

RALI GP HARDENER

RESENE AUTOMOTIVE & LIGHT INDUSTRIAL

Chemwatch Hazard Alert Code: 2

Version No: 1.2
Safety Data Sheet according to HSNO Regulations

Issue Date: 08/04/2015
Print Date: 08/04/2015
Initial Date: 08/04/2015
S.GHS.NZL.EN

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

Product Identifier

Product name	RALI GP HARDENER
Synonyms	Not Available
Proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
Other means of identification	Not Available

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

Relevant identified uses	9514
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Details of the manufacturer/importer

Registered company name	RESENE AUTOMOTIVE & LIGHT INDUSTRIAL
Address	32-50 Vogel Street Naenae Wellington New Zealand
Telephone	+64 4 5770500
Fax	+64 4 5773327
Website	www.resene.co.nz
Email	advice@resene.co.nz

Emergency telephone number

Association / Organisation	NZ POISONS (24hr 7 days)
Emergency telephone numbers	0800 764766
Other emergency telephone numbers	0800 737636

CHEMWATCH EMERGENCY RESPONSE

Primary Number	Alternative Number 1	Alternative Number 2
+800 2436 2255	+612 9186 1132	Not Available

Once connected and if the message is not in your preferred language then please dial 01


SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation. Classified as Dangerous Goods for transport purposes.

GHS Classification ^[1]	Acute Toxicity (Inhalation) Category 5, Carcinogen Category 2, Chronic Aquatic Hazard Category 4, Eye Irritation Category 2A, Flammable Liquid Category 3, Reproductive Toxicity Category 2, Respiratory Sensitizer Category 1, Skin Corrosion/Irritation Category 2, Skin Sensitizer Category 1, STOT - SE Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI
Determined by Chemwatch using GHS/HSNO criteria	6.5B (contact), 6.7B, 6.4A, 6.9B, 6.1E (inhalation), 6.3A, 9.1D, 6.8B, 3.1C, 6.5A (respiratory)

Label elements

GHS label elements	 
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SIGNAL WORD **DANGER**

Continued...

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Hazard statement(s)

H226	Flammable liquid and vapour
H315	Causes skin irritation
H317	May cause an allergic skin reaction
H319	Causes serious eye irritation
H333	May be harmful if inhaled
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled
H351	Suspected of causing cancer
H361	Suspected of damaging fertility or the unborn child
H371	May cause damage to organs
H413	May cause long lasting harmful effects to aquatic life

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
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Precautionary statement(s) Response

P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
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Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised chemical landfill or if organic to high temperature incineration
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
108-88-3	20-40	toluene
28182-81-2	20-40	hexamethylene diisocyanate polymer
822-06-0	<1	hexamethylene diisocyanate
1330-20-7	5-10	xylene
100-41-4	1-5	ethylbenzene

SECTION 4 FIRST AID MEASURES

NZ Poisons Centre 0800 POISON (0800 764 766) | NZ Emergency Services: 111

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. <p>Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.</p>
Ingestion	<ul style="list-style-type: none"> ▶ 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. ▶ Seek medical advice. ▶ Avoid giving milk or oils. ▶ Avoid giving alcohol. ▶ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

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Indication of any immediate medical attention and special treatment needed

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.

for simple esters:

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.
- ▶ Monitor and treat, where necessary, for pulmonary oedema .
- ▶ Monitor and treat, where necessary, for shock.
- ▶ **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.
- ▶ Give activated charcoal.

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 with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- ▶ 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.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Consult a toxicologist as necessary.

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.

Following acute or short term repeated exposures to toluene:

- ▶ Toluene is absorbed across the alveolar barrier, the blood/air mixture being 11.2/15.6 (at 37 degrees C.) The concentration of toluene, in expired breath, is of the order of 18 ppm following sustained exposure to 100 ppm. The tissue/blood proportion is 1/3 except in adipose where the proportion is 8/10.
- ▶ Metabolism by microsomal mono-oxygenation, results in the production of hippuric acid. This may be detected in the urine in amounts between 0.5 and 2.5 g/24 hr which represents, on average 0.8 gm/gm of creatinine. The biological half-life of hippuric acid is in the order of 1-2 hours.
- ▶ Primary threat to life from ingestion and/or inhalation is respiratory failure.
- ▶ Patients should be quickly evaluated for signs of respiratory distress (eg cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO2 <50 mm Hg or pCO2 > 50 mm Hg) should be intubated.
- ▶ Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial damage has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- ▶ A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- ▶ Epinephrine (adrenaline) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.
- ▶ Lavage is indicated in patients who require decontamination; ensure use.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
o-Cresol in urine	0.5 mg/L	End of shift	B
Hippuric acid in urine	1.6 g/g creatinine	End of shift	B, NS
Toluene in blood	0.05 mg/L	Prior to last shift of workweek	

NS: Non-specific determinant; also observed after exposure to other material

B: Background levels occur in specimens collected from subjects NOT exposed

For acute or short term repeated exposures to xylene:

- ▶ Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- ▶ Pulmonary absorption is rapid with about 60-65% retained at rest.
- ▶ Primary threat to life from ingestion and/or inhalation, is respiratory failure.

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- ▶ Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO₂ < 50 mm Hg or pCO₂ > 50 mm Hg) should be intubated.
- ▶ Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- ▶ A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- ▶ Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
Methylhippu-ric acids in urine	1.5 gm/gm creatinine 2 mg/min	End of shift Last 4 hrs of shift	

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.

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. |

- | Fire/Explosion Hazard | |
|-----------------------|------------------------------------|
| | ▶ Liquid and vapour are flammable. |

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

- | Minor Spills | |
|--------------|--------------------------------|
| | ▶ Remove all ignition sources. |

- | Major Spills | |
|--------------|--|
| | ▶ Liquid Isocyanates and high isocyanate vapour concentrations will penetrate seals on self contained breathing apparatus - SCBA should be used inside encapsulating suit where this exposure may occur. |

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

- | Safe handling | |
|---------------|---|
| | ▶ Containers, even those that have been emptied, may contain explosive vapours. |

- | Other information | |
|-------------------|---|
| | ▶ Store in original containers in approved flammable liquid storage area. |

Conditions for safe storage, including any incompatibilities

- | Suitable container | |
|--------------------|--|
| | ▶ Packing as supplied by manufacturer. |

- | Storage incompatibility | |
|-------------------------|---|
| | <p>n-Butyl acetate:</p> <ul style="list-style-type: none"> ▶ reacts with water on standing to form acetic acid and n-butyl alcohol ▶ reacts violently with strong oxidisers and potassium tert-butoxide ▶ is incompatible with caustics, strong acids and nitrates ▶ dissolves rubber, many plastics, resins and some coatings <p>Toluene:</p> <ul style="list-style-type: none"> ▶ reacts violently with strong oxidisers, bromine, bromine trifluoride, chlorine, hydrochloric acid/ sulfuric acid mixture, 1,3-dichloro-5,5-dimethyl-2,4-imidazolidindione, dinitrogen tetroxide, fluorine, concentrated nitric acid, nitrogen dioxide, silver chloride, sulfur dichloride, uranium fluoride, vinyl acetate ▶ forms explosive mixtures with strong acids, strong oxidisers, silver perchlorate, tetranitromethane ▶ is incompatible with bis-toluenediazo oxide ▶ attacks some plastics, rubber and coatings ▶ may generate electrostatic charges, due to low conductivity, on flow or agitation. |

PACKAGE MATERIAL INCOMPATIBILITIES

Not Available

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	toluene	Toluene	188 mg/m ³ / 50 ppm	Not Available	Not Available	Skin absorption
New Zealand Workplace Exposure Standards (WES)	hexamethylene diisocyanate polymer	Isocyanates, all, (as -NCO)	0.02 mg/m ³	0.07 mg/m ³	Not Available	Sensitiser; These values apply to all isocyanates, including prepolymers, present in the workplace air as vapours, mist or dust.

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New Zealand Workplace Exposure Standards (WES)	hexamethylene diisocyanate	Isocyanates, all, (as -NCO)	0.02 mg/m ³	0.07 mg/m ³	Not Available	Sensitiser; These values apply to all isocyanates, including prepolymers, present in the workplace air as vapours, mist or dust.
New Zealand Workplace Exposure Standards (WES)	xylene	Xylene (o-, m-, p-isomers)	217 mg/m ³ / 50 ppm	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	ethylbenzene	Ethyl benzene	434 mg/m ³ / 100 ppm	543 mg/m ³ / 125 ppm	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
toluene	Toluene	Not Available	Not Available	Not Available
hexamethylene diisocyanate polymer	Hexamethylene diisocyanate polymer	7.8 mg/m ³	86 mg/m ³	510 mg/m ³
hexamethylene diisocyanate	Hexamethylene diisocyanate; (1,6-Diisocyanatohexane)	0.005 ppm	0.02 ppm	0.8 ppm
xylene	Xylenes	Not Available	Not Available	Not Available
ethylbenzene	Ethyl benzene	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
toluene	2,000 ppm	500 ppm
hexamethylene diisocyanate polymer	Not Available	Not Available
hexamethylene diisocyanate	Not Available	Not Available
xylene	1,000 ppm	900 ppm
ethylbenzene	2,000 ppm	800 [LEL] ppm

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard.
Personal protection	
Eye and face protection	▶ Safety glasses with side shields.
Skin protection	See Hand protection below
Hands/feet protection	NOTE: ▶ The material may produce skin sensitisation in predisposed individuals.
Body protection	See Other protection below
Other protection	All employees working with isocyanates must be informed of the hazards from exposure to the contaminant and the precautions necessary to prevent damage to their health.
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:

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Material	CPI
BUTYL	C
BUTYL/NEOPRENE	C
CPE	C
HYPALON	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE	C
PE/EVAL/PE	C
PVA	C
PVC	C

Respiratory protection

Type A Filter of sufficient capacity.

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

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 5 x ES	A-AUS / Class 1	-	A-PAPR-AUS / Class 1
up to 25 x ES	Air-line*	A-2	A-PAPR-2
up to 50 x ES	-	A-3	-
50+ 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)

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PVDC/PE/PVDC	C
SARANEX-23	C
SARANEX-23 2-PLY	C
TEFLON	C
VITON	C
VITON/BUTYL	C
VITON/CHLOROBUTYL	C
VITON/NEOPRENE	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.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Note that all of the monopropylene glycol ethers may exist in two isomeric forms, alpha or beta. Clear colourless liquid with strong solvent odour		
Physical state	Liquid	Relative density (Water = 1)	0.969
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)	131	Molecular weight (g/mol)	Not Available
Flash point (°C)	26	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Flammable.	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)	66
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	588

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	▶ Unstable in the presence of incompatible materials.
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 vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	The material may cause moderate inflammation of the skin either following direct contact or after a delay of some time.
Eye	This material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation.
Chronic	There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment.

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RALI GP HARDENER	TOXICITY	IRRITATION
		Not Available
toluene	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 12124 mg/kg ^[2]	Eye (rabbit): 2mg/24h - SEVERE
	Inhalation (rat) LC50: >26700 ppm/1hd ^[2]	Eye (rabbit): 0.87 mg - mild
	Inhalation (rat) LC50: 49 mg/L/4H ^[2]	Eye (rabbit): 100 mg/30sec - mild
	Oral (rat) LD50: 636 mg/kg ^[2]	Skin (rabbit): 20 mg/24h-moderate Skin (rabbit): 500 mg - moderate
hexamethylene diisocyanate polymer	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >5000 mg/kg ^[2]	Skin (rabbit): 500 mg - moderate
	Inhalation (rat) LC50: 18.5 mg/L/1he ^[2]	
hexamethylene diisocyanate	TOXICITY	IRRITATION
	dermal (rat) LD50: >7000 mg/kg ^[1]	Not Available
	Inhalation (rat) LC50: 0.06 mg/L/4h ^[2]	
	Inhalation (rat) LC50: 0.124 mg/L/4H ^[2]	
	Inhalation (rat) LC50: 0.462 mg/L/4H ^[2]	
xylene	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >1700 mg/kg ^[2]	Eye (human): 200 ppm irritant
	Inhalation (rat) LC50: 5000 ppm/4h ^[2]	Eye (rabbit): 5 mg/24h SEVERE
	Oral (rat) LD50: 4300 mg/kg ^[2]	Eye (rabbit): 87 mg mild Skin (rabbit): 500 mg/24h moderate
ethylbenzene	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: ca.15432.6 mg/kg ^[1]	Eye (rabbit): 500 mg - SEVERE
	Inhalation (mouse) LC50: 35.5 mg/L/2H ^[2]	Skin (rabbit): 15 mg/24h mild
	Inhalation (rat) LC50: 55 mg/L/2H ^[2]	
	Oral (rat) LD50: 3500 mg/kg ^[2]	
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's msds. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

TOLUENE	The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.
HEXAMETHYLENE DIISOCYANATE POLYMER	* Bayer SDS ** Ardex SDS
XYLENE	Reproductive effector in rats
ETHYLBENZENE	Liver changes, utheral tract, effects on fertility, foetotoxicity, specific developmental abnormalities (musculoskeletal system) recorded.
RALI GP HARDENER, HEXAMETHYLENE DIISOCYANATE POLYMER, HEXAMETHYLENE DIISOCYANATE	The following information refers to contact allergens as a group and may not be specific to this product.
XYLENE, ETHYLBENZENE	The material may produce severe irritation to the eye causing pronounced inflammation.

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

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Legend:

- ▼ - Data required to make classification available
- ✘ - Data available but does not fill the criteria for classification
- ⊖ - Data Not Available to make classification

CMR STATUS

REPROTOXIN	toluene	ILO Chemicals in the electronics industry that have toxic effects on reproduction	
	xylene	ILO Chemicals in the electronics industry that have toxic effects on reproduction	
SKIN	toluene	New Zealand Workplace Exposure Standards (WES) - Skin	Skin absorption

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

May cause long-term adverse effects in the aquatic environment.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
toluene	LOW (Half-life = 28 days)	LOW (Half-life = 4.33 days)
hexamethylene diisocyanate polymer	HIGH	HIGH
hexamethylene diisocyanate	LOW	LOW
xylene	HIGH (Half-life = 360 days)	LOW (Half-life = 1.83 days)
ethylbenzene	HIGH (Half-life = 228 days)	LOW (Half-life = 3.57 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
toluene	LOW (BCF = 90)
hexamethylene diisocyanate polymer	LOW (LogKOW = 7.5795)
hexamethylene diisocyanate	LOW (LogKOW = 3.1956)
xylene	MEDIUM (BCF = 740)
ethylbenzene	LOW (BCF = 79.43)

Mobility in soil

Ingredient	Mobility
toluene	LOW (KOC = 268)
hexamethylene diisocyanate polymer	LOW (KOC = 18560000)
hexamethylene diisocyanate	LOW (KOC = 5864)
ethylbenzene	LOW (KOC = 517.8)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	▶ Containers may still present a chemical hazard/ danger when empty.
	Ensure that the disposal of material is carried out in accordance with Hazardous Substances (Disposal) Regulations 2001.

SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO
HAZCHEM	•3Y

Land transport (UN)

UN number	1263
Packing group	III
UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
Environmental hazard	No relevant data

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Transport hazard class(es)	Class	3
	Subrisk	Not Applicable
Special precautions for user	Special provisions	163;223;367
	Limited quantity	5 L

Air transport (ICAO-IATA / DGR)

UN number	1263	
Packing group	III	
UN proper shipping name	Paint (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base); Paint related material (including paint thinning or reducing compounds)	
Environmental hazard	No relevant data	
Transport hazard class(es)	ICAO/IATA Class	3
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	3L
Special precautions for user	Special provisions	A3 A72 A192
	Cargo Only Packing Instructions	366
	Cargo Only Maximum Qty / Pack	220 L
	Passenger and Cargo Packing Instructions	355
	Passenger and Cargo Maximum Qty / Pack	60 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y344
	Passenger and Cargo Limited Maximum Qty / Pack	10 L

Sea transport (IMDG-Code / GGVSee)

UN number	1263	
Packing group	III	
UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)	
Environmental hazard	Not Applicable	
Transport hazard class(es)	IMDG Class	3
	IMDG Subrisk	Not Applicable
Special precautions for user	EMS Number	F-E , S-E
	Special provisions	163 223 955
	Limited Quantities	5 L

Transport in bulk according to Annex II of MARPOL 73 / 78 and the IBC code

Source	Ingredient	Pollution Category
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	toluene	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	hexamethylene diisocyanate	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	xylene	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	ethylbenzene	Y

SECTION 15 REGULATORY INFORMATION

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

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR002669	Surface Coatings and Colourants (Flammable, Toxic [6.7]) Group Standard 2006

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toluene(108-88-3) is found on the following regulatory lists	"New Zealand Inventory of Chemicals (NZIoC)", "International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"
hexamethylene diisocyanate polymer(28182-81-2) is found on the following regulatory lists	"New Zealand Inventory of Chemicals (NZIoC)", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"
hexamethylene diisocyanate(822-06-0) is found on the following regulatory lists	"New Zealand Inventory of Chemicals (NZIoC)", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"
xylene(1330-20-7) is found on the following regulatory lists	"New Zealand Inventory of Chemicals (NZIoC)", "International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"
ethylbenzene(100-41-4) is found on the following regulatory lists	"New Zealand Inventory of Chemicals (NZIoC)", "International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs", "New Zealand Workplace Exposure Standards (WES)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals"

Location Test Certificate

Subject to Regulation 55 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations a location test certificate is required when quantity greater than or equal to those indicated below are present.

Hazard Class	Quantity beyond which controls apply for closed containers	Quantity beyond which controls apply when use occurring in open containers
3.1C	500 L in containers greater than 5 L 1500 L in containers up to and including 5 L	250 L 250 L

Approved Handler

Subject to Regulation 56 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations, the substance must be under the personal control of an Approved Handler when present in a quantity greater than or equal to those indicated below.

Class of substance	Quantities
Not Applicable	Not Applicable

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
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
hexamethylene diisocyanate polymer	1192214-73-5, 28182-81-2, 53200-31-0

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

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net/references

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

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