



Interior Surface Defender Flat Clear - P11103

ICP Building Solutions Group

Version No: 1.4
Safety Data Sheet according to OSHA HazCom Standard (2012) requirements

Issue Date: 08/20/2020
Print Date: 09/01/2020
S.GHS.USA.EN

SECTION 1 Identification

Product Identifier

Product name	Interior Surface Defender Flat Clear - P11103
Synonyms	Not Available
Other means of identification	Not Available

Recommended use of the chemical and restrictions on use

Relevant identified uses	Surface defender
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Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	ICP Building Solutions Group
Address	150 Dascomb Road Andover MA United States
Telephone	978-623-9980
Fax	Not Available
Website	www.icpgroup.com
Email	Not Available

Emergency phone number

Association / Organisation	CHEMTEL
Emergency telephone numbers	800-255-3924
Other emergency telephone numbers	813-248-0585

SECTION 2 Hazard(s) identification

Classification of the substance or mixture



Note: The hazard category numbers found in GHS classification in section 2 of this SDSs are NOT to be used to fill in the NFPA 704 diamond. Blue = Health Red = Fire Yellow = Reactivity White = Special (Oxidizer or water reactive substances)

Classification	Eye Irritation Category 2A, Acute Aquatic Hazard Category 3, Skin Corrosion/Irritation Category 2, Skin Sensitizer Category 1, Chronic Aquatic Hazard Category 3
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Label elements

Hazard pictogram(s)	
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Signal word	Warning
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Hazard statement(s)

H319	Causes serious eye irritation.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H412	Harmful to aquatic life with long lasting effects.

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Hazard(s) not otherwise classified

Not Applicable

Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.

Precautionary statement(s) Prevention

P280	Wear protective gloves/protective clothing/eye protection/face protection.
P264	Wash thoroughly after handling
P261	Avoid breathing mist/vapours/spray.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing.
P302+P352	IF ON SKIN: Rinse thoroughly with plenty of water.
P332+P313	If skin irritation occurs, get medical advice/attention.
P362	Take off contaminated clothing and wash before reuse.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
124-68-5	<1	monoisobutanolamine

The specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret.

SECTION 4 First-aid measures

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay.
Ingestion	<ul style="list-style-type: none"> ▶ Immediately give a glass of water. ▶ First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Most important symptoms and effects, both acute and delayed

See Section 11

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For acute or short term repeated exposures to ethylene glycol:

- ▶ Early treatment of ingestion is important. Ensure emesis is satisfactory.
- ▶ Test and correct for metabolic acidosis and hypocalcaemia.
- ▶ Apply sustained diuresis when possible with hypertonic mannitol.
- ▶ Evaluate renal status and begin haemodialysis if indicated. [I.L.O.]
- ▶ Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.
- ▶ Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.

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- ▶ Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.
- ▶ Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.
- ▶ Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]

It has been suggested that there is a need for establishing a new biological exposure limit before a workshift that is clearly below 100 mmol ethoxy-acetic acids per mole creatinine in morning urine of people occupationally exposed to ethylene glycol ethers. This arises from the finding that an increase in urinary stones may be associated with such exposures.

Laitinen J., et al: Occupational & Environmental Medicine 1996; 53, 595-600

for irritant gas exposures:

- ▶ the presence of the agent when it is inhaled is evanescent (of short duration) and therefore, cannot be washed away or otherwise removed
- ▶ arterial blood gases are of primary importance to aid in determination of the extent of damage. Never discharge a patient significantly exposed to an irritant gas without obtaining an arterial blood sample.
- ▶ supportive measures include suctioning (intubation may be required), volume cycle ventilator support (positive and expiratory pressure (PEEP), steroids and antibiotics, after a culture is taken
- ▶ If the eyes are involved, an ophthalmologic consultation is recommended

Occupational Medicine: Third Edition; Zenz, Dickerson, Horvath 1994 Pub: Mosby

For acute or short term repeated exposures to ammonia and its solutions:

- ▶ Mild to moderate inhalation exposures produce headache, cough, bronchospasm, nausea, vomiting, pharyngeal and retrosternal pain and conjunctivitis. Severe inhalation produces laryngospasm, signs of upper airway obstruction (stridor, hoarseness, difficulty in speaking) and, in excessively, high doses, pulmonary oedema.
- ▶ Warm humidified air may soothe bronchial irritation.
- ▶ Test all patients with conjunctival irritation for corneal abrasion (fluorescein stain, slit lamp exam)
- ▶ Dyspneic patients should receive a chest X-ray and arterial blood gases to detect pulmonary oedema.

SECTION 5 Fire-fighting measures

Extinguishing media

- ▶ Foam.
- ▶ Dry chemical powder.

Special hazards arising from the substrate or mixture

Fire Incompatibility	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Special protective equipment and precautions for fire-fighters

Fire Fighting	<ul style="list-style-type: none"> ▶ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. ▶ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. Combustion products include: carbon dioxide (CO ₂) metal oxides other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.

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	<ul style="list-style-type: none"> ▶ Remove all ignition sources. ▶ Clean up all spills immediately.
Major Spills	Moderate hazard. <ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ DO NOT allow clothing wet with material to stay in contact with skin
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed.

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Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<p>Silicas:</p> <ul style="list-style-type: none"> ▶ react with hydrofluoric acid to produce silicon tetrafluoride gas ▶ react with xenon hexafluoride to produce explosive xenon trioxide ▶ reacts exothermically with oxygen difluoride, and explosively with chlorine trifluoride (these halogenated materials are not commonplace industrial materials) and other fluorine-containing compounds ▶ may react with fluorine, chlorates ▶ are incompatible with strong oxidisers, manganese trioxide, chlorine trioxide, strong alkalis, metal oxides, concentrated orthophosphoric acid, vinyl acetate ▶ may react vigorously when heated with alkali carbonates. ▶ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
monoisobutanolamine	Isobutanol-2-amine	17 mg/m3	190 mg/m3	570 mg/m3


Ingredient	Original IDLH	Revised IDLH
monoisobutanolamine	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
monoisobutanolamine	E	≤ 0.01 mg/m ³

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.

Exposure controls

Appropriate engineering controls	CARE: Explosive vapour air mixtures may be present on opening vessels which have contained liquid ammonia. Fatalities have occurred. 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.
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C apron.

Respiratory protection

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

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

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SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Not Available		
Physical state	Liquid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available
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	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOG g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. The material has NOT been classified by EC Directives or other classification systems as 'harmful by inhalation'. This is because of the lack of corroborating animal or human evidence.</p> <p>The highly irritant properties of ammonia vapour result as the gas dissolves in mucous fluids and forms irritant, even corrosive solutions. Inhalation of the ammonia fumes causes coughing, vomiting, reddening of lips, mouth, nose, throat and conjunctiva while higher concentrations can cause temporary blindness, restlessness, tightness in the chest, pulmonary oedema (lung damage), weak pulse and cyanosis.</p>
Ingestion	<p>Ingestion of propylene glycol produced reversible central nervous system depression in humans following ingestion of 60 ml. Symptoms included increased heart-rate (tachycardia), excessive sweating (diaphoresis) and grand mal seizures in a 15 month child who ingested large doses (7.5 ml/day for 8 days) as an ingredient of vitamin preparation.</p> <p>The material has NOT been classified by EC Directives or other classification systems as 'harmful by ingestion'. This is because of the lack of corroborating animal or human evidence.</p> <p>Large doses of ammonia or injected ammonium salts may produce diarrhoea and may be sufficiently absorbed to produce increased production of urine and systemic poisoning. Symptoms include weakening of facial muscle, tremor, anxiety, reduced muscle and limb control.</p>
Skin Contact	<p>This material can cause inflammation of the skin on contact in some persons.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p> <p>Mild skin reaction is seen with contact of the vapour of this material on moist skin. High concentrations or direct contact with solutions produces severe pain, a stinging sensation, burns and blisters and possible brown stains.</p>
Eye	This material can cause eye irritation and damage in some persons.
Chronic	<p>Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems.</p> <p>Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p>

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	<p>Severe exposure to triethylamine vapours may result in inflammation of the airways, chemical inflammation and fluid build-up in the lungs and even death. Animal testing has shown that chronic exposure can lead to decreased body weights, changes in nervous system function, anaemia, an increase in immature blood cells and chronic inflammation in the lungs.</p> <p>There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment.</p> <p>Amorphous silicas generally are less hazardous than crystalline silicas, but the former can be converted to the latter on heating and subsequent cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling lung disease that may take years to develop.</p> <p>Prolonged or repeated minor exposure to ammonia gas/vapour may cause long-term irritation to the eyes, nose and upper airway. Repeated exposure or prolonged contact may produce skin inflammation and conjunctivitis.</p> <p>Propylene glycol is thought to be sensitizing following the regular use of topical creams by eczema patients. Testing in humans showed that 16% of exposed individuals, irritation occurred, with 12.5% showing toxic or allergic reactions.</p>
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Interior Surface Defender Flat Clear - P11103	TOXICITY	IRRITATION
	Not Available	Not Available

monoisobutanolamine	TOXICITY	IRRITATION
	1000 mg/kg ^[2]	Not Available
	230 mg/kg ^[2]	
	Oral (mouse) LD50: 2150 mg/kg ^[2]	
	Oral (rat) LD50: 2900 mg/kg ^[2]	

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

Interior Surface Defender Flat Clear - P11103	<p>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.</p> <p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>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.</p> <p>The acute oral toxicity of propylene glycol is very low; large amounts are needed to cause perceptible health damage in humans. Serious toxicity generally occurs only at blood concentrations over 1 g/L, which requires extremely high intake over a relatively short period of time; this is nearly impossible with consuming foods or supplements which contain 1g/kg of PG at most.</p> <p>For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d.</p> <p>In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS.</p>
MONOISOBUTANOLAMINE	TRIS AMINO and its surrogate chemicals have very little, if any, toxicity. They are mildly irritating to eyes at moderate concentrations, and do not cause allergic skin reactions.

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

Interior Surface Defender Flat Clear - P11103	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

monoisobutanolamine	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	≈100mg/L	1
	EC50	48	Crustacea	≈193mg/L	1
	EC50	72	Algae or other aquatic plants	402mg/L	2
	NOEC	48	Crustacea	100mg/L	2

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

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

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Propylene glycol is known to exert high levels of biochemical oxygen demand (BOD) during degradation in surface waters. This process can adversely affect aquatic life by consuming oxygen needed by aquatic organisms for survival.

For Surfactants: Kow cannot be easily determined due to hydrophilic/hydrophobic properties of the molecules in surfactants. BCF value: 1-350.

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For Ammonia:

Atmospheric Fate: Ammonia reacts rapidly with available acids (mainly sulfuric, nitric, and sometimes hydrochloric acid) to form the corresponding salts. Ammonia is persistent in the air.

For Amorphous Silica: Amorphous silica is chemically and biologically inert. It is not biodegradable.

For Silica:

Environmental Fate: Most documentation on the fate of silica in the environment concerns dissolved silica, in the aquatic environment, regardless of origin, (man-made or natural), or structure, (crystalline or amorphous).

Terrestrial Fate: Silicon makes up 25.7% of the Earth's crust, by weight, and is the second most abundant element, being exceeded only by oxygen.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
monoisobutanolamine	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
monoisobutanolamine	LOW (BCF = 330)

Mobility in soil

Ingredient	Mobility
monoisobutanolamine	MEDIUM (KOC = 2.196)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal.
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SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
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Land transport (DOT): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

monoisobutanolamine is found on the following regulatory lists

US DOE Temporary Emergency Exposure Limits (TEELs)

US TSCA Chemical Substance Inventory - Interim List of Active Substances

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

Federal Regulations

Superfund Amendments and Reauthorization Act of 1986 (SARA)

Section 311/312 hazard categories

Flammable (Gases, Aerosols, Liquids, or Solids)	No
Gas under pressure	No
Explosive	No
Self-heating	No
Pyrophoric (Liquid or Solid)	No
Pyrophoric Gas	No
Corrosive to metal	No
Oxidizer (Liquid, Solid or Gas)	No
Organic Peroxide	No
Self-reactive	No

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In contact with water emits flammable gas	No
Combustible Dust	No
Carcinogenicity	No
Acute toxicity (any route of exposure)	No
Reproductive toxicity	No
Skin Corrosion or Irritation	Yes
Respiratory or Skin Sensitization	Yes
Serious eye damage or eye irritation	Yes
Specific target organ toxicity (single or repeated exposure)	No
Aspiration Hazard	No
Germ cell mutagenicity	No
Simple Asphyxiant	No
Hazards Not Otherwise Classified	No

US. EPA CERCLA Hazardous Substances and Reportable Quantities (40 CFR 302.4)

None Reported

State Regulations**US. California Proposition 65**

None Reported

National Inventory Status

National Inventory	Status
Australia - AIIIC	Yes
Australia Non-Industrial Use	No (monoisobutanolamine)
Canada - DSL	Yes
Canada - NDSL	No (monoisobutanolamine)
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	Yes
Vietnam - NCI	Yes
Russia - ARIPS	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 and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	08/20/2020
Initial Date	01/21/2019

CONTACT POINT

PLEASE NOTE THAT TITANIUM DIOXIDE IS NOT PRESENT IN CLEAR OR NEUTRAL BASES

SDS Version Summary

Version	Issue Date	Sections Updated
0.4.1.1.1	08/20/2020	Acute Health (inhaled), Chronic Health, Classification, Engineering Control, First Aid (inhaled), Ingredients

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.

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

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OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index

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