

Pebeo Crystal Resin Part B

Jasco Pty Limited

Chemwatch Hazard Alert Code: 4

Chemwatch: 5423-17

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Safety Data Sheet according to WHS and ADG requirements

L.GHS.AUS.EN

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

Product Identifier

Product name	Pebeo Crystal Resin Part B
Synonyms	EN-FDS154 Crystal Resin Part B
Proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
Other means of identification	Not Available

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

Relevant identified uses	Paints & Varnishes for artists. Use according to manufacturer's directions.
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Details of the supplier of the safety data sheet

Registered company name	Jasco Pty Limited
Address	1-5 Commercial Road Kingsgrove NSW 2208 Australia
Telephone	+61 2 9807 1555
Fax	Not Available
Website	www.jasco.com.au
Email	sales@jasco.com.au

Emergency telephone number

Association / Organisation	Australian Poisons Centre
Emergency telephone numbers	13 11 26 (24/7)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	S6
Classification [1]	Acute Toxicity (Oral) Category 3, Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 1A, Serious Eye Damage Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Acute Aquatic Hazard Category 2, Chronic Aquatic Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
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Pebeo Crystal Resin Part B

Signal word	Danger
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Hazard statement(s)

H301	Toxic if swallowed.
H332	Harmful if inhaled.
H314	Causes severe skin burns and eye damage.
H335	May cause respiratory irritation.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.
P270	Do not eat, drink or smoke when using this product.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.
P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P321	Specific treatment (see advice on this label).
P363	Wash contaminated clothing before reuse.
P391	Collect spillage.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

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
9046-10-0	>50	<u>bis(2-aminopropyl ether) propoxylated</u>
39423-51-3	10-<25	<u>trimethylolpropane triamine ether, propoxylated</u>
38640-62-9	2.5-<10	<u>diisopropyl naphthalene</u>

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ 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.
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	<ul style="list-style-type: none"> ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ 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.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay. ▶ 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. <p>This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)</p>
Ingestion	<ul style="list-style-type: none"> ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

For amines:

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

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

Some persons with hyperreactive airways (e.g., asthmatic persons) may experience wheezing attacks (bronchospasm) when exposed to airway irritants. Lung injury may result following a single massive overexposure to high vapour concentrations or multiple exposures to lower concentrations of any pulmonary irritant material.

Health effects of amines, such as skin irritation and transient corneal edema ("blue haze," "halo effect," "glauropsia"), are best prevented by means of formal worker education, industrial hygiene monitoring, and exposure control methods. Persons who are highly sensitive to the triggering effect of non-specific irritants should not be assigned to jobs in which such agents are used, handled, or manufactured.

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

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

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

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

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

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

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

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

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

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

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

Alliance for Polyurethanes Industry

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

- ▶ Respiratory stress is uncommon but present occasionally because of soft tissue edema.

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- ‡ 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.
- ‡ Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- ‡ Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- ‡ Neutralising agents should never be given since exothermic heat reaction may compound injury.
- * Catharsis and emesis are absolutely contra-indicated.
- * Activated charcoal does not absorb alkali.
- * Gastric lavage should not be used.

Supportive care involves the following:

- ‡ Withhold oral feedings initially.
- ‡ If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- ‡ Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- ‡ Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- ‡ Injury should be irrigated for 20-30 minutes.

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

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	‡ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ‡ Alert Fire Brigade and tell them location and nature of hazard. ‡ Wear full body protective clothing with breathing apparatus. ‡ Prevent, by any means available, spillage from entering drains or water course. ‡ Use fire fighting procedures suitable for surrounding area. ‡ Do not approach containers suspected to be hot. ‡ Cool fire exposed containers with water spray from a protected location. ‡ If safe to do so, remove containers from path of fire. ‡ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ‡ Combustible. ‡ Slight fire hazard when exposed to heat or flame. ‡ Heating may cause expansion or decomposition leading to violent rupture of containers. ‡ On combustion, may emit toxic fumes of carbon monoxide (CO). ‡ May emit acrid smoke. ‡ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material. May emit corrosive fumes.</p>
HAZCHEM	2X

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

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Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▸ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. ▸ Check regularly for spills and leaks. ▸ Clean up all spills immediately. ▸ 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 Spills	<ul style="list-style-type: none"> ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Consider evacuation (or protect in place). ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Neutralise/decontaminate residue (see Section 13 for specific agent). ▸ 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.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▸ DO NOT allow clothing wet with material to stay in contact with skin ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material. ▸ Avoid smoking, naked lights or ignition sources. ▸ Avoid contact with incompatible materials. ▸ When handling, DO NOT eat, drink or smoke. ▸ 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.
Other information	<p>Polyetheramines may be stored under air at ambient temperatures for extended periods. A nitrogen blanket is suggested for all storage, however, to reduce the effect of accidental exposure to high temperatures and to reduce the absorption of atmospheric moisture and carbon dioxide. It should be noted that pronounced discoloration is likely to occur at temperatures above 140 deg F (60 deg C), what ever the gaseous pad.</p> <p>Cleanout of lines and equipment containing polyetheramines can be accomplished using warm water and steam. In the event of spillage of this product, the area may be flushed with water. The proper method for disposal of waste material is by incineration with strict observance of all Federal, State, and local regulations</p> <p>Ethoxylates/ alkoxyates react slowly with air or oxygen and may generate potentially sensitising intermediates (haptens)..</p> <p>Storage under heated conditions in the presence of air or oxygen increases reaction rate. For example, after storing at 95 F/ 35 C for 30 days in the presence of air, there is measurable oxidation of the ethoxylate. Lower temperatures will allow for longer storage time and higher temperatures will shorten the storage time if stored under an air or oxygen atmosphere.</p> <ul style="list-style-type: none"> ▸ 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. ▸ DO NOT store near acids, or oxidising agents ▸ No smoking, naked lights, heat or ignition sources.

Conditions for safe storage, including any incompatibilities

<p>Suitable container</p>	<p>For ethoxylates suitable containers include carbon steel coated with baked phenolic. Any moisture may cause rusting of carbon steel.</p> <p>If product is moisture free, uncoated carbon steel tanks may be used.</p> <ul style="list-style-type: none"> · Liquid epoxy curing agents will corrode certain common structural metals. · If slight colouration of the curing agent is acceptable, storage tanks may be made of carbon steel or black iron, provided they are free of rust and mill scale. However, if the amine is stored in such tanks for three or four months or longer, colour may develop due to iron contamination. If iron contamination cannot be tolerated, tanks constructed of types 304 or 316 stainless steel should be used. (Note: Because they are quickly corroded by amines, do not use aluminum, copper, copper alloys, brass, or bronze in tanks or lines.) · Although horizontal tanks may be used, vertical tanks are suggested because they are usually more economical to install, occupy less space, and provide more accurate tank gauging. <p>(Note: In accordance with National Fire Protection Association Rule 30.17, item 2-1.31 (b), a vertical tank, designed to American Petroleum Institute (API) Standard 650, is suggested for curing agents. European equivalents include flat bottomed tank design DIN 4119, Parts 1 and 2, and horizontal, vertical DIN 6600-6625.)</p> <p>To ensure safe and orderly delivery, the capacity of the storage tank should be large enough to hold the amount of epoxy curing agent normally shipped in a maximum capacity tank car or tank truck, plus additional working inventory. Also, consider oversizing the tank sufficiently to create a space to accommodate bubbles which may be created by the gas flow used to clear the piping. (Note: If a suction heater is used in the tank, additional capacity should be allowed for the heel.) Also, when calculating tank size, allow sufficient freeboard for liquid expansion while heating. A suitable foundation is required for all curing agent storage tanks. Temperatures, necessary for transfer and ease of handling of liquid epoxy amine hardeners, generally can be achieved with little or no heating, especially if the storage tank is located in a warm or temperate climate, is well insulated, or is stored indoors in a heated or insulated building. However, product stored outdoors in an uninsulated tank, especially in cold climates, may require some degree of heating. These temperatures can generally be achieved by using some combination of heat tracing and insulated jacketing or external low-pressure steam or hot water heaters, heating coils or a suction heater.</p> <p>In the design of heaters for storage tanks, all factors pertinent to a particular application must be considered. These include: desired rate of tank warm-up; heat losses to the atmosphere; temperature and capacity of heat source available; amount of agitation available for tank contents; the geometry and space limitations of the proposed installation; etc. Internal pipe coil heaters may be appropriate where quick heat-up is not necessary and where heat losses are small or limited by tank insulation. The coils should be located near the bottom of the tank and should be sized to give sufficient heat transfer surface, both to provide the required heat-up rate and to take care of heat losses to the atmosphere. Uniform temperature of the tank contents can be achieved by using the tank pump to circulate the contents over the tank heating coil.</p> <p>Finally, for quick tank heat-up and good mixing within the tank, consider the use of tank eductors, particularly for mixing when starting with cold material. Proper sizing of the pump and the eductors is necessary to ensure sufficient velocity through the eductors. The more economical eductor models are 1.5 inches (38 mm) in size. The recycle flow is usually varied to give sufficient volume to effectively mix the material in the tank. The vendor can usually supply curves of pressure drop and pumping capacity. If an agitator is required, a top-entering agitator should be used. In all heated tank systems, it is recommended that the design include provisions to keep pipe coils or suction heater coils submerged at all times. Heaters should be mounted as low in the tank as possible. Again, in areas where temperatures are not expected to drop below freezing for extended periods, one inch of dense glass-fiber insulation is generally sufficient; however, in colder climates, heat tracing of the lines and at least two inches of insulation should be used. Also, the insulation should be covered with an aluminum weather barrier.</p> <ul style="list-style-type: none"> ▸ Lined metal can, lined metal pail/ can. ▸ Plastic pail. ▸ Polyliner drum. ▸ Packing as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks. <p>For low viscosity materials</p> <ul style="list-style-type: none"> ▸ Drums and jerricans must be of the non-removable head type. ▸ Where a can is to be used as an inner package, the can must have a screwed enclosure. <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> ▸ Removable head packaging; ▸ Cans with friction closures and ▸ low pressure tubes and cartridges <p>may be used.</p> <p>-</p> <p>Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.</p>
<p>Storage incompatibility</p>	<ul style="list-style-type: none"> ▸ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▸ Avoid reaction with oxidising agents, bases and strong reducing agents.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
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Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
bis(2-aminopropyl ether) propoxylated	Polyoxyalkyleneamine; (Poly(oxypropylene)diamine)	4.8 mg/m3	53 mg/m3	320 mg/m3
trimethylolpropane triamine ether, propoxylated	Poly[oxy(methyl-1,2-ethanediyl)], alpha-hydro-omega-(2-aminomethylethoxy)-, ether with 2-ethyl-2-(hydroxymethyl)-1,3-propanediol (3:1); (Polyoxypropylene polyamine)	30 mg/m3	330 mg/m3	2,000 mg/m3
diisopropylnaphthalene	Diisopropylnaphthalene; (Bis(isopropyl)naphthalene)	5.6 mg/m3	61 mg/m3	370 mg/m3

Ingredient	Original IDLH	Revised IDLH
bis(2-aminopropyl ether) propoxylated	Not Available	Not Available
trimethylolpropane triamine ether, propoxylated	Not Available	Not Available
diisopropylnaphthalene	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
bis(2-aminopropyl ether) propoxylated	C	> 1 to ≤ 10 parts per million (ppm)
trimethylolpropane triamine ether, propoxylated	C	> 1 to ≤ 10 parts per million (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 controls	<p>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.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p> <p>Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.</p> <p>An approved self contained breathing apparatus (SCBA) may be required in some situations.</p> <p>Provide adequate ventilation in warehouse or closed storage area. 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.</p>	
	Type of Contaminant:	Air Speed:
	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)
	Within each range the appropriate value depends on:	
	Lower end of the range	Upper end of the range
	1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
	2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use	
4: Large hood or large air mass in motion	4: Small hood-local control only	
Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity		

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	<p>generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ 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]
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Elbow length PVC gloves ▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. <p>NOTE:</p> <ul style="list-style-type: none"> ▶ 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. <p>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.</p> <p>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.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> - frequency and duration of contact, - chemical resistance of glove material, - glove thickness and - dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> - When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. - Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> - Excellent when breakthrough time > 480 min - Good when breakthrough time > 20 min - Fair when breakthrough time < 20 min - Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> - Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. - Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ PVC Apron. ▶ PVC protective suit may be required if exposure severe.

- ▶ Eyewash unit.
- ▶ Ensure there is ready access to a safety shower.

Respiratory protection

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

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

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

* - Continuous Flow ** - Continuous-flow or positive pressure demand

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), 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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Viscous liquid; does not mix with water.		
Physical state	Liquid	Relative density (Water = 1)	0.96
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)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Applicable
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Applicable

SECTION 10 Stability and reactivity

Reactivity	See section 7
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Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.</p> <p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial 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 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.</p> <p>Inhalation of alkaline corrosives may produce irritation of the respiratory tract with coughing, choking, pain and mucous membrane damage. Pulmonary oedema may develop in more severe cases; this may be immediate or in most cases following a latent period of 5-72 hours. Symptoms may include a tightness in the chest, dyspnoea, frothy sputum, cyanosis and dizziness. Findings may include hypotension, a weak and rapid pulse and moist rales.</p> <p>Inhalation of amine vapours may cause irritation of the mucous membranes of the nose and throat and lung irritation with respiratory distress and cough. Single exposures to near lethal concentrations and repeated exposures to sublethal concentrations produces tracheitis, bronchitis, pneumonitis and pulmonary oedema. Aliphatic and alicyclic amines are generally well absorbed from the respiratory tract. Systemic effects include headache, nausea, faintness and anxiety. These effects are thought to be transient and are probably related to the pharmacodynamic action of the amines. Histamine release by aliphatic amines may produce bronchoconstriction and wheezing.</p> <p>Inhalation of epoxy resin amine hardener vapours (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting 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.</p> <p>Excessive exposure to the vapours of epoxy amine curing agents may cause both respiratory irritation and central nervous system depression. Signs and symptoms of central nervous system depression, in order of increasing exposure, are headache, dizziness, drowsiness, and incoordination. In short, a single prolonged (measured in hours) or excessive inhalation exposure may cause serious adverse effects, including death.</p>
Ingestion	<p>Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>Ingestion of alkaline corrosives may produce immediate pain, and circumoral burns. Mucous membrane corrosive damage is characterised by a white appearance and soapy feel; this may then become brown, oedematous and ulcerated. Profuse salivation with an inability to swallow or speak may also result. Even where there is limited or no evidence of chemical burns, both the oesophagus and stomach may experience a burning pain; vomiting and diarrhoea may follow. The vomitus may be thick and may be slimy (mucous) and may eventually contain blood and shreds of mucosa. Epiglottal oedema may result in respiratory distress and asphyxia. Marked hypotension is symptomatic of shock; a weak and rapid pulse, shallow respiration and clammy skin may also be evident. Circulatory collapse may occur and, if uncorrected, may produce renal failure. Severe exposures may result in oesophageal or gastric perforation accompanied by mediastinitis, substernal pain, peritonitis, abdominal rigidity and fever. Although oesophageal, gastric or pyloric stricture may be evident initially, these may occur after weeks or even months and years. Death may be quick and results from asphyxia, circulatory collapse or aspiration of even minute amounts. Death may also be delayed as a result of perforation, pneumonia or the effects of stricture formation.</p> <p>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, board-like abdominal rigidity or hypo-tension; this indicates that delayed gastric or oesophageal corrosive damage has occurred.</p> <p>Aliphatic and alicyclic amines are generally well absorbed from the gut. Corrosive action may cause tissue damage throughout the gastrointestinal tract. Detoxification is thought to occur in the liver, kidney and intestinal mucosa with the enzymes, monoamine oxidase and diamine oxidase (histaminase) having a significant role.</p>
Skin Contact	<p>Skin contact with the material may produce toxic effects; systemic effects may result following absorption.</p> <p>Volatile amine vapours produce primary skin irritation and dermatitis. Direct local contact, with the lower molecular weight liquids, may produce skin burns. Percutaneous absorption of simple aliphatic amines is known to produce lethal effects often the same as that for oral administration. Cutaneous sensitisation has been recorded chiefly due to ethyleneamines. Histamine release following exposure to many aliphatic amines may result in "triple response" (white vasoconstriction, red flare and wheal) in</p>

human 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 serious fluid, and crusting and scaling may also occur.

Virtually all of the liquid amine curing agents can cause sensitisation or allergic skin reactions.

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.

NOTE: Susceptibility to this sensitisation will vary from person to person. Also, allergic dermatitis may not appear until after several days or weeks of contact. However, once sensitisation has occurred, exposure of the skin to even very small amounts of the material may cause erythema (redness) and oedema (swelling) at the site. Thus, all skin contact with any epoxy curing agent should be avoided.

Skin contact with alkaline corrosives may produce severe pain and burns; brownish stains may develop. The corroded area may be soft, gelatinous and necrotic; tissue destruction may be deep.

Workers sensitised to naphthalene and its congeners show exfoliative dermatitis. Hypersensitivity, with positive patch tests, has been demonstrated in certain individuals. Percutaneous absorption is apparently inadequate to produce acute systemic reactions, except in new-born babies. Tests with a refined commercial liquid grade of methylnaphthalene (MN), placed under a patch for 48 hours on human skin produced slight to moderate reactions. In rabbits, a single dermal exposure to MN produced loss of appetite (anorexia). Repeated application of the refined commercial grade of MN to rabbit skin at 1-4 mg/kg/day for up to 21 days produced severe skin irritation and necrosis. Anorexia, moderate weight loss and fatalities were also recorded.

Pathological changes in one animal were identified in the liver, stomach, heart, bone marrow, spleen, thyroid and thigh muscle. In another animal there was moderate hyperplasia of the bone marrow and thyroid. Photosensitisation has been recorded amongst workers exposed to naphthalene. An abnormal adverse reaction to ultraviolet (UV) and/or visible radiation results in sun-burn like responses or oedematous, vesiculated lesions or bullae.

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.

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

Eye

When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

Direct contact with alkaline corrosives may produce pain and burns. Oedema, destruction of the epithelium, corneal opacification and iritis may occur. In less severe cases these symptoms tend to resolve. In severe injuries the full extent of the damage may not be immediately apparent with late complications comprising a persistent oedema, vascularisation and corneal scarring, permanent opacity, staphyloma, cataract, symblepharon and loss of sight.

Vapours of volatile amines cause eye irritation with lachrymation, conjunctivitis and minor transient corneal oedema which results in "halos" around lights (glauropsia, "blue haze", or "blue-grey haze"). Vision may become misty and halos may appear several hours after workers are exposed to the substance

This effect generally disappears spontaneously within a few hours of the end of exposure, and does not produce physiological after-effects. However oedema of the corneal epithelium, which is primarily responsible for vision disturbances, may take more than one or more days to clear, depending on the severity of exposure. Photophobia and discomfort from the roughness of the corneal surface also may occur after greater exposures.

Although no detriment to the eye occurs as such, glauropsia predisposes an affected individual to physical accidents and reduces the ability to undertake skilled tasks such as driving a vehicle.

Direct local contact with the liquid may produce eye damage which may be permanent in the case of the lower molecular weight species.

Exposure to naphthalene and its congeners has produced cataracts in animals and workers. In one study, eight of twenty-one workers, exposed to naphthalene for 5-years, showed opacities of the lens.

Chronic

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.

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

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

Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population.

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking. There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.

Inhalation of epoxy resin amine hardener vapours (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting 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.

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Excessive exposure to the vapours of epoxy amine curing agents may cause both respiratory irritation and central nervous system depression. Signs and symptoms of central nervous system depression, in order of increasing exposure, are headache, dizziness, drowsiness, and incoordination. In short, a single prolonged (measured in hours) or excessive inhalation exposure may cause serious adverse effects, including death.

Pebeo Crystal Resin Part B	TOXICITY	IRRITATION
	Not Available	Not Available
bis(2-aminopropyl ether) propoxylated	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 250 mg/kg ^[2]	Eye (rabbit): 100 mg - SEVERE
	Dermal (rabbit) LD50: 670 mg/kg ^[2]	Eye (rabbit): SEVERE ***
	Inhalation (rat) LC50: >2 mg/l ^[2]	Eye: adverse effect observed (irreversible damage) ^[1]
	Oral (rat) LD50: 242 mg/kg ^[2]	Skin (rabbit): SEVERE *** Skin: adverse effect observed (corrosive) ^[1]
trimethylolpropane triamine ether, propoxylated	TOXICITY	IRRITATION
	Oral (rat) LD50: 50-200 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]
	Oral (rat) LD50: 550 mg/kg ^[1]	Skin: adverse effect observed (irritating) ^[1] Skin: non-corrosive *
diisopropyl naphthalene	TOXICITY	IRRITATION
	Oral (rat) LD50: 3900-4500 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1] Skin: no adverse effect observed (not irritating) ^[1]
Legend:	1. 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	

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

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

While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects.

- Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis.
- Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient.

Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion.

Inhalation:

Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs.

Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure.

Higher concentrations of certain amines can produce severe respiratory irritation, characterised by nasal discharge, coughing, difficulty in breathing, and chest pains.

Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, bronchopneumonia, and possible lung damage. Also, repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice, and liver enlargement. Some amines have been shown to cause kidney, blood, and central nervous system disorders in laboratory animal studies.

While most polyurethane amine catalysts are not sensitizers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitized, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease.

Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema.

Skin Contact:

Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation

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	<p>and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis.</p> <p>Skin contact with some amines may result in allergic sensitisation. Sensitised persons should avoid all contact with amine catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient.</p> <p>Eye Contact:</p> <p>Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations. Direct contact with the liquid amine may cause severe irritation and tissue injury, and the "burning" may lead to blindness. (Contact with solid products may result in mechanical irritation, pain, and corneal injury.)</p> <p>Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling. The corneal swelling may manifest itself in visual disturbances such as blurred or "foggy" vision with a blue tint ("blue haze") and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases.</p> <p>Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation.</p> <p>Ingestion:</p> <p>The oral toxicity of amine catalysts varies from moderately to very toxic.</p> <p>Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus, and gastrointestinal tract. Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs.</p> <p>Affected persons also may experience pain in the chest or abdomen, nausea, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death.</p> <p>Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000 Alliance for Polyurethanes Industry</p>
<p>TRIMETHYLOLPROPANE TRIAMINE ETHER, PROPOXYLATED</p>	<p>Oral: LD50/rat: > 50 - < 200 mg/kg (OECD Guideline 423) No mortality within the stated exposition time as shown in animal studies. Literature data. Skin irritation: Non corrosive. (Epiderm Corrosivity Test) Eye irritation : Risk of serious damage to eyes. (HET-CAM test in vitro) Genetic toxicity: The substance was not mutagenic in bacteria. *BASF MSDS ** Huntsman MSDS Jeffamine T-403</p> <p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation.</p> <p>Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence).</p> <p>The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.</p> <p>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 the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>
<p>DIISOPROPYLNAPHTHALENE</p>	<p>A single oral dose toxicity test in rats revealed an LD50 value of more than 2000 mg/kg for bis(1-methylethyl)naphthalene in both sexes. Bis(1-methylethyl)naphthalene was studied for oral toxicity in rats in a 28-day repeat dose toxicity test at doses of 0, 30, 100, 300, and 1000mg/kg/day. Five of the 12 males and 6 of the 12 females died in the 1000 mg/kg group. With regard to general signs, adoption of a lateral position, decrease in locomotor activity, abnormal gait, piloerection, and soiled fur were noted in males of the 1000 mg/kg group, and soiled fur was noted in females of the 1000 mg/kg group. Suppression of body weight gain and decreased food consumption were also noted in both sexes of the 1000 mg/kg group. On hematological examination, the following changes were noted: increases in APTT and PT in males of the 300 mg/kg group; an increase in APTT in females of the 300 mg/kg group; increases in the platelet count, PT, APTT, and fibrinogen concentration and decreases in the red blood cell count and hematocrit in males of the 1000 mg/kg group; and increases in the white blood cell count, APTT, fibrinogen concentration, and neutrophil ratio and a decrease in the lymphocyte ratio in females of the 1000 mg/kg group. On blood chemical examination, the following changes were noted: increases in total cholesterol in females of the 30 and 100 mg/kg groups; an increase in total bilirubin and a decrease in triglyceride in males of the 300 mg/kg group; increases in total bilirubin and total cholesterol in the females of the 300 mg/kg group; increases in GPT, ?-GTP, total bilirubin, and total cholesterol and a decrease in triglyceride in males of the 1000 mg/kg group; and increases in GPT, ?-GTP, total bilirubin, urea nitrogen, creatinine, total cholesterol, and triglyceride in females of the 1000 mg/kg group. At necropsy, hypertrophy of the liver was noted in both sexes of the 300 and 1000 mg/kg groups. With regard to organ weights, the following changes were noted: increases in the absolute and relative liver weights in males of the 100, 300, and 1000 mg/kg groups and in females of the 300 and 1000 mg/kg groups; increased relative kidney weights in males of the 1000 mg/kg group; increased absolute and relative kidney weights in females of the 300 and 1000 mg/kg groups; and increased absolute and relative adrenal weights in females of the 1000 mg/kg group. On histopathological examination, the following changes were noted: centrilobular hypertrophy of hepatocytes in females of the 300 mg/kg group; whole lobular hypertrophy of hepatocytes in males of the 1000 mg/kg group; centrilobular hypertrophy of hepatocytes in both sexes of the 1000 mg/kg group; renal basophilic tubules in males of the 1000 mg/kg group; and neutrophil infiltration in the renal papilla, renal basophilic tubules, and dilatation of renal tubules in females of the 1000 mg/kg group. Therefore, the NOELs for the 28-day repeat dose oral toxicity are considered to be 30 mg/kg/day for males, and less than 30 mg/kg/day for females. Bis(1-methylethyl)naphthalene was not mutagenic in Salmonella typhimurium TA100, TA1535, TA98, TA1537 and Escherichia coli WP2 uvrA, with or without an exogenous metabolic activation system. Bis(1-methylethyl)naphthalene induced structural chromosomal aberrations in CHL cells after short-term treatment with an exogenous metabolic activation system.</p>

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**BIS(2-AMINOPROPYL ETHER)
PROPOXYLATED &
TRIMETHYLOLPROPANE
TRIAMINE ETHER,
PROPOXYLATED**

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.

Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air.

Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of the investigated oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity). The formation of other hydroperoxides was indicated by the detection of their corresponding aldehydes in the oxidation mixture.

On the basis of the lower irritancy, nonionic surfactants are often preferred to ionic surfactants in topical products. However, their susceptibility towards autoxidation also increases the irritation. Because of their irritating effect, it is difficult to diagnose ACD to these compounds by patch testing.

Allergic Contact Dermatitis—Formation, Structural Requirements, and Reactivity of Skin Sensitizers.

Ann-Therese Karlberg et al; Chem. Res. Toxicol. 2008, 21, 53-69

Polyethylene glycols (PEGs) have a wide variety of PEG-derived mixtures due to their readily linkable terminal primary hydroxyl groups in combination with many possible compounds and complexes such as ethers, fatty acids, castor oils, amines, propylene glycols, among other derivatives. PEGs and their derivatives are broadly utilized in cosmetic products as surfactants, emulsifiers, cleansing agents, humectants, and skin conditioners.

PEGs and PEG derivatives were generally regulated as safe for use in cosmetics, with the conditions that impurities and by-products, such as ethylene oxides and 1,4-dioxane, which are known carcinogenic materials, should be removed before they are mixed in cosmetic formulations.

Most PEGs are commonly available commercially as mixtures of different oligomer sizes in broadly- or narrowly-defined molecular weight (MW) ranges. For instance, PEG-10,000 typically designates a mixture of PEG molecules (n = 195 to 265) having an average MW of 10,000. PEG is also known as polyethylene oxide (PEO) or polyoxyethylene (POE), with the three names being chemical synonyms. However, PEGs mainly refer to oligomers and polymers with molecular masses below 20,000 g/mol, while PEOs are polymers with molecular masses above 20,000 g/mol, and POEs are polymers of any molecular mass. Relatively small molecular weight PEGs are produced by the chemical reaction between ethylene oxide and water or ethylene glycol (or other ethylene glycol oligomers), as catalyzed by acidic or basic catalysts. To produce PEO or high-molecular weight PEGs, synthesis is performed by suspension polymerization. It is necessary to hold the growing polymer chain in solution during the course of the poly-condensation process. The reaction is catalyzed by magnesium-, aluminum-, or calcium-organoelement compounds. To prevent coagulation of polymer chains in the solution, chelating additives such as dimethylglyoxime are used.

Safety Evaluation of Polyethylene Glycol (PEG) Compounds for Cosmetic Use: Toxicol Res 2015; 31:105-136 The Korean Society of Toxicology

<http://doi.org/10.5487/TR.2015.31.2.105>

Acute Toxicity	✓	Carcinogenicity	✗
Skin Irritation/Corrosion	✓	Reproductivity	✗
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	✗	STOT - Repeated Exposure	✗
Mutagenicity	✗	Aspiration Hazard	✗

Legend: ✗ – Data either not available or does not fill the criteria for classification
✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

Pebeo Crystal Resin Part B	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
bis(2-aminopropyl ether) propoxylated	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	772.14mg/L	2

Continued...

Pebeo Crystal Resin Part B

	EC50	48	Crustacea	80mg/L	2
	EC50	72	Algae or other aquatic plants	2.1mg/L	2
	NOEC	72	Algae or other aquatic plants	0.32mg/L	2
trimethylolpropane triamine ether, propoxylated	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>100mg/L	2
	EC50	48	Crustacea	13mg/L	2
	EC0	48	Crustacea	6.25mg/L	2
	NOEC	72	Algae or other aquatic plants	0.1mg/L	2
diisopropylnaphthalene	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>0.5mg/L	2
	EC50	48	Crustacea	>0.16mg/L	2
	NOEC	504	Crustacea	0.0118mg/L	2
Legend:	<p>Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data</p>				

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

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.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
diisopropylnaphthalene	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
diisopropylnaphthalene	LOW (BCF = 203)

Mobility in soil

Ingredient	Mobility
diisopropylnaphthalene	LOW (KOC = 44820)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. <p>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.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>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.</p> <ul style="list-style-type: none"> ▶ 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.
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Continued...

Pebeo Crystal Resin Part B

	<ul style="list-style-type: none"> ▶ 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 licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material). ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
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SECTION 14 Transport information

Labels Required

	
Marine Pollutant	
HAZCHEM	2X

Land transport (ADG)

UN number	3066	
UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)	
Transport hazard class(es)	Class	8
	Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Environmentally hazardous	
Special precautions for user	Special provisions	163 367
	Limited quantity	1 L

Air transport (ICAO-IATA / DGR)

UN number	3066	
UN proper shipping name	Paint corrosive (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base)	
Transport hazard class(es)	ICAO/IATA Class	8
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	8L
Packing group	II	
Environmental hazard	Environmentally hazardous	
Special precautions for user	Special provisions	A3 A72 A192 A803
	Cargo Only Packing Instructions	855
	Cargo Only Maximum Qty / Pack	30 L
	Passenger and Cargo Packing Instructions	851
	Passenger and Cargo Maximum Qty / Pack	1 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y840
	Passenger and Cargo Limited Maximum Qty / Pack	0.5 L

Sea transport (IMDG-Code / GGVSee)

UN number	3066
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Pebeo Crystal Resin Part B

UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)	
Transport hazard class(es)	IMDG Class	8
	IMDG Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Marine Pollutant	
Special precautions for user	EMS Number	F-A , S-B
	Special provisions	163 367
	Limited Quantities	1 L

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

Not Applicable

SECTION 15 Regulatory information

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

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

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

trimethylolpropane triamine ether, propoxylated is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

diisopropylnaphthalene is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC	Yes
Australia Non-Industrial Use	No (bis(2-aminopropyl ether) propoxylated; trimethylolpropane triamine ether, propoxylated; diisopropylnaphthalene)
Canada - DSL	Yes
Canada - NDSL	No (bis(2-aminopropyl ether) propoxylated; trimethylolpropane triamine ether, propoxylated)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (bis(2-aminopropyl ether) propoxylated)
Japan - ENCS	No (trimethylolpropane triamine ether, propoxylated)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (trimethylolpropane triamine ether, propoxylated; diisopropylnaphthalene)
Vietnam - NCI	Yes
Russia - ARIPS	No (trimethylolpropane triamine ether, propoxylated)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	09/01/2020
Initial Date	09/01/2020

Other information

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

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average

PC—STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit.

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection

OTV: Odour Threshold Value

BCF: BioConcentration Factors

BEI: Biological Exposure Index

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TEL (+61 3) 9572 4700.

ORDER CODE	PART #	DESCRIPTION	RETAIL BARCODE
PEBEO			
Gedeo			
Resin			
Crystal Resin			
1009290	766336	PEBEO GEDEO CRYSTAL RESIN KIT 750ML	3597587663362
1009280	766334	PEBEO GEDEO CRYSTAL RESIN KIT 300ML	3597587663348
8627350	766150	PEBEO GEDEO CRYSTAL RESIN KIT 150ML	3597587661504
Colour Resin			
8623075	766154	PEBEO GEDEO COLOUR RESIN 150ML KIT AMBER	3597587661542
8623076	766152	PEBEO GEDEO COLOUR RESIN 150ML KIT RUBY	3597587661528
8623077	766151	PEBEO GEDEO COLOUR RESIN 150ML KIT LAPIS BLUE	3597587661511
8623078	766153	PEBEO GEDEO COLOUR RESIN 150ML KIT JADE	3597587661535
8627351	766155	PEBEO GEDEO COLOUR RESIN 150ML KIT TOPAZ	3597587661559
Discovery Set			
8627357	766156	PEBEO GEDEO ASSORTED RESIN DISCOVERY SET	3597587661566