



## TensorGrip FS-900 Canister Spray Adhesive

### QUIN GLOBAL ASIA PACIFIC

Chemwatch Hazard Alert Code: 4

Version No: 1.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: 07/07/2022

Print Date: 05/09/2023

L.GHS.AUS.EN

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

##### Product Identifier

Product name	TensorGrip FS-900 Canister Spray Adhesive
Synonyms	Not Available
Proper shipping name	CHEMICAL UNDER PRESSURE, FLAMMABLE, TOXIC, N.O.S. (contains dimethyl ether)
Other means of identification	Not Available

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

Relevant identified uses	Adhesives
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##### Details of the manufacturer or supplier of the safety data sheet

Registered company name	QUIN GLOBAL ASIA PACIFIC
Address	63 Hincksman Street Queanbeyan, NSW 2620 Australia
Telephone	+61 2 6175 0574
Fax	Not Available
Website	<a href="http://www.quinglobal.com">www.quinglobal.com</a>
Email	sales@qinglobal.com.au

##### Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE (24/7)
Emergency telephone numbers	+61 1800 951 288
Other emergency telephone numbers	+61 3 9573 3188

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

Poisons Schedule	Not Applicable
Classification [1]	Serious Eye Damage/Eye Irritation Category 2A, Sensitisation (Respiratory) Category 1, Specific Target Organ Toxicity - Repeated Exposure Category 2, Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Gases Under Pressure (Liquefied Gas), Sensitisation (Skin) Category 1, Carcinogenicity Category 2, Flammable Gases Category 1A
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

##### Label elements

Hazard pictogram(s)	
Signal word	Danger

##### Hazard statement(s)

H319	Causes serious eye irritation.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.

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H373	May cause damage to organs through prolonged or repeated exposure. (Skin) (Dermal)
AUH044	Risk of explosion if heated under confinement.
H302	Harmful if swallowed.
H315	Causes skin irritation.
H280	Contains gas under pressure; may explode if heated.
H317	May cause an allergic skin reaction.
H351	Suspected of causing cancer.
H220	Extremely flammable gas.

## Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P260	Do not breathe gas.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P272	Contaminated work clothing should not be allowed out of the workplace.

## Precautionary statement(s) Response

P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P377	Leaking gas fire: Do not extinguish, unless leak can be stopped safely.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P314	Get medical advice/attention 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.
P362+P364	Take off contaminated clothing and wash it before reuse.
P381	In case of leakage, eliminate all ignition sources.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P330	Rinse mouth.

## Precautionary statement(s) Storage

P405	Store locked up.
P410+P403	Protect from sunlight. Store in a well-ventilated place.

## 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
75-09-2	20-40	<u>methylene chloride</u>
101-68-8	10-30	<u>4,4'-diphenylmethane diisocyanate (MDI)</u>
141-78-6	<10	<u>ethyl acetate</u>
115-10-6	30-50	<u>dimethyl ether</u>

**Legend:** 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; \* EU IOELVs available

## SECTION 4 First aid measures

## Description of first aid measures

Eye Contact	<ul style="list-style-type: none"> <li>▶ If product comes in contact with eyes remove the patient from gas source or contaminated area.</li> <li>▶ Take the patient to the nearest eye wash, shower or other source of clean water.</li> <li>▶ Open the eyelid(s) wide to allow the material to evaporate.</li> <li>▶ Gently rinse the affected eye(s) with clean, cool water for at least 15 minutes. Have the patient lie or sit down and tilt the head back. Hold the eyelid(s) open and pour water slowly over the eyeball(s) at the inner corners, letting the water run out of the outer corners.</li> </ul>
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	<ul style="list-style-type: none"> <li>▶ The patient may be in great pain and wish to keep the eyes closed. It is important that the material is rinsed from the eyes to prevent further damage.</li> <li>▶ Ensure that the patient looks up, and side to side as the eye is rinsed in order to better reach all parts of the eye(s)</li> <li>▶ Transport to hospital or doctor.</li> <li>▶ Even when no pain persists and vision is good, a doctor should examine the eye as delayed damage may occur.</li> <li>▶ If the patient cannot tolerate light, protect the eyes with a clean, loosely tied bandage.</li> <li>▶ Ensure verbal communication and physical contact with the patient.</li> </ul> <p><b>DO NOT</b> allow the patient to rub the eyes  <b>DO NOT</b> allow the patient to tightly shut the eyes  <b>DO NOT</b> introduce oil or ointment into the eye(s) without medical advice  <b>DO NOT</b> use hot or tepid water.</p>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul> <p>In case of cold burns (frost-bite):</p> <ul style="list-style-type: none"> <li>▶ Move casualty into warmth before thawing the affected part; if feet are affected carry if possible</li> <li>▶ Bathe the affected area immediately in luke-warm water (not more than 35 deg C) for 10 to 15 minutes, immersing if possible and without rubbing</li> <li>▶ <b>DO NOT</b> apply hot water or radiant heat.</li> <li>▶ Apply a clean, dry, light dressing of 'fluffed-up' dry gauze bandage</li> <li>▶ If a limb is involved, raise and support this to reduce swelling</li> <li>▶ If an adult is involved and where intense pain occurs provide pain killers such as paracetamol</li> <li>▶ Transport to hospital, or doctor</li> <li>▶ Subsequent blackening of the exposed tissue indicates potential of necrosis, which may require amputation.</li> </ul>
<b>Inhalation</b>	<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> <ul style="list-style-type: none"> <li>▶ Following exposure to gas, remove the patient from the gas source or contaminated area.</li> <li>▶ NOTE: Personal Protective Equipment (PPE), including positive pressure self-contained breathing apparatus may be required to assure the safety of the rescuer.</li> <li>▶ Prostheses such as false teeth, which may block the airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ If the patient is not breathing spontaneously, administer rescue breathing.</li> <li>▶ If the patient does not have a pulse, administer CPR.</li> <li>▶ If medical oxygen and appropriately trained personnel are available, administer 100% oxygen.</li> <li>▶ Summon an emergency ambulance. If an ambulance is not available, contact a physician, hospital, or Poison Control Centre for further instruction.</li> <li>▶ Keep the patient warm, comfortable and at rest while awaiting medical care.</li> <li>▶ <b>MONITOR THE BREATHING AND PULSE, CONTINUOUSLY.</b></li> <li>▶ Administer rescue breathing (preferably with a demand-valve resuscitator, bag-valve mask-device, or pocket mask as trained) or CPR if necessary.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ Not considered a normal route of entry.</li> <li>▶ Avoid giving milk or oils.</li> <li>▶ Avoid giving alcohol.</li> <li>▶ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.</li> </ul>

**Indication of any immediate medical attention and special treatment needed**

for intoxication due to Freons/ Halons;

A: Emergency and Supportive Measures

- ▶ Maintain an open airway and assist ventilation if necessary
- ▶ Treat coma and arrhythmias if they occur. Avoid (adrenaline) epinephrine or other sympathomimetic amines that may precipitate ventricular arrhythmias. Tachyarrhythmias caused by increased myocardial sensitisation may be treated with propranolol, 1-2 mg IV or esmolol 25-100 microgm/kg/min IV.
- ▶ Monitor the ECG for 4-6 hours

B: Specific drugs and antidotes:

- ▶ There is no specific antidote

C: Decontamination

- ▶ Inhalation; remove victim from exposure, and give supplemental oxygen if available.
- ▶ Ingestion; (a) Prehospital: Administer activated charcoal, if available. **DO NOT** induce vomiting because of rapid absorption and the risk of abrupt onset CNS depression. (b) Hospital: Administer activated charcoal, although the efficacy of charcoal is unknown. Perform gastric lavage only if the ingestion was very large and recent (less than 30 minutes)

D: Enhanced elimination:

- ▶ There is no documented efficacy for diuresis, haemodialysis, haemoperfusion, or repeat-dose charcoal.

*POISONING and DRUG OVERDOSE, Californian Poison Control System Ed. Kent R Olson; 3rd Edition*

- ▶ Do not administer sympathomimetic drugs unless absolutely necessary as material may increase myocardial irritability.
- ▶ No specific antidote.
- ▶ Because rapid absorption may occur through lungs if aspirated and cause systematic effects, the decision of whether to induce vomiting or not should be made by an attending physician.
- ▶ If lavage is performed, suggest endotracheal and/or esophageal control.
- ▶ Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach.
- ▶ Treatment based on judgment of the physician in response to reactions of the patient

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**

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- ▶ 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.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

For gas exposures:

### 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.
- ▶ Anticipate seizures.

### 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.

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

- ▶ Alcohol stable foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.
- ▶ Water spray or fog - Large fires only.

**DO NOT EXTINGUISH BURNING GAS UNLESS LEAK CAN BE STOPPED SAFELY:  
OTHERWISE: LEAVE GAS TO BURN.**

#### FOR SMALL FIRE:

- ▶ Dry chemical, CO2 or water spray to extinguish gas (only if absolutely necessary and safe to do so).
- ▶ **DO NOT use water jets.**

#### FOR LARGE FIRE:

- ▶ Cool cylinder by direct flooding quantities of water onto upper surface until well after fire is out.
- ▶ **DO NOT direct water at source of leak or venting safety devices as icing may occur.**

### Special hazards arising from the substrate or mixture

#### Fire Incompatibility

- ▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

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## Advice for firefighters

Fire Fighting	<p>FOR FIRES INVOLVING MANY GAS CYLINDERS:</p> <ul style="list-style-type: none"> <li>▶ To stop the flow of gas, specifically trained personnel may inert the atmosphere to reduce oxygen levels thus allowing the capping of leaking container(s).</li> <li>▶ Reduce the rate of flow and inject an inert gas, if possible, before completely stopping the flow to prevent flashback.</li> <li>▶ <b>DO NOT extinguish the fire until the supply is shut off</b> otherwise an explosive re-ignition may occur.</li> <li>▶ If the fire is extinguished and the flow of gas continues, used increased ventilation to prevent build-up, of explosive atmosphere.</li> <li>▶ Use non-sparking tools to close container valves.</li> <li>▶ Be CAUTIOUS of a Boiling Liquid Evaporating Vapour Explosion, <i>BLEVE</i>, if fire is impinging on surrounding containers.</li> <li>▶ Direct 2500 litre/min (500 gpm) water stream onto containers above liquid level with the assistance remote monitors.</li> </ul> <p>-----</p> <p>GENERAL</p> <p>-----</p> <ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ May be violently or explosively reactive.</li> <li>▶ Wear breathing apparatus plus protective gloves.</li> <li>▶ Consider evacuation</li> <li>▶ Fight fire from a safe distance, with adequate cover.</li> <li>▶ If safe, switch off electrical equipment until vapour fire hazard removed.</li> <li>▶ Use water delivered as a fine spray to control fire and cool adjacent area.</li> <li>▶ <b>DO NOT approach cylinders suspected to be hot.</b></li> <li>▶ Cool fire-exposed cylinders with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> </ul> <p>-----</p> <p>FIRE FIGHTING PROCEDURES:</p> <p>-----</p> <ul style="list-style-type: none"> <li>▶ The only safe way to extinguish a flammable gas fire is to stop the flow of gas.</li> <li>▶ If the flow cannot be stopped, allow the entire contents of the cylinder to burn while cooling the cylinder and surroundings with water from a suitable distance.</li> <li>▶ Extinguishing the fire without stopping the gas flow may permit the formation of ignitable or explosive mixtures with air. These mixtures may propagate to a source of ignition.</li> </ul> <p>-----</p> <p>SPECIAL HAZARDS</p> <p>-----</p> <ul style="list-style-type: none"> <li>▶ Excessive pressures may develop in a gas cylinder exposed in a fire; this may result in explosion.</li> <li>▶ Cylinders with pressure relief devices may release their contents as a result of fire and the released gas may constitute a further source of hazard for the fire-fighter.</li> <li>▶ Cylinders without pressure-relief valves have no provision for controlled release and are therefore more likely to explode if exposed to fire.</li> </ul> <p>-----</p> <p>FIRE FIGHTING REQUIREMENTS:</p> <p>-----</p> <p>The need for proximity, entry and flash-over protection and special protective clothing should be determined for each incident, by a competent fire-fighting safety professional.</p>
Fire/Explosion Hazard	<ul style="list-style-type: none"> <li>- Combustible.</li> <li>- Moderate fire hazard when exposed to heat or flame.</li> <li>- 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.</li> <li>- Burns with acrid black smoke and poisonous fumes.</li> <li>- Due to reaction with water producing CO<sub>2</sub>-gas, a hazardous build-up of pressure could result if contaminated containers are re-sealed.</li> <li>- Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NO<sub>x</sub> and carbon monoxide.</li> <li>▶ <b>HIGHLY FLAMMABLE:</b> will be easily ignited by heat, sparks or flames.</li> <li>▶ Will form explosive mixtures with air</li> <li>▶ Fire exposed containers may vent contents through pressure relief valves thereby increasing fire intensity and/ or vapour concentration.</li> <li>▶ Vapours may travel to source of ignition and flash back.</li> <li>▶ Containers may explode when heated - Ruptured cylinders may rocket</li> <li>▶ Fire may produce irritating, poisonous or corrosive gases.</li> <li>▶ Runoff may create fire or explosion hazard.</li> <li>▶ May decompose explosively when heated or involved in fire.</li> <li>▶ High concentration of gas may cause asphyxiation without warning.</li> <li>▶ Contact with gas may cause burns, severe injury and/ or frostbite.</li> </ul> <p>Combustion products include:  carbon monoxide (CO)  carbon dioxide (CO<sub>2</sub>)  hydrogen cyanide  isocyanates  and minor amounts of  hydrogen chloride  phosgene  nitrogen oxides (NO<sub>x</sub>)  other pyrolysis products typical of burning organic material.</p> <p><b>Contains low boiling substance:</b> Closed containers may rupture due to pressure buildup under fire conditions.</p> <ul style="list-style-type: none"> <li>▶ Vented gas is more dense than air and may collect in pits, basements.</li> </ul>
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## SECTION 6 Accidental release measures

## Personal precautions, protective equipment and emergency procedures

See section 8

## Environmental precautions

See section 12

Continued...

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## Methods and material for containment and cleaning up

<p><b>Minor Spills</b></p>	<ul style="list-style-type: none"> <li>▶ Avoid breathing vapour and any contact with liquid or gas. Protective equipment including respirator should be used.</li> <li>▶ <b>DO NOT enter confined spaces where gas may have accumulated.</b></li> <li>▶ Shut off all sources of possible ignition and increase ventilation.</li> <li>▶ Clear area of personnel.</li> <li>▶ Stop leak only if safe to do so.</li> <li>▶ Remove leaking cylinders to safe place. release pressure under safe controlled conditions by opening valve.</li> <li>▶ Orientate cylinder so that the leak is gas, not liquid, to minimise rate of leakage</li> <li>▶ Keep area clear of personnel until gas has dispersed.</li> </ul>
<p><b>Major Spills</b></p>	<p>For isocyanate spills of less than 40 litres (2 m<sup>2</sup>):</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Notify supervision and others as necessary.</li> <li>▶ Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots).</li> <li>▶ Control source of leakage (where applicable).</li> <li>▶ Dike the spill to prevent spreading and to contain additions of decontaminating solution.</li> <li>▶ Prevent the material from entering drains.</li> <li>▶ Estimate spill pool volume or area.</li> <li>▶ 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</li> <li>▶ Shovel absorbent/decontaminant solution mixture into a steel drum.</li> <li>▶ 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.</li> <li>▶ Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat decontaminate procedure immediately above</li> <li>▶ Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for incineration.</li> <li>▶ Decontaminate and remove personal protective equipment.</li> <li>▶ Return to normal operation.</li> <li>▶ Conduct accident investigation and consider measures to prevent reoccurrence.</li> </ul> <p><b>Decontamination:</b> 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}.</p> <p>Let stand for 24 hours</p> <p>Three commonly used neutralising fluids each exhibit advantages in different situations.</p> <p><b>Formulation A :</b> liquid surfactant 0.2-2% sodium carbonate 5-10% water to 100%</p> <p><b>Formulation B</b> liquid surfactant 0.2-2% concentrated ammonia 3-8% water to 100%</p> <p><b>Formulation C</b> ethanol, isopropanol or butanol 50% concentrated ammonia 5% water to 100%</p> <p>After application of any of these formulae, let stand for 24 hours.</p> <p>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.</p> <ul style="list-style-type: none"> <li>▶ Avoid contamination with water, alkalies and detergent solutions.</li> <li>▶ Material reacts with water and generates gas, pressurises containers with even drum rupture resulting.</li> <li>▶ <b>DO NOT reseal container if contamination is suspected.</b></li> <li>▶ Open all containers with care.</li> <li>▶ Clear area of all unprotected personnel and move upwind.</li> <li>▶ Alert Emergency Authority and advise them of the location and nature of hazard.</li> <li>▶ May be violently or explosively reactive.</li> <li>▶ Wear full body clothing with breathing apparatus.</li> <li>▶ Prevent by any means available, spillage from entering drains and water-courses.</li> <li>▶ Consider evacuation.</li> <li>▶ Shut off all possible sources of ignition and increase ventilation.</li> <li>▶ No smoking or naked lights within area.</li> <li>▶ Use extreme caution to prevent violent reaction.</li> <li>▶ Stop leak only if safe to do so.</li> <li>▶ Water spray or fog may be used to disperse vapour.</li> <li>▶ <b>DO NOT enter confined space where gas may have collected.</b></li> <li>▶ Keep area clear until gas has dispersed.</li> </ul> <ul style="list-style-type: none"> <li>▶ Remove leaking cylinders to a safe place.</li> <li>▶ Fit vent pipes. Release pressure under safe, controlled conditions</li> <li>▶ Burn issuing gas at vent pipes.</li> <li>▶ <b>DO NOT exert excessive pressure on valve; DO NOT attempt to operate damaged valve.</b></li> </ul>

## TensorGrip FS-900 Canister Spray Adhesive

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

## SECTION 7 Handling and storage

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>· Consider use in closed pressurised systems, fitted with temperature, pressure and safety relief valves which are vented for safe dispersal. Use only properly specified equipment which is suitable for this product, its supply pressure and temperature</li> <li>· The tubing network design connecting gas cylinders to the delivery system should include appropriate pressure indicators and vacuum or suction lines.</li> <li>· Fully-welded types of pressure gauges, where the bourdon tube sensing element is welded to the gauge body, are recommended.</li> <li>· Before connecting gas cylinders, ensure manifold is mechanically secure and does not contain another gas. Before disconnecting gas cylinder, isolate supply line segment proximal to cylinder, remove trapped gas in supply line with aid of vacuum pump</li> <li>· When connecting or replacing cylinders take care to avoid airborne particulates violently ejected when system pressurises.</li> <li>· Consider the use of doubly-contained piping; diaphragm or bellows sealed, soft seat valves; backflow prevention devices; flash arrestors; and flow monitoring or limiting devices. Gas cabinets, with appropriate exhaust treatment, are recommended, as is automatic monitoring of the secondary enclosures and work areas for release.</li> <li>· Use a pressure reducing regulator when connecting cylinder to lower pressure (&lt;100 psig) piping or systems</li> <li>· Use a check valve or trap in the discharge line to prevent hazardous back-flow into the cylinder</li> <li>· Check regularly for spills or leaks. Keep valves tightly closed but do not apply extra leverage to hand wheels or cylinder keys.</li> <li>· Open valve slowly. If valve is resistant to opening then contact your supervisor</li> <li>· Valve protection caps must remain in place unless container is secured with valve outlet piped to use point.</li> <li>· Never insert a pointed object (e.g hooks) into cylinder cap openings as a means to open cap or move cylinder. Such action can inadvertently turn the valve and gas a gas leak. Use an adjustable strap instead of wrench to free an over-tight or rusted cap.</li> <li>· A bubble of gas may buildup behind the outlet dust cap during transportation, after prolonged storage, due to defective cylinder valve or if a dust cap is inserted without adequate evacuation of gas from the line. When loosening dust cap, preferably stand cylinder in a suitable enclosure and take cap off slowly. Never face the dust cap directly when removing it; point cap away from any personnel or any object that may pose a hazard.</li> <li>under negative pressure (relative to atmospheric gas)</li> <li>· Suck back of water into the container must be prevented. Do not allow backfeed into the container.</li> <li>· Do NOT drag, slide or roll cylinders - use a suitable hand truck for cylinder movement</li> <li>· Test for leakage with brush and detergent - <b>NEVER use a naked flame.</b></li> <li>· <b>Do NOT heat cylinder by any means to increase the discharge rate of product from cylinder.</b></li> <li>· Leaking gland nuts may be tightened if necessary.</li> <li>· If a cylinder valve will not close completely, remove the cylinder to a well ventilated location (e.g. outside) and, when empty, tag as FAULTY and return to supplier.</li> <li>· Obtain a work permit before attempting any repairs.</li> <li>· <b>DO NOT attempt repair work on lines, vessels under pressure.</b></li> <li>· Atmospheres must be tested and O.K. before work resumes after leakage. <ul style="list-style-type: none"> <li>▸ Avoid generation of static electricity. Earth all lines and equipment.</li> <li>▸ <b>DO NOT transfer gas from one cylinder to another.</b></li> </ul> </li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▸ Cylinders should be stored in a purpose-built compound with good ventilation, preferably in the open.</li> <li>▸ Such compounds should be sited and built in accordance with statutory requirements.</li> <li>▸ The storage compound should be kept clear and access restricted to authorised personnel only.</li> <li>▸ Cylinders stored in the open should be protected against rust and extremes of weather.</li> <li>▸ Cylinders in storage should be properly secured to prevent toppling or rolling.</li> <li>▸ Cylinder valves should be closed when not in use.</li> <li>▸ Where cylinders are fitted with valve protection this should be in place and properly secured.</li> <li>▸ Gas cylinders should be segregated according to the requirements of the Dangerous Goods Act(s).</li> <li>▸ Cylinders containing flammable gases should be stored away from other combustible materials. Alternatively a fire-resistant partition may be used.</li> <li>▸ Check storage areas for flammable or hazardous concentrations of gases prior to entry.</li> <li>▸ Preferably store full and empty cylinders separately.</li> <li>▸ Full cylinders should be arranged so that the oldest stock is used first.</li> <li>▸ Cylinders in storage should be checked periodically for general condition and leakage.</li> <li>▸ Protect cylinders against physical damage. Move and store cylinders correctly as instructed for their manual handling.</li> </ul> <p><b>NOTE:</b> A 'G' size cylinder is usually too heavy for an inexperienced operator to raise or lower.</p>

### Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▸ <b>DO NOT use aluminium or galvanised containers</b></li> <li>▸ Cylinder: <ul style="list-style-type: none"> <li>· Ensure the use of equipment rated for cylinder pressure.</li> <li>· Ensure the use of compatible materials of construction.</li> <li>· Valve protection cap to be in place until cylinder is secured, connected.</li> <li>· Cylinder must be properly secured either in use or in storage.</li> <li>· Cylinder valve must be closed when not in use or when empty.</li> <li>· Segregate full from empty cylinders.</li> </ul> </li> </ul> <p><b>WARNING:</b> Suckback into cylinder may result in rupture. Use back-flow preventive device in piping.</p>
<b>Storage incompatibility</b>	<p>Dimethyl ether:</p> <ul style="list-style-type: none"> <li>▸ is a peroxidisable gas</li> <li>▸ may be heat and shock sensitive</li> <li>▸ is able to form unstable peroxides on prolonged exposure to air</li> <li>▸ reacts violently with oxidisers, aluminium hydride, lithium aluminium hydride</li> <li>▸ is incompatible with strong acids, metal salts</li> </ul> <p>Methylene chloride</p> <ul style="list-style-type: none"> <li>▸ is a combustible liquid under certain circumstances even though there is no measurable flash point and it is difficult to ignite</li> <li>▸ its is flammable in ambient air in the range 12-23%; increased oxygen content can greatly enhance fire and explosion potential</li> <li>▸ contact with hot surfaces and elevated temperatures can form fumes of hydrogen chloride and phosgene</li> <li>▸ reacts violently with active metals, aluminium, lithium, methanol,, peroxydisulphuryl difluoride, potassium, potassium tert-butoxide, sodium</li> <li>▸ forms explosive mixtures with nitric acid</li> <li>▸ is incompatible with strong oxidisers, strong caustics, alkaline earths and alkali metals</li> </ul>

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- attacks some plastics, coatings and rubber
  - may generate electrostatic charge due to low conductivity
  - Esters react with acids to liberate heat along with alcohols and acids.
  - Strong oxidising acids may cause a vigorous reaction with esters that is sufficiently exothermic to ignite the reaction products.
  - Heat is also generated by the interaction of esters with caustic solutions.
  - Flammable hydrogen is generated by mixing esters with alkali metals and hydrides.
  - Esters may be incompatible with aliphatic amines and nitrates.
  - Segregate from alcohol, water.
- Ethers
- may react violently with strong oxidising agents and acids.
  - can act as bases. - they form salts with strong acids and addition complexes with Lewis acids; the complex between diethyl ether and boron trifluoride is an example.
  - are generally stable to water under neutral conditions and ambient temperatures.
  - are hydrolysed by heating in the presence of halogen acids, particularly hydrogen iodide
  - are relatively inert in other reactions, which typically involve the breaking of the carbon-oxygen bond
    - The tendency of many ethers to form explosive peroxides is well documented.
    - Ethers lacking non-methyl hydrogen atoms adjacent to the ether link are thought to be relatively safe.
    - When solvents have been freed from peroxides (by percolation through a column of activated alumina for example), the absorbed peroxides must promptly be desorbed by treatment with the polar solvents methanol or water, which should be discarded safely.
  - Avoid reaction with water, alcohols and detergent solutions. Isocyanates are electrophiles, and as such they are reactive toward a variety of nucleophiles including alcohols, amines, and even water. Upon treatment with an alcohol, an isocyanate forms a urethane linkage. If a di-isocyanate is treated with a compound containing two or more hydroxyl groups, such as a diol or a polyol, polymer chains are formed, which are known as polyurethanes. Reaction between a di-isocyanate and a compound containing two or more amine groups, produces long polymer chains known as polyureas.
  - Isocyanates and thioisocyanates are incompatible with many classes of compounds, reacting exothermically to release toxic gases. Reactions with amines, strong bases, aldehydes, alcohols, alkali metals, ketones, mercaptans, strong oxidisers, hydrides, phenols, and peroxides can cause vigorous releases of heat. Acids and bases initiate polymerisation reactions in these materials.
  - Isocyanates also can react with themselves. Aliphatic di-isocyanates can form trimers, which are structurally related to cyanuric acid. Isocyanates participate in Diels-Alder reactions, functioning as dienophiles
  - Isocyanates easily form adducts with carbodiimides, isothiocyanates, ketenes, or with substrates containing activated CC or CN bonds.
  - Some isocyanates react with water to form amines and liberate carbon dioxide. This reaction may also generate large volumes of foam and heat. Foaming spaces may produce pressure in confined spaces or containers. Gas generation may pressurise drums to the point of rupture.
  - Do NOT reseal container if contamination is expected
  - Open all containers with care
  - Base-catalysed reactions of isocyanates with alcohols should be carried out in inert solvents. Such reactions in the absence of solvents often occur with explosive violence,
  - Isocyanates will attack and embrittle some plastics and rubbers.
  - The isocyanate anion is a pseudohalide (syn pseudohalogen) whose chemistry, resembling that of the true halogens, allows it to substitute for halogens in several classes of chemical compounds.. The behavior and chemical properties of the several pseudohalides are identical to that of the true halide ions.
    - A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol.
    - The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment.
    - For example, in 'open vessel processes' (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in 'closed vessel processes' (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g.
- BREThERICK: Handbook of Reactive Chemical Hazards, 4th Edition
- Compressed gases may contain a large amount of kinetic energy over and above that potentially available from the energy of reaction produced by the gas in chemical reaction with other substances

## 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	methylene chloride	Methylene chloride	50 ppm / 174 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	4,4'-diphenylmethane diisocyanate (MDI)	Methylene bisphenyl isocyanate (MDI)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
Australia Exposure Standards	ethyl acetate	Ethyl acetate	200 ppm / 720 mg/m3	1440 mg/m3 / 400 ppm	Not Available	Not Available
Australia Exposure Standards	dimethyl ether	Dimethyl ether	400 ppm / 760 mg/m3	950 mg/m3 / 500 ppm	Not Available	Not Available

## Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
methylene chloride	Not Available	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	0.45 mg/m3	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	29 mg/m3	40 mg/m3	240 mg/m3
ethyl acetate	1,200 ppm	1,700 ppm	10000** ppm
dimethyl ether	3,000 ppm	3800* ppm	7200* ppm

Ingredient	Original IDLH	Revised IDLH
methylene chloride	2,300 ppm	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	75 mg/m3	Not Available

Continued...



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Ingredient	Original IDLH	Revised IDLH
ethyl acetate	2,000 ppm	Not Available
dimethyl ether	Not Available	Not Available

**MATERIAL DATA**

For methylene chloride

Odour Threshold Value: 158 ppm (detection), 227 ppm (recognition)

NOTE: Detector tubes for methylene chloride, measuring in excess of 25 ppm are commercially available. Long-term measurements (4 hrs) may be conducted to detect concentrations exceeding 13 ppm.

Exposure at or below the recommended TLV-TWA (and in the absence of occupational exposure to carbon monoxide) is thought to minimise the potential for liver injury and to provide protection against the possible weak carcinogenic effects which have been demonstrated in laboratory rats and mice. Enhancement of tumours of the lung, liver, salivary glands and mammary tissue in rodent studies has led NIOSH to recommend a more conservative outcome. The ACGIH however concludes that in the absence of documentation of health-related injuries at higher exposures after a long history of methylene chloride use and a number of epidemiologic studies, the recommended TLV-TWA provides an adequate margin of safety.

Concentration effects:

Concentration	Clinical effects
>300 ppm	Sweet odour
500-1000 ppm (1-2 h)	Unpleasant odour, slight anaesthetic effects, headache, light-headedness, eye irritation and elevated COHb concentration
2300 ppm (5 min.)	Odour strong, intensely irritating; dizziness
7200 ppm (8-16 min)	Paraesthesia, tachycardia
>50000 ppm	Immediately life-threatening

For ethyl acetate:

Odour Threshold Value: 6.4-50 ppm (detection), 13.3-75 ppm (recognition)

The TLV-TWA provides a significant margin of safety from the standpoint of adverse health effects. Unacclimated subjects found the odour objectionably strong at 200 ppm. Mild nose, eye and throat irritation was experienced at 400 ppm. Workers exposed regularly at concentrations ranging from 375 ppm to 1500 ppm for several months showed no unusual signs or symptoms.

Odour Safety Factor(OSF)

OSF=51 (ETHYL ACETATE)

for dimethyl ether:

The no-effect-level for dimethyl ether is somewhere between 2000 ppm (rabbits) and 50,000 ppm (humans) with possible cardiac sensitisation occurring around 200,000 ppm (dogs).

The AIHA has adopted a safety factor of 100 in respect to the 50,000 ppm level in its recommendation for a workplace environmental exposure level (WEEL) which is thought to protect against both narcotic and sensitising effects. This level is consistent with the TLV-TWA of 400 ppm for diethyl ether and should be easily achievable using current technologies.

The use of the traditionally allowable excursion of 1.25 to the level of 6.25 ppm is felt to be more than adequate as an upper safe limit of exposure.

Human data:

50,000 ppm (12 mins): Feelings of mild intoxication.

75,000 ppm (12 mins): As above plus slight lack of attenuation.

82,000 ppm (12 mins): Some incoordination, slight blurring of vision

(30 mins): As above plus analgesia of the face and rushing of blood to the face.

100,000 ppm (10-20 mins): Narcotic symptoms; (64 mins): Sickness (assumed to be nausea)

144,000 ppm (36 mins):Unconsciousness

These exposure guidelines have been derived from a screening level of risk assessment and should not be construed as unequivocally safe limits. ORGS represent an 8-hour time-weighted average unless specified otherwise.

CR = Cancer Risk/10000; UF = Uncertainty factor:

TLV believed to be adequate to protect reproductive health:

LOD: Limit of detection

Toxic endpoints have also been identified as:

D = Developmental; R = Reproductive; TC = Transplacental carcinogen

Jankovic J., Drake F.: A Screening Method for Occupational Reproductive

American Industrial Hygiene Association Journal 57: 641-649 (1996)

May act as a simple asphyxiants; these are gases which, when present in high concentrations, reduce the oxygen content in air below that required to support breathing, consciousness and life; loss of consciousness, with death by suffocation may rapidly occur in an oxygen deficient atmosphere.

**CARE:** Most simple asphyxiants are odourless or possess low odour and there is no warning on entry into an oxygen deficient atmosphere. If there is any doubt, oxygen content can be checked simply and quickly. It may not be appropriate to only recommend an exposure standard for simple asphyxiants rather it is essential that sufficient oxygen be maintained.

Air normally has 21 percent oxygen by volume, with 18 percent regarded as minimum under normal atmospheric pressure to maintain consciousness / life. At pressures significantly higher or lower than normal atmospheric pressure, expert guidance should be sought.

For diphenylmethane diisocyanate (methylene bisphenyl isocyanate; MDI)

Odour Threshold Value: 0.39 ppm

IDLH Level: 10 mg/m<sup>3</sup>

Mean MDI exposures of less than 0.003 ppm appear to have no acute or chronic effect on pulmonary function.

MDI produces identical toxicological responses to those produced by TDI and the recommended TLV-TWA is identical for the two isocyanates. Exposure at or below the recommended value is thought to protect the worker against pulmonary function decrements as well as to minimise the potential for respiratory tract sensitisation. Individuals who may be hypersusceptible or otherwise unusually responsive to exposure to certain industrial chemicals may not adequately protected from adverse health effects caused by MDI at the recommended TLV-TWA. Ceiling values recommended by NIOSH and OSHA are synonymous with normal excursions allowable for exposures to the TLV-TWA (in excess of 3 x TLV-TWA for no more than a total of 30 minutes during a work day but in any case not exceeding 5 x TLV-TWA).

**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.

- ▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area.
- ▶ Work should be undertaken in an isolated system such as a 'glove-box' . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system.
- ▶ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within.
- ▶ Open-vessel systems are prohibited.
- ▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation.
- ▶ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean

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	<p>make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system.</p> <ul style="list-style-type: none"> <li>▶ For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li> <li>▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas).</li> <li>▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air.</li> <li>▶ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.</li> </ul>
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul style="list-style-type: none"> <li>▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>▶ Full face shield may be required for supplementary but never for primary protection of eyes.</li> <li>▶ 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].</li> </ul>
Skin protection	See Hand protection below
Hands/feet protection	<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <p>For esters:</p> <ul style="list-style-type: none"> <li>▶ Do NOT use natural rubber, butyl rubber, EPDM or polystyrene-containing materials.</li> <li>▶ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves.</li> <li>▶ Protective gloves and overalls should be worn as specified in the appropriate national standard.</li> <li>▶ Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated.</li> <li>▶ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates</li> <li>▶ When handling sealed and suitably insulated cylinders wear cloth or leather gloves.</li> <li>▶ Insulated gloves:</li> </ul> <p>NOTE: Insulated gloves should be loose fitting so that may be removed quickly if liquid is spilled upon them. Insulated gloves are not made to permit hands to be placed in the liquid; they provide only short-term protection from accidental contact with the liquid.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> <li>▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]</li> <li>▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent]</li> <li>▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.</li> <li>▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.</li> <li>▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li> <li>▶ The clothing worn by process operators insulated from earth may develop static charges far higher (up to 100 times) than the minimum ignition energies for various flammable gas-air mixtures. This holds true for a wide range of clothing materials including cotton.</li> <li>▶ Avoid dangerous levels of charge by ensuring a low resistivity of the surface material worn outermost.</li> </ul> <p>BREThERICK: Handbook of Reactive Chemical Hazards.</p> <ul style="list-style-type: none"> <li>▶ Protective overalls, closely fitted at neck and wrist.</li> <li>▶ Eye-wash unit.</li> </ul> <p><b>IN CONFINED SPACES:</b></p> <ul style="list-style-type: none"> <li>▶ Non-sparking protective boots</li> <li>▶ Static-free clothing.</li> <li>▶ Ensure availability of lifeline.</li> </ul> <p>Staff should be trained in all aspects of rescue work.</p> <p>Rescue gear: Two sets of SCBA breathing apparatus Rescue Harness, lines etc.</p> <ul style="list-style-type: none"> <li>▶ Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity.</li> <li>▶ For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets).</li> <li>▶ Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds. Electrical resistance must range between 0 to 500,000 ohms. Conductive shoes should be stored in lockers close to the room in which they are worn. Personnel who have been issued conductive footwear should not wear them from their place of work to their homes and return.</li> </ul>

## Recommended material(s)

## GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

**Forsberg Clothing Performance Index<sup>®</sup>.**

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

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## 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.

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

Continued...

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Material	CPI
BUTYL	C
BUTYL/NEOPRENE	C
CPE	C
HYPALON	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE/EVAL/PE	C
PVA	C
PVC	C
SARANEX-23	C
SARANEX-23 2-PLY	C
TEFLON	C
VITON	C
VITON/BUTYL	C
VITON/CHLOROBUTYL	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.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	AX-AUS	-	AX-PAPR-AUS / Class 1
up to 50 x ES	-	AX-AUS / Class 1	-
up to 100 x ES	-	AX-2	AX-PAPR-2 ^

^ - 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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used
- ▶ Positive pressure, full face, air-supplied breathing apparatus should be used for work in enclosed spaces if a leak is suspected or the primary containment is to be opened (e.g. for a cylinder change)
- ▶ Air-supplied breathing apparatus is required where release of gas from primary containment is either suspected or demonstrated.

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

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

\*\* - Continuous-flow or positive pressure demand.

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 deg C)

## SECTION 9 Physical and chemical properties

## Information on basic physical and chemical properties

Appearance	Not Available		
Physical state	Liquified Gas	Relative density (Water = 1)	0.709
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	350
pH (as supplied)	Not Available	Decomposition temperature (°C)	Not Applicable
Melting point / freezing point (°C)	-141.5	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	-24.8	Molecular weight (g/mol)	Not Available
Flash point (°C)	-41.1	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available

Continued...

## TensorGrip FS-900 Canister Spray Adhesive

Upper Explosive Limit (%)	3.4	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	18.2	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	434	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	1.6	VOC g/L	Not Available

## SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul>
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

<b>Inhaled</b>	<p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects. Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>The main effects of simple aliphatic esters are narcosis and irritation and anaesthesia at higher concentrations. These effects become greater as the molecular weights and boiling points increase. Central nervous system depression, headache, drowsiness, dizziness, coma and neurobehavioral changes may also be symptomatic of overexposure. Respiratory tract involvement may produce mucous membrane irritation, dyspnea, and tachypnea, pharyngitis, bronchitis, pneumonitis and, in massive exposures, pulmonary oedema (which may be delayed). Gastrointestinal effects include nausea, vomiting, diarrhoea and abdominal cramps. Liver and kidney damage may result from massive exposures.</p> <p>Ethers produce narcosis following inhalation.</p> <p>Inhalation of lower alkyl ethers may result in central nervous system depression or stimulation, intoxication, headache, dizziness, weakness, blurred vision, seizures and possible coma. Cardiovascular involvement may produce hypotension, bradycardia and cardiovascular collapse, whilst respiratory symptoms might include irritation of nose and throat, cough, laryngeal spasm, pharyngitis, irregular respiration, depression, pulmonary oedema and respiratory arrest. Nausea, vomiting and salivation might also indicate overexposure.</p> <p>Convulsions, respiratory distress or paralysis, asphyxia, pneumonitis, and unconsciousness are all serious manifestations of poisoning. Fatalities have been reported. Kidney and liver damage with interstitial cystitis may result from massive exposures.</p> <p>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</p> <p>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.</p> <p>Symptoms of asphyxia (suffocation) may include headache, dizziness, shortness of breath, muscular weakness, drowsiness and ringing in the ears. If the asphyxia is allowed to progress, there may be nausea and vomiting, further physical weakness and unconsciousness and, finally, convulsions, coma and death. Significant concentrations of the non-toxic gas reduce the oxygen level in the air. As the amount of oxygen is reduced from 21 to 14 volume %, the pulse rate accelerates and the rate and volume of breathing increase. The ability to maintain attention and think clearly is diminished and muscular coordination is somewhat disturbed. As oxygen decreases from 14-10% judgement becomes faulty; severe injuries may cause no pain. Muscular exertion leads to rapid fatigue. Further reduction to 6% may produce nausea and vomiting and the ability to move may be lost. Permanent brain damage may result even after resuscitation at exposures to this lower oxygen level. Below 6% breathing is in gasps and convulsions may occur. Inhalation of a mixture containing no oxygen may result in unconsciousness from the first breath and death will follow in a few minutes.</p> <p>The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.</p> <p>Inhalation exposure may cause susceptible individuals to show change in heart beat rhythm i.e. cardiac arrhythmia. Exposures must be terminated.</p> <p>Acute intoxication by halogenated aliphatic hydrocarbons appears to take place over two stages. Signs of a reversible narcosis are evident in the first stage and in the second stage signs of injury to organs may become evident, a single organ alone is (almost) never involved.</p>
<b>Ingestion</b>	<p>Ingestion of alkyl ethers may produce symptoms similar to those produced following inhalation.</p> <p>Not normally a hazard due to physical form of product.</p> <p>Considered an unlikely route of entry in commercial/industrial environments</p> <p>Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>Central nervous system (CNS) depression may include nonspecific discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal.</p>

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<p><b>Skin Contact</b></p>	<p>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. Alkyl ethers may defat and dehydrate the skin producing dermatoses. Absorption may produce headache, dizziness, and central nervous system depression. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected. Vapourising liquid causes rapid cooling and contact may cause cold burns, frostbite, even through normal gloves. Frozen skin tissues are painless and appear waxy and yellow. Signs and symptoms of frost-bite may include 'pins and needles', paleness followed by numbness, a hardening and stiffening of the skin, a progression of colour changes in the affected area, (first white, then mottled and blue and eventually black; on recovery, red, hot, painful and blistered).</p> <p>The material produces severe skin irritation; evidence exists, or practical experience predicts, that the material either:</p> <ul style="list-style-type: none"> <li>▶ produces severe inflammation of the skin in a substantial number of individuals following direct contact, and/or</li> <li>▶ produces significant and severe 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.</li> <li>▶ 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.</li> </ul> <p><b>NOTE:</b> Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p>
<p><b>Eye</b></p>	<p>Direct contact with the eye may not cause irritation because of the extreme volatility of the gas; however concentrated atmospheres may produce irritation after brief exposures.. Eye contact with alkyl ethers (vapours or liquid) may produce irritation, redness and lachrymation. Limited evidence or practical experience suggests, that the material may cause moderate 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 exposure may cause moderate inflammation (similar to windburn) characterised by a temporary redness of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>
<p><b>Chronic</b></p>	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. 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. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. On the basis of epidemiological data, the material is regarded as carcinogenic to humans. There is sufficient data to establish a causal association between human exposure to the material and the development of cancer. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. 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. Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects. 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. The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components. This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces. The faecal excretion in these animals was considered entirely due to ingestion of radioactivity from grooming and ingestion of deposited material from the nasopharyngeal region via the mucociliary escalator, i.e. not following systemic absorption. The faecal radioactivity was tentatively identified as mixed molecular weight polyureas derived from MDI. Diamine was not present. Thus, for MDI and diisocyanates in general the oral gavage dosing route is inappropriate for toxicological studies and risk assessment. It is expected that oral gavage dosing will result in a similar outcome to that produced by TDI or MDI, that is (1) reaction with stomach contents and (2) polymerization to solid polyureas.</p> <ul style="list-style-type: none"> <li>▶ Reaction with stomach contents is very plausibly described in case reports of accidental ingestion of polymeric MDI based glue in domestic animals. Extensive polymerization and CO<sub>2</sub> liberation resulting in an expansion of the gastric content is described in the stomach, without apparent acute chemical toxicity</li> <li>▶ Polyurea formation in organic and aqueous phases has been described. In this generally accepted chemistry of hydrolysis of an isocyanate the initially produced carbamate decarboxylates to an amine which. The amine, as a reactive intermediate, then reacts very readily with the present isocyanate to produce a solid and inert polyurea. This urea formation acts as a pH buffer in the stomach, thus promoting transformation of the diisocyanate into polyurea, even under the acidic conditions.</li> </ul> <p>At the absorptive tissues in the small intestine, these high molecular reaction products are likely to be of very low bioavailability, which is substantiated by the absence of systemic toxicity in acute oral bioassays with rats at the OECD limit dose (LC50&gt;2 g/kg bw).</p>

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	<p>The respiratory tract may be regarded as the main entry for systemically available isocyanates as evidenced following MDI exposures. A detailed summary on urinary, plasma and in vitro metabolite studies is provided below. Taken together, all available studies provide convincing evidence that MDI-protein adduct and MDI-metabolite formation proceeds:</p> <ul style="list-style-type: none"> <li>▶ via formation of a labile isocyanate glutathione (GSH)-adduct,</li> <li>▶ then transfer to a more stable adduct with larger proteins, and</li> <li>▶ without formation of free MDA. MDA reported as a metabolite is actually formed by analytical workup procedures (strong acid or base hydrolysis) and is not an identified metabolite in urine or blood</li> </ul> <p>Chronic exposure to alkyl ethers may result in loss of appetite, excessive thirst, fatigue, and weight loss</p> <p>Methylene chloride exposures cause liver and kidney damage in animals and this justifies consideration before exposing persons with a history of impaired liver function and/or renal disorders.</p> <p>Chronic exposure may produce central nervous system damage including confusion, delusions, slurred speech, memory impairment, anxiety, focal seizures, encephalopathy and visual and auditory hallucinations. These effects are probably due to chronic carbon monoxide poisoning resulting from methylene chloride metabolism.</p> <p>Two epidemiological studies of workers exposed to methylene chloride have been published. An excess in pancreatic tumours was noted in one study. Chronic exposure to methylene chloride (approximately 30-120 ppm TWA) did not appear to increase the risk of deaths arising from lung cancer or cardiovascular disease. A study from Zeneca's Central Toxicology Laboratory added further support to the claim that solvent methylene chloride is not a human carcinogen. This study supported a previous finding by the European Centre of Ecology and Toxicology (ECETOC) that methylene chloride induced-cancers, previously identified in mice, were a consequence of a unique metabolic pathway found only in mice.</p>
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TensorGrip FS-900 Canister Spray Adhesive	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available

methylene chloride	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >2000 mg/kg <sup>[2]</sup>	Eye(rabbit): 162 mg - moderate
	Inhalation(Rat) LC50: 76 mg/L4h <sup>[2]</sup>	Eye(rabbit): 500 mg/24hr - mild
	Oral (Rat) LD50: 1600 mg/kg <sup>[2]</sup>	Skin (rabbit): 100mg/24hr-moderate
		Skin (rabbit): 810 mg/24hr-SEVERE

4,4'-diphenylmethane diisocyanate (MDI)	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: >6200 mg/kg <sup>[2]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Inhalation(Rat) LC50: 0.368 mg/L4h <sup>[1]</sup>	Skin (rabbit): 500 mg /24 hours Dermal Sensitiser *Respiratory Sensitiser (g.pig) [* = Bayer CCINFO 2133615]
	Oral (Mouse) LD50; 2200 mg/kg <sup>[2]</sup>	Skin: adverse effect observed (irritating) <sup>[1]</sup>

ethyl acetate	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: >18000 mg/kg <sup>[2]</sup>	Eye (human): 400 ppm
	Inhalation(Mouse) LC50; >18 mg/14h <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Oral (Mouse) LD50; 4100 mg/kg <sup>[2]</sup>	Skin: no adverse effect observed (not irritating) <sup>[1]</sup>

dimethyl ether	<b>TOXICITY</b>	<b>IRRITATION</b>
	Inhalation(Rat) LC50: >20000 ppm4h <sup>[1]</sup>	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

TensorGrip FS-900 Canister Spray Adhesive	<p>Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.</p> <p>Generally, linear and branched-chain alkyl esters are hydrolysed to their component alcohols and carboxylic acids in the intestinal tract, blood and most tissues throughout the body. Following hydrolysis the component alcohols and carboxylic acids are metabolized</p> <p>Oral acute toxicity studies have been reported for 51 of the 67 esters of aliphatic acyclic primary alcohols and aliphatic linear saturated carboxylic acids. The very low oral acute toxicity of this group of esters is demonstrated by oral LD50 values greater than 1850 mg/kg bw</p> <p>Genotoxicity studies have been performed in vitro using the following esters of aliphatic acyclic primary alcohols and aliphatic linear saturated carboxylic acids: methyl acetate, butyl acetate, butyl stearate and the structurally related isoamyl formate and demonstrates that these substances are not genotoxic.</p> <p>The JEFCA Committee concluded that the substances in this group would not present safety concerns at the current levels of intake the esters of aliphatic acyclic primary alcohols and aliphatic linear saturated carboxylic acids are generally used as flavouring substances up to average maximum levels of 200 mg/kg. Higher levels of use (up to 3000 mg/kg) are permitted in food categories such as chewing gum and hard candy. In Europe the upper use levels for these flavouring substances are generally 1 to 30 mg/kg foods and in special food categories like candy and alcoholic beverages up to 300 mg/kg foods</p> <p><b>International Program on Chemical Safety: the Joint FAO/WHO Expert Committee on Food Additives (JECFA)</b> <b>Esters of Aliphatic acyclic primary alcohols with aliphatic linear saturated carboxylic acids.; 1998</b></p>
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METHYLENE CHLORIDE	<p>Inhalation (human) TLo: 500 ppm/ 1 y - I Eye(rabbit): 10 mg - mild</p> <p>The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.</p> <p>Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p> <p><b>WARNING:</b> This substance has been classified by the IARC as Group 2A: Probably Carcinogenic to Humans.</p>
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## TensorGrip FS-900 Canister Spray Adhesive

<p>4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)</p>	<p>Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate The substance is classified by IARC as Group 3: <b>NOT</b> classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing. 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. 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 (&lt;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. <b>Oncogenicity:</b> 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/m<sup>3</sup>) 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 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. <b>Respiratory and Dermal Sensitization:</b> 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. <b>Dermal Irritation:</b> 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-methylenbis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.</p>
<p>TensorGrip FS-900 Canister Spray Adhesive &amp; 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI) &amp; ETHYL ACETATE</p>	<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. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.</p>
<p>TensorGrip FS-900 Canister Spray Adhesive &amp; 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)</p>	<p>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). 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. 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. 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.</p>
<p>TensorGrip FS-900 Canister Spray Adhesive &amp; METHYLENE CHLORIDE</p>	

## TensorGrip FS-900 Canister Spray Adhesive

**METHYLENE CHLORIDE & 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)**

The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

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**

TensorGrip FS-900 Canister Spray Adhesive	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

methylene chloride	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	2-5.4	7
	EC50	72h	Algae or other aquatic plants	202-286mg/l	4
	EC50	48h	Crustacea	108.5mg/l	1
	EC50	96h	Algae or other aquatic plants	0.98mg/l	4
	LC50	96h	Fish	2-3.3mg/l	4
	EC50(ECx)	96h	Algae or other aquatic plants	0.98mg/l	4

4,4'-diphenylmethane diisocyanate (MDI)	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	672h	Fish	61-150	7
	EC50	48h	Crustacea	>100mg/l	2
	LC50	96h	Fish	95.24-134.37mg/l	Not Available
	NOEC(ECx)	504h	Crustacea	>=10mg/l	2

ethyl acetate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	1800-3200mg/l	4
	EC50	48h	Crustacea	164mg/l	1
	EC50	96h	Algae or other aquatic plants	2500mg/l	4
	LC50	96h	Fish	>75.6mg/l	2
	NOEC(ECx)	72h	Algae or other aquatic plants	>100mg/l	1

dimethyl ether	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	>4400mg/L	2
	EC50	96h	Algae or other aquatic plants	154.917mg/l	2
	LC50	96h	Fish	1783.04mg/l	2
	NOEC(ECx)	48h	Crustacea	>4000mg/l	1

**Legend:** *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*

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.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

For methylene chloride:

log Kow: 1.25

log Koc: 1.68

log Kom: 1.44

Henry's atm m<sup>3</sup>/mol: 2.68E-03

BCF: 5

**Environmental fate:**

Methylene chloride is a volatile liquid, and tends to volatilise to the atmosphere from water and soil. The half-life of methylene chloride volatilisation from water has been found to be 21 minutes under experimental conditions but actual volatilisation from natural waters will depend on the rate of mixing, wind speed, temperature, and other factors. The Henry's law constant value (H) of 0.002 atm/m<sup>3</sup>/mol indicates that methylene chloride will volatilise rapidly from moist soil and water surfaces.

Methylene chloride is not strongly sorbed to soils or sediments. Based on its low soil organic carbon partitioning coefficient (Koc) of 25, methylene chloride is likely to be very highly mobile in soils and may be expected to leach from soils into groundwater.

Continued...



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Based on a reported log octanol/water partition coefficient (Kow) of 1.3 an estimated bioconcentration factor (BCF) of 2.3 was derived. There is no evidence of biomagnification, but because the estimated BCF is low, significant biomagnification of methylene chloride in aquatic food chains is not expected.

**Air:** The main degradation pathway for methylene chloride in air is its reaction with photochemically generated hydroxyl radicals. Thus, the atmospheric lifetime of methylene chloride may be predicted from the hydroxyl radical concentration in air and the rate of reaction. Most reported rates for hydroxyl radical reaction with methylene chloride range from  $1.0 \times 10^{-13}$  to  $1.5 \times 10^{-13}$  cm<sup>3</sup>/mol/sec, and estimates of average atmospheric hydroxyl radical concentration range from  $2.5 \times 10^5$  to  $1 \times 10^6$  mol/cm<sup>3</sup>. Using this information, an average atmospheric lifetime for methylene chloride may be calculated to be 130 days. Because this degradation pathway is relatively slow, methylene chloride may become widely dispersed but is not likely to accumulate in the atmosphere. The small amount of methylene chloride which reaches the stratosphere (about 1%) may undergo direct photolytic degradation; however, photolysis in the troposphere is not expected. Reactions of methylene chloride with ozone or other common atmospheric species (e.g., oxygen atoms, chlorine atoms, and nitrate radicals) are not believed to contribute to its breakdown.

**Water:** Methylene chloride undergoes slow hydrolysis in water. The experimental half-life reported for the hydrolysis reaction, at neutral conditions, is approximately 18 months at 25 C.

However, the rate of reaction varies greatly with changes in temperature and pH. A hydrolytic half-life of 14 days was reported for methylene chloride in acidic solutions at 80-150 C. This experimental value, when extrapolated to 25 C, is about 700 years. Different mechanisms of hydrolyses may be responsible for these two widely different values.

Both aerobic and anaerobic biodegradation may be an important fate process for methylene chloride in water. Methylene chloride has been observed to undergo degradation at a rapid rate under aerobic conditions. Reported total methylene chloride loss was 100% after 7 days in a static culture flask biodegradability screening test.

**Sediment and Soil:** The rate of biodegradation was found to be dependent on soil type, substrate concentration, and redox state of the soil. Methylene chloride biodegradation has been reported to occur under both aerobic conditions and anaerobic conditions. The biodegradation of methylene chloride appears to be accelerated by the presence of elevated levels of organic carbon.

Methylene chloride has a low tendency to absorb to soil; therefore, there is a potential for leaching to groundwater. Also, because of the high vapor pressure, volatilisation to air is also a likely fate process from dry soil. Its high Henry's law constant (0.002 atm/m<sup>3</sup>/mol) indicates that volatilization from moist soil is also likely.

Most ethers are very resistant to hydrolysis, and the rate of cleavage of the carbon-oxygen bond by abiotic processes is expected to be insignificant.

Direct photolysis will not be an important removal process since aliphatic ethers do not absorb light at wavelengths >290 nm

**DO NOT discharge into sewer or waterways.**

### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
methylene chloride	LOW (Half-life = 56 days)	HIGH (Half-life = 191 days)
4,4'-diphenylmethane diisocyanate (MDI)	LOW (Half-life = 1 days)	LOW (Half-life = 0.24 days)
ethyl acetate	LOW (Half-life = 14 days)	LOW (Half-life = 14.71 days)
dimethyl ether	LOW	LOW

### Bioaccumulative potential

Ingredient	Bioaccumulation
methylene chloride	LOW (BCF = 40)
4,4'-diphenylmethane diisocyanate (MDI)	LOW (BCF = 15)
ethyl acetate	HIGH (BCF = 3300)
dimethyl ether	LOW (LogKOW = 0.1)

### Mobility in soil

Ingredient	Mobility
methylene chloride	LOW (KOC = 23.74)
4,4'-diphenylmethane diisocyanate (MDI)	LOW (KOC = 376200)
ethyl acetate	LOW (KOC = 6.131)
dimethyl ether	HIGH (KOC = 1.292)


## SECTION 13 Disposal considerations

### Waste treatment methods

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Evaporate or incinerate residue at an approved site.</li> <li>▶ Return empty containers to supplier.</li> <li>▶ Ensure damaged or non-returnable cylinders are gas-free before disposal.</li> </ul>
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## SECTION 14 Transport information

### Labels Required

 	
<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	2WE

### Land transport (ADG)

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<b>UN number or ID number</b>	3504	
<b>UN proper shipping name</b>	CHEMICAL UNDER PRESSURE, FLAMMABLE, TOXIC, N.O.S. (contains dimethyl ether)	
<b>Transport hazard class(es)</b>	Class	2.1
	Subsidiary risk	6.1
<b>Packing group</b>	Not Applicable	
<b>Environmental hazard</b>	Not Applicable	
<b>Special precautions for user</b>	Special provisions	274 362
	Limited quantity	0

## Air transport (ICAO-IATA / DGR)

<b>UN number</b>	3504	
<b>UN proper shipping name</b>	Chemical under pressure, flammable, toxic, n.o.s. * (contains dimethyl ether)	
<b>Transport hazard class(es)</b>	ICAO/IATA Class	2.1
	ICAO / IATA Subsidiary Hazard	6.1
	ERG Code	10P
<b>Packing group</b>	Not Applicable	
<b>Environmental hazard</b>	Not Applicable	
<b>Special precautions for user</b>	Special provisions	A1 A187
	Cargo Only Packing Instructions	218
	Cargo Only Maximum Qty / Pack	75 kg
	Passenger and Cargo Packing Instructions	Forbidden
	Passenger and Cargo Maximum Qty / Pack	Forbidden
	Passenger and Cargo Limited Quantity Packing Instructions	Forbidden
	Passenger and Cargo Limited Maximum Qty / Pack	Forbidden

## Sea transport (IMDG-Code / GGVSee)

<b>UN number</b>	3504	
<b>UN proper shipping name</b>	CHEMICAL UNDER PRESSURE, FLAMMABLE, TOXIC, N.O.S. (contains dimethyl ether)	
<b>Transport hazard class(es)</b>	IMDG Class	2.1
	IMDG Subrisk	6.1
<b>Packing group</b>	Not Applicable	
<b>Environmental hazard</b>	Not Applicable	
<b>Special precautions for user</b>	EMS Number	F-D, S-U
	Special provisions	274 362
	Limited Quantities	0

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

Not Applicable

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

Product name	Group
methylene chloride	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	Not Available
ethyl acetate	Not Available
dimethyl ether	Not Available

## Transport in bulk in accordance with the IGC Code

Product name	Ship Type
methylene chloride	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	Not Available
ethyl acetate	Not Available
dimethyl ether	Not Available

## SECTION 15 Regulatory information

## TensorGrip FS-900 Canister Spray Adhesive

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

## methylene chloride is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals  
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5  
 Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List  
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs  
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2A: Probably carcinogenic to humans

## 4,4'-diphenylmethane diisocyanate (MDI) is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals  
 Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring  
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

Australian Inventory of Industrial Chemicals (AIIC)  
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

## ethyl acetate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

## dimethyl ether is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals  
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Australian Inventory of Industrial Chemicals (AIIC)

## National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (methylene chloride; 4,4'-diphenylmethane diisocyanate (MDI); ethyl acetate; dimethyl ether)
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 - FBEPH	Yes
<b>Legend:</b>	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

## SECTION 16 Other information

Revision Date	07/07/2022
Initial Date	16/05/2022

## Other information

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

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

## Definitions and abbreviations

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

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IECSC: Inventory of Existing Chemical Substance in China  
EINECS: European INventory of Existing Commercial chemical Substances  
ELINCS: European List of Notified Chemical Substances  
NLP: No-Longer Polymers  
ENCS: Existing and New Chemical Substances Inventory  
KECI: Korea Existing Chemicals Inventory  
NZIoC: New Zealand Inventory of Chemicals  
PICCS: Philippine Inventory of Chemicals and Chemical Substances  
TSCA: Toxic Substances Control Act  
TCSI: Taiwan Chemical Substance Inventory  
INSQ: Inventario Nacional de Sustancias Químicas  
NCI: National Chemical Inventory  
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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