

UltraColor Aerosol Write N Mark Non Fluoro

Zeus Chemical Products

Chemwatch: 47442
Version No: 4.1.1.1
Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: 27/06/2017
Print Date: 25/01/2018
L.GHS.AUS.EN

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

Product Identifier

Product name	UltraColor Aerosol Write N Mark Non Fluoro
Synonyms	Not Available
Proper shipping name	AEROSOLS
Other means of identification	Not Available

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

Relevant identified uses	Application is by spray atomisation from a hand held aerosol pack Use according to manufacturer's directions. Aerosol spray paint.
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Details of the supplier of the safety data sheet

Registered company name	Zeus Chemical Products
Address	3 Anderson Place South Windsor NSW 2756 Australia
Telephone	+61 2 4577 4866
Fax	+61 2 4577 6919
Website	www.ultracolor.com.au
Email	admin@ultracolor.com.au

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	+61 2 4577 4866 (Mon-Fri, 8am-5pm)
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.

Poisons Schedule	Not Applicable
Classification ^[1]	Aerosols Category 1, Gas under Pressure (Compressed gas), Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Carcinogenicity Category 1A, Reproductive Toxicity Category 2, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - single exposure Category 3 (narcotic effects), Specific target organ toxicity - repeated exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
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SIGNAL WORD	DANGER
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Hazard statement(s)

H222	Extremely flammable aerosol.
H280	Contains gas under pressure; may explode if heated.
H315	Causes skin irritation.
H318	Causes serious eye damage.
H350	May cause cancer.
H361	Suspected of damaging fertility or the unborn child.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.

Continued...

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H373	May cause damage to organs through prolonged or repeated exposure.
AUH044	Risk of explosion if heated under confinement.
AUH066	Repeated exposure may cause skin dryness and cracking.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P211	Do not spray on an open flame or other ignition source.
P251	Pressurized container: Do not pierce or burn, even after use.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P310	Immediately call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before reuse.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P332+P313	If skin irritation occurs: Get medical advice/attention.

Precautionary statement(s) Storage

P405	Store locked up.
P410+P403	Protect from sunlight. Store in a well-ventilated place.
P410+P412	Protect from sunlight. Do not expose to temperatures exceeding 50 °C/122 °F.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
13463-67-7	30-60	<u>titanium dioxide</u>
Not Available	1-10	<u>Organic pigment non toxic</u>
67-64-1	10-30	<u>acetone</u>
471-34-1	10-30	<u>calcium carbonate</u>
108-88-3	1-10	<u>toluene</u>
Not Available	1-10	resin
68476-85-7.	30-60	<u>hydrocarbon propellant</u>
NOTE: Manufacturer has supplied full ingredient information to allow CHEMWATCH assessment.		

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	<p>If aerosols come in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold the eyelids apart and flush the eye continuously for at least 15 minutes 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. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If solids or aerosol mists are deposited upon the skin:</p> <ul style="list-style-type: none"> ▶ Flush skin and hair with running water (and soap if available). ▶ Remove any adhering solids with industrial skin cleansing cream. ▶ DO NOT use solvents. ▶ Seek medical attention in the event of irritation.
Inhalation	<p>If aerosols, fumes or combustion products are inhaled:</p> <ul style="list-style-type: none"> ▶ Remove to fresh air. ▶ 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.

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	If breathing is shallow or has stopped, ensure clear airway and apply resuscitation, 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	Avoid giving milk or oils. Avoid giving alcohol. Not considered a normal route of entry. 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

For acute or short term repeated exposures to petroleum distillates or related hydrocarbons:

- ▶ Primary threat to life, from pure petroleum distillate 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) 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.
- ▶ Lavage is indicated in patients who require decontamination; ensure use of cuffed endotracheal tube in adult patients. [Ellenhorn and Barceloux: Medical Toxicology]

Treat symptomatically.

For acute or short term repeated exposures to acetone:

- ▶ Symptoms of acetone exposure approximate ethanol intoxication.
- ▶ About 20% is expired by the lungs and the rest is metabolised. Alveolar air half-life is about 4 hours following two hour inhalation at levels near the Exposure Standard; in overdose, saturable metabolism and limited clearance, prolong the elimination half-life to 25-30 hours.
- ▶ There are no known antidotes and treatment should involve the usual methods of decontamination followed by supportive care.

[Ellenhorn and Barceloux: Medical Toxicology]

Management:

Measurement of serum and urine acetone concentrations may be useful to monitor the severity of ingestion or inhalation.

Inhalation Management:

- ▶ Maintain a clear airway, give humidified oxygen and ventilate if necessary.
- ▶ If respiratory irritation occurs, assess respiratory function and, if necessary, perform chest X-rays to check for chemical pneumonitis.
- ▶ Consider the use of steroids to reduce the inflammatory response.
- ▶ Treat pulmonary oedema with PEEP or CPAP ventilation.

Dermal Management:

- ▶ Remove any remaining contaminated clothing, place in double sealed, clear bags, label and store in secure area away from patients and staff.
- ▶ Irrigate with copious amounts of water.
- ▶ An emollient may be required.

Eye Management:

- ▶ Irrigate thoroughly with running water or saline for 15 minutes.
- ▶ Stain with fluorescein and refer to an ophthalmologist if there is any uptake of the stain.

Oral Management:

- ▶ No **GASTRIC LAVAGE OR EMETIC**
- ▶ Encourage oral fluids.

Systemic Management:

- ▶ Monitor blood glucose and arterial pH.
- ▶ Ventilate if respiratory depression occurs.
- ▶ If patient unconscious, monitor renal function.
- ▶ Symptomatic and supportive care.

The Chemical Incident Management Handbook:

Guy's and St. Thomas' Hospital Trust, 2000

BIOLOGICAL EXPOSURE INDEX

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

Determinant	Sampling Time	Index	Comments
Acetone in urine	End of shift	50 mg/L	NS

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

SECTION 5 FIREFIGHTING MEASURES**Extinguishing media**

SMALL FIRE:

- ▶ Water spray, dry chemical or CO₂

LARGE FIRE:

- ▶ Water spray or fog.

Special hazards arising from the substrate or mixture

Fire Incompatibility	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	<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. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Liquid and vapour are highly flammable. ▶ Severe fire hazard when exposed to heat or flame. ▶ Vapour forms an explosive mixture with air. ▶ Severe explosion hazard, in the form of vapour, when exposed to flame or spark.

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Vapour may travel a considerable distance to source of ignition.
 Heating may cause expansion or decomposition with violent container rupture.
 Aerosol cans may explode on exposure to naked flames.
 Rupturing containers may rocket and scatter burning materials.
 Hazards may not be restricted to pressure effects.
 May emit acrid, poisonous or corrosive fumes.
 On combustion, may emit toxic fumes of carbon monoxide (CO).
 Combustion products include:

- carbon monoxide (CO)
- carbon dioxide (CO₂)
- other pyrolysis products typical of burning organic material.

Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.

HAZCHEM

2Y

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<p>Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Wear protective clothing, impervious gloves and safety glasses. Shut off all possible sources of ignition and increase ventilation. Wipe up. If safe, damaged cans should be placed in a container outdoors, away from all ignition sources, until pressure has dissipated. Undamaged cans should be gathered and stowed safely.</p>
Major Spills	<p>DO NOT exert excessive pressure on valve; DO NOT attempt to operate damaged valve. 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 courses 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. Absorb or cover spill with sand, earth, inert materials or vermiculite. If safe, damaged cans should be placed in a container outdoors, away from ignition sources, until pressure has dissipated. Undamaged cans should be gathered and stowed safely. Collect residues and seal in labelled drums for disposal. Remove leaking cylinders to a safe place if possible. Release pressure under safe, controlled conditions by opening the valve.</p>

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ 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 contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ DO NOT incinerate or puncture aerosol cans. ▶ DO NOT spray directly on humans, exposed food or food utensils. ▶ 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 are maintained.
Other information	<ul style="list-style-type: none"> ▶ Store below 38 deg. C. ▶ Keep dry to avoid corrosion of cans. Corrosion may result in container perforation and internal pressure may eject contents of can ▶ Store in original containers in approved flammable liquid storage area. ▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped. ▶ No smoking, naked lights, heat or ignition sources. ▶ Keep containers securely sealed. Contents under pressure. ▶ Store away from incompatible materials. ▶ Store in a cool, dry, well ventilated area. ▶ Avoid storage at temperatures higher than 40 deg C. ▶ Store in an upright position.

Continued...

- ▶ Protect containers against physical damage.
- ▶ Check regularly for spills and leaks.
- ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	Aerosol dispenser. Check that containers are clearly labelled.
Storage incompatibility	Avoid reaction with oxidising agents

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	titanium dioxide	Titanium dioxide	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	acetone	Acetone	1185 mg/m3 / 500 ppm	2375 mg/m3 / 1000 ppm	Not Available	Not Available
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	toluene	Toluene	191 mg/m3 / 50 ppm	574 mg/m3 / 150 ppm	Not Available	Not Available
Australia Exposure Standards	hydrocarbon propellant	LPG (liquefied petroleum gas)	1800 mg/m3 / 1000 ppm	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
titanium dioxide	Titanium oxide; (Titanium dioxide)	30 mg/m3	330 mg/m3	2,000 mg/m3
acetone	Acetone	Not Available	Not Available	Not Available
calcium carbonate	Limestone; (Calcium carbonate; Dolomite)	45 mg/m3	500 mg/m3	3,000 mg/m3
calcium carbonate	Carbonic acid, calcium salt	45 mg/m3	210 mg/m3	1,300 mg/m3
toluene	Toluene	Not Available	Not Available	Not Available
hydrocarbon propellant	Liquefied petroleum gas; (L.P.G.)	65,000 ppm	2.30E+05 ppm	4.00E+05 ppm

Ingredient	Original IDLH	Revised IDLH
titanium dioxide	5000 mg/m3	Not Available
acetone	2,500 [LEL] ppm	Not Available
calcium carbonate	Not Available	Not Available
toluene	500 ppm	Not Available
resin	Not Available	Not Available
hydrocarbon propellant	2,000 [LEL] ppm	Not Available

MATERIAL DATA

For calcium carbonate:

The TLV-TWA is thought to be protective against the significant risk of physical irritation associated with exposure.

Odour Threshold Value: 3.6 ppm (detection), 699 ppm (recognition)

Saturation vapour concentration: 237000 ppm @ 20 C

NOTE: Detector tubes measuring in excess of 40 ppm, are available.

Exposure at or below the recommended TLV-TWA is thought to protect the worker against mild irritation associated with brief exposures and the bioaccumulation, chronic irritation of the respiratory tract and headaches associated with long-term acetone exposures. The NIOSH REL-TWA is substantially lower and has taken into account slight irritation experienced by volunteer subjects at 300 ppm. Mild irritation to acclimatised workers begins at about 750 ppm - unacclimatised subjects will experience irritation at about 350-500 ppm but acclimatisation can occur rapidly. Disagreement between the peak bodies is based largely on the view by ACGIH that widespread use of acetone, without evidence of significant adverse health effects at higher concentrations, allows acceptance of a higher limit.

Half-life of acetone in blood is 3 hours which means that no adjustment for shift-length has to be made with reference to the standard 8 hour/day, 40 hours per week because body clearance occurs within any shift with low potential for accumulation.

A STEL has been established to prevent excursions of acetone vapours that could cause depression of the central nervous system.

Odour Safety Factor(OSF)

OSF=38 (ACETONE)

Animals exposed by inhalation to 10 mg/m3 titanium dioxide show no significant fibrosis, possibly reversible tissue reaction. The architecture of lung air spaces remains intact.

For toluene:

Odour Threshold Value: 0.16-6.7 (detection), 1.9-69 (recognition)

NOTE: Detector tubes measuring in excess of 5 ppm, are available.

High concentrations of toluene in the air produce depression of the central nervous system (CNS) in humans. Intentional toluene exposure (glue-sniffing) at maternally-intoxicating concentration has also produced birth defects. Foetotoxicity appears at levels associated with CNS narcosis and probably occurs only in those with chronic toluene-induced kidney failure. Exposure at or below the recommended TLV-TWA is thought to prevent transient headache and irritation, to provide a measure of safety for possible disturbances to human reproduction, the prevention of reductions in cognitive responses reported amongst humans inhaling greater than 40 ppm, and the significant risks of hepatotoxic, behavioural and nervous system effects (including impaired reaction time and incoordination). Although toluene/ethanol interactions are well recognised, the degree of protection afforded by the TLV-TWA among drinkers is not known.

Odour Safety Factor(OSF)


OSF=17 (TOLUENE)

NOTE K: The classification as a carcinogen need not apply if it can be shown that the substance contains less than 0.1%/w/w 1,3-butadiene (EINECS No 203-450-8). - European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

Exposure controls

Appropriate engineering	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be
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controls	<p>highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:</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>General exhaust is adequate under normal conditions. If risk of overexposure exists, wear SAA approved respirator. Correct fit is essential to obtain adequate protection.</p> <p>Provide adequate ventilation in warehouse or closed storage areas.</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"> <tr> <td>Type of Contaminant:</td> <td>Speed:</td> </tr> <tr> <td>aerosols, (released at low velocity into zone of active generation)</td> <td>0.5-1 m/s</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> </table>	Type of Contaminant:	Speed:	aerosols, (released at low velocity into zone of active generation)	0.5-1 m/s	direct spray, spray painting in shallow booths, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)			
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<p>Within each range the appropriate value depends on:</p> <table border="1"> <tr> <td>Lower end of the range</td> <td>Upper end of the range</td> </tr> <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> </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>	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
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Personal protection										
Eye and face protection	<p>No special equipment for minor exposure i.e. when handling small quantities.</p> <p>OTHERWISE: For potentially moderate or heavy exposures: Safety glasses with side shields.</p> <p>NOTE: Contact lenses pose a special hazard; soft lenses may absorb irritants and ALL lenses concentrate them.</p>									
Skin protection	See Hand protection below									
Hands/feet protection	<p>No special equipment needed when handling small quantities.</p> <p>OTHERWISE:</p> <p>For potentially moderate exposures: Wear general protective gloves, eg. light weight rubber gloves.</p> <p>For potentially heavy exposures: Wear chemical protective gloves, eg. PVC. and safety footwear.</p>									
Body protection	See Other protection below									
Other protection	<p>No special equipment needed when handling small quantities.</p> <p>OTHERWISE:</p> <p>Overalls. Skin cleansing cream. Eyewash unit. Do not spray on hot surfaces</p> <p>The clothing worn by process operators insulated from earth may develop static charges far higher (up to 100 times) than the minimum ignition energies for various flammable gas-air mixtures. This holds true for a wide range of clothing materials including cotton.</p> <p>Avoid dangerous levels of charge by ensuring a low resistivity of the surface material worn outermost.</p> <p>BREThERICK: Handbook of Reactive Chemical Hazards.</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:

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Material	CPI
BUTYL	C
BUTYL/NEOPRENE	C
CPE	C
HYPALON	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C

Respiratory protection

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

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

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

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

^ - Full-face

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen

NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE/EVAL/PE	C
PVA	C
PVC	C
PVDC/PE/PVDC	C
SARANEX-23	C
SARANEX-23 2-PLY	C
TEFLON	C
VITON	C
VITON/CHLOROBUTYL	C
VITON/NEOPRENE	C

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)

Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content. The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Supplied as an aerosol pack. Contents under PRESSURE . Contains highly flammable hydrocarbon propellant. White liquid with solvent odour; does not mix 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
Flash point (°C)	-81 propellant	Taste	Not Available
Evaporation rate	Fast	Explosive properties	Not Available
Flammability	HIGHLY 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)	>60
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	>1	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	Elevated temperatures. Presence of open flame. 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	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then
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repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.

Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.

Common, generalised symptoms associated with toxic gas inhalation include:

- central nervous system effects such as depression, headache, confusion, dizziness, progressive stupor, coma and seizures;
- respiratory system complications may include acute pulmonary oedema, dyspnoea, stridor, tachypnoea, bronchospasm, wheezing and other reactive airway symptoms, and respiratory arrest;
- cardiovascular effects may include cardiovascular collapse, arrhythmias and cardiac arrest;
- gastrointestinal effects may also be present and may include mucous membrane irritation, nausea and vomiting (sometimes bloody), and abdominal pain.

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. Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination

Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure.

Symptoms of asphyxia (suffocation) may include headache, dizziness, shortness of breath, muscular weakness, drowsiness and ringing in the ears. If the asphyxia is allowed to progress, there may be nausea and vomiting, further physical weakness and unconsciousness and, finally, convulsions, coma and death. Significant concentrations of the non-toxic gas reduce the oxygen level in the air. As the amount of oxygen is reduced from 21 to 14 volume %, the pulse rate accelerates and the rate and volume of breathing increase. The ability to maintain attention and think clearly is diminished and muscular coordination is somewhat disturbed. As oxygen decreases from 14-10% judgement becomes faulty; severe injuries may cause no pain. Muscular exertion leads to rapid fatigue. Further reduction to 6% may produce nausea and vomiting and the ability to move may be lost. Permanent brain damage may result even after resuscitation at exposures to this lower oxygen level. Below 6% breathing is in gasps and convulsions may occur. Inhalation of a mixture containing no oxygen may result in unconsciousness from the first breath and death will follow in a few minutes.

WARNING: Intentional misuse by concentrating/inhaling contents may be lethal.

High inhaled concentrations of mixed hydrocarbons may produce narcosis characterised by nausea, vomiting and lightheadedness. Inhalation of aerosols may produce severe pulmonary oedema, pneumonitis and pulmonary haemorrhage. Inhalation of petroleum hydrocarbons consisting substantially of low molecular weight species (typically C2-C12) may produce irritation of mucous membranes, incoordination, giddiness, nausea, vertigo, confusion, headache, appetite loss, drowsiness, tremors and anaesthetic stupor. Massive exposures may produce central nervous system depression with sudden collapse and deep coma; fatalities have been recorded. Irritation of the brain and/or apnoeic anoxia may produce convulsions. Although recovery following overexposure is generally complete, cerebral micro-haemorrhage of focal post-inflammatory scarring may produce epileptiform seizures some months after the exposure. Pulmonary episodes may include chemical pneumonitis with oedema and haemorrhage. The lighter hydrocarbons may produce kidney and neurotoxic effects. Pulmonary irritancy increases with carbon chain length for paraffins and olefins. Alkenes produce pulmonary oedema at high concentrations. Liquid paraffins may produce anaesthesia and depressant actions leading to weakness, dizziness, slow and shallow respiration, unconsciousness, convulsions and death. C5-7 paraffins may also produce polyneuropathy. Aromatic hydrocarbons accumulate in lipid rich tissues (typically the brain, spinal cord and peripheral nerves) and may produce functional impairment manifested by nonspecific symptoms such as nausea, weakness, fatigue and vertigo; severe exposures may produce inebriation or unconsciousness. Many of the petroleum hydrocarbons are cardiac sensitisers and may cause ventricular fibrillations.

Systemic effects of acetone inhalation exposure include central nervous system depression, light-headedness, incoherent speech, ataxia, stupor, hypotension, tachycardia, metabolic acidosis, hyperglycaemia and ketosis. Rarely, convulsions and tubular necrosis may be evident. Other symptoms of exposure may include restlessness, headache, vomiting, low blood-pressure and rapid and irregular pulse, eye and throat irritation, weakness of the legs and dizziness. Inhalation of high concentrations may produce dryness of the mouth and throat, nausea, uncoordinated movement, loss of coordinated speech, drowsiness and, in severe cases, coma. Inhalation of acetone vapours over long periods causes irritation of the respiratory tract, coughing and headache. Rats exposed to 52200 ppm vapour for 1 hour showed clear signs of narcosis; fatalities occurred at 126600 ppm.

Exposure to ketone vapours may produce nose, throat and mucous membrane irritation. High concentrations of vapour may produce central nervous system depression characterised by headache, vertigo, loss of coordination, narcosis and cardiorespiratory failure. Some ketones produce neurological disorders (polyneuropathy) characterised by bilateral symmetrical paresthesia and muscle weakness primarily in the legs and arms.

Hydrocarbons may sensitise the heart to adrenalin and other circulatory catecholamines; as a result cardiac arrhythmias and ventricular fibrillation may occur. Abrupt collapse may produce traumatic injury. Central nervous system (CNS) depression may be evident early. Symptoms of moderate poisoning may include giddiness, headache, dizziness and nausea. Serious poisonings may result in respiratory depression and may be fatal.

The paraffin gases C1-4 are practically non-toxic below their lower flammability limits (18000-50000 ppm). Above this level, incidental effects include CNS depression and irritation but these are reversible upon cessation of the exposure. The C3 and iso-C5 hydrocarbons show increasing narcotic properties; branching of the chain also enhances the effect. The C4 hydrocarbons appear to be more highly neurotoxic than the C3 and C5 members. Several fatalities due to voluntary inhalation of butane have been reported, possibly due to central, respiratory and circulatory effects resulting from anaesthesia, laryngeal oedema, chemical pneumonia or the combined effects of cardiac toxicity and increased sympathomimetic effects.

Inhalation of petroleum gases may produce narcosis, due in part to olefinic impurities. Displacement of oxygen in the air may cyanosis. If present in sufficient quantity these gases may reduce the oxygen level to below 18% producing asphyxiation. Symptoms include rapid respiration, mental dullness, lack of coordination, poor judgement, nausea and vomiting. The onset of cyanosis may lead to unconsciousness and death.

Ingestion

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.

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.

Signs and symptoms of chemical (aspiration) pneumonitis may include coughing, gasping, choking, burning of the mouth, difficult breathing, and bluish coloured skin (cyanosis).

Not normally a hazard due to physical form of product.

Considered an unlikely route of entry in commercial/industrial environments

Body content of titanium is presumed to be high (because titanium occupies fourth place in occurrence in the earth's surface) and is reported to be general in all organs of the body. Animal experiments have shown that dusts of titanium and several compounds exhibit only slight toxicity. Such toxic actions (limited to soluble titanium salts) may be related to an ability to inhibit the action of the enzyme tyrosinase on DOPA (3,4-dihydroxyphenylalanine). A further as yet unexplored mechanism may involve substitution by titanium for several metals (such as vanadium, iron, cobalt, nickel, and zinc) which perform essential biologic functions; all have a similar atomic radius

Skin Contact

The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either

- ▶ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or
- ▶ produces significant, but moderate, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period.

Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

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	<p>Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Spray mist may produce discomfort Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	<p>When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. Direct contact with the eye may not cause irritation because of the extreme volatility of the gas; however concentrated atmospheres may produce irritation after brief exposures..</p>
Chronic	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Harmful: danger of serious damage to health by prolonged exposure through inhalation. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.</p> <p>Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Principal route of occupational exposure to the gas is by inhalation. Pure calcium carbonate does not produce pneumoconiosis probably being eliminated from the lungs slowly by solution. As mined, unsterilised particulates can carry bacteria into the air passages and lungs, producing infection and bronchitis. Repeated or prolonged exposure to mixed hydrocarbons may produce narcosis with dizziness, weakness, irritability, concentration and/or memory loss, tremor in the fingers and tongue, vertigo, olfactory disorders, constriction of visual field, paraesthesias of the extremities, weight loss and anaemia and degenerative changes in the liver and kidney. Chronic exposure by petroleum workers, to the lighter hydrocarbons, has been associated with visual disturbances, damage to the central nervous system, peripheral neuropathies (including numbness and paraesthesias), psychological and neurophysiological deficits, bone marrow toxicities (including hypoplasia possibly due to benzene) and hepatic and renal involvement. Chronic dermal exposure to petroleum hydrocarbons may result in defatting which produces localised dermatoses. Surface cracking and erosion may also increase susceptibility to infection by microorganisms. One epidemiological study of petroleum refinery workers has reported elevations in standard mortality ratios for skin cancer along with a dose-response relationship indicating an association between routine workplace exposure to petroleum or one of its constituents and skin cancer, particularly melanoma. Other studies have been unable to confirm this finding. 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. Long term exposure to the dusts of titanium and several of its compounds produces chronic lung disease (fibrosis) in animals. Radiological evidence exists amongst titanium dioxide workers suggesting chronic lung changes which resemble a slight form of silicosis. Workers chronically exposed to titanium or titanium dioxide dusts show a high incidence of chronic bronchitis (endobronchitis and peribronchitis). Early stages of this disease are characterised by impaired pulmonary respiration and ventilatory capacity and by reduced blood alkalinity. Cardiac changes characteristic of pulmonary disease (with hypertrophy of the right auricle) have also been observed amongst workers. Titanium employed in implants has provoked immune responses which occur locally as metallosis and systemically as raised serum levels of activated T-lymphocytes. Some concern has been expressed about the potential for generating bone-resorbing mediators associated with titanium wear-debris. The largest of the cohort studies was among white male production workers in the titanium dioxide industry in six European countries. The study indicated a slightly increased risk for lung cancer compared with the general population. However, there was no evidence of an exposure-response relationship within the cohort. No increase in the mortality rates for kidney cancer was found when the cohort was compared with the general population, but there was a suggestion of an exposure-response relationship in internal analyses. The other cohort studies, both of which were conducted in the USA, did not report an increased risk for lung cancer or cancer at any other site; no results for kidney cancer were reported, presumably because there were few cases. One population-based case-control study conducted in Montreal did not indicate an increased risk for lung or kidney cancer. In summary, the studies do not suggest an association between occupational exposure to titanium dioxide as it occurred in recent decades in western Europe and North America and risk for cancer. All the studies had methodological limitations; misclassification of exposure could not be ruled out. None of the studies was designed to assess the impact of particle size (fine or ultrafine) or the potential effect of the coating compounds on the risk for lung cancer. An increased incidence of lung adenomas in rats of both sexes and of cystic keratinising lesions, diagnosed as squamous cell carcinomas in female rats, was seen in animals subject to high doses of inhaled titanium dioxide. Intratracheal delivery of titanium dioxide in combination with benz[a]pyrene produced an increase in benign and malignant tumours of the larynx, trachea and lungs in hamsters. Squamous cell carcinomas developed after exposure to 250 mg/m³ for 6 hours/day, 5 days/week for 2 years in rats; the type of carcinoma that developed was considered to be a unique experimentally induced tumour and to be of questionable relevance for extrapolation of the results to humans. Given the extremely high level of dust in the lungs, the carcinomas were postulated to be the result of saturation of the normal pulmonary clearance mechanisms. At 50 mg/m³, massive accumulations of dust-laden macrophages, foamy dust cells and free particles were considered indicative of such overload.</p>

Ultracolor Aerosol Write N Mark Non Fluoro	TOXICITY	IRRITATION
	Not Available	Not Available
titanium dioxide	TOXICITY	IRRITATION
	Inhalation (rat) LC50: >2.28 mg/l4 h ^[1] Oral (rat) LD50: >2000 mg/kg ^[1]	Skin (human): 0.3 mg /3D (int)-mild *
acetone	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 20000 mg/kg ^[2]	Eye (human): 500 ppm - irritant
	Inhalation (rat) LC50: 100.2 mg/l/8hr ^[2]	Eye (rabbit): 20mg/24hr - moderate
	Oral (rat) LD50: 5800 mg/kg ^[2]	Eye (rabbit): 3.95 mg - SEVERE Skin (rabbit): 500 mg/24hr - mild Skin (rabbit): 395mg (open) - mild
calcium carbonate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1] Oral (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE Skin (rabbit): 500 mg/24h-moderate

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toluene	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 12124 mg/kg ^[2]	Eye (rabbit): 2mg/24h - SEVERE
	Inhalation (rat) LC50: 49 mg/l/4H ^[2]	Eye (rabbit): 0.87 mg - mild
	Oral (rat) LD50: 636 mg/kg ^[2]	Eye (rabbit): 100 mg/30sec - mild
		Skin (rabbit): 20 mg/24h - moderate
		Skin (rabbit): 500 mg - moderate
hydrocarbon propellant	TOXICITY	IRRITATION
	Inhalation (rat) LC50: 84.684 mg/l/15 min ^[1]	Not Available
	Inhalation (rat) LC50: 90.171125 mg/l/15 min ^[1]	

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

TITANIUM DIOXIDE	WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans. * IUCLID
CALCIUM CARBONATE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.
TOLUENE	<p>For toluene:</p> <p>Acute Toxicity Humans exposed to intermediate to high levels of toluene for short periods of time experience adverse central nervous system effects ranging from headaches to intoxication, convulsions, narcosis, and death. Similar effects are observed in short-term animal studies. Humans - Toluene ingestion or inhalation can result in severe central nervous system depression, and in large doses, can act as a narcotic. The ingestion of about 60 mL resulted in fatal nervous system depression within 30 minutes in one reported case. Constriction and necrosis of myocardial fibers, markedly swollen liver, congestion and haemorrhage of the lungs and acute tubular necrosis were found on autopsy. Central nervous system effects (headaches, dizziness, intoxication) and eye irritation occurred following inhalation exposure to 100 ppm toluene 6 hours/day for 4 days. Exposure to 600 ppm for 8 hours resulted in the same and more serious symptoms including euphoria, dilated pupils, convulsions, and nausea. Exposure to 10,000-30,000 ppm has been reported to cause narcosis and death Toluene can also strip the skin of lipids causing dermatitis Animals - The initial effects are instability and incoordination, lachrymation and sniffles (respiratory exposure), followed by narcosis. Animals die of respiratory failure from severe nervous system depression. Cloudy swelling of the kidneys was reported in rats following inhalation exposure to 1600 ppm, 18-20 hours/day for 3 days Subchronic/Chronic Effects: Repeat doses of toluene cause adverse central nervous system effects and can damage the upper respiratory system, the liver, and the kidney. Adverse effects occur as a result from both oral and the inhalation exposures. A reported lowest-observed-effect level in humans for adverse neurobehavioral effects is 88 ppm. Humans - Chronic occupational exposure and incidences of toluene abuse have resulted in hepatomegaly and liver function changes. It has also resulted in nephrotoxicity and, in one case, was a cardiac sensitiser and fatal cardiotoxin. Neural and cerebellar dystrophy were reported in several cases of habitual "glue sniffing." An epidemiological study in France on workers chronically exposed to toluene fumes reported leukopenia and neutropenia. Exposure levels were not given in the secondary reference; however, the average urinary excretion of hippuric acid, a metabolite of toluene, was given as 4 g/L compared to a normal level of 0.6 g/L Animals - The major target organs for the subchronic/chronic toxicity of toluene are the nervous system, liver, and kidney. Depressed immune response has been reported in male mice given doses of 105 mg/kg/day for 28 days. Toluene in corn oil administered to F344 male and female rats by gavage 5 days/week for 13 weeks, induced prostration, hypoactivity, ataxia, piloerection, lachrymation, excess salivation, and body tremors at doses 2500 mg/kg. Liver, kidney, and heart weights were also increased at this dose and histopathologic lesions were seen in the liver, kidneys, brain and urinary bladder. The no-observed-adverse effect level (NOAEL) for the study was 312 mg/kg (223 mg/kg/day) and the lowest-observed-adverse effect level (LOAEL) for the study was 625 mg/kg (446 mg/kg/day) .</p> <p>Developmental/Reproductive Toxicity Exposures to high levels of toluene can result in adverse effects in the developing human foetus. Several studies have indicated that high levels of toluene can also adversely effect the developing offspring in laboratory animals. Humans - Variable growth, microcephaly, CNS dysfunction, attentional deficits, minor craniofacial and limb abnormalities, and developmental delay were seen in three children exposed to toluene in utero as a result of maternal solvent abuse before and during pregnancy Animals - Sterebral alterations, extra ribs, and missing tails were reported following treatment of rats with 1500 mg/m³ toluene 24 hours/day during days 9-14 of gestation. Two of the dams died during the exposure. Another group of rats received 1000 mg/m³ 8 hours/day during days 1-21 of gestation. No maternal deaths or toxicity occurred, however, minor skeletal retardation was present in the exposed fetuses. CFLP Mice were exposed to 500 or 1500 mg/m³ toluene continuously during days 6-13 of pregnancy. All dams died at the high dose during the first 24 hours of exposure, however none died at 500 mg/m³. Decreased foetal weight was reported, but there were no differences in the incidences of skeletal malformations or anomalies between the treated and control offspring. Absorption - Studies in humans and animals have demonstrated that toluene is readily absorbed via the lungs and the gastrointestinal tract. Absorption through the skin is estimated at about 1% of that absorbed by the lungs when exposed to toluene vapor. Dermal absorption is expected to be higher upon exposure to the liquid; however, exposure is limited by the rapid evaporation of toluene . Distribution - In studies with mice exposed to radiolabeled toluene by inhalation, high levels of radioactivity were present in body fat, bone marrow, spinal nerves, spinal cord, and brain white matter. Lower levels of radioactivity were present in blood, kidney, and liver. Accumulation of toluene has generally been found in adipose tissue, other tissues with high fat content, and in highly vascularised tissues . Metabolism - The metabolites of inhaled or ingested toluene include benzyl alcohol resulting from the hydroxylation of the methyl group. Further oxidation results in the formation of benzaldehyde and benzoic acid. The latter is conjugated with glycine to yield hippuric acid or reacted with glucuronic acid to form benzoyl glucuronide. o-cresol and p-cresol formed by ring hydroxylation are considered minor metabolites Excretion - Toluene is primarily (60-70%) excreted through the urine as hippuric acid. The excretion of benzoyl glucuronide accounts for 10-20%, and excretion of unchanged toluene through the lungs also accounts for 10-20%. Excretion of hippuric acid is usually complete within 24 hours after exposure.</p>
HYDROCARBON PROPELLANT	No significant acute toxicological data identified in literature search. for Petroleum Hydrocarbon Gases: In many cases, there is more than one potentially toxic constituent in a refinery gas. In those cases, the constituent that is most toxic for a particular endpoint in an individual refinery stream is used to characterize the endpoint hazard for that stream. The hazard potential for each mammalian endpoint for each of

	<p>the petroleum hydrocarbon gases is dependent upon each petroleum hydrocarbon gas constituent endpoint toxicity values (LC50, LOAEL, etc.) and the relative concentration of the constituent present in that gas. It should also be noted that for an individual petroleum hydrocarbon gas, the constituent characterizing toxicity may be different for different mammalian endpoints, again, being dependent upon the concentration of the different constituents in each, distinct petroleum hydrocarbon gas.</p> <p>All Hydrocarbon Gases Category members contain primarily hydrocarbons (i.e., alkanes and alkenes) and occasionally asphyxiant gases like hydrogen. The inorganic components of the petroleum hydrocarbon gases are less toxic than the C1 - C4 and C5 - C6 hydrocarbon components to both mammalian and aquatic organisms. Unlike other petroleum product categories (e.g. gasoline, diesel fuel, lubricating oils, etc.), the inorganic and hydrocarbon constituents of hydrocarbon gases can be evaluated for hazard individually to then predict the screening level hazard of the Category members</p> <p>Acute toxicity: No acute toxicity LC50 values have been derived for the C1 -C4 and C5- C6 hydrocarbon (HC) fractions because no mortality was observed at the highest exposure levels tested (~ 5 mg/l) for these petroleum hydrocarbon gas constituents. The order of acute toxicity of petroleum hydrocarbon gas constituents from most to least toxic is: C5-C6 HCs (LC50 > 1063 ppm) > C1-C4 HCs (LC50 > 10,000 ppm) > benzene (LC50 = 13,700 ppm) > butadiene (LC50 = 129,000 ppm) > asphyxiant gases (hydrogen, carbon dioxide, nitrogen).</p> <p>Repeat dose toxicity: With the exception of the asphyxiant gases, repeated dose toxicity has been observed in individual selected petroleum hydrocarbon gas constituents. Based upon LOAEL values, the order of order of repeated-dose toxicity of these constituents from most toxic to the least toxic is: Benzene (LOAEL >=10 ppm) >C1-C4 HCs (LOAEL = 5,000 ppm; assumed to be 100% 2-butene) > C5-C6 HCs (LOAEL = 6,625 ppm) > butadiene (LOAEL = 8,000 ppm) > asphyxiant gases (hydrogen, carbon dioxide, nitrogen).</p> <p>Genotoxicity: In vitro: The majority of the Petroleum Hydrocarbon Gases Category components are negative for <i>in vitro</i> genotoxicity. The exceptions are: benzene and 1,3-butadiene, which are genotoxic in bacterial and mammalian <i>in vitro</i> test systems. In vivo: The majority of the Petroleum Hydrocarbon Gases Category components are negative for <i>in vivo</i> genotoxicity. The exceptions are benzene and 1,3-butadiene, which are genotoxic in <i>in vivo</i> test systems</p> <p>Developmental toxicity: Developmental effects were induced by two of the petroleum hydrocarbon gas constituents, benzene and the C5 -C6 hydrocarbon fraction. No developmental toxicity was observed at the highest exposure levels tested for the other petroleum hydrocarbon gas constituents tested for this effect. The asphyxiant gases have not been tested for developmental toxicity. Based on LOAEL and NOAEL values, the order of acute toxicity of these constituents from most to least toxic is: Benzene (LOAEL = 20 ppm) > butadiene (NOAEL >=1,000 ppm) > C5-C6 HCs (LOAEL = 3,463 ppm) > C1-C4 HCs (NOAEL >=5,000 ppm; assumed to be 100% 2-butene) > asphyxiant gases (hydrogen, carbon dioxide, nitrogen).</p> <p>Reproductive toxicity: Reproductive effects were induced by only two petroleum hydrocarbon gas constituents, benzene and isobutane (a constituent of the C1-C4 hydrocarbon fraction). No reproductive toxicity was observed at the highest exposure levels tested for the other petroleum hydrocarbon gas constituents tested for this effect. The asphyxiant gases have not been tested for reproductive toxicity. Based on LOAEL and NOAEL values, the order of reproductive toxicity of these constituents from most to least toxic is: Benzene (LOAEL = 300 ppm) > butadiene (NOAEL >=6,000 ppm) > C5-C6 HCs (NOAEL >=6,521 ppm) > C1-C4 HCs (LOAEL = 9,000 ppm; assumed to be 100% isobutane) > asphyxiant gases (hydrogen, carbon dioxide, nitrogen)</p>
<p>Ultracolor Aerosol Write N Mark & CALCIUM CARBONATE</p>	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p>
<p>Ultracolor Aerosol Write N Mark & TITANIUM DIOXIDE</p>	<p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p>
<p>Ultracolor Aerosol Write N Mark & CALCIUM CARBONATE & TOLUENE</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>Ultracolor Aerosol Write N Mark & TITANIUM DIOXIDE</p>	<p>For titanium dioxide:</p> <p>Humans can be exposed to titanium dioxide via inhalation, ingestion or dermal contact. In human lungs, the clearance kinetics of titanium dioxide is poorly characterized relative to that in experimental animals. (General particle characteristics and host factors that are considered to affect deposition and retention patterns of inhaled, poorly soluble particles such as titanium dioxide are summarized in the monograph on carbon black.) With regard to inhaled titanium dioxide, human data are mainly available from case reports that showed deposits of titanium dioxide in lung tissue as well as in lymph nodes. A single clinical study of oral ingestion of fine titanium dioxide showed particle size-dependent absorption by the gastrointestinal tract and large interindividual variations in blood levels of titanium dioxide. Studies on the application of sunscreens containing ultrafine titanium dioxide to healthy skin of human volunteers revealed that titanium dioxide particles only penetrate into the outermost layers of the stratum corneum, suggesting that healthy skin is an effective barrier to titanium dioxide. There are no studies on penetration of titanium dioxide in compromised skin.</p> <p>Respiratory effects that have been observed among groups of titanium dioxide-exposed workers include decline in lung function, pleural disease with plaques and pleural thickening, and mild fibrotic changes. However, the workers in these studies were also exposed to asbestos and/or silica. No data were available on genotoxic effects in titanium dioxide-exposed humans.</p> <p>Many data on deposition, retention and clearance of titanium dioxide in experimental animals are available for the inhalation route. Titanium dioxide inhalation studies showed differences — both for normalized pulmonary burden (deposited mass per dry lung, mass per body weight) and clearance kinetics — among rodent species including rats of different size, age and strain. Clearance of titanium dioxide is also affected by pre-exposure to gaseous pollutants or co-exposure to cytotoxic aerosols. Differences in dose rate or clearance kinetics and the appearance of focal areas of high particle burden have been implicated in the higher toxic and inflammatory lung responses to intratracheally instilled vs inhaled titanium dioxide particles. Experimental studies with titanium dioxide have demonstrated that rodents experience dose-dependent impairment of alveolar macrophage-mediated clearance. Hamsters have the most efficient clearance of inhaled titanium dioxide. Ultrafine primary particles of titanium dioxide are more slowly cleared than their fine counterparts.</p> <p>Titanium dioxide causes varying degrees of inflammation and associated pulmonary effects including lung epithelial cell injury, cholesterol granulomas and fibrosis. Rodents experience stronger pulmonary effects after exposure to ultrafine titanium dioxide particles compared with fine particles on a mass basis. These differences are related to lung burden in terms of particle surface area, and are considered to result from impaired phagocytosis and sequestration of ultrafine particles into the interstitium.</p> <p>Fine titanium dioxide particles show minimal cytotoxicity to and inflammatory/pro-fibrotic mediator release from primary human alveolar macrophages <i>in vitro</i> compared with other particles. Ultrafine titanium dioxide particles inhibit phagocytosis of alveolar macrophages <i>in vitro</i> at mass dose concentrations at which this effect does not occur with fine titanium dioxide. <i>In-vitro</i> studies with fine and ultrafine titanium dioxide and purified DNA show induction of DNA damage that is suggestive of the generation of reactive oxygen species by both particle types. This effect is stronger for ultrafine than for fine titanium oxide, and is markedly enhanced by exposure to simulated sunlight/ultraviolet light.</p> <p>Animal carcinogenicity data</p> <p>Pigmentary and ultrafine titanium dioxide were tested for carcinogenicity by oral administration in mice and rats, by inhalation in rats and female mice, by intratracheal administration in hamsters and female rats and mice, by subcutaneous injection in rats and by intraperitoneal administration in male mice and female rats.</p> <p>In one inhalation study, the incidence of benign and malignant lung tumours was increased in female rats. In another inhalation study, the incidences of lung</p>

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	<p>adenomas were increased in the high-dose groups of male and female rats. Cystic keratinizing lesions that were diagnosed as squamous-cell carcinomas but re-evaluated as non-neoplastic pulmonary keratinizing cysts were also observed in the high-dose groups of female rats. Two inhalation studies in rats and one in female mice were negative.</p> <p>Intratracheally instilled female rats showed an increased incidence of both benign and malignant lung tumours following treatment with two types of titanium dioxide. Tumour incidence was not increased in intratracheally instilled hamsters and female mice.</p> <p>In-vivo studies have shown enhanced micronucleus formation in bone marrow and peripheral blood lymphocytes of intraperitoneally instilled mice. Increased Hprt mutations were seen in lung epithelial cells isolated from titanium dioxide-instilled rats. In another study, no enhanced oxidative DNA damage was observed in lung tissues of rats that were intratracheally instilled with titanium dioxide. The results of most in-vitro genotoxicity studies with titanium dioxide were negative.</p>
UltraColor Aerosol Write N Mark & ACETONE	<p>for acetone:</p> <p>The acute toxicity of acetone is low. Acetone is not a skin irritant or sensitiser but is a defatting agent to the skin. Acetone is an eye irritant. The subchronic toxicity of acetone has been examined in mice and rats that were administered acetone in the drinking water and again in rats treated by oral gavage. Acetone-induced increases in relative kidney weight changes were observed in male and female rats used in the oral 13-week study. Acetone treatment caused increases in the relative liver weight in male and female rats that were not associated with histopathologic effects and the effects may have been associated with microsomal enzyme induction. Haematologic effects consistent with macrocytic anaemia were also noted in male rats along with hyperpigmentation in the spleen. The most notable findings in the mice were increased liver and decreased spleen weights. Overall, the no-observed-effect-levels in the drinking water study were 1% for male rats (900 mg/kg/d) and male mice (2258 mg/kg/d), 2% for female mice (5945 mg/kg/d), and 5% for female rats (3100 mg/kg/d). For developmental effects, a statistically significant reduction in foetal weight, and a slight, but statistically significant increase in the percent incidence of later resorptions were seen in mice at 15,665 mg/m3 and in rats at 26,100 mg/m3. The no-observable-effect level for developmental toxicity was determined to be 5220 mg/m3 for both rats and mice.</p> <p>Teratogenic effects were not observed in rats and mice tested at 26,110 and 15,665 mg/m3, respectively. Lifetime dermal carcinogenicity studies in mice treated with up to 0.2 mL of acetone did not reveal any increase in organ tumor incidence relative to untreated control animals.</p> <p>The scientific literature contains many different studies that have measured either the neurobehavioural performance or neurophysiological response of humans exposed to acetone. Effect levels ranging from about 600 to greater than 2375 mg/m3 have been reported. Neurobehavioral studies with acetone-exposed employees have recently shown that 8-hr exposures in excess of 2375 mg/m3 were not associated with any dose-related changes in response time, vigilance, or digit span scores. Clinical case studies, controlled human volunteer studies, animal research, and occupational field evaluations all indicate that the NOAEL for this effect is 2375 mg/m3 or greater.</p>
TITANIUM DIOXIDE & ACETONE	<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>

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 available to make classification
⊖ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

UltraColor Aerosol Write N Mark Non Fluoro	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
titanium dioxide	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	155mg/L	2
	EC50	48	Crustacea	>10mg/L	2
	EC50	72	Algae or other aquatic plants	5.83mg/L	4
	EC20	72	Algae or other aquatic plants	1.81mg/L	4
	NOEC	336	Fish	0.089mg/L	4
acetone	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	>100mg/L	4
	EC50	48	Crustacea	>100mg/L	4
	EC50	96	Algae or other aquatic plants	20.565mg/L	4
	NOEC	96	Algae or other aquatic plants	4.950mg/L	4
calcium carbonate	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	>56000mg/L	4
	EC50	72	Algae or other aquatic plants	>14mg/L	2
	NOEC	72	Algae or other aquatic plants	14mg/L	2
toluene	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	0.0073mg/L	4
	EC50	48	Crustacea	3.78mg/L	5
	EC50	72	Algae or other aquatic plants	12.5mg/L	4
	BCF	24	Algae or other aquatic plants	10mg/L	4

Continued...

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	NOEC	168	Crustacea	0.74mg/L	5
hydrocarbon propellant	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

For ketones:

Ketones, unless they are alpha, beta-unsaturated ketones, can be considered as narcosis or baseline toxicity compounds

Hydrolysis may also involve the addition of water to ketones to yield ketals under mild acid conditions. However, this addition of water is thermodynamically favorable only for low molecular weight ketones. This addition is an equilibrium reaction that is reversible upon a change of water concentration and the reaction ultimately leads to no permanent change in the structure of the ketone substrate. The higher molecular weight ketones do not form stable ketals. Therefore, the ketones are stable to water under ambient environmental conditions

Another possible reaction of ketones in water involves the enolic hydrogen on the carbons bonded to the carbonyl function. Under conditions of high pH (pH greater than 10), the enolic proton is abstracted by base (OH-) forming a carbanion intermediate that may react with other organic substrates (e.g., ketones, esters, aldehydes) containing a center for nucleophilic attack. The reactions, commonly recognized as condensation reactions, produce higher molecular weight products. Under ambient conditions of temperature, pH, and low concentration, these condensation reactions are unfavorable.

Based on its reactions in air, it seems likely that ketones undergo photolysis in water. It is probable that ketones will be biodegraded to an appreciable degree by micro-organisms in soil and water. They are unlikely to bioconcentrate or biomagnify.

For toluene:

log Kow : 2.1-3

log Koc : 1.12-2.85

Koc : 37-260

log Kom : 1.39-2.89

Half-life (hr) air : 2.4-104

Half-life (hr) H2O surface water : 5.55-528

Half-life (hr) H2O ground : 168-2628

Half-life (hr) soil : <48-240

Henry's Pa m3/mol: 518-694

Henry's atm m3/mol: 5.94E-03

BOD 5 0.86-2.12, 5%

COD : 0.7-2.52, 21-27%

ThOD : 3.13

BCF : 1.67-380

log BCF : 0.22-3.28

Environmental fate:

Transport: The majority of toluene evaporates to the atmosphere from the water and soil. It is moderately retarded by adsorption to soils rich in organic material (Koc = 259), therefore, transport to ground water is dependent on the soil composition. In unsaturated topsoil containing organic material, it has been estimated that 97% of the toluene is adsorbed to the soil and only about 2% is in the soil-water phase and transported with flowing groundwater. There is little retardation in sandy soils and 2-13% of the toluene was estimated to migrate with flowing water; the remainder was volatilised, biodegraded, or unaccounted for. In saturated deep soils with no soil-air phase, about 48% may be transported with flowing groundwater.

Transformation/Persistence:

Air - The main degradation pathway for toluene in the atmosphere is reaction with photochemically produced hydroxyl radicals. The estimated atmospheric half life for toluene is about 13 hours.

Toluene is also oxidised by reactions with atmospheric nitrogen dioxide, oxygen, and ozone, but these are minor degradation pathways. Photolysis is not considered a significant degradative pathway for toluene

Soil - In surface soil, volatilisation to air is an important fate process for toluene. Biodegradation of toluene has been demonstrated in the laboratory to occur with a half life of about 1 hour. In the environment, biodegradation of toluene to carbon dioxide occurs with a typical half life of 1-7 days.

Water - An important fate process for toluene is volatilization, the rate of which depends on the amount of turbulence in the surface water. The volatilisation of toluene from static water has a half life of 1-16 days, whereas from turbulent water the half life is 5-6 hours. Degradation of toluene in surface water occurs primarily by biodegradation with a half life of less than one day under favorable conditions (presence of microorganisms, microbial adaptation, and optimum temperature). Biodegradation also occurs in shallow groundwater and in salt water at a reduced rate. No data are available on anaerobic degradation of toluene in deep ground water conditions where aerobic degradation would be minimal.

Biota - Bioaccumulation in most organisms is limited by the metabolism of toluene into more polar compounds that have greater water solubility and a lower affinity for lipids. Bioaccumulation in the food chain is predicted to be low.

Ecotoxicity:

Toluene has moderate acute toxicity to aquatic organisms; several toxicity values are in the range of greater than 1 mg/L and 100 mg/L.

Fish LC50 (96 h): fathead minnow (*Pimephales promelas*) 12.6-72 mg/l; *Lepomis macrochirus* 13-24 mg/l;

guppy (*Poecilia reticulata*) 28.2-59.3 mg/l; channel catfish (*Ictalurus punctatus*) 240 mg/l; goldfish (*Carassius auratus*): 22.8-57.68 mg/l

Crustaceans LC50 (96 h): grass shrimp (*Palaemonetes pugio*) 9.5 ppm, crab larvae stage (*Cancer magister*) 28 ppm; shrimp (*Crangon franciscorum*) 4.3 ppm; daggerblade grass shrimp (*Palaemonetes pugio*) 9.5 mg/l

Algae EC50 (24 h): green algae (*Chlorella vulgaris*) 245 mg/l (growth); (72 h) green algae (*Selenastrum capricornutum*) 12.5 mg/l (growth)

DO NOT discharge into sewer or waterways.

for acetone:

log Kow: -0.24

Half-life (hr) air: 312-1896

Half-life (hr) H2O surface water: 20

Henry's atm m3/mol: 3.67E-05

BOD 5: 0.31-1.76, 46-55%

COD: 1.12-2.07

ThOD: 2.2

BCF: 0.69

Environmental fate:

Acetone preferentially locates in the air compartment when released to the environment. A substantial amount of acetone can also be found in water, which is consistent with the high water to air partition coefficient and its small, but detectable, presence in rain water, sea water, and lake water samples. Very little acetone is expected to reside in soil, biota, or suspended solids. This is entirely consistent with the physical and chemical properties of acetone and with measurements showing a low propensity for soil absorption and a high preference for moving through the soil and into the ground water

In air, acetone is lost by photolysis and reaction with photochemically produced hydroxyl radicals; the estimated half-life of these combined processes is about 22 days. The relatively long half-life allows acetone to be transported long distances from its emission source.

Acetone is highly soluble and slightly persistent in water, with a half-life of about 20 hours; it is minimally toxic to aquatic life.

Acetone released to soil volatilises although some may leach into the ground where it rapidly biodegrades.

Acetone does not concentrate in the food chain.

Acetone meets the OECD definition of readily biodegradable which requires that the biological oxygen demand (BOD) is at least 70% of the theoretical oxygen demand (THOD) within the 28-day test period

Drinking Water Standard: none available.

Soil Guidelines: none available.

Air Quality Standards: none available.

Ecotoxicity:

Testing shows that acetone exhibits a low order of toxicity

Fish LC50: brook trout 6070 mg/l; fathead minnow 15000 mg/l

Bird LC0 (5 day): Japanese quail, ring-neck pheasant 40,000 mg/l

Daphnia magna LC50 (48 h): 15800 mg/l; NOEC 8500 mg/l

Aquatic invertebrate 2100 - 16700 mg/l

Aquatic plant NOEC: 5400-7500 mg/l

Daphnia magna chronic NOEC 1660 mg/l

Acetone vapors were shown to be relatively toxic to two types insects and their eggs. The time to 50% lethality (LT50) was found to be 51.2 hr and 67.9 hr when the flour beetle (*Tribolium confusum*) and the flour moth (*Ephestia kuehniella*) were exposed to an airborne acetone concentration of 61.5 mg/m³. The LT50 values for the eggs were 30-50% lower than for the adult. The direct application of acetone liquid to the body of the insects or surface of the eggs did not, however, cause any mortality.

The ability of acetone to inhibit cell multiplication has been examined in a wide variety of microorganisms. The results have generally indicated mild to minimal toxicity with NOECs greater than 1700 mg/L for exposures lasting from 6 hr to 4 days. Longer exposure periods of 7 to 8 days with bacteria produced mixed results; but overall the data indicate a low degree of toxicity for acetone.

The only exception to these findings were the results obtained with the flagellated protozoa (*Entosiphon sulcatum*) which yielded a 3-day NOEC of 28 mg/L.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
titanium dioxide	HIGH	HIGH
acetone	LOW (Half-life = 14 days)	MEDIUM (Half-life = 116.25 days)
toluene	LOW (Half-life = 28 days)	LOW (Half-life = 4.33 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
titanium dioxide	LOW (BCF = 10)
acetone	LOW (BCF = 0.69)
toluene	LOW (BCF = 90)

Mobility in soil

Ingredient	Mobility
titanium dioxide	LOW (KOC = 23.74)
acetone	HIGH (KOC = 1.981)
toluene	LOW (KOC = 268)

SECTION 13 DISPOSAL CONSIDERATIONS**Waste treatment methods**

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Consult State Land Waste Management Authority for disposal. ▶ Discharge contents of damaged aerosol cans at an approved site. ▶ Allow small quantities to evaporate. ▶ DO NOT incinerate or puncture aerosol cans. ▶ Bury residues and emptied aerosol cans at an approved site.
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SECTION 14 TRANSPORT INFORMATION**Labels Required**

	
Marine Pollutant	NO
HAZCHEM	2Y

Land transport (ADG)

UN number	1950
UN proper shipping name	AEROSOLS
Transport hazard class(es)	Class : 2.1 Subrisk : Not Applicable
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	Special provisions : 63 190 277 327 344 Limited quantity : 1000ml

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Air transport (ICAO-IATA / DGR)

UN number	1950	
UN proper shipping name	Aerosols, flammable; Aerosols, flammable (engine starting fluid)	
Transport hazard class(es)	ICAO/IATA Class	2.1
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	10L
Packing group	Not Applicable	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	A145 A167 A802; A1 A145 A167 A802
	Cargo Only Packing Instructions	203
	Cargo Only Maximum Qty / Pack	150 kg
	Passenger and Cargo Packing Instructions	203; Forbidden
	Passenger and Cargo Maximum Qty / Pack	75 kg; Forbidden
	Passenger and Cargo Limited Quantity Packing Instructions	Y203; Forbidden
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G; Forbidden

Sea transport (IMDG-Code / GGVSee)

UN number	1950	
UN proper shipping name	AEROSOLS	
Transport hazard class(es)	IMDG Class	2.1
	IMDG Subrisk	Not Applicable
Packing group	Not Applicable	
Environmental hazard	Not Applicable	
Special precautions for user	EMS Number	F-D, S-U
	Special provisions	63 190 277 327 344 381 959
	Limited Quantities	1000ml

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

TITANIUM DIOXIDE(13463-67-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Inventory of Chemical Substances (AICS)

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

ACETONE(67-64-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

CALCIUM CARBONATE(471-34-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

TOLUENE(108-88-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

HYDROCARBON PROPELLANT(68476-85-7.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (toluene; acetone; hydrocarbon propellant)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y

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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
titanium dioxide	13463-67-7, 1317-70-0, 1317-80-2, 12188-41-9, 1309-63-3, 100292-32-8, 101239-53-6, 116788-85-3, 12000-59-8, 12701-76-7, 12767-65-6, 12789-63-8, 1344-29-2, 185323-71-1, 185828-91-5, 188357-76-8, 188357-79-1, 195740-11-5, 221548-98-7, 224963-00-2, 246178-32-5, 252962-41-7, 37230-92-5, 37230-94-7, 37230-95-8, 37230-96-9, 39320-58-6, 39360-64-0, 39379-02-7, 416845-43-7, 494848-07-6, 494848-23-6, 494851-77-3, 494851-98-8, 55068-84-3, 55068-85-4, 552316-51-5, 62338-64-1, 767341-00-4, 97929-50-5, 98084-96-9
calcium carbonate	471-34-1, 13397-26-7, 15634-14-7, 1317-65-3, 72608-12-9, 878759-26-3, 63660-97-9, 459411-10-0, 198352-33-9, 146358-95-4
hydrocarbon propellant	68476-85-7., 68476-86-8.

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.

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

Definitions and abbreviations

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

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