Fire Foam

Macsim Fastenings

Chemwatch Hazard Alert Code: **4**

Chemwatch: **5271-75**
Version No: **3.1.1.1**
Safety Data Sheet according to WHS and ADG requirements

Issue Date: **03/10/2017**
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L.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	Fire Foam
Synonyms	53FRF
Proper shipping name	AEROSOLS
Other means of identification	Not Available

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

Relevant identified uses	Application is by spray atomisation from a hand held aerosol pack Fire retardant PU foam

Details of the supplier of the safety data sheet

Registered company name	**Macsim Fastenings**
Address	10 Wonderland Drive Eastern Creek NSW 2766 Australia
Telephone	+61 2 99881 2400
Fax	+61 2 9881 2444
Website	Not Available
Email	info@macsim.com.au

Emergency telephone number

Association / Organisation	**Poison Information Center (Australia)**
Emergency telephone numbers	13 11 26 (Poison Information Center) Aus 24 Hr
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	S6
Classification [1]	Aerosols Category 1, Gas under Pressure (Compressed gas), Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Respiratory Sensitizer Category 1, Skin Sensitizer Category 1, Carcinogenicity Category 2, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - repeated exposure Category 2
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI*

Label elements

Hazard pictogram(s)	

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SIGNAL WORD	DANGER

Hazard statement(s)

H222	Extremely flammable aerosol.
H280	Contains gas under pressure; may explode if heated.
H332	Harmful if inhaled.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H317	May cause an allergic skin reaction.
H351	Suspected of causing cancer.
H335	May cause respiratory irritation.
H373	May cause damage to organs through prolonged or repeated exposure.
AUH044	Risk of explosion if heated under confinement

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P211	Do not spray on an open flame or other ignition source.
P251	Pressurized container: Do not pierce or burn, even after use.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.
P285	In case of inadequate ventilation wear respiratory protection.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before reuse.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER or doctor/physician if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.

Precautionary statement(s) Storage

P405	Store locked up.
P410+P403	Protect from sunlight. Store in a well-ventilated place.
P410+P412	Protect from sunlight. Do not expose to temperatures exceeding 50 °C/122 °F.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

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Mixtures

CAS No	%[weight]	Name
9016-87-9	20-40	polymeric diphenylmethane diisocyanate
101-68-8	10-30	4,4'-diphenylmethane diisocyanate (MDI)
115-10-6	10-20	dimethyl ether
75-28-5.	1-10	iso-butane
74-98-6	1-10	propane

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	If aerosols come in contact with the eyes: ▸ Immediately hold the eyelids apart and flush the eye continuously for at least 15 minutes 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. ▸ Transport to hospital or doctor without delay. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If solids or aerosol mists are deposited upon the skin: ▸ Flush skin and hair with running water (and soap if available). ▸ Remove any adhering solids with industrial skin cleansing cream. ▸ **DO NOT** use solvents. ▸ Seek medical attention in the event of irritation.
Inhalation	If aerosols, fumes or combustion products are inhaled: ▸ Remove to fresh air. ▸ 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. ▸ If breathing is shallow or has stopped, ensure clear airway and apply resuscitation, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor.
Ingestion	▸ Not considered a normal route of entry.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.
for lower alkyl ethers:

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- A low-stimulus environment must be maintained.
- Monitor and treat, where necessary, for shock.
- Anticipate and treat, where necessary, for seizures.
- **DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension without signs of hypovolaemia may require vasopressors.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Ethers may produce anion gap acidosis. Hyperventilation and bicarbonate therapy might be indicated.
- Haemodialysis might be considered in patients with impaired renal function.
- Consult a toxicologist as necessary.

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BRONSTEIN, A.C. and CURRANCE, P.L.
EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994
For sub-chronic and chronic exposures to isocyanates:

- This material may be a potent pulmonary sensitiser which causes bronchospasm even in patients without prior airway hyperreactivity.
- Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
- Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
- Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.
- Some cross-sensitivity occurs between different isocyanates.
- Noncardiogenic pulmonary oedema and bronchospasm are the most serious consequences of exposure. Markedly symptomatic patients should receive oxygen, ventilatory support and an intravenous line.
- Treatment for asthma includes inhaled sympathomimetics (epinephrine [adrenalin], terbutaline) and steroids.
- Activated charcoal (1 g/kg) and a cathartic (sorbitol, magnesium citrate) may be useful for ingestion.
- Mydriatics, systemic analgesics and topical antibiotics (Sulamyd) may be used for corneal abrasions.
- There is no effective therapy for sensitised workers.

[Ellenhorn and Barceloux; Medical Toxicology]

NOTE: Isocyanates cause airway restriction in naive individuals with the degree of response dependant on the concentration and duration of exposure. They induce smooth muscle contraction which leads to bronchoconstrictive episodes. Acute changes in lung function, such as decreased FEV1, may not represent sensitivity.
[Karol & Jin, Frontiers in Molecular Toxicology, pp 56-61, 1992]
Personnel who work with isocyanates, isocyanate prepolymers or polyisocyanates should have a pre-placement medical examination and periodic examinations thereafter, including a pulmonary function test. Anyone with a medical history of chronic respiratory disease, asthmatic or bronchial attacks, indications of allergic responses, recurrent eczema or sensitisation conditions of the skin should not handle or work with isocyanates. Anyone who develops chronic respiratory distress when working with isocyanates should be removed from exposure and examined by a physician. Further exposure must be avoided if a sensitivity to isocyanates or polyisocyanates has developed.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- Small quantities of water in contact with hot liquid may react violently with generation of a large volume of rapidly expanding hot sticky semi-solid foam.
- Presents additional hazard when fire fighting in a confined space.
- Cooling with flooding quantities of water reduces this risk.
- Water spray or fog may cause frothing and should be used in large quantities.

SMALL FIRE:

- Water spray, dry chemical or CO2

LARGE FIRE:

- Water spray or fog.

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. ‣ May be violently or explosively reactive. ‣ Wear breathing apparatus plus protective gloves. ‣ Prevent, by any means available, spillage from entering drains or water course. ‣ If safe, switch off electrical equipment until vapour fire hazard removed. ‣ Use water delivered as a fine spray to control fire and cool adjacent 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. ‣ Moderate fire hazard when exposed to heat or flame. ‣ When heated to high temperatures decomposes rapidly generating vapour which pressures and may then rupture containers with release of flammable and highly toxic isocyanate vapour. ‣ Burns with acrid black smoke and poisonous fumes. ‣ Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NOx and carbon monoxide. Combustion products include: , carbon monoxide (CO) , carbon dioxide (CO2) , isocyanates , and minor amounts of ,

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	hydrogen cyanide , nitrogen oxides (NOx) , other pyrolysis products typical of burning organic material. **Contains low boiling substance:** Closed containers may rupture due to pressure buildup under fire conditions.
HAZCHEM	Not Applicable

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	‣ Clean up all spills immediately. ‣ Avoid breathing vapours and contact with skin and eyes. ‣ Wear protective clothing, impervious gloves and safety glasses. ‣ Shut off all possible sources of ignition and increase ventilation. ‣ Wipe up. ‣ If safe, damaged cans should be placed in a container outdoors, away from all ignition sources, until pressure has dissipated. ‣ Undamaged cans should be gathered and stowed safely.
Major Spills	For isocyanate spills of less than 40 litres (2 m2): ‣ Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible. ‣ Notify supervision and others as necessary. ‣ Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots). ‣ Control source of leakage (where applicable). ‣ Dike the spill to prevent spreading and to contain additions of decontaminating solution. ‣ Prevent the material from entering drains. ‣ Estimate spill pool volume or area. ‣ Absorb and decontaminate. - Completely cover the spill with wet sand, wet earth, vermiculite or other similar absorbent. - Add neutraliser (for suitable formulations: see below) to the adsorbent materials (equal to that of estimated spill pool volume). Intensify contact between spill, absorbent and neutraliser by carefully mixing with a rake and allow to react for 15 minutes ‣ Shovel absorbent/decontaminant solution mixture into a steel drum. ‣ Decontaminate surface. - Pour an equal amount of neutraliser solution over contaminated surface. - Scrub area with a stiff bristle brush, using moderate pressure. - Completely cover decontaminant with vermiculite or other similar absorbent. - After 5 minutes, shovel absorbent/decontamination solution mixture into the same steel drum used above. ‣ Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat decontaminate procedure immediately above ‣ Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for incineration. ‣ Decontaminate and remove personal protective equipment. ‣ Return to normal operation. ‣ Conduct accident investigation and consider measures to prevent reoccurrence. **Decontamination:** Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation ("neutralising fluid"). Isocyanates and polyisocyanates are generally not miscible with water. Liquid surfactants are necessary to allow better dispersion of isocyanate and neutralising fluids/ preparations. Alkaline neutralisers react faster than water/surfactant mixtures alone. Typically, such a preparation may consist of: Sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of {ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v}. Let stand for 24 hours Three commonly used neutralising fluids each exhibit advantages in different situations. **Formulation A** : liquid surfactant 0.2-2% sodium carbonate 5-10% water to 100% **Formulation B** liquid surfactant 0.2-2% concentrated ammonia 3-8% water to 100% **Formulation C**

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	ethanol, isopropanol or butanol 50% concentrated ammonia 5% water to 100% After application of any of these formulae, let stand for 24 hours. Formulation B reacts faster than Formulation A. However, ammonia-based neutralisers should be used only under well-ventilated conditions to avoid overexposure to ammonia or if members of the emergency team wear suitable respiratory protection. Formulation C is especially suitable for cleaning of equipment from unreacted isocyanate and neutralizing under freezing conditions. Regard has to be taken to the flammability of the alcoholic solution. ‣ Avoid contamination with water, alkalies and detergent solutions. ‣ Material reacts with water and generates gas, pressurises containers with even drum rupture resulting. ‣ **DO NOT** reseal container if contamination is suspected. ‣ Open all containers with care. ‣ **DO NOT** touch the spill material ‣ Clear area of personnel and move upwind. ‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ May be violently or explosively reactive. ‣ Wear breathing apparatus plus protective gloves. ‣ Prevent, by any means available, spillage from entering drains or water courses ‣ No smoking, naked lights or ignition sources. ‣ Increase ventilation. ‣ Stop leak if safe to do so. ‣ Water spray or fog may be used to disperse / absorb vapour. ‣ Absorb or cover spill with sand, earth, inert materials or vermiculite. ‣ If safe, damaged cans should be placed in a container outdoors, away from ignition sources, until pressure has dissipated. ‣ Undamaged cans should be gathered and stowed safely. ‣ Collect residues and seal in labelled drums for disposal.

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. ‣ **DO NOT** incinerate or puncture aerosol cans. ‣ **DO NOT** spray directly on humans, exposed food or food utensils. ‣ 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 are maintained.
Other information	‣ Keep dry to avoid corrosion of cans. Corrosion may result in container perforation and internal pressure may eject contents of can ‣ Store in original containers in approved flammable liquid storage area. ‣ **DO NOT** store in pits, depressions, basements or areas where vapours may be trapped. ‣ No smoking, naked lights, heat or ignition sources. ‣ Keep containers securely sealed. Contents under pressure. ‣ Store away from incompatible materials. ‣ Store in a cool, dry, well ventilated area. ‣ Avoid storage at temperatures higher than 40 deg C. ‣ Store in an upright position. ‣ Protect containers against physical damage. ‣ Check regularly for spills and leaks. ‣ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	‣ Aerosol dispenser. ‣ Check that containers are clearly labelled.

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	|750ml Can
Storage incompatibility	‣ Avoid reaction with oxidising agents peroxides ‣ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. Avoid contamination of water, foodstuffs, feed or seed. ‣ Presence of elevated temperatures.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	4,4'-diphenylmethane diisocyanate (MDI)	Methylene bisphenyl isocyanate (MDI)	Not Available	Not Available	Not Available	Not Available
Australia Exposure Standards	dimethyl ether	Dimethyl ether	760 mg/m3 / 400 ppm	950 mg/m3 / 500 ppm	Not Available	Not Available
Australia Exposure Standards	propane	Propane	Not Available	Not Available	Not Available	Asphyxiant

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
polymeric diphenylmethane diisocyanate	Polymethylene polyphenyl isocyanate; (Polymeric diphenylmethane diisocyanate)	0.15 mg/m3	3.6 mg/m3	22 mg/m3
4,4'-diphenylmethane diisocyanate (MDI)	Methylene diphenyl diisocyanate; (Diphenylmethane diisocyanate; MDI)	0.45 mg/m3	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	Methylenebis(isocyanato-benzene), 1,1'-; (Diphenyl methane diisocyanate)	29 mg/m3	40 mg/m3	240 mg/m3
dimethyl ether	Methyl ether; (Dimethyl ether)	3,000 ppm	3800 ppm	7200 ppm
iso-butane	Methylpropane, 2-; (Isobutane)	5500 ppm	17000 ppm	53000 ppm
propane	Propane	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
polymeric diphenylmethane diisocyanate	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	75 mg/m3	Not Available
dimethyl ether	Not Available	Not Available
iso-butane	Not Available	Not Available
propane	2,100 [LEL] ppm	Not Available

MATERIAL DATA

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 conditions. If risk of overexposure exists, wear SAA 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.

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	<table><tr><td>Type of Contaminant:</td><td>Speed:</td></tr><tr><td>aerosols, (released at low velocity into zone of active generation)</td><td>0.5-1 m/s</td></tr><tr><td>direct spray, spray painting in shallow booths, gas discharge (active generation into zone of rapid air motion)</td><td>1-2.5 m/s (200-500 f/min.)</td></tr></table> Within each range the appropriate value depends on: <table><tr><td>Lower end of the range</td><td>Upper end of the range</td></tr><tr><td>1: Room air currents minimal or favourable to capture</td><td>1: Disturbing room air currents</td></tr><tr><td>2: Contaminants of low toxicity or of nuisance value only.</td><td>2: Contaminants of high toxicity</td></tr><tr><td>3: Intermittent, low production.</td><td>3: High production, heavy use</td></tr><tr><td>4: Large hood or large air mass in motion</td><td>4: Small hood-local control only</td></tr></table> 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.
Personal protection	
Eye and face protection	‣ Safety glasses with side shields. ‣ Chemical goggles. ‣ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. 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	**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. ‣ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves. ‣ Protective gloves and overalls should be worn as specified in the appropriate national standard. ‣ Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated. ‣ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates ‣ No special equipment needed when handling small quantities. ‣ **OTHERWISE:** ‣ For potentially moderate exposures: ‣ Wear general protective gloves, eg. light weight rubber gloves. ‣ For potentially heavy exposures: ‣ Wear chemical protective gloves, eg. PVC. and safety footwear.
Body protection	See Other protection below
Other protection	No special equipment needed when handling small quantities. **OTHERWISE:** ‣ Overalls. ‣ Skin cleansing cream. ‣ Eyewash unit. ‣ Do not spray on hot surfaces.
Thermal hazards	Not Available

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:

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

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Fire Foam

Material	CPI
BUTYL	C
NEOPRENE	C
PE/EVAL/PE	C
##dimethyl	ether

* 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.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	Air-line*	AX-2	AX-PAPR-2 ^
up to 20 x ES	-	AX-3	-
20+ x ES	-	Air-line**	-

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

Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content. The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
Aerosols, in common with most vapours/ mists, should never be used in confined spaces without adequate ventilation. Aerosols, containing agents designed to enhance or mask smell, have triggered allergic reactions in predisposed individuals.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Extremely flammable liquid with a slight musty odour; does not mix with water.

Physical state	Liquid	**Relative density (Water = 1)**	1
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**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Available	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Available	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water (g/L)	Immiscible	**pH as a solution (1%)**	Not Applicable
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7

Continued...

Chemical stability	▸ Elevated temperatures. ▸ Presence of open flame. ▸ 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	Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. 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 vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure. Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination **WARNING**:Intentional misuse by concentrating/inhaling contents may be lethal.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Not normally a hazard due to physical form of product.
Skin Contact	Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. The material may accentuate any pre-existing dermatitis condition Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Spray mist may produce discomfort 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.
Eye	Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial 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. Harmful: danger of serious damage to health by prolonged exposure through inhalation.

Continued...

Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.
Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.
Principal route of occupational exposure to the gas is by inhalation.

Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates. [CCTRADE-Bayer, APMF]
Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting.
Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities.
Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages.
Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.
Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping.
WARNING: Aerosol containers may present pressure related hazards.

	TOXICITY	IRRITATION
Fire Foam	Not Available	Not Available
polymeric diphenylmethane diisocyanate	Dermal (rabbit) LD50: >9400 mg/kg[2]	Eye (rabbit): 100 mg - mild
	Inhalation (rat) LC50: 0.49 mg/l/4h[2]	
	Oral (rat) LD50: 43000 mg/kg[2]	
4,4'-diphenylmethane diisocyanate (MDI)	Dermal (rabbit) LD50: >6200 mg/kg[2]	Dermal Sensitiser *
	Oral (rat) LD50: >2000 mg/kg[1]	Skin (rabbit): 500 mg /24 hours
dimethyl ether	Inhalation (rat) LC50: 309 mg/l/4H[2]	Not Available
iso-butane	Inhalation (rat) LC50: 658 mg/l/4H[2]	Not Available
propane	Inhalation (rat) LC50: 84.684 mg/l15 min[1]	Not Available
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*	

POLYMERIC DIPHENYLMETHANE DIISOCYANATE	product
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate
POLYMERIC DIPHENYLMETHANE DIISOCYANATE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	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.

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POLYMERIC DIPHENYLMETHANE DIISOCYANATE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.
POLYMERIC DIPHENYLMETHANE DIISOCYANATE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).
POLYMERIC DIPHENYLMETHANE DIISOCYANATE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.
POLYMERIC DIPHENYLMETHANE DIISOCYANATE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.
POLYMERIC DIPHENYLMETHANE DIISOCYANATE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities. Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages. Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.
POLYMERIC DIPHENYLMETHANE DIISOCYANATE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
POLYMERIC DIPHENYLMETHANE DIISOCYANATE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	for diisocyanates: In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Diisocyanates are moderate to strong dermal sensitisers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L. The experimental animal data available on prepolymeric diisocyanates show similar adverse effects at levels that range from 0.002 mg/L to 0.026 mg/L. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route **Oncogenicity:** Most members of the diisocyanate category have not been tested for carcinogenic potential. Commercially available Poly-MDI was tested in a 2-year inhalation study in rats. The tested material contained 47% aromatic 4,4'-methylenediphenyl diisocyanate (MDI) and 53% higher molecular weight oligomers. Interim sacrifices at one year showed that males and females in the highest dose group (6 mg/m3) had treatment related histological changes in the nasal cavity, lungs and mediastinal lymph nodes. The incidence and severity of degeneration and basal cell hyperplasia of the olfactory epithelium and Bowman's gland hyperplasia were increased in males at the mid and high

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	doses and in females at the high dose following the two year exposure period. Pulmonary adenomas were found in 6 males and 2 females, and pulmonary adenocarcinoma in one male in the high dose group. However, aliphatic hexamethylene diisocyanate (HDI) was found not to be carcinogenic in a two year repeated dose study in rats by the inhalation route. HDI has not been tested in mice by the inhalation route. Though the oral route is not an expected route of exposure to humans, it should be noted that in two year repeated dose studies by the oral route, aromatic toluene diisocyanate (TDI) and 3,3'-dimethoxy-benzidine-4,4'-diisocyanate (dianisidine diisocyanate, DADI) were found to be carcinogenic in rodents. TDI induced a statistically significant increase in the incidence of liver tumors in rats and mice as well as dose-related hemangiosarcomas of the circulatory system and has been classified by the Agency as a B2 carcinogen. DADI was found to be carcinogenic in rats, but not in mice, with a statistically increase in the incidence of pancreatic tumors observed. **Respiratory and Dermal Sensitization:** Based on the available toxicity data in animals and epidemiologic studies of humans, aromatic diisocyanates such as TDI and MDI are strong respiratory sensitisers. Aliphatic diisocyanates are generally not active in animal models for respiratory sensitization. However, HDI and possibly isophorone diisocyanate (IPDI), are reported to be associated with respiratory sensitization in humans. Symptoms resulting from occupational exposure to HDI include shortness of breath, increased bronchoconstriction reaction to histamine challenges, asthmatic reactions, wheezing and coughing. Two case reports of human exposure to IPDI by inhalation suggest IPDI is a respiratory sensitiser in humans. In view of the information from case reports in humans, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Studies in both human and mice using TDI, HDI, MDI and dicyclohexylmethane-4,4'-diisocyanate (HMDI) suggest cross-reactivity with the other diisocyanates, irrespective of whether the challenge compound was an aliphatic or aromatic diisocyanate. Diisocyanates are moderate to strong dermal sensitisers in animal studies. There seems to be little or no difference in the level of reactivity between aromatic and aliphatic diisocyanates. **Dermal Irritation:** Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. The level of irritation ranged from slightly to severely irritating to the skin. One chemical, hydrogenated MDI (1,1-methylenebis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.
POLYMERIC DIPHENYLMETHANE DIISOCYANATE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)	The substance is classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.

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 available but does not fill the criteria for classification*
✔ *– Data available to make classification*
⊘ *– Data Not Available to make classification*

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Fire Foam

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Not Available	Not Available	Not Available	Not Available	Not Available

polymeric diphenylmethane diisocyanate

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Not Available	Not Available	Not Available	Not Available	Not Available

4,4'-diphenylmethane diisocyanate (MDI)

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	>0.500mg/L	6

dimethyl ether

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	>4100.0mg/L	2
EC50	48	Crustacea	>4400.0mg/L	2
NOEC	48	Crustacea	>4000mg/L	1

Continued...

iso-butane	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
propane	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	*Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*				

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
4,4'-diphenylmethane diisocyanate (MDI)	LOW (Half-life = 1 days)	LOW (Half-life = 0.24 days)
dimethyl ether	LOW	LOW
iso-butane	HIGH	HIGH
propane	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
4,4'-diphenylmethane diisocyanate (MDI)	LOW (BCF = 15)
dimethyl ether	LOW (LogKOW = 0.1)
iso-butane	LOW (BCF = 1.97)
propane	LOW (LogKOW = 2.36)

Mobility in soil

Ingredient	Mobility
4,4'-diphenylmethane diisocyanate (MDI)	LOW (KOC = 376200)
dimethyl ether	HIGH (KOC = 1.292)
iso-butane	LOW (KOC = 35.04)
propane	LOW (KOC = 23.74)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal

- **DO NOT** allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- Consult State Land Waste Management Authority for disposal.
- Discharge contents of damaged aerosol cans at an approved site.
- Allow small quantities to evaporate.
- **DO NOT** incinerate or puncture aerosol cans.
- Bury residues and emptied aerosol cans at an approved site.
- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- Where possible retain label warnings and SDS and observe all notices pertaining to the product.

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SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG)

UN number	1950
UN proper shipping name	AEROSOLS
Transport hazard class(es)	Class: 2.1 Subrisk: Not Applicable
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: 63 190 277 327 344 Limited quantity: 1000ml

Air transport (ICAO-IATA / DGR)

UN number	1950
UN proper shipping name	Aerosols, flammable; Aerosols, flammable (engine starting fluid)
Transport hazard class(es)	ICAO/IATA Class: 2.1 ICAO / IATA Subrisk: Not Applicable ERG Code: 10L
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: A145 A167 A802; A1 A145 A167 A802 Cargo Only Packing Instructions: 203 Cargo Only Maximum Qty / Pack: 150 kg Passenger and Cargo Packing Instructions: 203; Forbidden Passenger and Cargo Maximum Qty / Pack: 75 kg; Forbidden Passenger and Cargo Limited Quantity Packing Instructions: Y203; Forbidden Passenger and Cargo Limited Maximum Qty / Pack: 30 kg G; Forbidden

Sea transport (IMDG-Code / GGVSee)

UN number	1950
UN proper shipping name	AEROSOLS
Transport hazard class(es)	IMDG Class: 2.1 IMDG Subrisk: Not Applicable
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	EMS Number: F-D, S-U Special provisions: 63 190 277 327 344 381 959 Limited Quantities: 1000ml

Continued...

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

POLYMERIC DIPHENYLMETHANE DIISOCYANATE(9016-87-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)
Australia Work Health and Safety Regulations 2016 - Hazardous chemicals (other than lead) requiring health monitoring
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)(101-68-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)
Australia Work Health and Safety Regulations 2016 - Hazardous chemicals (other than lead) requiring health monitoring
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

DIMETHYL ETHER(115-10-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)
International Air Transport Association (IATA) Dangerous Goods Regulations - Prohibited List Passenger and Cargo Aircraft

ISO-BUTANE(75-28-5.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)
International Air Transport Association (IATA) Dangerous Goods Regulations - Prohibited List Passenger and Cargo Aircraft

PROPANE(74-98-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)
International Air Transport Association (IATA) Dangerous Goods Regulations - Prohibited List Passenger and Cargo Aircraft

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (dimethyl ether; 4,4'-diphenylmethane diisocyanate (MDI); propane; iso-butane; polymeric diphenylmethane diisocyanate)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	N (polymeric diphenylmethane diisocyanate)
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	*Y = All ingredients are on the inventory* *N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
4,4'-diphenylmethane diisocyanate (MDI)	101-68-8, 26447-40-5
dimethyl ether	115-10-6, 157621-61-9

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.

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit
IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index