

Key Clear Reducer

DNA Custom Paints

Chemwatch: 15-6700
Version No: 6.1.1.1
Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: 18/09/2015
Print Date: 26/11/2015
Initial Date: **Not Available**
L.GHS.AUS.EN

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

Product Identifier

Product name	Key Clear Reducer
Proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
Other means of identification	Part No.: R04-

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

Relevant identified uses	Reducer - use as specified in various DNA technical data sheets.
--------------------------	--

Details of the supplier of the safety data sheet

Registered company name	DNA Custom Paints
Address	5-7 Keith Campbell Court Scoresby 3179 VIC Australia
Telephone	+61 3 9764 2088
Fax	+61 3 9764 1244
Website	www.dna-paints.com
Email	Not Available

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	+61 3 9573 3112
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

HAZARDOUS CHEMICAL. DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

CHEMWATCH HAZARD RATINGS

	Min	Max	
Flammability	2	2	0 = Minimum 1 = Low 2 = Moderate 3 = High 4 = Extreme
Toxicity	2	2	
Body Contact	2	2	
Reactivity	1	1	
Chronic	0	0	

Poisons Schedule	S6
GHS Classification [1]	Flammable Liquid Category 3, Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

GHS label elements	 
--------------------	---

SIGNAL WORD **WARNING**

Hazard statement(s)

H226	Flammable liquid and vapour
H302	Harmful if swallowed

Continued...

Key Clear Reducer

H312	Harmful in contact with skin
H332	Harmful if inhaled
H315	Causes skin irritation
H319	Causes serious eye irritation

Precautionary statement(s) Prevention

P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P233	Keep container tightly closed.
P271	Use only outdoors or in a well-ventilated area.
P240	Ground/bond container and receiving equipment.
P241	Use explosion-proof electrical/ventilating/lighting/intrinsically safe equipment.
P242	Use only non-sparking tools.
P243	Take precautionary measures against static discharge.
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P270	Do not eat, drink or smoke when using this product.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

Precautionary statement(s) Response

P362	Take off contaminated clothing and wash before reuse.
P363	Wash contaminated clothing before reuse.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.
P301+P312	IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P330	Rinse mouth.
P332+P313	If skin irritation occurs: Get medical advice/attention.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
-----------	--

Precautionary statement(s) Disposal

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

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
108-65-6	30-40	<u>propylene glycol monomethyl ether acetate, alpha-isomer</u>
111-76-2	20-30	<u>ethylene glycol monobutyl ether</u>
123-86-4	1-10	<u>n-butyl acetate</u>
763-69-9	1-10	<u>ethyl-3-ethoxypropionate</u>
1330-20-7	1-10	<u>xylene</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.

Key Clear Reducer

	<ul style="list-style-type: none">▶ 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.▶ Avoid giving milk or oils.▶ Avoid giving alcohol.▶ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

Indication of any immediate medical attention and special treatment needed

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

Followed acute or short term repeated exposures to ethylene glycol monoalkyl ethers and their acetates:

- Hepatic metabolism produces ethylene glycol as a metabolite.
- Clinical presentation, following severe intoxication, resembles that of ethylene glycol exposures.
- Monitoring the urinary excretion of the alkoxyacetic acid metabolites may be a useful indication of exposure.

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or short term repeated exposures to ethylene glycol:

- Early treatment of ingestion is important. Ensure emesis is satisfactory.
- Test and correct for metabolic acidosis and hypocalcaemia.
- Apply sustained diuresis when possible with hypertonic mannitol.
- Evaluate renal status and begin haemodialysis if indicated. [I.L.O]
- Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.
- Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.
- Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.
- Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.
- Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]

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

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

for simple esters:

BASIC TREATMENT

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

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L. *EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed.* 1994

For acute or short term repeated exposures to xylene:

- Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- Pulmonary absorption is rapid with about 60-65% retained at rest.
- Primary threat to life from ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO₂ < 50 mm Hg or pCO₂ > 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.

BIOLOGICAL EXPOSURE INDEX - BEI

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

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

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- Water spray or fog.
- Alcohol stable foam.
- Dry chemical powder.
- Carbon dioxide.

Do not use a water jet to fight fire.

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

Key Clear Reducer

Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ May be violently or explosively reactive. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ If safe, switch off electrical equipment until vapour fire hazard removed. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ 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.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Liquid and vapour are flammable. ▶ Moderate fire hazard when exposed to heat or flame. ▶ Vapour forms an explosive mixture with air. ▶ Moderate explosion hazard when exposed to heat or flame. ▶ Vapour may travel a considerable distance to source of ignition. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). <p>Combustion products include; carbon monoxide (CO) carbon dioxide (CO₂) other pyrolysis products typical of burning organic material</p>

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Minor Spills	<ul style="list-style-type: none"> ▶ Remove all ignition sources. ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb small quantities with vermiculite or other absorbent material. ▶ Wipe up. ▶ Collect residues in a flammable waste container.
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. ▶ May be violently or explosively reactive. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Consider evacuation (or protect in place). ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Water spray or fog may be used to disperse /absorb vapour. ▶ Contain spill with sand, earth or vermiculite. ▶ Use only spark-free shovels and explosion proof equipment. ▶ Collect recoverable product into labelled containers for recycling. ▶ Absorb remaining product with sand, earth or vermiculite. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ Containers, even those that have been emptied, may contain explosive vapours. ▶ Do NOT cut, drill, grind, weld or perform similar operations on or near containers. ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of overexposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid generation of static electricity. ▶ DO NOT use plastic buckets. ▶ Earth all lines and equipment. ▶ Use spark-free tools when handling. ▶ 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. ▶ 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.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers in approved flammable liquid storage area. ▶ Store away from incompatible materials in a cool, dry, well-ventilated area. ▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped. ▶ No smoking, naked lights, heat or ignition sources. ▶ Storage areas should be clearly identified, well illuminated, clear of obstruction and accessible only to trained and authorised personnel - adequate security must be provided so that unauthorised personnel do not have access. ▶ Store according to applicable regulations for flammable materials for storage tanks, containers, piping, buildings, rooms, cabinets, allowable quantities and

Key Clear Reducer

- ▶ minimum storage distances.
 - ▶ Use non-sparking ventilation systems, approved explosion proof equipment and intrinsically safe electrical systems.
 - ▶ Have appropriate extinguishing capability in storage area (e.g. portable fire extinguishers - dry chemical, foam or carbon dioxide) and flammable gas detectors.
 - ▶ Keep adsorbents for leaks and spills readily available.
 - ▶ Protect containers against physical damage and check regularly for leaks.
 - ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.
- In addition, for tank storages (where appropriate):
- ▶ Store in grounded, properly designed and approved vessels and away from incompatible materials.
 - ▶ For bulk storages, consider use of floating roof or nitrogen blanketed vessels; where venting to atmosphere is possible, equip storage tank vents with flame arrestors; inspect tank vents during winter conditions for vapour/ ice build-up.
 - ▶ Storage tanks should be above ground and diked to hold entire contents.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Packing as supplied by manufacturer. ▶ Plastic containers may only be used if approved for flammable liquid. ▶ Check that containers are clearly labelled and free from leaks. ▶ For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : Where a can is to be used as an inner package, the can must have a screwed enclosure. ▶ For materials with a viscosity of at least 2680 cSt. (23 deg. C) ▶ For manufactured product having a viscosity of at least 250 cSt. (23 deg. C) ▶ Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C): (i) Removable head packaging; (ii) Cans with friction closures and (iii) low pressure tubes and cartridges may be used. ▶ Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages ▶ In addition, where inner packagings are glass and contain liquids of packing group I there must be sufficient inert absorbent to absorb any spillage, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid reaction with oxidising agents



+ X X X + X +

- X** — Must not be stored together
0 — May be stored together with specific preventions
+ — May be stored together

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	propylene glycol monomethyl ether acetate, alpha-isomer	1-Methoxy-2-propanol acetate	274 mg/m ³ / 50 ppm	548 mg/m ³ / 100 ppm	Not Available	Sk
Australia Exposure Standards	ethylene glycol monobutyl ether	2-Butoxyethanol	96.9 mg/m ³ / 20 ppm	242 mg/m ³ / 50 ppm	Not Available	Sk
Australia Exposure Standards	n-butyl acetate	n-Butyl acetate	713 mg/m ³ / 150 ppm	950 mg/m ³ / 200 ppm	Not Available	Not Available
Australia Exposure Standards	xylene	Xylene (o-, m-, p-isomers)	350 mg/m ³ / 80 ppm	655 mg/m ³ / 150 ppm	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
propylene glycol monomethyl ether acetate, alpha-isomer	Propylene glycol monomethyl ether acetate, alpha-isomer; (1-Methoxypropyl-2-acetate)	Not Available	Not Available	Not Available
ethylene glycol monobutyl ether	Butoxyethanol, 2-; (Glycol ether EB)	20 ppm	20 ppm	700 ppm
n-butyl acetate	Butyl acetate, n-	Not Available	Not Available	Not Available
xylene	Xylenes	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available	Not Available
ethylene glycol monobutyl ether	700 ppm	700 [Unch] ppm
n-butyl acetate	10,000 ppm	1,700 [LEL] ppm
ethyl-3-ethoxypropionate	Not Available	Not Available
xylene	1,000 ppm	900 ppm

MATERIAL DATA

for propylene glycol monomethyl ether acetate (PGMEA)

Saturated vapour concentration: 4868 ppm at 20 C.

A two-week inhalation study found nasal effects to the nasal mucosa in animals at concentrations up to 3000 ppm. Differences in the teratogenic potential of the alpha (commercial grade) and beta isomers of PGMEA may be explained by the formation of different metabolites. The beta-isomer is thought to be oxidised to methoxypropionic acid, a homologue to methoxyacetic acid which is a known teratogen. The alpha- form is conjugated and excreted. PGMEA mixture (containing 2% to 5% beta isomer) is a mild skin and eye irritant, produces mild central nervous system effects in

animals at 3000 ppm and produces mild CNS impairment and upper respiratory tract and eye irritation in humans at 1000 ppm. In rats exposed to 3000 ppm PGMEA produced slight foetotoxic effects (delayed sternal ossification) - no effects on foetal development were seen in rabbits exposed at 3000 ppm.

Exposure controls

<p>Appropriate engineering controls</p>	<p>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.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>For flammable liquids and flammable gases, local exhaust ventilation or a process enclosure ventilation system may be required. Ventilation equipment should be explosion-resistant.</p> <p>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.</p> <table border="1" data-bbox="363 629 1490 898"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>solvent, vapours, degreasing etc., evaporating from tank (in still air).</td> <td>0.25-0.5 m/s (50-100 f/min.)</td> </tr> <tr> <td>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)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> </tbody> </table> <p>Within each range the appropriate value depends on:</p> <table border="1" data-bbox="363 954 1490 1122"> <thead> <tr> <th>Lower end of the range</th> <th>Upper end of the range</th> </tr> </thead> <tbody> <tr> <td>1: Room air currents minimal or favourable to capture</td> <td>1: Disturbing room air currents</td> </tr> <tr> <td>2: Contaminants of low toxicity or of nuisance value only.</td> <td>2: Contaminants of high toxicity</td> </tr> <tr> <td>3: Intermittent, low production.</td> <td>3: High production, heavy use</td> </tr> <tr> <td>4: Large hood or large air mass in motion</td> <td>4: Small hood-local control only</td> </tr> </tbody> </table> <p>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.</p>	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.)	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
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.)																		
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																		
<p>Personal protection</p>																			
<p>Eye and face protection</p>	<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] 																		
<p>Skin protection</p>	<p>See Hand protection below</p>																		
<p>Hands/feet protection</p>	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> ▶ frequency and duration of contact, ▶ chemical resistance of glove material, ▶ glove thickness and ▶ dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> ▶ When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. ▶ When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. ▶ Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. ▶ Contaminated gloves should be replaced. <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p>																		
<p>Body protection</p>	<p>See Other protection below</p>																		

Key Clear Reducer

Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ PVC Apron. ▶ PVC protective suit may be required if exposure severe. ▶ Eyewash unit. ▶ Ensure there is ready access to a safety shower. <p>Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity. For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets). 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.</p>
Thermal hazards	Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

Key Clear Reducer

Material	CPI
##n-butyl	acetate
BUTYL	C
BUTYL/NEOPRENE	C
HYPALON	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE	C
PE/EVAL/PE	C
PVA	C
PVC	C
PVDC/PE/PVDC	C
SARANEX-23	C
TEFLON	C
VITON	C
VITON/BUTYL	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.

Respiratory protection

Type A 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 / Class 1 P3	-	A-PAPR-AUS / Class 1 P3
up to 50 x ES	Air-line*	-	-
up to 100 x ES	-	A-3 P3	-
100+ x ES	-	Air-line**	-

* - Continuous-flow; ** - 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(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)

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Flammable liquid; partly mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable

Key Clear Reducer

Flash point (°C)	50 (PGMEA)	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Flammable.	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Partly miscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	<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>Inhalation hazard is increased at higher temperatures.</p> <p>Mice exposed at up to 3000 ppm PGMEA 6 hr/day for a total of 9 days during an 11-day period showed no pronounced effect on the weights of liver, kidneys, heart, spleen, thymus or testes. Histopathological examination revealed degeneration of the olfactory epithelium in mice exposed at 300 ppm for the same time.</p> <p>Rats, similarly failed to show changes in internal organs and did not show olfactory epithelium degeneration until 3000 ppm. The no-effect level in rats was 1000 ppm.</p> <p>Headache, fatigue, lassitude, irritability and gastrointestinal disturbances (e.g., nausea, anorexia and flatulence) are the most common symptoms of xylene overexposure. Injury to the heart, liver, kidneys and nervous system has also been noted amongst workers. Transient memory loss, renal impairment, temporary confusion and some evidence of disturbance of liver function was reported in three workers overcome by gross exposure to xylene (10000 ppm). One worker died and autopsy revealed pulmonary congestion, oedema and focal alveolar haemorrhage. Volunteers inhaling xylene at 100 ppm for 5 to 6 hours showed changes in manual coordination reaction time and slight ataxia. Tolerance developed during the workweek but was lost over the weekend. Physical exercise may antagonise this effect. Xylene body burden in humans exposed to 100 or 200 ppm xylene in air depends on the amount of body fat with 4% to 8% of total absorbed xylene accumulating in adipose tissue.</p> <p>Xylene is a central nervous system depressant. 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> <p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.</p>
Ingestion	<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>Swallowing of the liquid may cause aspiration of vomit into the lungs with the risk of haemorrhaging, pulmonary oedema, progressing to chemical pneumonitis; serious consequences may result.</p> <p>Signs and symptoms of chemical (aspiration) pneumonitis may include coughing, gasping, choking, burning of the mouth, difficult breathing, and bluish coloured skin (cyanosis).</p>
Skin Contact	<p>Skin contact with the material may be harmful; systemic effects may result following absorption.</p> <p>The material produces mild skin irritation; evidence exists, or practical experience predicts, that the material either</p> <ul style="list-style-type: none"> ▶ produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or ▶ produces significant, but mild, 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. <p>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.</p> <p>Repeated application of commercial grade PGMEA to the skin of rabbits for 2-weeks caused slight redness and very slight exfoliation.</p> <p>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.</p>
Eye	<p>Evidence exists, or practical experience predicts, that the material may cause severe 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. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p> <p>Undiluted propylene glycol monomethyl ether acetate (PGMEA) causes moderate discomfort, slight conjunctival redness and slight corneal injury in rabbits</p>
Chronic	<p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Exposure to the material may cause concerns for human fertility, on the basis that similar materials provide some evidence 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.</p> <p>On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> <p>Prolonged or repeated contact with xylenes may cause defatting dermatitis with drying and cracking. Chronic inhalation of xylenes has been associated with central nervous system effects, loss of appetite, nausea, ringing in the ears, irritability, thirst anaemia, mucosal bleeding, enlarged liver and hyperplasia.</p>

Key Clear Reducer

Exposure may produce kidney and liver damage. In chronic occupational exposure, xylene (usually mixed with other solvents) has produced irreversible damage to the central nervous system and ototoxicity (damages hearing and increases sensitivity to noise), probably due to neurotoxic mechanisms.

Industrial workers exposed to xylene with a maximum level of ethyl benzene of 0.06 mg/l (14 ppm) reported headaches and irritability and tired quickly. Functional nervous system disturbances were found in some workers employed for over 7 years whilst other workers had enlarged livers.

Xylene has been classed as a developmental toxin in some jurisdictions.

Small excess risks of spontaneous abortion and congenital malformation were reported amongst women exposed to xylene in the first trimester of pregnancy. In all cases, however, the women were also been exposed to other substances. Evaluation of workers chronically exposed to xylene has demonstrated lack of genotoxicity. Exposure to xylene has been associated with increased risks of haemopoietic malignancies but, again, simultaneous exposure to other substances (including benzene) complicates the picture. A long-term gavage study to mixed xylenes (containing 17% ethyl benzene) found no evidence of carcinogenic activity in rats and mice of either sex.

Studies with some glycol ethers (principally the monoethylene glycols) and their esters indicate reproductive changes, testicular atrophy, infertility and kidney function changes. The metabolic acetic acid derivatives of glycol ethers (alkoxyacetic acids), not the ether itself, have been found to be the proximal reproductive toxin in animals. The potency of these metabolites decreases significantly as the chain length of the ether increases. Consequently glycol ethers with longer substituents (e.g diethylene glycols, triethylene glycols) have not generally been associated with reproductive effects. One of the most sensitive indicators of toxic effects observed from many of the glycol ethers is an increase in the erythrocytic osmotic fragility in rats which produces haemolytic anaemia. This appears to be related to the development of haemoglobinuria (blood in the urine) at higher exposure levels or as a result of chronic exposure.

Glycol ethers based on propylene oxides, propylene glycol ethers, dipropylene glycol ethers and tripropylene glycol ethers are mainly available, commercially, as alpha-isomers (because of thermodynamic considerations); these are incapable of forming alkoxyacetic or alkoxypropionic acids as metabolites and therefore do not produce erythrocyte fragility unless contaminated by ethylene glycol ethers or to a significant degree by the beta-isomer. Beta-isomers are able to form the alkoxypropionic acids and these are linked to teratogenic effects (and possibly haemolytic effects).

Studies with some ethylene glycol ethers and their esters indicate reproductive changes, testicular atrophy, infertility and kidney function changes. The metabolic acetic acid derivatives of the glycol ethers (alkoxyacetic acids), not the ether itself, have been found to be the proximal reproductive toxin in animals. The potency of these metabolites decrease significantly as the chain length of the ether increases. Consequently glycol ethers with longer substituents (e.g diethylene glycols, triethylene glycols) have not generally been associated with reproductive effects. One of the most sensitive indicators of toxic effects observed from many of the glycol ethers is an increase in the erythrocytic osmotic fragility in rats. This appears to be related to the development of haemoglobinuria (blood in the urine) at higher exposure levels or as a result of chronic exposure. Ethylene glycol ethers and acetates are mainly metabolised to alkoxyacetic acids but there is also a minor pathway through ethylene glycol to oxalic acid. The main pathway of ethylene glycol ethers is associated with significant clinical or experimental health effects, but the minor pathway is also interesting because formation of urinary stones depends principally upon urinary concentration of oxalate and calcium. In one study (1) the tendency to form urinary stones was 2.4 times higher amongst silk-screen printers exposed to ethylene glycol ethers, than among office workers. (1) Laitinen J., et al: Occupational Environmental Medicine 1996, 53 595-600

Key Clear Reducer	TOXICITY	IRRITATION
	Not Available	Not Available
propylene glycol monomethyl ether acetate, alpha-isomer	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	* [CCINFO]
	Inhalation (rat) LC50: 4345 ppm/6h ^[2]	Nil reported
	Oral (rat) LD50: >14.1 ml ^[1]	
ethylene glycol monobutyl ether	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	* [Union Carbide]
	Inhalation (rat) LC50: 450 ppm/4h ^[2]	Eye (rabbit): 100 mg SEVERE
	Oral (rat) LD50: 250 mg/kg ^[2]	Eye (rabbit): 100 mg/24h-moderate
		Skin (rabbit): 500 mg, open; mild
n-butyl acetate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >14080 mg/kg ^[1]	* [PPG]
	Inhalation (rat) LC50: 2000 ppm/4h ^[2]	Eye (human): 300 mg
	Inhalation (rat) LC50: 390 ppm/4h ^[2]	Eye (rabbit): 20 mg (open)-SEVERE
	Oral (rat) LD50: 10736 mg/kg ^[1]	Eye (rabbit): 20 mg/24h - moderate
		Skin (rabbit): 500 mg/24h-moderate
ethyl-3-ethoxypropionate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 4075.5 mg/kg ^[1]	Eye (rabbit): 500mg/24h - mild
	Inhalation (rat) LC50: 1250 ppm/4h ^[2]	Skin (rabbit): 10 mg/24h open mild
	Oral (rat) LD50: 5139.5 mg/kg ^[1]	
xylene	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >1700 mg/kg ^[2]	Eye (human): 200 ppm irritant
	Inhalation (rat) LC50: 5000 ppm/4h ^[2]	Eye (rabbit): 5 mg/24h SEVERE
	Oral (rat) LD50: 4300 mg/kg ^[2]	Eye (rabbit): 87 mg mild
		Skin (rabbit): 500 mg/24h moderate
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	

Key Clear Reducer

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause 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) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and

intracellular oedema of the epidermis.

For ethylene glycol:

Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol.

dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glyoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO₂, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO₂, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. Elimination of ethylene glycol from the plasma in both humans and laboratory animals is rapid after oral exposure; elimination half-lives are in the range of 1-4 hours in most species tested.

Respiratory Effects. Respiratory system involvement occurs 12-24 hours after ingestion of sufficient amounts of ethylene glycol and is considered to be part of a second stage in ethylene glycol poisoning. The symptoms include hyperventilation, shallow rapid breathing, and generalized pulmonary edema with calcium oxalate crystals occasionally present in the lung parenchyma. Respiratory system involvement appears to be dose-dependent and occurs concomitantly with cardiovascular changes. Pulmonary infiltrates and other changes compatible with adult respiratory distress syndrome (ARDS) may characterise the second stage of ethylene glycol poisoning. Pulmonary oedema can be secondary to cardiac failure, ARDS, or aspiration of gastric contents. Symptoms related to acidosis such as hyperpnea and tachypnea are frequently observed; however, major respiratory morbidities such as pulmonary edema and bronchopneumonia are relatively rare and usually only observed with extreme poisoning (e.g., in only 5 of 36 severely poisoned cases).

Cardiovascular Effects. Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12- 24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol.

Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned cases. Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in humans. The effects of a long-term, low-dose exposure are unknown.

Gastrointestinal Effects. Nausea, vomiting with or without blood, pyrosis, and abdominal cramping and pain are common early effects of acute ethylene glycol ingestion. Acute effects of ethylene glycol ingestion in one patient included intermittent diarrhea and abdominal pain, which were attributed to mild colonic ischaemia; severe abdominal pain secondary to colonic stricture and perforation developed 3 months after ingestion, and histology of the resected colon showed birefringent crystals highly suggestive of oxalate deposition.

Musculoskeletal Effects. Reported musculoskeletal effects in cases of acute ethylene glycol poisoning have included diffuse muscle tenderness and myalgias associated with elevated serum creatinine phosphokinase levels, and myoclonic jerks and tetanic contractions associated with hypocalcaemia.

Hepatic Effects. Central hydropic or fatty degeneration, parenchymal necrosis, and calcium oxalate crystals in the liver have been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol.

Renal Effects. Adverse renal effects after ethylene glycol ingestion in humans can be observed during the third stage of ethylene glycol toxicity 24-72 hours after acute exposure. The hallmark of renal toxicity is the presence of birefringent calcium oxalate monohydrate crystals deposited in renal tubules and their presence in urine after ingestion of relatively high amounts of ethylene glycol. Other signs of nephrotoxicity can include tubular cell degeneration and necrosis and tubular interstitial inflammation. If untreated, the degree of renal damage caused by high doses of ethylene glycol progresses and leads to haematuria, proteinuria, decreased renal function, oliguria, anuria, and ultimately renal failure. These changes in the kidney are linked to acute tubular necrosis but normal or near normal renal function can return with adequate supportive therapy.

Metabolic Effects. One of the major adverse effects following acute oral exposure of humans to ethylene glycol involves metabolic changes. These changes occur as early as 12 hours after ethylene glycol exposure. Ethylene glycol intoxication is accompanied by metabolic acidosis which is manifested by decreased pH and bicarbonate content of serum and other bodily fluids caused by accumulation of excess glycolic acid. Other characteristic metabolic effects of ethylene glycol poisoning are increased serum anion gap, increased osmolal gap, and hypocalcaemia. Serum anion gap is calculated from concentrations of sodium, chloride, and bicarbonate, is normally 12-16 mM, and is typically elevated after ethylene glycol ingestion due to increases in unmeasured metabolite anions (mainly glycolate).

Neurological Effects: Adverse neurological reactions are among the first symptoms to appear in humans after ethylene glycol ingestion. These early neurotoxic effects are also the only symptoms attributed to unmetabolised ethylene glycol. Together with metabolic changes, they occur during the period of 30 minutes to 12 hours after exposure and are considered to be part of the first stage in ethylene glycol intoxication. In cases of acute intoxication, in which a large amount of ethylene glycol is ingested over a very short time period, there is a progression of neurological manifestations which, if not treated, may lead to generalized seizures and coma. Ataxia, slurred speech, confusion, and somnolence are common during the initial phase of ethylene glycol intoxication as are irritation, restlessness, and disorientation. Cerebral edema and crystalline deposits of calcium oxalate in the walls of small blood vessels in the brain were found at autopsy in people who died after acute ethylene glycol ingestion.

Effects on cranial nerves appear late (generally 5-20 days post-ingestion), are relatively rare, and according to some investigators constitute a fourth, late cerebral phase in ethylene glycol intoxication. Clinical manifestations of the cranial neuropathy commonly involve lower motor neurons of the facial and bulbar nerves and are reversible over many months.

Reproductive Effects: Reproductive function after intermediate-duration oral exposure to ethylene glycol has been tested in three multi-generation studies (one in rats and two in mice) and several shorter studies (15-20 days in rats and mice). In these studies, effects on fertility, foetal viability, and male reproductive organs were observed in mice, while the only effect in rats was an increase in gestational duration.

Developmental Effects: The developmental toxicity of ethylene glycol has been assessed in several acute-duration studies using mice, rats, and rabbits. Available studies indicate that malformations, especially skeletal malformations occur in both mice and rats exposed during gestation; mice are apparently more sensitive to the developmental effects of ethylene glycol. Other evidence of embryotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight.

Cancer: No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol.

Genotoxic Effects: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available *in vivo* and *in vitro* laboratory studies provide consistently negative genotoxicity results for ethylene glycol.

for propylene glycol ethers (PGEs):

Typical propylene glycol ethers include propylene glycol n-butyl ether (PnB); dipropylene glycol n-butyl ether (DPnB); dipropylene glycol methyl ether acetate (DPMA); tripropylene glycol methyl ether (TPM).

Testing of a wide variety of propylene glycol ethers. Testing of a wide variety of propylene glycol ethers has shown that propylene glycol-based ethers are less toxic than some ethers of the ethylene series. The common toxicities associated with the lower molecular weight homologues of the ethylene series, such as adverse effects on reproductive organs, the developing embryo and fetus, blood (haemolytic effects), or thymus, are not seen with the commercial-grade propylene glycol ethers. In the ethylene series, metabolism of the terminal hydroxyl group produces an alkoxyacetic acid. The reproductive and developmental toxicities of the lower molecular weight homologues in the ethylene series are due specifically to the formation of methoxyacetic and ethoxyacetic acids.

Longer chain length homologues in the ethylene series are not associated with the reproductive toxicity but can cause haemolysis in sensitive species, also through formation of an alkoxyacetic acid. The predominant alpha isomer of all the PGEs (thermodynamically favored during manufacture of PGEs) is a secondary alcohol incapable of forming an alkoxypropionic acid. In contrast beta-isomers are able to form the alkoxypropionic acids and these are linked to teratogenic effects (and possibly haemolytic effects).

This alpha isomer comprises greater than 95% of the isomeric mixture in the commercial product.

Because the alpha isomer cannot form an alkoxypropionic acid, this is the most likely reason for the lack of toxicity shown by the PGEs as distinct from the lower molecular weight ethylene glycol ethers. More importantly, however, very extensive empirical test data show that this class of commercial-grade glycol ether presents a low toxicity hazard. PGEs, whether mono-, di- or tripropylene glycol-based (and no matter what the alcohol group), show a very similar pattern of low to non-detectable toxicity of any type at doses or exposure levels greatly exceeding those showing pronounced effects from the ethylene series. One of the primary metabolites of the propylene glycol ethers is propylene glycol, which is of low toxicity and completely metabolised in the body.

As a class, the propylene glycol ethers are rapidly absorbed and distributed throughout the body when introduced by inhalation or oral exposure. Dermal absorption is somewhat slower but subsequent distribution is rapid. Most excretion for PGEs is via the urine and expired air. A small portion is excreted in the faeces.

As a group PGEs exhibits low acute toxicity by the oral, dermal, and inhalation routes. Rat oral LD50s range from >3,000 mg/kg (PnB) to >5,000 mg/kg (DPMA). Dermal LD50s are all > 2,000 mg/kg (PnB, & DPnB; where no deaths occurred), and ranging up to >15,000 mg/kg (TPM). Inhalation LC50 values were higher than 5,000 mg/m³ for DPMA (4-hour exposure), and TPM (1-hour exposure). For DPnB the 4-hour LC50 is >2,040 mg/m³. For PnB, the 4-hour

Key Clear Reducer

LC50 was >651 ppm (>3,412 mg/m³), representing the highest practically attainable vapor level. No deaths occurred at these concentrations. PnB and TPM are moderately irritating to eyes while the remaining category members are only slightly irritating to nonirritating. PnB is moderately irritating to skin while the remaining category members are slightly to non-irritating. None are skin sensitizers.

In repeated dose studies ranging in duration from 2 to 13 weeks, few adverse effects were found even at high exposure levels and effects that did occur were mild in nature. By the oral route of administration, NOAELs of 350 mg/kg-d (PnB – 13 wk) and 450 mg/kg-d (DPnB – 13 wk) were observed for liver and kidney weight increases (without accompanying histopathology). LOAELs for these two chemicals were 1000 mg/kg-d (highest dose tested). Dermal repeated-dose toxicity tests have been performed for many PGEs. For PnB, no effects were seen in a 13-wk study at doses as high as 1,000 mg/kg-d. A dose of 273 mg/kg-d constituted a LOAEL (increased organ weights without histopathology) in a 13-week dermal study for DPnB. For TPM, increased kidney weights (no histopathology) and transiently decreased body weights were found at a dose of 2,895 mg/kg-d in a 90-day study in rabbits. By inhalation, no effects were observed in 2-week studies in rats at the highest tested concentrations of 3244 mg/m³ (600 ppm) for PnB and 2,010 mg/m³ (260 ppm) for DPnB. TPM caused increased liver weights without histopathology by inhalation in a 2-week study at a LOAEL of 360 mg/m³ (43 ppm). In this study, the highest tested TPM concentration, 1010 mg/m³ (120 ppm), also caused increased liver weights without accompanying histopathology. Although no repeated-dose studies are available for the oral route for TPM, or for any route for DPMA, it is anticipated that these chemicals would behave similarly to other category members. One and two-generation reproductive toxicity testing has been conducted in mice, rats, and rabbits via the oral or inhalation routes of exposure on PM and PMA. In an inhalation rat study using PM, the NOAEL for parental toxicity is 300 ppm (1106 mg/m³) with decreases in body and organ weights occurring at the LOAEL of 1000 ppm (3686 mg/m³). For offspring toxicity the NOAEL is 1000 ppm (3686 mg/m³), with decreased body weights occurring at 3000 ppm (11058 mg/m³). For PMA, the NOAEL for parental and offspring toxicity is 1000 mg/kg/d. In a two generation gavage study in rats. No adverse effects were found on reproductive organs, fertility rates, or other indices commonly monitored in such studies. In addition, there is no evidence from histopathological data from repeated-dose studies for the category members that would indicate that these chemicals would pose a reproductive hazard to human health. In developmental toxicity studies many PGEs have been tested by various routes of exposure and in various species at significant exposure levels and show no frank developmental effects. Due to the rapid hydrolysis of DPMA to DPM, DPMA would not be expected to show teratogenic effects. At high doses where maternal toxicity occurs (e.g., significant body weight loss), an increased incidence of some anomalies such as delayed skeletal ossification or increased 13th ribs, have been reported. Commercially available PGEs showed no teratogenicity. The weight of the evidence indicates that propylene glycol ethers are not likely to be genotoxic. *In vitro*, negative results have been seen in a number of assays for PnB, DPnB, DPMA and TPM. Positive results were only seen in 3 out of 5 chromosome aberration assays in mammalian cells with DPnB. However, negative results were seen in a mouse micronucleus assay with DPnB and PM. Thus, there is no evidence to suggest these PGEs would be genotoxic *in vivo*. In a 2-year bioassay on PM, there were no statistically significant increases in tumors in rats and mice. A BASF report (in ECETOC) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects. The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.I.]

for propylene glycol ethers (PGEs):

Typical propylene glycol ethers include propylene glycol n-butyl ether (PnB); dipropylene glycol n-butyl ether (DPnB); dipropylene glycol methyl ether acetate (DPMA); tripropylene glycol methyl ether (TPM).

Testing of a wide variety of propylene glycol ethers. Testing of a wide variety of propylene glycol ethers has shown that propylene glycol-based ethers are less toxic than some ethers of the ethylene series. The common toxicities associated with the lower molecular weight homologues of the ethylene series, such as adverse effects on reproductive organs, the developing embryo and fetus, blood (haemolytic effects), or thymus, are not seen with the commercial-grade propylene glycol ethers. In the ethylene series, metabolism of the terminal hydroxyl group produces an alkoxyacetic acid. The reproductive and developmental toxicities of the lower molecular weight homologues in the ethylene series are due specifically to the formation of methoxyacetic and ethoxyacetic acids.

Longer chain length homologues in the ethylene series are not associated with the reproductive toxicity but can cause haemolysis in sensitive species, also through formation of an alkoxyacetic acid. The predominant alpha isomer of all the PGEs (thermodynamically favored during manufacture of PGEs) is a secondary alcohol incapable of forming an alkoxypropionic acid. In contrast beta-isomers are able to form the alkoxypropionic acids and these are linked to teratogenic effects (and possibly haemolytic effects).

This alpha isomer comprises greater than 95% of the isomeric mixture in the commercial product.

Because the alpha isomer cannot form an alkoxypropionic acid, this is the most likely reason for the lack of toxicity shown by the PGEs as distinct from the lower molecular weight ethylene glycol ethers. More importantly, however, very extensive empirical test data show that this class of commercial-grade glycol ether presents a low toxicity hazard. PGEs, whether mono, di- or tripropylene glycol-based (and no matter what the alcohol group), show a very similar pattern of low to non-detectable toxicity of any type at doses or exposure levels greatly exceeding those showing pronounced effects from the ethylene series. One of the primary metabolites of the propylene glycol ethers is propylene glycol, which is of low toxicity and completely metabolised in the body.

As a class, the propylene glycol ethers are rapidly absorbed and distributed throughout the body when introduced by inhalation or oral exposure. Dermal absorption is somewhat slower but subsequent distribution is rapid. Most excretion for PGEs is via the urine and expired air. A small portion is excreted in the faeces.

As a group PGEs exhibit low acute toxicity by the oral, dermal, and inhalation routes. Rat oral LD50s range from >3,000 mg/kg (PnB) to >5,000 mg/kg (DPMA). Dermal LD50s are all > 2,000 mg/kg (PnB, & DPnB; where no deaths occurred), and ranging up to >15,000 mg/kg (TPM). Inhalation LC50 values were higher than 5,000 mg/m³ for DPMA (4-hour exposure), and TPM (1-hour exposure). For DPnB the 4-hour LC50 is >2,040 mg/m³. For PnB, the 4-hour LC50 was >651 ppm (>3,412 mg/m³), representing the highest practically attainable vapor level. No deaths occurred at these concentrations. PnB and TPM are moderately irritating to eyes while the remaining category members are only slightly irritating to nonirritating. PnB is moderately irritating to skin while the remaining category members are slightly to non-irritating.

None are skin sensitizers.

In repeated dose studies ranging in duration from 2 to 13 weeks, few adverse effects were found even at high exposure levels and effects that did occur were mild in nature. By the oral route of administration, NOAELs of 350 mg/kg-d (PnB – 13 wk) and 450 mg/kg-d (DPnB – 13 wk) were observed for liver and kidney weight increases (without accompanying histopathology). LOAELs for these two chemicals were 1000 mg/kg-d (highest dose tested).

Dermal repeated-dose toxicity tests have been performed for many PGEs. For PnB, no effects were seen in a 13-wk study at doses as high as 1,000 mg/kg-d. A dose of 273 mg/kg-d constituted a LOAEL (increased organ weights without histopathology) in a 13-week dermal study for DPnB. For TPM, increased kidney weights (no histopathology) and transiently decreased body weights were found at a dose of 2,895 mg/kg-d in a 90-day study in rabbits. By inhalation, no effects were observed in 2-week studies in rats at the highest tested concentrations of 3244 mg/m³ (600 ppm) for PnB and 2,010 mg/m³ (260 ppm) for DPnB. TPM caused increased liver weights without histopathology by inhalation in a 2-week study at a LOAEL of 360 mg/m³ (43 ppm). In this study, the highest tested TPM concentration, 1010 mg/m³ (120 ppm), also caused increased liver weights without accompanying histopathology. Although no repeated-dose studies are available for the oral route for TPM, or for any route for DPMA, it is anticipated that these chemicals would behave similarly to other category members.

One and two-generation reproductive toxicity testing has been conducted in mice, rats, and rabbits via the oral or inhalation routes of exposure on PM and PMA. In an inhalation rat study using PM, the NOAEL for parental toxicity is 300 ppm (1106 mg/m³) with decreases in body and organ weights occurring at the LOAEL of 1000 ppm (3686 mg/m³). For offspring toxicity the NOAEL is 1000 ppm (3686 mg/m³), with decreased body weights occurring at 3000 ppm (11058 mg/m³). For PMA, the NOAEL for parental and offspring toxicity is 1000 mg/kg/d. In a two generation gavage study in rats. No adverse effects were found on reproductive organs, fertility rates, or other indices commonly monitored in such studies. In addition, there is no evidence from histopathological data from repeated-dose studies for the category members that would indicate that these chemicals would pose a reproductive hazard to human health.

In developmental toxicity studies many PGEs have been tested by various routes of exposure and in various species at significant exposure levels and show no frank developmental effects. Due to the rapid hydrolysis of DPMA to DPM, DPMA would not be expected to show teratogenic effects. At high doses where maternal toxicity occurs (e.g., significant body weight loss), an increased incidence of some anomalies such as delayed skeletal ossification or increased 13th ribs, have been reported. Commercially available PGEs showed no teratogenicity.

The weight of the evidence indicates that propylene glycol ethers are not likely to be genotoxic. *In vitro*, negative results have been seen in a number of assays for PnB, DPnB, DPMA and TPM. Positive results were only seen in 3 out of 5 chromosome aberration assays in mammalian cells with DPnB. However, negative results were seen in a mouse micronucleus assay with DPnB and PM. Thus, there is no evidence to suggest these PGEs would be genotoxic *in vivo*. In a 2-year bioassay on PM, there were no statistically significant increases in tumors in rats and mice.

A BASF report (in ECETOC) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects.

**PROPYLENE GLYCOL
MONOMETHYL ETHER
ACETATE, ALPHA-ISOMER**

The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.I]

A BASF report (in ECETOC) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects. The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.I] *Shin-Etsu SDS

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause 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) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

For ethylene glycol monoalkyl ethers and their acetates (EGMAEs):

Typical members of this category are ethylene glycol propylene ether (EGPE), ethylene glycol butyl ether (EGBE) and ethylene glycol hexyl ether (EGHE) and their acetates.

EGMAEs are substrates for alcohol dehydrogenase isozyme ADH-3, which catalyzes the conversion of their terminal alcohols to aldehydes (which are transient metabolites). Further, rapid conversion of the aldehydes by aldehyde dehydrogenase produces alkoxyacetic acids, which are the predominant urinary metabolites of mono substituted glycol ethers.

Acute Toxicity: Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m³) for EGHE, LC50 > 400ppm (2620 mg/m³) for EGBEA to LC50 > 2132 ppm (9061 mg/m³) for EGPE. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 435 mg/kg bw (EGBE) to 1500 mg/kg bw (EGBEA). Overall these category members can be considered to be of low to moderate acute toxicity. All category members cause reversible irritation to skin and eyes, with EGBEA less irritating and EGHE more irritating than the other category members. EGPE and EGBE are not sensitizers in experimental animals or humans. Signs of acute toxicity in rats, mice and rabbits are consistent with haemolysis (with the exception of EGHE) and non-specific CNS depression typical of organic solvents in general. Alkoxyacetic acid metabolites, propoxyacetic acid (PAA) and butoxyacetic acid (BAA), are responsible for the red blood cell hemolysis. Signs of toxicity in humans deliberately ingesting cleaning fluids containing 9-22% EGBE are similar to those of rats, with the exception of haemolysis. Although decreased blood haemoglobin and/or haemoglobinuria were observed in some of the human cases, it is not clear if this was due to haemolysis or haemodilution as a result of administration of large volumes of fluid. Red blood cells of humans are many-fold more resistant to toxicity from EGPE and EGBE *in vitro* than those of rats.

Repeat dose toxicity: The fact that the NOAEL for repeated dose toxicity of EGBE is less than that of EGPE is consistent with red blood cells being more sensitive to EGBE than EGPE. Blood from mice, rats, hamsters, rabbits and baboons were sensitive to the effects of BAA *in vitro* and displayed similar responses, which included erythrocyte swelling (increased haematocrit and mean corpuscular hemoglobin), followed by hemolysis. Blood from humans, pigs, dogs, cats, and guinea pigs was less sensitive to haemolysis by BAA *in vitro*.

Mutagenicity: In the absence and presence of metabolic activation, EGBE tested negative for mutagenicity in Ames tests conducted in *S. typhimurium* strains TA97, TA98, TA100, TA1535 and TA1537 and EGHE tested negative in strains TA98, TA100, TA1535, TA1537 and TA1538. *In vitro* cytogenetic and sister chromatid exchange assays with EGBE and EGHE in Chinese Hamster Ovary Cells with and without metabolic activation and *in vivo* micronucleus tests with EGBE in rats and mice were negative, indicating that these glycol ethers are not genotoxic.

Carcinogenicity: In a 2-year inhalation chronic toxicity and carcinogenicity study with EGBE in rats and mice a significant increase in the incidence of liver haemangiosarcomas was seen in male mice and forestomach tumours in female mice. It was decided that based on the mode of action data available, there was no significant hazard for human carcinogenicity

Reproductive and developmental toxicity. The results of reproductive and developmental toxicity studies indicate that the glycol ethers in this category are not selectively toxic to the reproductive system or developing fetus, developmental toxicity is secondary to maternal toxicity. The repeated dose toxicity studies in which reproductive organs were examined indicate that the members of this category are not associated with toxicity to reproductive organs (including the testes).

Results of the developmental toxicity studies conducted via inhalation exposures during gestation periods on EGPE (rabbits -125, 250, 500 ppm or 531, 1062, or 2125 mg/m³ and rats - 100, 200, 300, 400 ppm or 425, 850, 1275, or 1700 mg/m³), EGBE (rat and rabbit - 25, 50, 100, 200 ppm or 121, 241, 483, or 966 mg/m³), and EGHE (rat and rabbit - 20.8, 41.4, 79.2 ppm or 124, 248, or 474 mg/m³) indicate that the members of the category are not teratogenic.

The NOAELs for developmental toxicity are greater than 500 ppm or 2125 mg/m³ (rabbit-EGPE), 100 ppm or 425 mg/m³ (rat-EGPE), 50 ppm or 241 mg/m³ (rat EGBE) and 100 ppm or 483 mg/m³ (rabbit EGBE) and greater than 79.2 ppm or 474 mg/m³ (rat and rabbit-EGHE).

Exposure of pregnant rats to ethylene glycol monobutyl ether (2-butoxyethanol) at 100 ppm or rabbits at 200 ppm during organogenesis resulted in maternal toxicity and embryotoxicity including a decreased number of viable implantations per litter. Slight foetotoxicity in the form of poorly ossified or unossified skeletal elements was also apparent in rats. Teratogenic effects were not observed in other species.

At least one researcher has stated that the reproductive effects were less than that of other monoalkyl ethers of ethylene glycol.

Chronic exposure may cause anaemia, macrocytosis, abnormally large red cells and abnormal red cell fragility.

Exposure of male and female rats and mice for 14 weeks to 2 years produced a regenerative haemolytic anaemia and subsequent effects on the haemopoietic system in rats and mice. In addition, 2-butoxyethanol exposures caused increases in the incidence of neoplasms and nonneoplastic lesions (1). The occurrence of the anaemia was concentration-dependent and more pronounced in rats and females. In this study it was proposed that 2-butoxyethanol at concentrations of 500 ppm and greater produced an acute disseminated thrombosis and bone infarction in male and female rats as a result of severe acute haemolysis and reduced deformability of erythrocytes or through anoxic damage to endothelial cells that compromise blood flow. In two-year studies, 2-butoxyethanol continued to affect circulating erythroid mass, inducing a responsive anaemia. Rats showed a marginal increase in the incidence of benign or malignant pheochromocytomas (combined) of the adrenal gland. In mice, 2-butoxyethanol exposure resulted in a concentration dependent increase in the incidence of squamous cell papilloma or carcinoma of the forestomach. It was hypothesised that exposure-induced irritation produced inflammatory and hyperplastic effects in the forestomach and that the neoplasia were associated with a continuation of the injury/ degeneration process. Exposure also produced a concentration -dependent increase in the incidence of haemangiosarcoma of the liver of male mice and hepatocellular carcinoma.

1: NTP Toxicology Program Technical report Series 484, March 2000.

For ethylene glycol:

Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol.

dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glyoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO₂, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO₂, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. Elimination of ethylene glycol from the plasma in both humans and laboratory animals is rapid after oral exposure; elimination half-lives are in the range of 1-4 hours in most species tested.

Respiratory Effects. Respiratory system involvement occurs 12-24 hours after ingestion of sufficient amounts of ethylene glycol and is considered to be part of a second stage in ethylene glycol poisoning. The symptoms include hyperventilation, shallow rapid breathing, and generalized pulmonary edema with calcium oxalate crystals occasionally present in the lung parenchyma. Respiratory system involvement appears to be dose-dependent and occurs concomitantly with cardiovascular changes. Pulmonary infiltrates and other changes compatible with adult respiratory distress syndrome (ARDS) may characterise the second stage of ethylene glycol poisoning. Pulmonary oedema can be secondary to cardiac failure, ARDS, or aspiration of gastric contents. Symptoms related to acidosis such as hyperpnea and tachypnea are frequently observed; however, major respiratory morbidities such as pulmonary edema and bronchopneumonia are relatively rare and usually only observed with extreme poisoning (e.g., in only 5 of 36 severely poisoned cases).

Cardiovascular Effects. Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12- 24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol.

ETHYLENE GLYCOL MONOBUTYL ETHER

Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned cases. Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in humans. The effects of a long-term, low-dose exposure are unknown.

Gastrointestinal Effects. Nausea, vomiting with or without blood, pyrosis, and abdominal cramping and pain are common early effects of acute ethylene glycol ingestion. Acute effects of ethylene glycol ingestion in one patient included intermittent diarrhea and abdominal pain, which were attributed to mild colonic ischaemia; severe abdominal pain secondary to colonic stricture and perforation developed 3 months after ingestion, and histology of the resected colon showed birefringent crystals highly suggestive of oxalate deposition.

Musculoskeletal Effects. Reported musculoskeletal effects in cases of acute ethylene glycol poisoning have included diffuse muscle tenderness and myalgias associated with elevated serum creatinine phosphokinase levels, and myoclonic jerks and tetanic contractions associated with hypocalcaemia.

Hepatic Effects. Central hydropic or fatty degeneration, parenchymal necrosis, and calcium oxalate crystals in the liver have been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol.

Renal Effects. Adverse renal effects after ethylene glycol ingestion in humans can be observed during the third stage of ethylene glycol toxicity 24-72 hours after acute exposure. The hallmark of renal toxicity is the presence of birefringent calcium oxalate monohydrate crystals deposited in renal tubules and their presence in urine after ingestion of relatively high amounts of ethylene glycol. Other signs of nephrotoxicity can include tubular cell degeneration and necrosis and tubular interstitial inflammation. If untreated, the degree of renal damage caused by high doses of ethylene glycol progresses and leads to haematuria, proteinuria, decreased renal function, oliguria, anuria, and ultimately renal failure. These changes in the kidney are linked to acute tubular necrosis but normal or near normal renal function can return with adequate supportive therapy.

Metabolic Effects. One of the major adverse effects following acute oral exposure of humans to ethylene glycol involves metabolic changes. These changes occur as early as 12 hours after ethylene glycol exposure. Ethylene glycol intoxication is accompanied by metabolic acidosis which is manifested by decreased pH and bicarbonate content of serum and other bodily fluids caused by accumulation of excess glycolic acid. Other characteristic metabolic effects of ethylene glycol poisoning are increased serum anion gap, increased osmolal gap, and hypocalcaemia. Serum anion gap is calculated from concentrations of sodium, chloride, and bicarbonate, is normally 12-16 mM, and is typically elevated after ethylene glycol ingestion due to increases in unmeasured metabolite anions (mainly glycolate).

Neurological Effects: Adverse neurological reactions are among the first symptoms to appear in humans after ethylene glycol ingestion. These early neurotoxic effects are also the only symptoms attributed to unmetabolised ethylene glycol. Together with metabolic changes, they occur during the period of 30 minutes to 12 hours after exposure and are considered to be part of the first stage in ethylene glycol intoxication. In cases of acute intoxication, in which a large amount of ethylene glycol is ingested over a very short time period, there is a progression of neurological manifestations which, if not treated, may lead to generalized seizures and coma. Ataxia, slurred speech, confusion, and somnolence are common during the initial phase of ethylene glycol intoxication as are irritation, restlessness, and disorientation. Cerebral edema and crystalline deposits of calcium oxalate in the walls of small blood vessels in the brain were found at autopsy in people who died after acute ethylene glycol ingestion.

Effects on cranial nerves appear late (generally 5-20 days post-ingestion), are relatively rare, and according to some investigators constitute a fourth, late cerebral phase in ethylene glycol intoxication. Clinical manifestations of the cranial neuropathy commonly involve lower motor neurons of the facial and bulbar nerves and are reversible over many months.

Reproductive Effects: Reproductive function after intermediate-duration oral exposure to ethylene glycol has been tested in three multi-generation studies (one in rats and two in mice) and several shorter studies (15-20 days in rats and mice). In these studies, effects on fertility, foetal viability, and male reproductive organs were observed in mice, while the only effect in rats was an increase in gestational duration.

Developmental Effects: The developmental toxicity of ethylene glycol has been assessed in several acute-duration studies using mice, rats, and rabbits. Available studies indicate that malformations, especially skeletal malformations occur in both mice and rats exposed during gestation; mice are apparently more sensitive to the developmental effects of ethylene glycol. Other evidence of embryotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight.

Cancer: No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol.

Genotoxic Effects: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available *in vivo* and *in vitro* laboratory studies provide consistently negative genotoxicity results for ethylene glycol.

NOTE: Changes in kidney, liver, spleen and lungs are observed in animals exposed to high concentrations of this substance by all routes. ** ASCC (NZ) SDS

N-BUTYL ACETATE	<p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause 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) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>
ETHYL-3-ETHOXYPROPIONATE	<p>The material may cause 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) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p> <p>* Union Carbide ** Endura Manufacturing</p>
XYLENE	<p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause 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) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p> <p>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. Reproductive effector in rats</p>

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

Legend: ✘ – Data available but does not fill the criteria for classification
✔ – Data required to make classification available
⊘ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
------------	----------	--------------------	---------	-------	--------

Key Clear Reducer

propylene glycol monomethyl ether acetate, alpha-isomer	LC50	96	Fish	100mg/L	1
propylene glycol monomethyl ether acetate, alpha-isomer	EC50	48	Crustacea	373mg/L	2
propylene glycol monomethyl ether acetate, alpha-isomer	EC50	96	Algae or other aquatic plants	9.337mg/L	3
propylene glycol monomethyl ether acetate, alpha-isomer	EC50	504	Crustacea	>100mg/L	2
propylene glycol monomethyl ether acetate, alpha-isomer	NOEC	336	Fish	47.5mg/L	2
ethylene glycol monobutyl ether	LC50	96	Fish	222.042mg/L	3
ethylene glycol monobutyl ether	EC50	48	Crustacea	164mg/L	2
ethylene glycol monobutyl ether	EC50	96	Algae or other aquatic plants	720mg/L	2
ethylene glycol monobutyl ether	EC50	384	Crustacea	51.539mg/L	3
ethylene glycol monobutyl ether	NOEC	168	Crustacea	56mg/L	2
n-butyl acetate	LC50	96	Fish	18mg/L	2
n-butyl acetate	EC50	48	Crustacea	=32mg/L	1
n-butyl acetate	EC50	96	Algae or other aquatic plants	1.675mg/L	3
n-butyl acetate	EC50	96	Fish	18mg/L	2
n-butyl acetate	NOEC	504	Crustacea	23mg/L	2
ethyl-3-ethoxypropionate	LC50	96	Fish	45.3mg/L	2
ethyl-3-ethoxypropionate	EC50	48	Crustacea	>95mg/L	1
ethyl-3-ethoxypropionate	EC50	96	Algae or other aquatic plants	5.289mg/L	3
ethyl-3-ethoxypropionate	EC50	96	Crustacea	>95mg/L	1
ethyl-3-ethoxypropionate	NOEC	48	Crustacea	=9.5mg/L	1
xylene	LC50	96	Fish	0.0013404mg/L	4
xylene	EC50	48	Crustacea	>3.4mg/L	2
xylene	EC50	72	Algae or other aquatic plants	4.6mg/L	2
xylene	EC50	24	Crustacea	0.711mg/L	4
xylene	NOEC	73	Algae or other aquatic plants	0.44mg/L	2

Legend:

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - 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
propylene glycol monomethyl ether acetate, alpha-isomer	LOW	LOW
ethylene glycol monobutyl ether	LOW (Half-life = 56 days)	LOW (Half-life = 1.37 days)
n-butyl acetate	LOW	LOW
ethyl-3-ethoxypropionate	LOW	LOW
xylene	HIGH (Half-life = 360 days)	LOW (Half-life = 1.83 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
propylene glycol monomethyl ether acetate, alpha-isomer	LOW (LogKOW = 0.56)
ethylene glycol monobutyl ether	LOW (BCF = 2.51)
n-butyl acetate	LOW (BCF = 14)
ethyl-3-ethoxypropionate	LOW (LogKOW = 1.0809)
xylene	MEDIUM (BCF = 740)

Mobility in soil

Ingredient	Mobility
------------	----------

Continued...

propylene glycol monomethyl ether acetate, alpha-isomer	HIGH (KOC = 1.838)
ethylene glycol monobutyl ether	HIGH (KOC = 1)
n-butyl acetate	LOW (KOC = 20.86)
ethyl-3-ethoxypropionate	LOW (KOC = 10)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ 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.
------------------------------	--

SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO
HAZCHEM	3Y

Land transport (ADG)

UN number	1263
Packing group	III
UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)
Environmental hazard	No relevant data
Transport hazard class(es)	Class : 3 Subrisk : Not Applicable
Special precautions for user	Special provisions : 163 223 * Limited quantity : 5 L

Air transport (ICAO-IATA / DGR)

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

Passenger and Cargo Maximum Qty / Pack	60 L
Passenger and Cargo Limited Quantity Packing Instructions	Y344
Passenger and Cargo Limited Maximum Qty / Pack	10 L

Sea transport (IMDG-Code / GGVSee)

UN number	1263	
Packing group	III	
UN proper shipping name	PAINT (including paint, lacquer, enamel, stain, shellac solutions, varnish, polish, liquid filler and liquid lacquer base) or PAINT RELATED MATERIAL (including paint thinning or reducing compound)	
Environmental hazard	Not Applicable	
Transport hazard class(es)	IMDG Class	3
	IMDG Subrisk	Not Applicable
Special precautions for user	EMS Number	F-E, S-E
	Special provisions	163 223 367 955
	Limited Quantities	5 L

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

Source	Ingredient	Pollution Category
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	propylene glycol monomethyl ether acetate, alpha-isomer	Z
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	n-butyl acetate	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	ethyl-3-ethoxypropionate	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	xylene	Y

SECTION 15 REGULATORY INFORMATION**Safety, health and environmental regulations / legislation specific for the substance or mixture****PROPYLENE GLYCOL MONOMETHYL ETHER ACETATE, ALPHA-ISOMER(108-65-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	

ETHYLENE GLYCOL MONOBUTYL ETHER(111-76-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

N-BUTYL ACETATE(123-86-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	

ETHYL-3-ETHOXYPROPIONATE(763-69-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

XYLENE(1330-20-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (propylene glycol monomethyl ether acetate, alpha-isomer; xylene; n-butyl acetate; ethyl-3-ethoxypropionate; ethylene glycol monobutyl ether)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y

Legend:

Y = All ingredients are on the inventory

N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing (see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION**Other information****Ingredients with multiple cas numbers**

Name	CAS No
propylene glycol monomethyl ether acetate, alpha-isomer	108-65-6, 142300-82-1, 84540-57-8

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

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

www.chemwatch.net

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

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

This document is copyright.

Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH.

TEL (+61 3) 9572 4700.