Flexpatch Part B

Granor Rubber & Engineering

Chemwatch Hazard Alert Code: **4**

Chemwatch: **4634-6**
Version No: **7.1**
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: **30/09/2022**
Print Date: **30/09/2022**
L.GHS.AUS.EN.E

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

Product Identifier

Product name	Flexpatch Part B
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains 1,2-cyclohexanediamine)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Epoxy adhesive hardener component.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	**Granor Rubber & Engineering**
Address	8 Reid Street Bayswater VIC 3153 Australia
Telephone	+61 3 9762 9699
Fax	+61 3 9762 9611
Website	Not Available
Email	Not Available

Emergency telephone number

Association / Organisation	**Poisons Information Centre**
Emergency telephone numbers	13 11 26
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	S5
Classification [1]	Corrosive to Metals Category 1, Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Skin Corrosion/Irritation Category 1B, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Carcinogenicity Category 1A, Reproductive Toxicity Category 1A, Hazardous to the Aquatic Environment Long-Term Hazard Category 1
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)	
Signal word	**Danger**

Hazard statement(s)

H290	May be corrosive to metals.
H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.
H336	May cause drowsiness or dizziness.
H350	May cause cancer.
H360FD	May damage fertility. May damage the unborn child.

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H410	Very toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P234	Keep only in original packaging.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or 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.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P363	Wash contaminated clothing before reuse.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P390	Absorb spillage to prevent material damage.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P304+P340	IF INHALED: Remove person to fresh air and keep 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.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
25154-52-3	30-60	nonylphenol
8007-45-2	1-10	coal tar
90-72-2	1-5	2,4,6-tris[(dimethylamino)methyl]phenol
Not Available		amine blend containing one or more of the following:
100-51-6	}20-50	benzyl alcohol
694-83-7	}	1,2-cyclohexanediamine
140-31-8	}	N-aminoethylpiperazine
143-23-7	}	bis(hexamethylene)triamine
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available*	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Wash out immediately with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

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Skin Contact	If skin contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ 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.
Ingestion	▸ 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 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.
- 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

Advice for firefighters

Fire Fighting	▸ 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	▸ 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. Combustion products include: carbon dioxide (CO_2) aldehydes other pyrolysis products typical of burning organic material. May emit corrosive fumes.
HAZCHEM	2X

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

Continued...

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

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. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	▸ 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	▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ Prevent concentration in hollows and sumps. ▸ **DO NOT** enter confined spaces until atmosphere has been checked. ▸ 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. ▸ 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.
Other information	▸ Store in original containers. ▸ Keep containers securely sealed. ▸ No smoking, naked lights or ignition sources. ▸ Store in a cool, dry, well-ventilated area. ▸ Store away from incompatible materials and foodstuff containers. ▸ Protect containers against physical damage and check regularly for leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ 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.
Storage incompatibility	▸ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▸ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
nonylphenol	3.9 mg/m3	43 mg/m3	260 mg/m3
coal tar	2.8 mg/m3	31 mg/m3	190 mg/m3
2,4,6-tris[(dimethylamino)methyl]phenol	6.5 mg/m3	72 mg/m3	430 mg/m3

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Ingredient	TEEL-1	TEEL-2	TEEL-3
benzyl alcohol	30 ppm	52 ppm	740 ppm
1,2-cyclohexanediamine	2.1 mg/m3	23 mg/m3	140 mg/m3
N-aminoethylpiperazine	6.4 mg/m3	71 mg/m3	420 mg/m3

Ingredient	Original IDLH	Revised IDLH
nonylphenol	Not Available	Not Available
coal tar	Not Available	Not Available
2,4,6-tris[(dimethylamino)methyl]phenol	Not Available	Not Available
benzyl alcohol	Not Available	Not Available
1,2-cyclohexanediamine	Not Available	Not Available
N-aminoethylpiperazine	Not Available	Not Available
bis(hexamethylene)triamine	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
nonylphenol	E	≤ 0.1 ppm
coal tar	D	> 0.1 to ≤ 1 ppm
2,4,6-tris[(dimethylamino)methyl]phenol	C	> 1 to ≤ 10 parts per million (ppm)
benzyl alcohol	E	≤ 0.1 ppm
1,2-cyclohexanediamine	E	≤ 0.1 ppm
N-aminoethylpiperazine	D	> 0.1 to ≤ 1 ppm
bis(hexamethylene)triamine	E	≤ 0.01 mg/m³
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

None assigned. Refer to individual constituents.

Exposure controls

Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.

General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

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 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.
Refer also to protective measures for the other component used with the product. Read both SDS before using; store and attach SDS together.

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Personal protection	
Eye and face protection	▸ Chemical goggles. ▸ 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 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	▸ Leather wear not recommended: Contaminated leather footwear, watch bands, should be destroyed, i.e. burnt, as they cannot be adequately decontaminated ▸ Wear chemical protective gloves, e.g. PVC. ▸ Wear safety footwear or safety gumboots, e.g. Rubber **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.
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ PVC Apron. ▸ PVC protective suit may be required if exposure severe. ▸ Eyewash unit. ▸ Ensure there is ready access to a safety shower.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:
"Forsberg Clothing Performance Index".
The effect(s) of the following substance(s) are taken into account in the ***computer-generated*** selection:
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Material	CPI
BUTYL	C
NEOPRENE	C
NITRILE	C
VITON	C

* CPI - Chemwatch Performance Index
A: Best Selection
B: Satisfactory; may degrade after 4 hours continuous immersion
C: Poor to Dangerous Choice for other than short term immersion
NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -
* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

Type 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 P3	-
up to 50	1000	-	AK-AUS / Class 1 P3
up to 50	5000	Airline *	-
up to 100	5000	-	AK-2 P3
up to 100	10000	-	AK-3 P3
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)

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Black liquid gel with tar like odour; does not mix with water.

Physical state	Gel	**Relative density (Water = 1)**	1.10
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Applicable	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	121	**Taste**	Not Available
Evaporation rate	<1 BuAC = 1	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available

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Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water	Immiscible	**pH as a solution (Not Available%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▸ 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	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. 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.
Ingestion	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, board-like abdominal rigidity or hypo-tension; this indicates that delayed gastric or oesophageal corrosive damage has occurred.
Skin Contact	Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. The material can produce chemical burns following direct contact with the skin. 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 human skin. 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. Exposure to the material may result in a form sunlight-initiated dermatitis (phototoxicity). This form of dermatitis may be contrasted to photoallergic dermatitis produced by specific sensitising agents through immunological intervention. Phototoxic reactions have been described following contact, ingestion or injection of causal agents. The chemical may reach the skin by the circulatory system following ingestion or following parenteral administration. The actual skin changes vary with the agent and circumstances of the exposure. Swelling and redness (erythema) frequently occur, and blistering may also result; increased skin temperature and pruritus may follow. This is analagous to irritant contact dermatitis and occurs immediately following contact. Hyperpigmentation may also follow the reaction; this may result from long-standing changes in the morphology of melasomes. Phototoxicity designates a chemically-induced increased reactivity of a target tissue to ultraviolet (UV) and/or visible radiation on a non-immunological basis. Each response is governed by a dose-response relationship between the intensity of the reaction and both the concentration of the inciting chemical in the target tissue and the amount of radiation of appropriate wavelength. Photodermatitis of this type requires activation of a chemical substance on the skin surface by UV radiation (290 to 490 nm wavelength) for its clinical expression. Chemical structures capable of causing photodermatitis generally contain aromatic rings which absorb ultraviolet radiation emitted by the sun. Most compounds which absorb sufficient UV energy can cause phototoxic reactions if exposure occurs at sufficiently high concentrations and some of these may also produce photoallergic responses (which occur after a latent period of days to months). Substances that do not have an absorption spectrum in the UV wavelength range are not likely to cause clinical disease. In all cases, inflammation develops on the body surfaces normally exposed to sunlight (dorsal hands, arms, neck, face), provided that the responsible photosensitiser also contacts the anatomic areas. Covered skin, the eyelids, submental chin and upper ears covered by hair, are characteristically spared. Phototoxic reactions, analogous to irritant contact dermatitis, are typically accompanied by immediate burning, stinging or "smarting" of the skin shortly following sun exposure, and clinical inflammation appears more like an acute sunburn than an eczematous dermatitis. Inflammation is the result of a toxic photodynamic effect and is not mediated by immunologic mechanisms. Coal tar products (including pitch and creosote, are notorious for producing such phototoxic effects. Phototoxic reactions are broadly divided into those which are oxygen dependent (photodynamic action) and a lesser number that are not. Oxygen reaction may result in the generation of highly reactive free radicals which subsequently attach to biological substrates (type I reaction) or by the causing a chromophore to transfers its energy to O2 thus producing an active oxidising agent (type II reaction). Nonphotodynamic compounds

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	may in their UV excited state react directly with a target molecule. Histamines, kinins and arachidonic acid derivatives such as prostaglandin are often released during the inflammatory process.
Eye	The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. Vapours of volatile amines cause eye irritation with lachrymation, conjunctivitis and minor transient corneal oedema which results in "halos" around lights (glaucopsia, "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, glaucopsia 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.
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. 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. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. On the basis of epidemiological data, the material is regarded as carcinogenic to humans. There is sufficient data to establish a causal association between human exposure to the material and the development of cancer. Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects. Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects.

Flexpatch Part B	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
nonylphenol	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >2000 mg/kg[2]	Eye (rabbit): 0.5 mg (open)-SEVERE
	Oral (Rat) LD50; 1000-2500 mg/kg[2]	Eye: adverse effect observed (irritating)[1]
		Skin (rabbit): 500 mg(open)-mod
		Skin(rabbit):10mg/24h(open)-SEVERE
		Skin: adverse effect observed (corrosive)[1]
coal tar	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >7950 mg/kg[2]	Skin (human): 0.015 mg/3d mild
		Skin (rabbit): 5% /3h mild
2,4,6-tris[(dimethylamino)methyl]phenol	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >973 mg/kg[1]	Eye (rabbit): 0.05 mg/24h - SEVERE
	Oral (Rat) LD50; 1200 mg/kg[2]	Eye: adverse effect observed (irreversible damage)[1]
		Skin (rabbit): 2 mg/24h - SEVERE
		Skin: adverse effect observed (corrosive)[1]
benzyl alcohol	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 2000 mg/kg[2]	Eye (rabbit): 0.75 mg open SEVERE
	Inhalation(Rat) LC50; >4.178 mg/L4h[1]	Eye: adverse effect observed (irritating)[1]
	Oral (Rat) LD50; 1230 mg/kg[2]	Skin (man): 16 mg/48h-mild
		Skin (rabbit):10 mg/24h open-mild
		Skin: no adverse effect observed (not irritating)[1]

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1,2-cyclohexanediamine	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: 1870 mg/kg[1]	Skin (rabbit): 500 mg/24h mod.
	Oral (Rat) LD50; 1000 mg/kg[2]	
N-aminoethylpiperazine	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 880 mg/kg[2]	Eye (rabbit): 20 mg/24h - mod
	Oral (Rat) LD50; 2410 mg/kg[2]	Eye: adverse effect observed (irritating)[1]
		Skin (rabbit): 0.1 mg/24h - mild
		Skin (rabbit): 5 mg/24h - SEVERE
		Skin: adverse effect observed (corrosive)[1]
bis(hexamethylene)triamine	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: ~1200 mg/kg[1]	Eye: adverse effect observed (irreversible damage)[1]
	Oral (Rat) LD50; 450 mg/kg[2]	Skin: adverse effect observed (corrosive)[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*	

NONYLPHENOL	For nonylphenol and its compounds: Alkylphenols like nonylphenol and bisphenol A have estrogenic effects in the body. They are known as xenoestrogens. Estrogenic substances and other endocrine disruptors are compounds that have hormone-like effects in both wildlife and humans. Xenoestrogens usually function by binding to estrogen receptors and acting competitively against natural estrogens. Nonylphenol has been found to act as an agonist of GPER (G protein-coupled estrogen receptor),. Nonylphenol has been shown to mimic the natural hormone 17beta-estradiol, and it competes with the endogeous hormone for binding with the estrogen receptors ERalpha and ERbeta. Effects in pregnant women. Subcutaneous injections of nonylphenol in late pregnancy causes the expression of certain placental and uterine proteins, namely CaBP-9k, which suggest it can be transferred through the placenta to the fetus. It has also been shown to have a higher potency on the first trimester placenta than the endogenous estrogen 17beta-estradiol. In addition, early prenatal exposure to low doses of nonylphenol cause an increase in apoptosis (programmed cell death) in placental cells. These “low doses” ranged from 10-13-10-9 M, which is lower than what is generally found in the environment. Nonylphenol has also been shown to affect cytokine signaling molecule secretions in the human placenta. In vitro cell cultures of human placenta during the first trimester were treated with nonylphenol, which increase the secretion of cytokines including interferon gamma, interleukin 4, and interleukin 10, and reduced the secretion of tumor necrosis factor alpha. This unbalanced cytokine profile at this part of pregnancy has been documented to result in implantation failure, pregnancy loss, and other complications. Effects on metabolism Nonylphenol has been shown to act as an obesity enhancing chemical or obesogen, though it has paradoxically been shown to have anti-obesity properties. Growing embryos and newborns are particularly vulnerable when exposed to nonylphenol because low-doses can disrupt sensitive processes that occur during these important developmental periods. Prenatal and perinatal exposure to nonylphenol has been linked with developmental abnormalities in adipose tissue and therefore in metabolic hormone synthesis and release. Specifically, by acting as an estrogen mimic, nonylphenol has generally been shown to interfere with hypothalamic appetite control. The hypothalamus responds to the hormone leptin, which signals the feeling of fullness after eating, and nonylphenol has been shown to both increase and decrease eating behavior by interfering with leptin signaling in the midbrain. Nonylphenol has been shown mimic the action of leptin on neuropeptide Y and anorectic POMC neurons, which has an anti-obesity effect by decreasing eating behavior. This was seen when estrogen or estrogen mimics were injected into the ventromedial hypothalamus. On the other hand, nonylphenol has been shown to increase food intake and have obesity enhancing properties by lowering the expression of these anorexigenic neurons in the brain. Additionally, nonylphenol affects the expression of ghrelin: an enzyme produced by the stomach that stimulates appetite. Ghrelin expression is positively regulated by estrogen signaling in the stomach, and it is also important in guiding the differentiation of stem cells into adipocytes (fat cells). Thus, acting as an estrogen mimic, prenatal and perinatal exposure to nonylphenol has been shown to increase appetite and encourage the body to store fat later in life. Finally, long-term exposure to nonylphenol has been shown to affect insulin signaling in the liver of adult male rats. Cancer Nonylphenol exposure has also been associated with breast cancer. It has been shown to promote the proliferation of breast cancer cells, due to its agonistic activity on ERalpha (estrogen receptor alpha) in estrogen-dependent and estrogen-independent breast cancer cells. Some argue that nonylphenol's suggested estrogenic effect coupled with its widespread human exposure could potentially influence hormone-dependent breast cancer disease for alkylphenolics category: The alkylphenolics may be divided into three groups. Group I: ortho-substituted mono-alkylphenols: Group II para-substituted mono-alkylphenols Group III: di- and tri-substituted mixed alkyl phenols The subdivision of the category alkylphenols into *ortho*, *para* and the di/tri-substituted mixed members is supported by several published investigations. In assessing antimicrobial and antifouling activity of twenty-three alkylphenols, a significant difference was noted between *para* and *ortho*-substituted materials. In particular, biological activity was found to vary parabolically with increasing hydrophobicity of the *para*-substituent while introduction of a bulky substituent at the *ortho*-position resulted in a very significant decrease in antimicrobial, antifouling, and membrane-perturbation potency. Several alkylphenolic analogs of butylated hydroxytoluene (BHT) were examined for hepatotoxicity in mice depleted of hepatic glutathione. The structural requirement of both hepatic and pulmonary toxicity was a phenol ring having benzylic hydrogen atoms at the para position and an ortho-alkyl group(s) that moderately hinders the phenolic hydroxyl group. It is noteworthy that in this model, neither of the Group III members TTBP (2,4,6-tri-tert-butylphenol) nor 2,6-DTBP (2,6-di-tert-butylphenol) showed either hepatic or pulmonary toxicity. Lastly, important differences were observed in gene activation (recombinant yeast cell assay – Lac-Z reporter gene) between *ortho*-substituted and *para*-substituted alkylphenol **Acute toxicity:** The acute (single-dose) toxicity of alkylphenols examined to date shows consistency, with LD50 values ranging from approximately 1000 mg/kg to over 2000 mg/kg. These data demonstrate a very low level of acute systemic toxicity and do not suggest any unique structural specificity, despite the general tendency for the chemicals to be, at least, irritants to skin **Repeat dose toxicity**: The available studies for members drawn from the three groups range from 28-day and 90-day general toxicity studies, through developmental toxicity and reproductive/developmental screening, to multigeneration reproductive studies are available for some category members For the overall category of alkylphenols, the dosage at which the relatively mild general toxicity appears tends only to fall below 100

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	mg/kg/day with extended treatment, with an overall NOAEL for the category of approximately 20 mg/kg/day. No unusual and no apparent structurally unique toxicity is evident Repeat dose studies on OTBP (o-tert-butylphenol; Group I) and PTBP (p-tert-butylphenol; Group II) suggest the forestomach to be the main organ affected. OTBP also appears to have a mild (though statistically significant) protective effect against benzo[a]pyrene induced forestomach tumors. Long-term treatment with high dietary dose levels of PTBP caused hyperplastic changes in the forestomach epithelium of rats and hamsters, a likely consequence of the irritancy of the material. The relevance of this for human hazard is doubtful, particularly since there is no analogous structure in humans to the forestomach of rodents. There was no evidence of an effect on reproductive function at dosages up to 150 mg/kg. One reproductive screening study reported increased 'breeding loss and also reduced pup weight gain and survival in early lactation at 750 mg/kg/day. It is reasonable to assume that these effects were secondary to "severe toxic symptoms" reported in the dams at this dosage. Other than an indication of a very mildly oestrogenic effect of PNP (p-nonylphenol; Group II) at a high dose levels (200-300 mg/kg/day) no effect on development was seen in a multigeneration study. By means of the classification method of Verhaar * all the alkylphenols would be classified as Type 2 compounds (polar narcotics). Narcosis, a non-specific mode of toxicity is caused by disruption (perturbation) of the cell membrane. The ability to induce narcosis is dependent on the hydrophobicity of the substance with biochemical activation or reaction involved. Such narcotic effects are also referred to as minimum or base-line toxicity. Polar narcotics such as the category phenols are usually characterised by having hydrogen bond donor activity and are thought to act by a similar mechanism to the inert, narcotic compounds but exhibit above base-line toxicity. In fact, a large number of alkylphenols have been evaluated as intravenous anesthetic agents. While the structure-activity relationships were found to be complex, the anesthetic potency and kinetics appeared to be a function of both the lipophilic character and the degree of steric hindrance exerted by ortho substituents. Less steric hindrance resulted in lower potency, while greater crowding led to complete loss of anesthetic activity and greater lipophilicity resulted in slower kinetics. These data support the notion that the alkylphenols behave as polar narcotics. In addition, the anaesthetic activity/potency differences seen with varying structure and placement of substituents strongly supports the division of alkylphenols category into the ortho, para, and di/tri-substituted groups (i.e. Group I, II and III, respectively). **Genotoxicity: I**t reasonable to consider the mutagenic potential of all the alkylphenols together because only functional group is the phenolic, which is not a structural alert for mutagenicity. The data support this, since the results of genotoxicity testing are uniformly negative for all category substances examined * Verhaar, H.J.M. van Leeuwen, C.J. and Hermens, J.L.M., Classifying Environmental Pollutants. 1: Structure-Activity Relationships for Prediction of Aquatic Toxicity, Chemosphere (25), pp 471 – 491 (1992). for nonylphenol: Nonylphenol was studied for oral toxicity in rats in a 28-day repeat dose toxicity test at doses of 0, 4, 15, 60 and 250 mg/kg/day. Changes suggesting renal dysfunction were mainly noted in both sexes given 250 mg/kg. Liver weights were increased in males given 60 mg/kg and in both sexes given 250 mg/kg group. Histopathologically, hypertrophy of the centrilobular hepatocytes was noted in both sexes given 250 mg/kg. Kidney weights were increased in males given 250 mg/kg and macroscopically, disseminated white spots, enlargement and pelvic dilatation were noted in females given 250 mg/kg. Histopathologically, the following lesions were noted in the 250 mg/kg group: basophilic change of the proximal tubules in both sexes, single cell necrosis of the proximal tubules, inflammatory cell infiltration in the interstitium and casts in females, basophilic change and dilatation of the collecting tubules in both sexes, simple hyperplasia of the pelvic mucosa and pelvic dilatation in females. In the urinary bladder, simple hyperplasia was noted in both sexes given 250 mg/kg. In the caecum, macroscopic dilatation was noted in both sexes given 250 mg/kg. Almost all changes except those in the kidney disappeared after a 14-day recovery period. The NOELs for males and females are considered to be 15 mg/kg/day and 60 mg/kg/day, respectively, under the conditions of the present study. Nonylphenol was not mutagenic to Salmonella typhimurium, TA100, TA1535, TA98, TA1537 and Escherichia coli WP2 uvrA, with or without an exogeneous metabolic activation system. Nonylphenol induced neither structural chromosomal aberrations nor polyploidy in CHL/IU cells, in the absence or presence of an exogenous metabolic activation system.
COAL TAR	data is for coal tar [CAS RN 8007-45-2] The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. The production of wood creosote, coal tar creosote, coal tar, coal tar pitch, and coal tar pitch volatiles, stems from the incomplete combustion or pyrolysis of carbon-containing materials. Creosotes, coal tar, coal tar pitch, and coal tar pitch volatiles are composed of many individual compounds of varying physical and chemical characteristics. In addition, the composition of each, although referred to by specific name (e.g., wood creosote or coal tar creosote) is not consistent. Coal tars are by-products of the carbonization of coal to produce coke or natural gas. Physically, they are usually viscous liquids or semisolids that are black or dark brown with a naphthalene-like odor. The coal tars are complex combinations of polycyclic aromatic hydrocarbons (PAHs), phenols, heterocyclic oxygen, sulfur, and nitrogen compounds. By comparison, coal tar creosotes are distillation products of coal tar. They have an oily liquid consistency and range in color from yellowish-dark green to brown. At least 75% of the coal tar creosote mixture is PAHs. Unlike the coal tars and coal tar creosotes, coal tar pitch is a residue produced during the distillation of coal tar. (Beech)wood creosote consists mainly of phenol, cresols, guaiacol, xylenol, and creosol. Creosote bush resin consists of phenolic (e.g., flavonoids and nordihydroguaiaretic acid), neutral (e.g., waxes), basic (e.g., alkaloids), and acidic (e.g., phenolic acids) compounds. The phenolic portion comprises 83-91% of the total resin. Nordihydroguaiaretic acid accounts for 5-10% of the dry weight of the leaves. It is likely that the toxicity of wood creosote, coal tar creosote, coal tar, coal tar pitch, and coal tar pitch volatiles is due largely to the major individual components, phenols, PAHs and others. **WARNING:** This substance has been classified by the IARC as Group 1: **CARCINOGENIC TO HUMANS**.
2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL	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

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	studies. While most polyurethane amine catalysts are not sensitisers, 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 sensitised, 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 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. 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. **Eye Contact:** 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.) 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. Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation. **Ingestion:** The oral toxicity of amine catalysts varies from moderately to very toxic. 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. 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. **Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000** **Alliance for Polyurethanes Industry**
BENZYL ALCOHOL	For benzyl alkyl alcohols: Unlike benzylic alcohols, the beta-hydroxyl group of the members of this cluster is unlikely to undergo phase II metabolic activation. Instead, the beta-hydroxyl group is expected to contribute to detoxification via oxidation to hydrophilic acid. Despite structural similarity to carcinogenic ethyl benzene, only a marginal concern has been assigned to phenethyl alcohol due to limited mechanistic analogy. For benzoates: **Acute toxicity:** Benzyl alcohol, benzoic acid and its sodium and potassium salt can be considered as a single category regarding human health, as they are all rapidly metabolised and excreted via a common pathway within 24 hrs. Systemic toxic effects of similar nature (e.g. liver, kidney) were observed. However with benzoic acid and its salts toxic effects are seen at higher doses than with benzyl alcohol. The compounds exhibit low acute toxicity as for the oral and dermal route. The LD50 values are > 2000 mg/kg bw except for benzyl alcohol which needs to be considered as harmful by the oral route in view of an oral LD50 of 1610 mg/kg bw. The 4 hrs inhalation exposure of benzyl alcohol or benzoic acid at 4 and 12 mg/l as aerosol/dust respectively gave no mortality, showing low acute toxicity by inhalation for these compounds. Benzoic acid and benzyl alcohol are slightly irritating to the skin, while sodium benzoate was not skin irritating. No data are available for potassium benzoate but it is also expected not to be skin irritating. Benzoic acid and benzyl alcohol are irritating to the eye and sodium benzoate was only slightly irritating to the eye. No data are available for potassium benzoate but it is expected also to be only slightly irritating to the eye. **Sensitisation:** The available studies for benzoic acid gave no indication for a sensitising effect in animals, however occasionally very low positive reactions were recorded with humans (dermatological patients) in patch tests. The same occurs for sodium benzoate. It has been suggested that the very low positive reactions are non-immunologic contact urticaria. Benzyl alcohol gave positive and negative results in animals. Benzyl alcohol also demonstrated a maximum incidence of sensitization of only 1% in human patch testing. Over several decades no sensitization with these compounds has been seen among workers. **Repeat dose toxicity:** For benzoic acid repeated dose oral toxicity studies give a NOAEL of 800 mg/kg/day. For the salts values > 1000 mg/kg/day are obtained. At higher doses increased mortality, reduced weight gain, liver and kidney effects were observed. For benzyl alcohol the long-term studies indicate a NOAEL > 400 mg/kg bw/d for rats and > 200 mg/kg bw/d for mice. At higher doses effects on bodyweights, lesions in the brains, thymus, skeletal muscle and kidney were observed. It should be taken into account that administration in these studies was by gavage route, at which saturation of metabolic pathways is likely to occur. **Mutagenicity:** All chemicals showed no mutagenic activity in *in vitro* Ames tests. Various results were obtained with other *in vitro* genotoxicity assays. Sodium benzoate and benzyl alcohol showed no genotoxicity *in vivo.* While some mixed and/or equivocal *in vitro* chromosomal/chromatid responses have been observed, no genotoxicity was observed in the *in vivo* cytogenetic, micronucleus, or other assays. The weight of the evidence of the *in vitro* and *in vivo* genotoxicity data indicates that these chemicals are not mutagenic or clastogenic. They also are not carcinogenic in long-term carcinogenicity studies. In a 4-generation study with benzoic acid no effects on reproduction were seen (NOAEL: 750 mg/kg). No compound related effects on reproductive organs (gross and histopathology examination) could be found in the (sub) chronic studies in rats and mice with benzyl acetate, benzyl alcohol, benzaldehyde, sodium benzoate and supports a non-reprotoxic potential of these compounds. In addition, data from reprotoxicity studies on benzyl acetate (NOAEL >2000 mg/kg bw/d; rats and mice) and benzaldehyde (tested only up to 5 mg/kg bw; rats) support the non-reprotoxicity of benzyl alcohol and benzoic acid and its salts. **Developmental toxicity:** In rats for sodium benzoate dosed via food during the entire gestation developmental effects occurred only in the presence of marked maternal toxicity (reduced food intake and decreased body weight) (NOAEL = 1400 mg/kg bw). For hamster (NOEL: 300 mg/kg bw), rabbit (NOEL: 250 mg/kg bw) and mice (CD-1 mice, NOEL: 175 mg/kg bw) no higher doses (all by gavage) were tested and no maternal toxicity was observed. For benzyl alcohol: NOAEL= 550 mg/kg bw (gavage; CD-1 mice). LOAEL = 750 mg/kg bw (gavage mice). In this study maternal toxicity was observed e.g. increased mortality, reduced body weight and clinical toxicology. Benzyl acetate: NOEL = 500 mg/kg bw (gavage rats). No maternal toxicity was observed. Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and connubial contact dermatitis occur. Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. This was shown by placebo-controlled challenges of nine patients to "perfume mix". The same patients were also subject to perfume provocation, with or without a carbon filter mask, to ascertain whether breathing through a filter with active carbon would prevent symptoms. The patients breathed through the mouth, during the

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provocations, as a nose clamp was used to prevent nasal inhalation. The patient's earlier symptoms were verified; breathing through the carbon filter had no protective effect. The symptoms were not transmitted via the olfactory nerve but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes.
Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits.
Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water.
Contact allergy to fragrances is relatively common, affecting 1 to 3% of the general population, based on limited testing with eight common fragrance allergens and about 16 % of patients patch tested for suspected allergic contact dermatitis.
Contact allergy to fragrance ingredients occurs when an individual has been exposed, on the skin, to a suffcient degree of fragrance contact allergens. Contact allergy is a life-long, specifically altered reactivity in the immune system. This means that once contact allergy is developed, cells in the immune system will be present which can recognise and react towards the allergen. As a consequence, symptoms, i.e. allergic contact dermatitis, may occur upon re-exposure to the fragrance allergen(s) in question.
Allergic contact dermatitis is an inflammatory skin disease characterised by erythema, swelling and vesicles in the acute phase. If exposure continues it may develop into a chronic condition with scaling and painful fissures of the skin. Allergic contact dermatitis to fragrance ingredients is most often caused by cosmetic products and usually involves the face and/or hands. It may affect fitness for work and the quality of life of the individual. Fragrance contact allergy has long been recognised as a frequent and potentially disabling problem. Prevention is possible as it is an environmental disease and if the environment is modified (e.g. by reduced use concentrations of allergens), the disease frequency and severity will decrease Fragrance contact allergy is mostly non-occupational and related to the personal use of cosmetic products. Allergic contact dermatitis can be severe and widespread, with a significant impairment of quality of life and potential consequences for fitness for work. Thus, prevention of contact sensitisation to fragrances, both in terms of primary prevention (avoiding sensitisation) and secondary prevention (avoiding relapses of allergic contact dermatitis in those already sensitised), is an important objective of public health risk management measure.
Hands: Contact sensitisation may be the primary cause of hand eczema, or may be a complication of irritant or atopic hand eczema. The number of positive patch tests has been reported to correlate with the duration of hand eczema, indicating that long-standing hand eczema may often be complicated by sensitisation .Fragrance allergy may be a relevant problem in patients with hand eczema; perfumes are present in consumer products to which their hands are exposed. A significant relationship between hand eczema and fragrance contact allergy has been found in some studies based on patients investigated for contact allergy. However, hand eczema is a multi-factorial disease and the clinical significance of fragrance contact allergy in (severe) chronic hand eczema may not be clear.
Axillae Bilateral axillary (underarm) dermatitis may be caused by perfume in deodorants and, if the reaction is severe, it may spread down the arms and to other areas of the body. In individuals who consulted a dermatologist, a history of such first-time symptoms was significantly related to the later diagnosis of perfume allergy.
Face Facial eczema is an important manifestation of fragrance allergy from the use of cosmetic products (16). In men, after-shave products can cause an eczematous eruption of the beard area and the adjacent part of the neck and men using wet shaving as opposed to dry have been shown to have an increased risk of of being fragrance allergic.
Irritant reactions (including contact urticaria): Irritant effects of some individual fragrance ingredients, e.g. citral are known. Irritant contact dermatitis from perfumes is believed to be common, but there are no existing investigations to substantiate this, Many more people complain about intolerance or rashes to perfumes/perfumed products than are shown to be allergic by testing. This may be due to irritant effects or inadequate diagnostic procedures. Fragrances may cause a dose-related contact urticaria of the non-immunological type (irritant contact urticaria). Cinnamal, cinnamic alcohol, and Myroxylon pereirae are well recognised causes of contact urticaria, but others, including menthol, vanillin and benzaldehyde have also been reported . The reactions to Myroxylon pereirae may be due to cinnamates. A relationship to delayed contact hypersensitivity was suggested , but no significant difference was found between a fragrance-allergic group and a control group in the frequency of immediate reactions to fragrance ingredients in keeping with a nonimmunological basis for the reactions seen.
Pigmentary anomalies: The term “pigmented cosmetic dermatitis” was introduced in 1973 for what had previously been known as melanosis faciei feminae when the mechanism (type IV allergy) and causative allergens were clarified.. It refers to increased pigmentation, usually on the face/neck, often following sub-clinical contact dermatitis. Many cosmetic ingredients were patch tested at non-irritant concentrations and statistical evaluation showed that a number of fragrance ingredients were associated: jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol, geranium oil.
Photo-reactions Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon . Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products. Phototoxic reactions still occur but are rare.
General/respiratory: Fragrances are volatile and therefore, in addition to skin exposure, a perfume also exposes the eyes and naso-respiratory tract. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma . Asthma-like symptoms can be provoked by sensory mechanisms. In an epidemiological investigation, a significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients, in addition to hand eczema, which were independent risk factors in a multivariate analysis.
Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A prehapten is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems. A prohapten is a chemical that itself is non- or low-sensitising but that is transformed into a hapten in the skin (bioactivation) usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prehapten or as a prohapten, or both, because air oxidation and bioactivation can often give the same product (geraniol is an example). Some chemicals might act by all three pathways.
Prohaptens
Compounds that are bioactivated in the skin and thereby form haptens are referred to as prohaptens.
In the case of prohaptens, the possibility to become activated is inherent to the molecule and activation cannot be avoided by extrinsic measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Crossreactivity has been shown for certain alcohols and their corresponding aldehydes, i.e. between geraniol and geranial (citral) and between cinnamyl alcohol and cinnamal.
The human skin expresses enzyme systems that are able to metabolise xenobiotics, modifying their chemical structure to increase hydrophilicity and allow elimination from the body. Xenobiotic metabolism can be divided into two phases: phase I and phase II. Phase I transformations are known as activation or functionalisation reactions, which normally introduce or unmask hydrophilic functional groups. If the metabolites are sufficiently polar at this point they will be eliminated. However, many phase I products have to undergo subsequent phase II transformations, i.e. conjugation to make them sufficiently water soluble to be eliminated. Although the purpose of xenobiotic metabolism is detoxification, it can also convert relatively harmless compounds into reactive species.
Cutaneous enzymes that catalyse phase I transformations include the cytochrome P450 mixed-function oxidase system, alcohol and aldehyde dehydrogenases, monoamine oxidases, flavin-containing monooxygenases and hydrolytic enzymes.
Acyltransferases, glutathione S-transferases, UDP-glucuronosyltransferases and sulfotransferases are examples of phase II enzymes that have been shown to be present in human skin . These enzymes are known to catalyse both activating and deactivating biotransformations, but the influence of the reactions on the allergenic activity of skin sensitisers has not been studied

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	in detail. Skin sensitising prohaptens can be recognised and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or in vivo and in vitro studies of sensitisation potential and chemical reactivity. **QSAR prediction:** The relationships between molecular structure and reactivity that form the basis for structural alerts are based on well established principles of mechanistic organic chemistry. Examples of structural alerts are aliphatic aldehydes (alerting to the possibility of sensitisation via a Schiff base reaction with protein amino groups), and alpha,beta-unsaturated carbonyl groups, C=C-CO- (alerting to the possibility of sensitisation via Michael addition of protein thiol groups). Prediction of the sensitisation potential of compounds that can act via abiotic or metabolic activation (pre- or prohaptens) is more complex compared to that of compounds that act as direct haptens without any activation. The autoxidation patterns can differ due to differences in the stability of the intermediates formed, e.g. it has been shown that autoxidation of the structural isomers linalool and geraniol results in different major haptens/allergens. Moreover, the complexity of the prediction increases further for those compounds that can act both as pre- and prohaptens. In such cases, the impact on the sensitisation potency depends on the degree of abiotic activation (e.g. autoxidation) in relation to the metabolic activation A member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption. metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances. All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The substances in this group: · contain a benzene ring substituted with a reactive primary oxygenated functional group or can be hydrolysed to such a functional group · the major pathway of metabolic detoxification involves hydrolysis and oxidation to yield the corresponding benzoic acid derivate which is excreted either as the free acid or the glycine conjugate · they show a consistent pattern of toxicity in both short- and long- term studies and · they exhibit no evidence of genotoxicity in standardised batteries of in vitro and in vivo assays. The benzyl derivatives are rapidly absorbed through the gut, metabolised primarily in the liver, and excreted in the urine as glycine conjugates of benzoic acid derivatives. In general, aromatic esters are hydrolysed in vivo through the catalytic activity of carboxylesterases, the most important of which are the A-esterases. Hydrolysis of benzyl and benzoate esters to yield corresponding alcohols and carboxylic acids and hydrolysis of acetals to yield benzaldehyde and simple alcohols have been reported in several experiments. The alcohols and aldehydes are rapidly oxidised to benzoic acid while benzoate esters are hydrolysed to benzoic acid. Flavor and Extract Manufacturers Association (FEMA) The aryl alkyl alcohol (AAA) fragrance ingredients are a diverse group of chemical structures with similar metabolic and toxicity profiles. The AAA fragrances demonstrate low acute and subchronic dermal and oral toxicity. At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin. The potential for eye irritation is minimal. With the exception of benzyl alcohol and to a lesser extent phenethyl and 2-phenoxyethyl AAA alcohols, human sensitization studies, diagnostic patch tests and human induction studies, indicate that AAA fragrance ingredients generally have no or low sensitization potential. Available data indicate that the potential for photosensitization is low. NOAELs for maternal and developmental toxicity are far in excess of current human exposure levels. No carcinogenicity in rats or mice was observed in 2-year chronic testing of benzyl alcohol or a-methylbenzyl alcohol; the latter did induce species and gender-specific renal adenomas in male rats at the high dose. There was no to little genotoxicity, mutagenicity, or clastogenicity in the mutagenicity in vitro bacterial assays, and in vitro mammalian cell assays. All in vivo micronucleus assays were negative. It is concluded that these materials would not present a safety concern at current levels of use as fragrance ingredients The Research Institute for Fragrance Materials (RIFM) Expert Panel
1,2-CYCLOHEXANEDIAMINE	"Amine heads" is a group of six carbon aliphatic diamines characterised as colourless, water soluble or miscible strong bases possessing ammoniacal odours. They occur in the manufacturer of hexamethylenediamine which is purified to produce Nylon 6,6. The "heads designation arises because these substances, being lower boiling, are removed by fractional distillation in the overhead fraction. The diamines include hexamethylenediamine (HMD), 1,2-diaminocyclohexane (DCH, syn 1,2-cyclohexanediamine), 2-methyl-1,5-pentanediamine (MPMD ot Dytek A), 1,4-butanediamine, 2-aminocyclopentane, -2-methylamine **Acute toxicity:** The first 3 members of this category are slightly toxic via the acute oral route and moderately toxic via the inhalation route. HMD and a mixture containing DCH were both moderately toxic via the acute dermal route. HMD and MPMD were not skin sensitisers, while DCH was a weak skin sensitiser. All three chemicals are severe irritants or corrosive to the skin. HMD, MPMD, and a mixture containing HMD and DCH are all severely irritant or corrosive to the eye. **Repeat dose toxicity:** Upon repeated administration of HMD to rats and mice via inhalation for 13 weeks, HMD produced nasal irritation with accompanying histological alterations at 1.6 mg/m3 and above. Likewise, 2-week inhalation studies of DCH and MPMD produced nasal lesions at levels of 10 mg/m3 and higher. Repeated oral administration of HMD for 13 weeks produced body weight effects at levels of 150 mg/kg and above. In a repeated dose oral study of a mixture that contained HMD, DCH, and MPMD, the NOEL was 125 mg/kg (the highest level tested). In a 28-day oral study of MPMD, a NOEL of 10,000 ppm (745 mg/kg) (the highest level tested) was determined for male rats. Body weight, body weight gains, and food consumption of female rats was depressed leading to a NOEL of 3000 ppm (276 mg/kg) in the female rats. **Reproductive and developmental toxicity:** HMD is not a developmental or reproductive toxin in the rat. There were no organ weight effects for MPMD in a 28-day oral study, and no organ weight effects in a 13-week oral study for a mixture containing HMD, DCH, and MPMD. Because of the similarities observed between the materials in their structures, physical and chemical characteristics, acute toxicity, environmental fate, and aquatic toxicity, and the similar NOELs observed in the repeated dose studies, it is reasonable to conclude that DCH and MPMD would have similar toxicity to HMD in developmental and reproductive toxicity. **Genetic toxicity:**.Genetic toxicity data are similar between the amine heads, supporting a category approach. HMD was not active genetically in a series of tests developed to detect either point mutations or clastogenicity. A compound containing 31% DCH was negative in the Ames Test and in an *in vitro* chromosome aberration test using Chinese hamster ovary cells. MPMD was negative in the Ames test and in an *in vitro* chromosome aberration test conducted in human lymphocytes.
N-AMINOETHYLPIPERAZINE	for piperazine: Exposure to piperazine and its salts has clearly been demonstrated to cause asthma in occupational settings. No NOAEL can be estimated for respiratory sensitisation (asthma). Although the LD50 levels indicate a relatively low level of oral acute toxicity (LD50 1-5 g/kg bw), signs of neurotoxicity may appear in humans after exposure to lower doses. Based on exposure levels of up to 3.4 mg/kg/day piperazine base and a LOAEL of 110 mg/kg, there is no concern for acute toxicity In pigs, piperazine is readily absorbed from the gastrointestinal tract, and the major part of the resorbed compound is excreted as unchanged piperazine during the first 48 hours. The principal route of excretion of piperazine and its metabolites is via urine, with a minor fraction recovered from faeces (16%). In humans the kinetics of the uptake and excretion of piperazine and its metabolites with urine appear to be roughly similar to that in the pig, and the nature and extent of conversion to metabolites has not been determined. Piperazine has demonstrated a low acute toxicity (LD50 = 1-5 g/kg bw) by the oral, dermal, and subcutaneous route of

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	administration to rodents, whereas adequate inhalation toxicity data have not been found. However, there are findings of EEG (electroencephalogram) changes in 37% of 89 children administrated 90-130 mg/kg piperazine (two doses during one day), corroborated by a proposed GABA (gamma-aminobutyric acid) receptor agonism exerted by piperazine. Since clinical symptoms of neurotoxicity may occur after exposure to higher doses, a LOAEL of 110 mg/kg piperazine base for acute neurotoxicity in humans after acute exposure is proposed. Piperazine, as concentrated aqueous solution, has strongly irritating properties with regard to skin, and should be regarded as corrosive with respect to the eye. Exposure to piperazine and it salts has been demonstrated to cause allergic dermatitis as well as respiratory sensitisation in humans. As shown by the LLNA, piperazine has a sensitising potential in animals. Although piperazine is clearly sensitising, no NOAEL can be set for this effect from the present database. A NOAEL of 25 mg/kg/day of piperazine for liver toxicity in the beagle dog has been chosen after repeated exposure. A LOAEL of 30 mg/kg/day of piperazine for neurotoxicity is proposed based on documentation of (rare cases) of neurotoxicity from human clinical practice. Neurotoxicity also appears in other species (e.g., rabbits, dogs, cats, tigers, and horses), but not in rodents. For reproductive effects of piperazine, there is a NOAEL of 125 mg/kg/day for effects on fertility, i.e., reduced pregnancy index, decreased number of implantation sites, and decreased litter sizes in rats. The teratogenic properties have been investigated in rats and rabbits in adequate studies. In rabbit, such effects may be elicited at a dose level that is also toxic to the dam. The LOAEL is 94 mg/kg/day, and the NOAEL 42 mg/kg/day piperazine base (maternal and embryotoxic). In the rat study, there were decreases in body weight of both dams and offspring at the top dose (2,100 mg/kg/day piperazine base), but there were no signs of any malformations. The genotoxic properties have been investigated both *in vitro* (in the Ames test, in a nonstandard study on Saccharomyces cervisiae and in Chinese hamster ovary cells) and *in vivo*, in a micronuclei assay on mice, all with negative results. There are no solid indications of a carcinogenic effect of piperazine, neither in animal studies, nor from the investigation on humans. In view of lack of genotoxic action, it appears unlikely that piperazine poses a carcinogenic risk. There seems to be an additional cancer risk due to the formation of N-mononitrosopiperazine (NPZ) from piperazine. It is possible to calculate a hypothetical additional cancer risk posed by NPZ after exposure to piperazine, but the calculation would depend on several assumptions. We conclude that there seems to be an additional cancer risk due to the formation of NPZ from piperazine, and although it is difficult to estimate, it is probably small. Handling ethyleneamine products is complicated by their tendency to react with other chemicals, such as carbon dioxide in the air, which results in the formation of solid carbamates. Because of their ability to produce chemical burns, skin rashes, and asthma-like symptoms, ethyleneamines also require substantial care in handling. Higher molecular weight ethyleneamines are often handled at elevated temperatures further increasing the possibility of vapor exposure to these compounds. Because of the fragility of eye tissue, almost any eye contact with any ethyleneamine may cause irreparable damage, even blindness. A single, short exposure to ethyleneamines, may cause severe skin burns, while a single, prolonged exposure may result in the material being absorbed through the skin in harmful amounts. Exposures have caused allergic skin reactions in some individuals. Single dose oral toxicity of ethyleneamines is low. The oral LD50 for rats is in the range of 1000 to 4500 mg/kg for the ethyleneamines. In general, the low-molecular weight polyamines have been positive in the Ames assay, increase sister chromatid exchange in Chinese hamster ovary (CHO) cells, and are positive for unscheduled DNA synthesis although they are negative in the mouse micronucleus assay. It is believed that the positive results are based on its ability to chelate copper
BIS(HEXAMETHYLENE)TRIAMINE	For alkyl polyamines: The alkyl polyamines cluster consists of organic compounds containing two terminal primary amine groups and at least one secondary amine group.Typically these substances are derivatives of ethylenediamine, propylenediamine or hexanediamine. The molecular weight range for the entire cluster is relatively narrow, ranging from 103 to 232 Acute toxicity of the alkyl polyamines cluster is low to moderate via oral exposure and a moderate to high via dermal exposure. Cluster members have been shown to be eye irritants, skin irritants, and skin sensitisers in experimental animals. Repeated exposure in rats via the oral route indicates a range of toxicity from low to high hazard. Most cluster members gave positive results in tests for potential genotoxicity. Limited carcinogenicity studies on several members of the cluster showed no evidence of carcinogenicity. Unlike aromatic amines, aliphatic amines are not expected to be potential carcinogens because they are not expected to undergo metabolic activation, nor would activated intermediates be stable enough to reach target macromolecules. Polyamines potentiate NMDA induced whole-cell currents in cultured striatal neurons
NONYLPHENOL & 2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
NONYLPHENOL & 2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL & N-AMINOETHYLPIPERAZINE	The material may produce severe 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) thickening of the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.
NONYLPHENOL & 2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL & 1,2-CYCLOHEXANEDIAMINE & N-AMINOETHYLPIPERAZINE & BIS(HEXAMETHYLENE)TRIAMINE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
COAL TAR & BENZYL ALCOHOL & 1,2-CYCLOHEXANEDIAMINE & N-AMINOETHYLPIPERAZINE & BIS(HEXAMETHYLENE)TRIAMINE	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.
COAL TAR & 2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL & BIS(HEXAMETHYLENE)TRIAMINE	No significant acute toxicological data identified in literature search.
COAL TAR & N-AMINOETHYLPIPERAZINE	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
BENZYL ALCOHOL & 1,2-CYCLOHEXANEDIAMINE	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.

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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

Flexpatch Part B

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

nonylphenol

Endpoint	Test Duration (hr)	Species	Value	Source
BCF	1344h	Fish	90-220	7
EC50	72h	Algae or other aquatic plants	0.056mg/l	4
EC50	48h	Crustacea	0.17mg/l	4
NOEC(ECx)	96h	Crustacea	0.018mg/l	1
LC50	96h	Fish	0.166-0.23mg/L	4
EC50	96h	Algae or other aquatic plants	0.027mg/l	1

coal tar

Endpoint	Test Duration (hr)	Species	Value	Source
EC50(ECx)	48h	Crustacea	0.052-0.072mg/L	4
EC50	48h	Crustacea	0.052-0.072mg/L	4
LC50	96h	Fish	0.399-0.665mg/L	4

2,4,6-tris[(dimethylamino)methyl]phenol

Endpoint	Test Duration (hr)	Species	Value	Source
EC50(ECx)	24h	Crustacea	280mg/l	Not Available
EC50	72h	Algae or other aquatic plants	2.8mg/l	2
LC50	96h	Fish	1000mg/l	Not Available

benzyl alcohol

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	500mg/l	2
EC50	48h	Crustacea	230mg/l	2
NOEC(ECx)	336h	Fish	5.1mg/l	2
LC50	96h	Fish	10mg/l	2
EC50	96h	Algae or other aquatic plants	76.828mg/l	2

1,2-cyclohexanediamine

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	72h	Algae or other aquatic plants	3.2mg/l	2
EC50	72h	Algae or other aquatic plants	>100mg/l	2
EC50	48h	Crustacea	19.8mg/l	2
LC50	96h	Fish	>215mg/l	2

N-aminoethylpiperazine

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	495mg/l	1
EC50	48h	Crustacea	32mg/l	1
NOEC(ECx)	48h	Crustacea	18mg/l	1
LC50	96h	Fish	>100mg/l	2

bis(hexamethylene)triamine

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	5mg/l	2
EC50	48h	Crustacea	17mg/l	2
NOEC(ECx)	72h	Algae or other aquatic plants	0.005mg/l	2

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 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*

Prevent, by any means available, spillage from entering drains or water courses.
Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

Continued...

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
nonylphenol	HIGH	HIGH
2,4,6-tris[(dimethylamino)methyl]phenol	HIGH	HIGH
benzyl alcohol	LOW	LOW
1,2-cyclohexanediamine	LOW	LOW
N-aminoethylpiperazine	HIGH	HIGH
bis(hexamethylene)triamine	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
nonylphenol	LOW (BCF = 271)
coal tar	HIGH (BCF = 9600)
2,4,6-tris[(dimethylamino)methyl]phenol	LOW (LogKOW = 0.773)
benzyl alcohol	LOW (LogKOW = 1.1)
1,2-cyclohexanediamine	LOW (LogKOW = 0.0866)
N-aminoethylpiperazine	LOW (LogKOW = -1.5677)
bis(hexamethylene)triamine	LOW (LogKOW = 1.7964)

Mobility in soil

Ingredient	Mobility
nonylphenol	LOW (KOC = 56010)
2,4,6-tris[(dimethylamino)methyl]phenol	LOW (KOC = 15130)
benzyl alcohol	LOW (KOC = 15.66)
1,2-cyclohexanediamine	LOW (KOC = 10.06)
N-aminoethylpiperazine	LOW (KOC = 171.7)
bis(hexamethylene)triamine	LOW (KOC = 11720)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ Recycle wherever possible or consult manufacturer for recycling options. ▸ Consult State Land Waste Management Authority for disposal. ▸ Material may be disposed of by controlled burning in an approved incinerator or buried in an approved landfill. ▸ Prior to disposal in a landfill the material should be mixed with the other component and reacted to render the material inert. ▸ Extreme caution should be taken when heating the resin/curing agent mix. ▸ Recycle containers where possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	
HAZCHEM	2X

Land transport (ADG)

UN number	2735
UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains 1,2-cyclohexanediamine)
Transport hazard class(es)	Class: 8 Subrisk: Not Applicable
Packing group	III

Continued...

Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions: 223 274 Limited quantity: 5 L

Air transport (ICAO-IATA / DGR)

UN number	2735
UN proper shipping name	Polyamines, liquid, corrosive, n.o.s. * (contains 1,2-cyclohexanediamine); Amines, liquid, corrosive, n.o.s. * (contains 1,2-cyclohexanediamine)
Transport hazard class(es)	ICAO/IATA Class: 8 ICAO / IATA Subrisk: Not Applicable ERG Code: 8L
Packing group	III
Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions: A3 A803 Cargo Only Packing Instructions: 856 Cargo Only Maximum Qty / Pack: 60 L Passenger and Cargo Packing Instructions: 852 Passenger and Cargo Maximum Qty / Pack: 5 L Passenger and Cargo Limited Quantity Packing Instructions: Y841 Passenger and Cargo Limited Maximum Qty / Pack: 1 L

Sea transport (IMDG-Code / GGVSee)

UN number	2735
UN proper shipping name	AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains 1,2-cyclohexanediamine)
Transport hazard class(es)	IMDG Class: 8 IMDG Subrisk: Not Applicable
Packing group	III
Environmental hazard	Marine Pollutant
Special precautions for user	EMS Number: F-A, S-B Special provisions: 223 274 Limited Quantities: 5 L

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

Not Applicable

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

Product name	Group
nonylphenol	Not Available
coal tar	Not Available
2,4,6-tris[(dimethylamino)methyl]phenol	Not Available
benzyl alcohol	Not Available
1,2-cyclohexanediamine	Not Available
N-aminoethylpiperazine	Not Available
bis(hexamethylene)triamine	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
nonylphenol	Not Available
coal tar	Not Available
2,4,6-tris[(dimethylamino)methyl]phenol	Not Available
benzyl alcohol	Not Available
1,2-cyclohexanediamine	Not Available
N-aminoethylpiperazine	Not Available
bis(hexamethylene)triamine	Not Available

SECTION 15 Regulatory information

Continued...

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

nonylphenol is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List

coal tar is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 10 / Appendix C
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 7
Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

2,4,6-tris[(dimethylamino)methyl]phenol is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)

benzyl alcohol is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)

1,2-cyclohexanediamine is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

N-aminoethylpiperazine is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 10 / Appendix C
Australian Inventory of Industrial Chemicals (AIIC)

bis(hexamethylene)triamine is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (coal tar; 2,4,6-tris[(dimethylamino)methyl]phenol; benzyl alcohol; 1,2-cyclohexanediamine; N-aminoethylpiperazine; bis(hexamethylene)triamine)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (bis(hexamethylene)triamine)
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.*

SECTION 16 Other information

Revision Date	30/09/2022
Initial Date	22/03/2005

SDS Version Summary

Version	Date of Update	Sections Updated
6.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
7.1	10/12/2021	Classification change due to full database hazard calculation/update.

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.

Continued...

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit
IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations
ES: Exposure Standard
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index
AIIC: Australian Inventory of Industrial Chemicals
DSL: Domestic Substances List
NDSL: Non-Domestic Substances List
IECSC: Inventory of Existing Chemical Substance in China
EINECS: European INventory of Existing Commercial chemical Substances
ELINCS: European List of Notified Chemical Substances
NLP: No-Longer Polymers
ENCS: Existing and New Chemical Substances Inventory
KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances
TSCA: Toxic Substances Control Act
TCSI: Taiwan Chemical Substance Inventory
INSQ: Inventario Nacional de Sustancias Químicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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