

Thermon NH Nonhardening

Thermon

Chemwatch: 23-3096

Version No: 2.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: 27/06/2017

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

Product Identifier

Product name	Thermon NH Nonhardening
Synonyms	MSDS No.: HTC-05
Other means of identification	Not Available

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

Relevant identified uses	Heat transfer compound.
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Details of the supplier of the safety data sheet

Registered company name	Thermon
Address	30 London Drive Bayswater Victoria 3153 Australia
Telephone	+61 3 9762 6900
Fax	+61 3 9762 9519
Website	Not Available
Email	Not Available

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	Not Available
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification	Not Applicable

Label elements

Hazard pictogram(s)	Not Applicable
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SIGNAL WORD	NOT APPLICABLE
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Hazard statement(s)

Not Applicable

Precautionary statement(s) Prevention

Not Applicable

Precautionary statement(s) Response

Not Applicable

Continued...

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
29408-67-1	30-60	<u>polypropylene glycol azelate</u>
7782-42-5	30-60	<u>graphite, natural</u>
7440-44-0	30-60	<u>carbon, non-activated</u>
13983-17-0	1-5	<u>wollastonite</u>

SECTION 4 FIRST AID MEASURES**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor.
Ingestion	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 FIREFIGHTING MEASURES**Extinguishing media**

- ▶ There is no restriction on the type of extinguisher which may be used.
- ▶ Use extinguishing media suitable for surrounding area.

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	▶ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles.
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	<ul style="list-style-type: none"> ▶ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use. 												
Fire/Explosion Hazard	<p>A fire in bulk finely divided carbon may not be obviously visible unless the material is disturbed and sparks appear. A straw broom may be useful to produce the disturbance.</p> <p style="text-align: center;">Explosion and Ignition Behaviour of Carbon Black with Air</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Lower Limit for Explosion:</td> <td>50 g/m3 (carbon black in air)</td> </tr> <tr> <td>Maximum Explosion Pressure:</td> <td>10 bar</td> </tr> <tr> <td>Maximum Rate of Pressure Rise:</td> <td>30-100 bar/sec</td> </tr> <tr> <td>Minimum Ignition Temperature:</td> <td>315 deg. C.</td> </tr> <tr> <td>Ignition Energy:</td> <td>>1 kJ</td> </tr> <tr> <td>Glow Temperature:</td> <td>500 deg. C. (approx.)</td> </tr> </table> <p>Notes on Test Methods: Tests 1, 2 and 3 were conducted by Bergwerkeschaftliche Versuchstrecke, Dortmunde-Derne, using a 1 m3 vessel with two chemical igniters having an intensity of 5000 W.S. Tests 1 and 2 results are confirmed by information in the Handbook of Powder Technology, Vol. 4 (P. Field) In Test 4, a modified Godbert-Greenwald furnace was used. See U.S. Bureau of Mines, Report 5624, 1960, p.5, "Lab Equipment and Test Procedures". Test 5 used a 1 m3 vessel with chemical igniters of variable intensity. Test 6 was conducted in a laboratory oven. Active glowing appeared after 3 minutes exposure. (European Committee for Biological Effects of Carbon Black) (2/84) Combustion products include:</p> <ul style="list-style-type: none"> , carbon dioxide (CO2) , aldehydes , hydrogen fluoride , silicon dioxide (SiO2) , other pyrolysis products typical of burning organic material. <p>May emit poisonous fumes. May emit corrosive fumes.</p>	Lower Limit for Explosion:	50 g/m3 (carbon black in air)	Maximum Explosion Pressure:	10 bar	Maximum Rate of Pressure Rise:	30-100 bar/sec	Minimum Ignition Temperature:	315 deg. C.	Ignition Energy:	>1 kJ	Glow Temperature:	500 deg. C. (approx.)
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Glow Temperature:	500 deg. C. (approx.)												
HAZCHEM	Not Applicable												

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<p>Slippery when spilt.</p> <ul style="list-style-type: none"> ▶ Clean up waste regularly and abnormal spills immediately. ▶ Avoid breathing dust and contact with skin and eyes. ▶ Wear protective clothing, gloves, safety glasses and dust respirator. ▶ Use dry clean up procedures and avoid generating dust. ▶ Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use). ▶ Dampen with water to prevent dusting before sweeping. ▶ Place in suitable containers for disposal. <ul style="list-style-type: none"> ▶ Clean up all spills immediately. ▶ Avoid contact with skin and eyes. ▶ Wear impervious gloves and safety goggles.
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	<ul style="list-style-type: none"> ▶ Trowel up/scrape up. ▶ Place spilled material in clean, dry, sealed container. ▶ Flush spill area with water.
Major Spills	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Neutralise/decontaminate residue (see Section 13 for specific agent). ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▶ If contamination of drains or waterways occurs, advise emergency services. <p>Slippery when spilt.</p>

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<p>NOTE:</p> <ul style="list-style-type: none"> ▶ Wet, activated carbon removes oxygen from the air thus producing a severe hazard to workers inside carbon vessels and in enclosed or confined spaces where activated carbons might accumulate. ▶ Before entry to such areas, sampling and test procedures for low oxygen levels should be undertaken; control conditions should be established to ensure the availability of adequate oxygen supply. ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ DO NOT allow material to contact humans, exposed food or food utensils. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	<p>Carbon and charcoal may be stabilised for storage and transport, without moistening, by treatment with hot air at 50 deg. C.. Use of oxygen-impermeable bags to limit oxygen and moisture uptake has been proposed. Surface contamination with oxygenated volatiles may generate a heat of reaction (spontaneous heating). Should stored product reach 110 deg. C., stacked bags should be pulled apart with each bag separated by an air space to permit cooling away from other combustible materials.</p> <ul style="list-style-type: none"> ▶ Store under an inert gas, e.g. argon or nitrogen. ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Polyethylene or polypropylene container. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<p>For carbon powders:</p> <ul style="list-style-type: none"> ▶ Avoid oxidising agents, reducing agents. ▶ Reaction with finely divided metals, bromates, chlorates, chloramine monoxide, dichlorine oxide, iodates, metal nitrates, oxygen difluoride, peroxyformic acid, peroxyfuroic acid and trioxxygen difluoride may result in an exotherm with ignition or explosion. Less active forms of carbon will ignite or explode on suitably intimate contact with oxygen, oxides, peroxides, oxosalts, halogens, interhalogens and other oxidising species. ▶ Explosive reaction with ammonium nitrate, ammonium perchlorate, calcium hypochlorite and iodine pentoxide may occur following heating. Carbon may react violently with nitric acid and may be explosively reactive with nitrogen trifluoride at

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- ▶ reduced temperatures. In the presence of nitrogen oxide, incandescence and ignition may occur. Finely divided or highly porous forms of carbon, exhibiting a high surface area to mass (up to 2000 m²/g) may function as unusually active fuels possessing both adsorptive and catalytic properties which accelerate the release of energy in the presence of oxidising substances. Dry metal-impregnated charcoal catalysts may generate sufficient static, during handling, to cause ignition.
- ▶ Graphite in contact with liquid potassium, rubidium or caesium at 300 deg. C. produces intercalation compounds (C8M) which ignite in air and may react explosively with water. The fusion of powdered diamond and potassium hydroxide may produce explosive decomposition.
- ▶ Activated carbon, when exposed to air, represents a potential fire hazard due to a high surface area and adsorptive capacity. Freshly prepared material may ignite spontaneously in the presence of air especially at high humidity. Spontaneous combustion in air may occur at 90-100 deg. C. The presence of moisture in air facilitates the ignition. Drying oils and oxidising oils promote spontaneous heating and ignition; contamination with these must be avoided. Unsaturated drying oils (linseed oil etc.) may ignite following adsorption owing to an enormous increase in the surface area of oil exposed to air; the rate of oxidation may also be catalysed by metallic impurities in the carbon. A similar, but slower effect occurs on fibrous materials such as cotton waste. Spontaneous heating of activated carbon is related to the composition and method of preparation of the activated carbon. Free radicals, present in charcoal, are responsible for autoignition. Self-heating and autoignition may also result from adsorption of various vapours and gases (especially oxygen). For example, activated carbon auto-ignites in flowing air at 452-518 deg. C.; when the base, triethylenediamine, is adsorbed on the carbon (5%) the autoignition temperature is reduced to 230-260 deg. C.. An exotherm is produced at 230-260 deg. C., at high flow rates of air, although ignition did not occur until 500 deg. C.. Mixtures of sodium borohydride with activated carbons, in air, promote the oxidation of sodium borohydride, producing a self-heating reaction that may result in the ignition of charcoal and in the production of hydrogen through thermal decomposition of the borohydride.

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	graphite, natural	Graphite (all forms except fibres) (respirable dust) (natural & synthetic)	3 mg/m ³	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
graphite, natural	Graphite; (Mineral carbon)	6 mg/m ³	16 mg/m ³	95 mg/m ³
carbon, non-activated	Carbon; (Graphite, synthetic)	6 mg/m ³	16 mg/m ³	95 mg/m ³

Ingredient	Original IDLH	Revised IDLH
polypropylene glycol azelate	Not Available	Not Available
graphite, natural	1,250 mg/m ³	Not Available
carbon, non-activated	Not Available	Not Available
wollastonite	Not Available	Not Available

MATERIAL DATA

for calcium silicate:

containing no asbestos and <1% crystalline silica

ES TWA: 10 mg/m³ inspirable dust

TLV TWA: 10 mg/m³ total dust (synthetic nonfibrous) A4

Although in vitro studies indicate that calcium silicate is more toxic than substances described as "nuisance dusts" is thought that adverse health effects which might occur following exposure to 10-20 mg/m³ are likely to be minimal. The TLV-TWA is thought to be protective against the physical risk of eye and upper respiratory tract irritation in workers and to prevent interference with vision and deposition of particulate in the eyes, ears, nose and mouth.

For graphite:

Graphite pneumoconiosis resembles coal workers' pneumoconiosis. Data indicate that the higher the crystalline silica content of graphite the more likely the disease will increase in severity. The presence of anthracite coal in the production of some synthetic grades of graphite appears to make arbitrary the use of the term, "synthetic", "artificial" or "natural".

NOTE: This substance has been classified by the ACGIH as A4 **NOT** classifiable as causing Cancer in humans

The TLV-TWA for carbon black is recommended to minimise complaints of excessive dirtiness and applies only to commercially produced carbon blacks or to soots derived from combustion sources containing absorbed polycyclic aromatic hydrocarbons (PAHs). When PAHs are present in carbon black (measured as the cyclohexane-extractable fraction) NIOSH has established a REL-TWA of 0.1 mg/m³ and considers the material to be an occupational carcinogen.

The NIOSH REL-TWA was "selected on the basis of professional judgement rather than on data delineating safe from unsafe concentrations of PAHs".

This limit was justified on the basis of feasibility of measurement and not on a demonstration of its safety.

The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of 4.0 µm (+-) 0.3 µm and with a geometric standard deviation of 1.5 µm (+-) 0.1 µm, i.e..generally less than 5 µm.

Because the margin of safety of the quartz TLV is not known with certainty and given the associated link between silicosis and lung cancer it is recommended that quartz concentrations be maintained as far below the TLV as prudent practices will allow.

Exposure to respirable crystalline silicas (RCS) represents a significant hazard to workers, particularly those employed in the construction industry where respirable dusts of cement and concrete are common. Cutting, grinding and other high speed processes, involving their finished products, may further result in dusty atmospheres. Bricks are also a potential source of RCSs under such circumstances.

It is estimated that half of the occupations, involved in construction work, are exposed to levels of RCSs, higher than the current allowable limits.

Beaudry et al: Journal of Occupational and Environmental Hygiene 10: 71-77; 2013

Exposure controls

Exhaust ventilation should be designed to prevent accumulation and recirculation in the workplace and safely remove carbon black from the air.
 Note: Wet, activated carbon removes oxygen from the air and thus presents a severe hazard to workers inside carbon vessels and enclosed or confined spaces. Before entering such areas sampling and test procedures for low oxygen levels should be undertaken and control conditions set up to ensure ample oxygen availability.[Linde]
 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.

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.
 An approved self contained breathing apparatus (SCBA) may be required in some situations.
 Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Appropriate engineering controls

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Personal protection



Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.
Thermal hazards	Not Available

Respiratory protection

Type A-P 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.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-PAPR-2 P2 ^

^ - Full-face

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

If inhalation risk above the TLV exists, wear approved dust respirator.

Use respirators with protection factors appropriate for the exposure level.

- ▶ Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- ▶ Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- ▶ Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- ▶ Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode

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.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Black paste with no specific odour; doesnt mix with water.		
Physical state	Non Slump Paste	Relative density (Water = 1)	1.55
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature	Not Available

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Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	>282	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	0
Vapour pressure (kPa)	Negligible	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	Product is considered stable and hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual. Inhalation hazard is increased at higher temperatures. Acute effects from inhalation of high vapour concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. 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.
Eye	Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos. In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers

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combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO_3). In some cases, small amounts of iron (Fe), and manganese (Mn), and lesser amounts of magnesium (Mg) substitute for calcium (Ca) in the mineral formulae (e.g., rhodonite)

In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 μm and a diameter of less than 3 μm was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 μm in length and less than 0.5 μm in diameter.

In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 μm and 5.6 μm respectively, no intra-abdominal tumours were found.

Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis. However animal studies have demonstrated that wollastonite fibres have low biopersistence and induce a transient inflammatory response compared to various forms of asbestos. A two-year inhalation study in rats at one dose showed no significant inflammation or fibrosis

Prolonged or repeated inhalation of dust may result in pneumoconiosis (lung disease caused by inhalation dust).

Graphite workers have reported symptoms of headaches, coughing, depression, low appetite, dyspnoea (difficult breathing) and black sputum.

A number of studies indicate that graphitosis is a progressive and disabling disease and that the presence of crystalline silica and some silicates as graphite impurities have a pronounced synergistic effect.

Workers suffering from graphite pneumoconiosis have generally worked in the industry for long periods, i.e. 10 years or more, although some cases have been reported after as little as four years.

Data indicate the higher the crystalline silica content of graphite the greater is the severity of the pneumoconiosis.

Pre-employment and periodic examinations should be directed towards detecting significant respiratory disease through chest X-rays and pulmonary function tests

Chronic symptoms produced by crystalline silicas included decreased vital lung capacity and chest infections. Lengthy exposure may cause silicosis a disabling form of pneumoconiosis which may lead to fibrosis, a scarring of the lining of the air sacs in the lung. Symptoms may appear 8 to 18 months after initial exposure. Smoking increases this risk. Classic silicosis is a chronic disease characterised by the formation of scattered, rounded or stellate silica-containing nodules of scar tissue in the lungs ranging from microscopic to 1.0 cm or more. The nodules isolate the inhaled silica particles and protect the surrounding normal and functioning tissue from continuing injury. Simple silicosis (in which the nodules are less than 1.0 cm in diameter) is generally asymptomatic but may be slowly progressive even in the absence of continuing exposure. Simple silicosis can develop in complicated silicoses (in which nodules are greater than 1.0 cm in diameter) and can produce disabilities including an associated tuberculous infection (which 50 years ago accounted for 75% of the deaths among silicotic workers). Crystalline silica deposited in the lungs causes epithelial and macrophage injury and activation. Crystalline silica translocates to the interstitium and the regional lymph nodes and cause the recruitment of inflammatory cells in a dose dependent manner. In humans, a large fraction of crystalline silica persists in the lungs. The question of potential carcinogenicity associated with chronic inhalation of crystalline silica remains equivocal with some studies supporting the proposition and others finding no significant association. The results of recent epidemiological studies suggest that lung cancer risk is elevated only in those patients with overt silicosis. A relatively large number of epidemiological studies have been undertaken and in some, increased risk gradients have been observed in relation to dose surrogates - cumulative exposure, duration of exposure, the presence of radiographically defined silicosis, and peak intensity exposure. Chronic inhalation in rats by single or repeated intratracheal instillation produced a significant increase in the incidences of adenocarcinomas and squamous cell carcinomas of the lung. Lifetime inhalation of crystalline silica (87% alpha-quartz) at 1 mg/m³ (74% respirable) by rats, produced an increase in animals with keratinising cystic squamous cell tumours, adenomas, adenocarcinomas, adenosquamous cell carcinomas, squamous cell carcinoma and nodular bronchiolar alveolar hyperplasia accompanied by extensive subpleural and peribronchiolar fibrosis, increased pulmonary collagen content, focal lipoproteinosis and macrophage infiltration. Thoracic and abdominal malignant lymphomas developed in rats after single intrapleural and intraperitoneal injection of suspensions of several types of quartz.

Some studies show excess numbers of cases of scleroderma, connective tissue disorders, lupus, rheumatoid arthritis chronic kidney diseases, and end-stage kidney disease in workers

NOTE: Some jurisdictions require health surveillance be conducted on workers occupationally exposed to silica, crystalline. Such surveillance should emphasise

- demography, occupational and medical history and health advice
- standardised respiratory function tests such as FEV₁, FVC and FEV₁/FVC
- standardised respiratory function tests such as FV₁, FVC and FEV₁/FVC
- chest X-ray, full size PA view
- records of personal exposure

In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected.

In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 μm and a diameter of less than 3 μm was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 μm in length and less than 0.5 μm in diameter.

In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 μm and 5.6 μm respectively, no intra-abdominal tumours were found.

Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis. However animal studies have demonstrated that wollastonite fibres have low biopersistence and induce a

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transient inflammatory response compared to various forms of asbestos. A two-year inhalation study in rats at one dose showed no significant inflammation or fibrosis

Chronic inhalation exposure of production workers has caused decreased pulmonary function and myocardial dystrophy. There is suggestive but inconclusive evidence that carbon black containing polyaromatic hydrocarbons (PAHs) has been responsible for induction of skin cancers in exposed workers.

Long term inhalation of carbon black can cause cough, phlegm, tiredness, chest pain and headache. Dermal, mucosal, or inhalation exposure can cause irritation.

Inhalation of carbon black by mice, rats and monkeys caused thickened alveolar walls, increased pulmonary collagen, right atrial and ventricular strain, hypertrophy of the right atrial and ventricular septum and increased heart weights. Although carbon black itself did not cause cancer in treated animals, carbon black containing polyaromatic hydrocarbons (PAHs) did cause cancer following chronic administration by all routes tested.

Epidemiological studies of workers in the carbon black producing industries of North America and Western Europe show no significant health effect due to occupational exposure to carbon black. Several other studies provide conflicting evidence. Early studies in the former USSR and Eastern Europe report respiratory diseases amongst workers exposed to carbon black, including bronchitis, pneumonia, emphysema and rhinitis. These studies are of questionable validity due to inadequate study design and methodology, lack of appropriate controls for cigarette smoking and other confounding factors such as concurrent exposure to carbon dioxide, coal oil and petroleum vapours. Moreover, review of these studies indicates that the concentrations of carbon black were greater than current occupational standards.

Carbon black may cause adverse pulmonary changes following prolonged or repeated inhalation of the dust; these include oral mucosal lesions, bronchitis and pneumoconiosis which may lead to lung tumours.

The body of evidence of carcinogenicity in animal studies comes from two chronic inhalation studies and two intratracheal instillation studies in rats, which showed significantly elevated rates of lung cancer in exposed animals. An inhalation study was tested on mice, but did not show significantly elevated rates of lung cancer in exposed animals. Epidemiologic data comes from three different cohort studies of carbon black production workers. Two studies, from the United Kingdom and Germany, with over 1,000 workers in each study group, showed elevated mortality from lung cancer in the carbon black workers. Another study of over 5,000 workers in the United States did not show elevated mortality from lung cancer in the carbon black workers. Newer findings of increased lung cancer mortality in an update from the UK study may suggest that carbon black could be a late-stage carcinogen. However, a more recent and larger study from Germany did not confirm this hypothesis that carbon black acts as a late-stage carcinogen.

In studies employing channel and furnace black, hamsters, mice, guinea pigs, rabbits and monkeys exposed to dusts for 7 hours/day, 5 days/week, at concentrations of 87.4 mg/m³ for channel black and 56.5 mg/m³ for furnace black, no malignancies were observed in any of the animals. Channel black had little if any absorbed polyaromatic hydrocarbons (PAHs) (as benzene extractables) whilst furnace black had 0.28%.

Several findings have strengthened the association between inflammation and cancer and between the particle surface area dose of carbon black and other poorly soluble low toxicity (PSLT) particles and the pulmonary inflammation response in mice and the proinflammatory effects in lung cells in vitro. Other evidence suggests that in addition to a cancer mechanism involving indirect genotoxicity through inflammation and oxidative stress, nanoparticles may act as direct carcinogens.

Carbon black appears to act like PSLT particles, which can elicit lung tumours in rats following prolonged exposure to sufficiently high concentrations of particles. Particle surface area dose was found to be most predictive of pulmonary inflammation and tumour response in rats when comparing the dose-response relationships for various types and sizes of PSLT including carbon black. Compared to fine PSLT, much lower concentrations of ultrafine PSLT (e.g. 2.5, 6.5 or 11.5 mg/m³ carbon black and ~10 mg/m³ ultrafine titanium dioxide) were associated with impaired clearance, persistent inflammation, and malignant lung tumours in chronic inhalation studies in rats. Most evidence suggests that carbon black and other PSLT-elicited lung tumours occurs through a secondary genotoxic mechanism, involving chronic inflammation and oxidative stress. Experimental studies have shown that when the particle lung dose reaches a sufficiently high concentration (e.g., mass dose of ~0.5 mg fine-sized PSLT/g lung in rats), the alveolar macrophage-mediated clearance process begins to be impaired (complete impairment occurs at ~10 mg/g lung. Overloading of lung clearance is accompanied by pulmonary inflammation, leading to increased production of reactive oxygen and nitrogen species, depletion of antioxidants and/or impairment of other defense mechanisms, cell injury, cell proliferation, fibrosis, and as seen in rats, induction of mutations and eventually cancer. Rats appear to be more sensitive to carbon black and other PSLT than other rodent species. Although studies in humans have not shown a direct link between inhaled PSLT and lung cancer, many of the steps in the mechanism observed in rats have also been observed in humans who work in dusty jobs, including increased particle lung retention and pulmonary inflammation in workers exposed to coal dust or crystalline silica and elevated lung cancer has been observed in some studies of workers exposed to carbon black, crystalline silica, and diesel exhaust particles

Monkeys exposed to channel black for 1000-1500 hours showed evidence of electrocardiac changes indicative of right atrial and right ventricular strain. These changes increased progressively until after 10,000 hours of exposure, when the changes were marked. The authors of this study concluded that there was no significant effect due to prolonged exposure other than those expected from the accumulation of non-toxic dusts in the pulmonary system. Exposure to furnace black produced a similar picture although electrocardiographic change was first observed in monkeys after 2500 hours' exposure and marked atrial and right ventricular strain after 10,000 hours' exposure. The authors concluded that there was no significant effect due to prolonged exposure other than those expected from the accumulation of nontoxic dusts in the pulmonary system. Exposure to furnace black produced a similar picture although electrocardiographic change was first observed in monkeys after 2500 hours exposure and marked atrial and right ventricular strain after 10,000 hours exposure.

Chromatographic fractions of oily material extracted from carbon black have been shown to be carcinogenic whilst the unfractionated extracts are not. The activity of some carcinogens appear to be inhibited by carbon black itself.

Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS] Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections

Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as

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	<p>pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Other signs or symptoms include altered breath sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema and pneumothorax (air in lung cavity) as a rare complication.</p> <p>Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities. Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken</p> <p>Dust inhalation over an extended number of years may produce pneumoconiosis.. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible.</p>
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	TOXICITY	IRRITATION
Thermon NH Nonhardening	Not Available	Not Available
polypropylene glycol azelate	Oral (rat) LD50: 5000 mg/kg ^[2]	Not Available
graphite, natural	Inhalation (rat) LC50: >2 mg/l4 h ^[1]	Eye (rabbit): non-irritant *
	Oral (rat) LD50: >2000 mg/kg ^[2]	Eye : Not irritating
		Skin (rabbit): 4 h non-irritant *
		Skin : Not irritating
carbon, non-activated	Not Available	Not Available
wollastonite	Not Available	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	

GRAPHITE, NATURAL	* Timcal MSDS
CARBON, NON-ACTIVATED	Substance has been investigated as a reproductive effector.
WOLLASTONITE	The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.
Thermon NH Nonhardening & WOLLASTONITE	No significant acute toxicological data identified in literature search.
Thermon NH Nonhardening & GRAPHITE, NATURAL	Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

Acute Toxicity	☐	Carcinogenicity	☐
Skin Irritation/Corrosion	☐	Reproductivity	☐
Serious Eye Damage/Irritation	☐	STOT - Single Exposure	☐

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Respiratory or Skin sensitisation	⊘	STOT - Repeated Exposure	⊘
Mutagenicity	⊘	Aspiration Hazard	⊘

Legend: **X** – Data available but does not fill the criteria for classification

✓ – Data available to make classification

⊘ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Thermon NH Nonhardening	Not Available	Not Available	Not Available	Not Available	Not Available
polypropylene glycol azelate	Not Available	Not Available	Not Available	Not Available	Not Available
graphite, natural	Not Available	Not Available	Not Available	Not Available	Not Available
carbon, non-activated	Not Available	Not Available	Not Available	Not Available	Not Available
wollastonite	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal.
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Continued...

- ▶ Bury or incinerate residue at an approved site.
- ▶ Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

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

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

POLYPROPYLENE GLYCOL AZELATE(29408-67-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Not Applicable

GRAPHITE, NATURAL(7782-42-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

CARBON, NON-ACTIVATED(7440-44-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

International Air Transport Association (IATA) Dangerous Goods Regulations
- Prohibited List Passenger and Cargo Aircraft

WOLLASTONITE(13983-17-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

International Agency for Research on Cancer (IARC) - Agents Classified
by the IARC Monographs

National Inventory	Status
Australia - AICS	N (polypropylene glycol azelate)
Canada - DSL	N (wollastonite)
Canada - NDSL	N (polypropylene glycol azelate; carbon, non-activated; graphite, natural; wollastonite)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	N (polypropylene glycol azelate)
Japan - ENCS	N (carbon, non-activated; graphite, natural)
Korea - KECL	Y
New Zealand - NZIoC	N (polypropylene glycol azelate)
Philippines - PICCS	N (polypropylene glycol azelate)
USA - TSCA	N (wollastonite)
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
carbon, non-activated	7440-44-0, 82600-58-6
wollastonite	13983-17-0, 9056-30-8, 57657-07-5

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

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