowed. Ingestion may cause nausea, pain and vomiting. Vomit entering the lungs by aspiration can cause inflammation of the lungs, which can lead to death.

##### EYE

■ The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

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

##### SKIN

■ Skin contact with the material may be harmful; systemic effects may result following absorption.

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

Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous reactions include erythema, intolerable itching and severe facial swelling. Blistering, with weeping of serous fluid, and crusting and scaling may also occur. Individuals exhibiting "amine dermatitis" may experience a dramatic reaction upon re-exposure to minute quantities. Highly sensitive persons may even react to cured resins containing trace amounts of unreacted amine hardener. Minute quantities of air-borne amine may precipitate intense dermatological symptoms in sensitive individuals. Prolonged or repeated exposure may produce tissue necrosis.

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

##### INHALED

■ Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo.

The acute toxicity of inhaled alkylbenzenes is best described by central nervous system depression. As a rule, these compounds may also act as general anaesthetics.<

Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma". The literature records several instances of systemic intoxications following the use of amines in epoxy resin systems.

Exposure to n-butanol causes dose dependent irritation and headaches in humans, but CNS depression and prostration in mice. Though the offensive odour may forewarn, the smell sense may become fatigued.

Inhalation hazard is increased at higher temperatures.

Inhalation of quantities of liquid mist may be extremely hazardous, even lethal due to spasm, extreme irritation of larynx and bronchi, chemical pneumonitis and pulmonary oedema.

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

Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.

## CHRONIC HEALTH EFFECTS

■ Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

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

There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.

There is some evidence from animal testing that exposure to this material may result in toxic effects to the unborn baby.

Hearing and balance loss have been reported with exposure to n-butanol, especially with concomitant long term unprotected exposure to high noise.

Prolonged use of non-steroidal analgesics damages the lining of the gastrointestinal tract, causing ulcers and bleeding. There may be diarrhoea or constipation, perforations causing serious infection, and blood in the vomit or stools. Kidney damage can result in blood or pus in the urine, changes in urine chemistry, change in the frequency of urination, insufficiency of kidney function, destruction of the kidney lining and kidney inflammation. Occasionally, the liver may be affected, causing inflammation (hepatitis) and jaundice. There may be changes in blood cell distribution, and disturbance in platelet function. Sensitivity to light may occur. Anaphylactic-like syndrome is characterised by rash with redness, spots and blisters, itching, and fainting. The eyes, ears and urinary tract can all be affected. Asthma and anaemia may be exacerbated. These drugs can cause circulatory defects in the foetus and newborn. Once the kidney has been damaged, there is an increased likelihood that cancers could develop there.

Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk. Hypersensitive reactions can occur, especially in people with asthma. These symptoms include itchy wheals and other skin eruptions, an inflamed nose, shortness of breath and serious narrowing of the airways (which can even cause death). Chronic exposure to parabens by skin contact, ingestion or injection can cause hypersensitive reactions. There may be cross-sensitivity between different species, so people can develop allergic symptoms if they were sensitised by other chemicals. Symptoms include acute narrowing of the airways, hives (itchy wheal), swelling, running nose and blurred vision. There may be anaphylactic shock and rash.

Women exposed to xylene in the first 3 months of pregnancy showed a slightly increased risk of miscarriage and birth defects. Evaluation of workers chronically exposed to xylene has demonstrated lack of genetic toxicity. Exposure to xylene has been associated with increased rates of blood cancer, but this may be complicated by exposure to other substances, including benzene. Animal testing found no evidence of cancer-causing activity.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS].

## TOXICITY AND 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. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

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

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.

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

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

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 on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

## SKIN

trimethylolpropane triamine  
ether, propoxylated

GESAMP/EHS Composite List  
- GESAMP Hazard Profiles

D1: skin irritation/corrosion

2

## Section 12 - ECOLOGICAL INFORMATION

Harmful to aquatic organisms.

This material and its container must be disposed of as hazardous waste.

### Ecotoxicity

| Ingredient                                      | Persistence:<br>Water/Soil | Persistence:<br>Air | Bioaccumulation   | Mobility          |
|---|----------------------------|---------------------|-------------------|-------------------|
| trimethylolpropane triamine ether, propoxylated | No Data Available          | No Data Available   | No Data Available | No Data Available |

## Section 13 - DISPOSAL CONSIDERATIONS

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

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.

- Where possible retain label warnings and MSDS 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.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Treat and neutralise at an approved treatment plant. Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

## Section 14 - TRANSPORTATION INFORMATION

Labels Required: FLAMMABLE LIQUID, CORROSIVE

### HAZCHEM:

•3WE (ADG7)

### ADG7:

|   |            |   |          |
|---|------------|---|----------|
| Class or Division:                              | 3          | Subsidiary Risk1:                                     | 8        |
| UN No.:   | 2924       | Packing Group:  | III      |
| Special Provision:                              | 223 274    | Limited Quantity:                                     | 5 L      |
| Portable Tanks & Bulk Containers - Instruction: | T7         | Portable Tanks & Bulk Containers - Special Provision: | TP1 TP28 |
| Packagings & IBCs - Packing Instruction:        | P001 IBC03 | Packagings & IBCs - Special Packing Provision:        | None     |

Name and Description: FLAMMABLE LIQUID, CORROSIVE, N.O.S. (contains xylene and trimethylolpropane triamine ether, propoxylated)

### Air Transport IATA:

|                     |      |                    |     |
|---------------------|------|--------------------|-----|
| ICAO/IATA Class:    | 3    | ICAO/IATA Subrisk: | 8   |
| UN/ID Number:       | 2924 | Packing Group:     | III |
| Special provisions: | A3   |                    |     |
| Cargo Only          |      |                    |     |

|  |         |                     |         |
|--|---------|---------------------|---------|
| Packing Instructions:  | 365     | Maximum Qty/Pack:   | 60 L    |
| Passenger and Cargo  |         | Passenger and Cargo |         |
| Packing Instructions:  | 354     | Maximum Qty/Pack:   | 5 L     |
| Passenger and Cargo  |         | Passenger and Cargo |         |
| Limited Quantity   |         | Limited Quantity    |         |
| Packing Instructions:  | Y342    | Maximum Qty/Pack:   | 1 L     |
| Shipping name:FLAMMABLE LIQUID, CORROSIVE, N.O.S.(contains xylene and trimethylolpropane triamine ether, propoxylated) |         |                     |         |
| <b>Maritime Transport IMDG:</b>  |         |                     |         |
| IMDG Class:  | 3       | IMDG Subrisk:       | 8       |
| UN Number:   | 2924    | Packing Group:      | III     |
| EMS Number:  | F-E,S-C | Special provisions: | 223 274 |
| Limited Quantities:  | 5 L     |                     |         |
| Shipping name:FLAMMABLE LIQUID, CORROSIVE, N.O.S.(contains xylene and trimethylolpropane triamine ether, propoxylated) |         |                     |         |

## Section 15 - REGULATORY INFORMATION

### Indications of Danger :

C Corrosive

### POISONS SCHEDULE

S5

### REGULATIONS

**Wattyl Epinamel DTM985/DTS680 STD Part B (CAS: ) is found on the following regulatory lists;**

"Australia - Australian Capital Territory - Environment Protection Regulation: Ambient environmental standards (Domestic water supply - organic compounds)", "Australia - Australian Capital Territory - Environment Protection Regulation: Pollutants entering waterways taken to cause environmental harm - Domestic water supply quality", "Australia Drinking Water Guideline Values For Physical and Chemical Characteristics", "Australia Exposure Standards", "Australia FAISD Handbook - First Aid Instructions, Warning Statements, and General Safety Precautions", "Australia National Pollutant Inventory", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix F (Part 3)", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix I", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6", "GESAMP/EHS Composite List - GESAMP Hazard Profiles", "IMO IBC Code Chapter 17: Summary of minimum requirements", "IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk", "IMO Provisional Categorization of Liquid Substances - List 3: (Trade-named) mixtures containing at least 99% by weight of components already assessed by IMO, presenting safety hazards", "OECD List of High Production Volume (HPV) Chemicals", "WHO Guidelines for Drinking-water Quality - Guideline values for chemicals that are of health significance in drinking-water"

### Regulations for ingredients

**trimethylolpropane triamine ether, propoxylated (CAS: 39423-51-3, 125086-34-2, 155833-32-2, 168569-33-3, 58329-86-5, 87993-80-4, 98084-94-7) is found on the following regulatory lists;**

"Australia Inventory of Chemical Substances (AICS)", "Australia National Pollutant Inventory", "GESAMP/EHS Composite List - GESAMP Hazard Profiles"

## Section 16 - OTHER INFORMATION

### Ingredients with multiple CAS Nos

| Ingredient Name                                 | CAS   |
|---|---|
| trimethylolpropane triamine ether, propoxylated | 39423-51-3, 125086-34-2, 155833-32-2, 168569-33-3, 58329-86-5, 87993-80-4, 98084-94-7 |

■ 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.

A list of reference resources used to assist the committee may be found at:  
[www.chemwatch.net/references](http://www.chemwatch.net/references).

■ The (M)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.

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