

Hychem Crack Repair Epoxy SAUCE - Part B

Hychem International

Chemwatch: 65-9521

Version No: 7.1

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Chemwatch Hazard Alert Code: 3

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

Product Identifier

Product name	Hychem Crack Repair Epoxy SAUCE - Part B
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	TOXIC LIQUID, CORROSIVE, ORGANIC, N.O.S. (contains triethylenetetramine and phenol)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Requires that the two parts be mixed by hand or mixer before use, in accordance with manufacturers directions. Mix only as much as is required. Do not return the mixed material to the original containers Hardener or Part B of a 2 pack epoxy system
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	Hychem International
Address	Unit 1, 30 Bluett Drive Smeaton Grange NSW 2567 Australia
Telephone	+61 2 4646 1660
Fax	+61 2 4647 3700
Website	www.hychem.com.au
Email	admin@hychem.com.au

Emergency telephone number

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

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

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	S6
Classification [1]	Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Skin Corrosion/Irritation Category 1A, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Acute Toxicity (Inhalation) Category 3, Germ Cell Mutagenicity Category 2, Reproductive Toxicity Category 1B, Specific Target Organ Toxicity - Repeated Exposure Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

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Hazard pictogram(s)	
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Signal word	Danger
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Hazard statement(s)

H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.
H331	Toxic if inhaled.
H341	Suspected of causing genetic defects.
H360Df	May damage the unborn child. Suspected of damaging fertility.
H373	May cause damage to organs through prolonged or repeated exposure.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. If more than 15 mins from Doctor, INDUCE VOMITING (if conscious).
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
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/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P363	Wash contaminated clothing before reuse.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.

Precautionary statement(s) Storage

P403+P233	Store in a well-ventilated place. Keep container tightly closed.
P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

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CAS No	%[weight]	Name
32610-77-8	30-60	<u>formaldehyde/ phenol/ triethylenetetramine copolymer</u>
112-24-3	10-<32	<u>triethylenetetramine</u>
108-95-2	10-<16	<u>phenol</u>
90-72-2	10-20	<u>2,4,6-tris[(dimethylamino)methyl]phenol</u>
Not Available	5-15	mercaptan-terminated polymer
Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available		

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▶ Immediately hold eyelids apart and flush the eye continuously with 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. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.
Inhalation	▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay. ▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▶ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)
Ingestion	▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ 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. ▶ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For acute or short-term repeated exposures to highly alkaline materials:

- ▶ Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- ▶ Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- ▶ Oxygen is given as indicated.
- ▶ The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- ▶ Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- ▶ Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used.

Supportive care involves the following:

- ▶ Withhold oral feedings initially.
- ▶ If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.

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- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

For acute or short term repeated exposures to phenols/ cresols:

- Phenol is absorbed rapidly through lungs and skin. [Massive skin contact may result in collapse and death]*
- [Ingestion may result in ulceration of upper respiratory tract; perforation of oesophagus and/or stomach, with attendant complications, may occur. Oesophageal stricture may occur.]*
- An initial excitatory phase may present. Convulsions may appear as long as 18 hours after ingestion. Hypotension and ventricular tachycardia that require vasopressor and antiarrhythmic therapy, respectively, can occur.
- Respiratory arrest, ventricular dysrhythmias, seizures and metabolic acidosis may complicate severe phenol exposures so the initial attention should be directed towards stabilisation of breathing and circulation with ventilation, intubation, intravenous lines, fluids and cardiac monitoring as indicated.
- [Vegetable oils retard absorption; do NOT use paraffin oils or alcohols. Gastric lavage, with endotracheal intubation, should be repeated until phenol odour is no longer detectable; follow with vegetable oil. A saline cathartic should then be given.]* ALTERNATIVELY: Activated charcoal (1g/kg) may be given. A cathartic should be given after oral activated charcoal.
- Severe poisoning may require slow intravenous injection of methylene blue to treat methaemoglobinaemia.
- [Renal failure may require haemodialysis.]*
- Most absorbed phenol is biotransformed by the liver to ethereal and glucuronide sulfates and is eliminated almost completely after 24 hours. [Ellenhorn and Barceloux: Medical Toxicology] *[Union Carbide]

BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
1. Total phenol in blood	250 mg/gm creatinine	End of shift	B, NS

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

NS: Non-specific determinant; also seen in exposure to other materials

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort. Rest and medical observation is therefore essential. Immediate administration of an appropriate spray, by a doctor or a person authorised by him/her should be considered.

(ICSC24419/24421

SECTION 5 Firefighting measures

Extinguishing media

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

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	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use fire fighting procedures suitable for surrounding area. ▸ Do not approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire. ▸ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). ▸ May emit acid smoke. ▸ Mists containing combustible materials may be explosive. Combustion products include: carbon dioxide (CO₂) aldehydes nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material.

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	May emit poisonous fumes.
HAZCHEM	2XE

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	- Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. - Check regularly for spills and leaks. Small spills should be covered with inorganic absorbents and disposed of properly. Organic absorbents have been known to ignite when contaminated with amines in closed containers. Certain cellulosic materials used for spill cleanup such as wood chips or sawdust have shown reactivity with ethyleneamines and should be avoided. Ethyleneamine leaks will frequently be identified by the odor (ammoniacal) or by the formation of a white, solid, waxy substance (amine carbamates). Inorganic absorbents or water may be used to clean up the amine waste. - 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 spill with sand, earth, inert material or vermiculite. - Wipe up. - Place in a suitable, labelled container for waste disposal.
Major Spills	- Clear area of personnel and move upwind. - Alert Fire Brigade and tell them location and nature of hazard. - Wear full body protective clothing with breathing apparatus. - Prevent, by any means available, spillage from entering drains or water course. - Consider evacuation (or protect in place). - Stop leak if safe to do so. - Contain spill with sand, earth or vermiculite. - Collect recoverable product into labelled containers for recycling. - Neutralise/decontaminate residue (see Section 13 for specific agent). - Collect solid residues and seal in labelled drums for disposal. - Wash area and prevent runoff into drains. - After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. - If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	DO NOT USE brass or copper containers / stirrers 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 exposure occurs. - Use in a well-ventilated area. - Prevent concentration in hollows and sumps. DO NOT enter confined spaces until atmosphere has been checked. DO NOT allow material to contact humans, exposed food or food utensils. - Avoid contact with incompatible materials. When handling, DO NOT eat, drink or smoke. - Keep containers securely sealed when not in use. - Avoid physical damage to containers. - Always wash hands with soap and water after handling. - Work clothes should be laundered separately. Launder contaminated clothing before re-use. - Use good occupational work practice. - Observe manufacturer's storage and handling recommendations contained within this SDS. - Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	for bulk storages: If slight coloration of the ethyleneamine is acceptable, storage tanks may be made of carbon steel or black iron, provided they are free of rust and mill scale. However, if the amine is stored in such tanks, color may develop due to iron contamination. If iron contamination cannot be tolerated, tanks constructed of types 304 or 316 stainless steel should be used. (Note: Because they are quickly corroded by amines, do not use copper, copper alloys, brass, or bronze in tanks or lines.)

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- ▶ This product should be stored under a dry inert gas blanket, such as nitrogen, to minimize contamination resulting from contact with air and water
- ▶ **DO NOT store near acids, or oxidising agents**
- ▶ Store in original containers.
- ▶ Keep containers securely sealed.
- ▶ Store in a cool, dry, well-ventilated area.
- ▶ Store away from incompatible materials and foodstuff containers.
- ▶ Protect containers against physical damage and check regularly for leaks.
- ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	▶ Lined metal can, lined metal pail/ can. ▶ Plastic pail. ▶ Polyliner drum. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks. For low viscosity materials ▶ Drums and jerricans must be of the non-removable head type. ▶ 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) and solids (between 15 C deg. and 40 deg C.): ▶ Removable head packaging; ▶ Cans with friction closures and ▶ 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 and II 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. All inner and sole packagings for substances that have been assigned to Packaging Groups I or II on the basis of inhalation toxicity criteria, must be hermetically sealed.
Storage incompatibility	▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ Avoid contact with copper, aluminium and their alloys. ▶ Segregate phenol from halogens, calcium hypochlorite, and metals such as aluminium, lead, zinc, magnesium. ▶ Reaction of phenol with calcium hypochlorite is exothermic and produces toxic fumes which may ignite ▶ Hot phenol is corrosive to many metals, including aluminium, lead, magnesium and zinc. ▶ Do not heat phenol above 60 deg.C. ▶ 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	phenol	Phenol	1 ppm / 4 mg/m3	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
formaldehyde/ phenol/ triethylenetetramine copolymer	Not Available	Not Available
triethylenetetramine	Not Available	Not Available
phenol	250 ppm	Not Available
2,4,6-tris[(dimethylamino)methyl]phenol	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
formaldehyde/ phenol/ triethylenetetramine copolymer	D	> 0.1 to ≤ 1 ppm
triethylenetetramine	E	≤ 0.1 ppm

Notes: Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

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Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
2,4,6-tris[(dimethylamino)methyl]phenol	C	> 1 to ≤ 10 parts per million (ppm)
Notes:	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.	

MATERIAL DATA

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.	
	Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.	
	Type of Contaminant:	Air Speed:
	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)
	Within each range the appropriate value depends on:	
	Lower end of the range	Upper end of the range
	1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity	
3: Intermittent, low production.	3: High production, heavy use	
4: Large hood or large air mass in motion	4: Small hood-local control only	
Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.		
Individual protection measures, such as personal protective equipment		
Eye and face protection	▶ Chemical goggles. ▶ Full face shield may be required for supplementary but never for primary protection of eyes. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]	
Skin protection	See Hand protection below	
Hands/feet protection	▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. NOTE:	

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- ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

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.

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.

Personal hygiene is a key element of effective hand care. 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.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- 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.

As defined in ASTM F-739-96 in any application, gloves are rated as:

- Excellent when breakthrough time > 480 min
- Good when breakthrough time > 20 min
- Fair when breakthrough time < 20 min
- Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.

Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.
- Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

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.

When handling liquid-grade epoxy resins wear chemically protective gloves, boots and aprons.

The performance, based on breakthrough times, of:

- Ethyl Vinyl Alcohol (EVAL laminate) is generally excellent
- Butyl Rubber ranges from excellent to good
- Nitrile Butyl Rubber (NBR) from excellent to fair.
- Neoprene from excellent to fair
- Polyvinyl (PVC) from excellent to poor

As defined in ASTM F-739-96

- Excellent breakthrough time > 480 min
- Good breakthrough time > 20 min
- Fair breakthrough time < 20 min
- Poor glove material degradation

Gloves should be tested against each resin system prior to making a selection of the most suitable type. Systems include both the resin and any hardener, individually and collectively)

- **DO NOT use cotton or leather (which absorb and concentrate the resin), natural rubber (latex), medical or polyethylene gloves (which absorb the resin).**
- **DO NOT use barrier creams containing emulsified fats and oils as these may absorb the resin; silicone-based barrier creams should be reviewed prior to use.**

Replacement time should be considered when selecting the most appropriate glove. It may be more effective to select a glove with lower chemical resistance but which is replaced frequently than to select a more resistant glove which is reused many times

Body protection

See Other protection below

Other protection

- ▶ Overalls.
- ▶ PVC Apron.
- ▶ PVC protective suit may be required if exposure severe.
- ▶ Eyewash unit.
- ▶ Ensure there is ready access to a safety shower.

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:

Respiratory protection

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

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

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Material	CPI
BUTYL	A
NEOPRENE	A
PE/EVAL/PE	A
VITON	A
BUTYL/NEOPRENE	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
PVA	C
PVC	C
TEFLON	C
VITON/NEOPRENE	C

* CPI - Chemwatch Performance Index
A: Best Selection
B: Satisfactory; may degrade after 4 hours continuous immersion
C: Poor to Dangerous Choice for other than short term immersion
NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -
* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Ansell Glove Selection

Glove — <i>In order of recommendation</i>
AlphaTec® Solvex® 37-185
AlphaTec® 38-612
AlphaTec® 53-001
AlphaTec® 58-005
AlphaTec® 58-008
AlphaTec® 58-530B
AlphaTec® 58-530W
AlphaTec® 58-735
AlphaTec® 79-700
AlphaTec® Solvex® 37-175

The suggested gloves for use should be confirmed with the glove supplier.

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	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-PAPR-2 P2 ^

^ - Full-face
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)
▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used
76ak-p()

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Liquid; 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 Available	Decomposition temperature (°C)	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)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	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	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▶ 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	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects. Inhalation of epoxy resin amine hardener vapours (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma". The literature records several instances of systemic intoxications following the use of amines in epoxy resin systems. Excessive exposure to the vapours of epoxy amine curing agents may cause both respiratory irritation and central nervous system depression. Signs and symptoms of central nervous system depression, in order of increasing exposure, are headache, dizziness, drowsiness, and incoordination. In short, a single prolonged (measured in hours) or excessive inhalation exposure may cause serious adverse effects, including death. Inhalation hazard is increased at higher temperatures. Inhalation of quantities of liquid mist may be extremely hazardous, even lethal due to spasm, extreme irritation of larynx and bronchi, chemical pneumonitis and pulmonary oedema. Inhalation of the phenol vapour causes a sore throat, coughing, shortness of breath and laboured breathing. Systemic effects, following such inhalation, include paleness, weakness, headache, sweating, ringing of the ears, shock, cyanosis, excitement, dark coloured urine, frothing of the nose and mouth. Pulmonary inflammation and pneumonia, inflammation and necrosis of the myocardium, hepatic centro-lobular necrosis, renal proximal tube swelling and oedema and globular degeneration and hind-limb paralysis was observed in guinea-pigs exposed 29 times for 7 hours/day, five days/week to concentrations ranging from 26 to 52 ppm.
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. The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucous. If death does not occur within 24 hours there may be an improvement in the patients condition for 2-4 days only to be followed by the sudden onset of abdominal pain, board-like abdominal rigidity or hypo-tension; this indicates that delayed gastric or oesophageal corrosive damage has occurred. For phenol, solid: Ingestion causes blotches on the lips and in the mouth. Ingestion of alkaline corrosives may produce immediate pain, and circumoral burns. Mucous membrane corrosive damage is characterised by a white appearance and soapy feel; this may then become brown, oedematous and ulcerated. Profuse salivation with an inability to swallow or speak may also result. Even where there is limited or no evidence of chemical burns, both the oesophagus and stomach may experience a burning pain; vomiting and diarrhoea may follow. The vomitus may be thick and may be slimy (mucous) and may eventually contain blood and shreds of mucosa. Epiglottal oedema may result in respiratory distress and asphyxia. Marked hypotension is symptomatic of shock; a weak and rapid pulse, shallow respiration and clammy skin may also be evident. Circulatory collapse may occur and, if uncorrected, may produce renal failure. Severe exposures may

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	result in oesophageal or gastric perforation accompanied by mediastinitis, substernal pain, peritonitis, abdominal rigidity and fever. Although oesophageal, gastric or pyloric stricture may be evident initially, these may occur after weeks or even months and years. Death may be quick and results from asphyxia, circulatory collapse or aspiration of even minute amounts. Death may also be delayed as a result of perforation, pneumonia or the effects of stricture formation.
Skin Contact	Skin contact with the material may be harmful; systemic effects may result following absorption. The material can produce chemical burns following direct contact with the skin. Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous reactions include erythema, intolerable itching and severe facial swelling. Blistering, with weeping of serious fluid, and crusting and scaling may also occur. Virtually all of the liquid amine curing agents can cause sensitisation or allergic skin reactions. Individuals exhibiting "amine dermatitis" may experience a dramatic reaction upon re-exposure to minute quantities. Highly sensitive persons may even react to cured resins containing trace amounts of unreacted amine hardener. Minute quantities of air-borne amine may precipitate intense dermatological symptoms in sensitive individuals. Prolonged or repeated exposure may produce tissue necrosis. NOTE: Susceptibility to this sensitisation will vary from person to person. Also, allergic dermatitis may not appear until after several days or weeks of contact. However, once sensitisation has occurred, exposure of the skin to even very small amounts of the material may cause erythema (redness) and oedema (swelling) at the site. Thus, all skin contact with any epoxy curing agent should be avoided. 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. For phenol, solid: Contact with the skin causes a white, wrinkled discolouration followed by a severe burn or systemic poisoning if not promptly and properly removed. Intense burning and pain from skin contact may be delayed. Extreme dangers are posed by percutaneous absorption. In one case a 32 year old male who spilled a solution of phenol over his scalp, face, neck, shoulders and back, died 10 minutes later. There was coagulation necrosis of the skin, left eye and acute dermatitis veneta with acute passive congestion of the lungs, liver, spleen, kidneys. Skin absorption occurs at low vapour pressure, without apparent discomfort and proceeds with the same efficiency as absorption by inhalation Damage to the lungs has been described following percutaneous absorption. Methaemoglobinaemia and haemolytic anaemia are frequently documented.
Eye	The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. The vapour when concentrated has pronounced eye irritation effects and this gives some warning of high vapour concentrations. If eye irritation occurs seek to reduce exposure with available control measures, or evacuate area. Vapours of volatile amines cause eye irritation with lachrymation, conjunctivitis and minor transient corneal oedema which results in "halos" around lights (glauropsia, "blue haze", or "blue-grey haze"). Vision may become misty and halos may appear several hours after workers are exposed to the substance This effect generally disappears spontaneously within a few hours of the end of exposure, and does not produce physiological after-effects. However oedema of the corneal epithelium, which is primarily responsible for vision disturbances, may take more than one or more days to clear, depending on the severity of exposure. Photophobia and discomfort from the roughness of the corneal surface also may occur after greater exposures. Although no detriment to the eye occurs as such, glauropsia predisposes an affected individual to physical accidents and reduces the ability to undertake skilled tasks such as driving a vehicle. Direct local contact with the liquid may produce eye damage which may be permanent in the case of the lower molecular weight species.
Chronic	Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Harmful: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests. Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of

Continued...

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appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Secondary amines may react in the acid conditions of the stomach with oxidants or preservatives) to form potentially carcinogenic N-nitrosamines. The formation of nitrosamines from such amines has not only been observed in animals models but, at least for certain compounds, in the workplace. The amine-containing substances and end products handled at work can themselves be contaminated to a degree with corresponding nitrosamines. Under conditions encountered in practice nitrosation is to be expected with secondary amines and to a limited extent with primary and tertiary amines. Nitrogen oxides are the most probable nitrosating agents. Nitrosyl chloride, nitrite esters, metal nitrites and nitroso compounds may also be involved. Several factors such as pH, temperature, catalysts and inhibitors influence the extent of nitrosation. Two precautionary measures are therefore necessary when handling amines at the workplace.

- ▶ Simultaneous exposure to nitrosating agents should be reduced to minimum. This can be out into practice by eliminating nitrosating agents or, if they play a role in the actual process, replacing them with substances that do not lead to the formation of carcinogenic nitrosamines. In particular the level of nitrogen oxides at the workplace should be monitored and reduced when necessary.
- ▶ The levels of nitrosamines in the workplace and in substances containing amines should be monitored.

Commission for the Investigation of Health Hazards of Chemical Compounds in the Work Area, Report No. 31, DFG, 1995

In animal experiments the oesophagus is shown to be the most important target organ for nitrosamines, independent of the route of application. The mechanism of this organotrophy cannot be explained sufficiently. The high oesophageal epithelium metabolic activation of nitrosamines, together with a comparatively low DNA repair, probably plays the most important role. In addition chronic stress factors, which lead to high stimulation of epithelial turnover, are a pacemaker for malignant progression. In some countries, the traditional consumption of extremely hot drinks leads to constant burns of the oesophagus, which increases the risk. Mate, a non-alcoholic brew, frequently consumed as tea in Uruguay, appears to be a high risk factor for oesophageal cancer

On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

Solid phenol is highly toxic via ingestion, inhalation and skin contact.

Chronic phenol poisoning is very rarely reported, but symptoms include vomiting, difficulty in swallowing, diarrhoea, lack of appetite, headache, fainting, dizziness, dark urine, mental disturbances, and possibly skin rash. Death due to liver and kidney damage may occur.

Repeated exposure of animals to phenol vapour at concentrations ranging from 26 to 52 ppm has produced respiratory, cardiovascular, hepatic, renal and neurologic toxicity.

Administration of phenol in the drinking water of mice (2500 ppm for 103 weeks) produced an increased incidence of leukemia and lymphomas.

Phenol has been studied in initiation/promotion protocols with a number of polycyclic hydrocarbons and has been shown to have promoting activity in the two-stage skin model

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

There is sufficient evidence to provide a strong presumption that human exposure to the material may result in developmental toxicity, generally on the basis of:

- clear results in appropriate animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

Hychem Crack Repair Epoxy SAUCE - Part B	TOXICITY	IRRITATION
	Not Available	Not Available
formaldehyde/ phenol/ triethylenetetramine copolymer	TOXICITY	IRRITATION
	Oral (Rat) LD50: >2200 mg/kg ^[2]	Not Available
triethylenetetramine	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 805 mg/kg ^[2]	Eye (Rodent - rabbit): 20mg/24H - Moderate
	Oral (Rat) LD50: 1591.4 mg/kg ^[1]	Eye (Rodent - rabbit): 49mg - Severe
		Eye: adverse effect observed (irritating) ^[1]
		Skin (Rodent - rabbit): 490mg - Severe
		Skin (Rodent - rabbit): 5mg/24H - Severe
		Skin: adverse effect observed (corrosive) ^[1]
phenol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 850 mg/kg ^[2]	Eye (Rodent - rabbit): 5mg - Severe
	Inhalation (Mouse) LC50: 0.177 mg/L4h ^[2]	Eye (Rodent - rabbit): 5mg/30S - Mild
	Oral (Rat) LD50: 317 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
		Skin (Mammal - pig): 400uL/30S - Severe
		Skin (Rodent - rabbit): 100mg - Mild
		Skin (Rodent - rabbit): 535mg - Severe
		Skin: adverse effect observed (corrosive) ^[1]

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2,4,6-tris[(dimethylamino)methyl]phenol	TOXICITY	IRRITATION
	dermal (rat) LD50: >973 mg/kg ^[1]	Eye (Rodent - rabbit): 50ug/24H - Severe
	Oral (Rat) LD50: 1200 mg/kg ^[2]	Eye: adverse effect observed (irreversible damage) ^[1]
		Skin (Rodent - rabbit): 2mg/24H - Severe
		Skin (Rodent - rabbit): 500uL/24H - Severe
		Skin (Rodent - rat): 0.025mL - Mild
		Skin (Rodent - rat): 0.25mL - Severe
		Skin: adverse effect observed (corrosive) ^[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

TRIETHYLENETETRAMINE	Handling ethyleneamine products is complicated by their tendency to react with other chemicals, such as carbon dioxide in the air, which results in the formation of solid carbamates. Because of their ability to produce chemical burns, skin rashes, and asthma-like symptoms, ethyleneamines also require substantial care in handling. Higher molecular weight ethyleneamines are often handled at elevated temperatures further increasing the possibility of vapor exposure to these compounds. Because of the fragility of eye tissue, almost any eye contact with any ethyleneamine may cause irreparable damage, even blindness. A single, short exposure to ethyleneamines, may cause severe skin burns, while a single, prolonged exposure may result in the material being absorbed through the skin in harmful amounts. Exposures have caused allergic skin reactions in some individuals. Single dose oral toxicity of ethyleneamines is low. The oral LD50 for rats is in the range of 1000 to 4500 mg/kg for the ethyleneamines. In general, the low-molecular weight polyamines have been positive in the Ames assay, increase sister chromatid exchange in Chinese hamster ovary (CHO) cells, and are positive for unscheduled DNA synthesis although they are negative in the mouse micronucleus assay. It is believed that the positive results are based on its ability to chelate copper For alkyl polyamines: The alkyl polyamines cluster consists of organic compounds containing two terminal primary amine groups and at least one secondary amine group. Typically these substances are derivatives of ethylenediamine, propylenediamine or hexanediamine. The molecular weight range for the entire cluster is relatively narrow, ranging from 103 to 232 Acute toxicity of the alkyl polyamines cluster is low to moderate via oral exposure and a moderate to high via dermal exposure. Cluster members have been shown to be eye irritants, skin irritants, and skin sensitizers in experimental animals. Repeated exposure in rats via the oral route indicates a range of toxicity from low to high hazard. Most cluster members gave positive results in tests for potential genotoxicity. Limited carcinogenicity studies on several members of the cluster showed no evidence of carcinogenicity. Unlike aromatic amines, aliphatic amines are not expected to be potential carcinogens because they are not expected to undergo metabolic activation, nor would activated intermediates be stable enough to reach target macromolecules. Polyamines potentiate NMDA induced whole-cell currents in cultured striatal neurons Triethylenetetramine (TETA) is a severe irritant to skin and eyes and induces skin sensitisation. TETA is of moderate acute toxicity: LD50(oral, rat) > 2000 mg/kg bw, LD50(dermal, rabbit) = 550 - 805 mg/kg bw. Acute exposure to saturated vapour via inhalation was tolerated without impairment. Exposure to aerosol leads to reversible irritations of the mucous membranes in the respiratory tract. Following repeated oral dosing via drinking water only in mice but not in rats at concentration of 3000 ppm there were signs of impairment. The NOAEL is 600 ppm [92 mg/kg bw (oral, 90 days)]. Lifelong dermal application to mice (1.2 mg/mouse) did not result in tumour formation. There are differing results of the genetic toxicity for TETA. The positive results of the in vitro tests may be the result of a direct genetic action as well as a result of an interference with essential metal ions. Due to this uncertainty of the in vitro tests, the genetic toxicity of TETA has to be assessed on the basis of in vivo tests. The in vivo micronucleus tests (i.p. and oral) and the SLRL test showed negative results. There are no human data on reproductive toxicity (fertility assessment). The analogue diethylenetriamine had no effects on reproduction. TETA shows developmental toxicity in animal studies if the chelating property of the substance is effective. The NOEL is 830 mg/kg bw (oral). Experience with female patients suffering from Wilson's disease demonstrated that no miscarriages and no foetal abnormalities occur during treatment with TETA.. In rats, there are several studies concerning developmental toxicity. The oral treatment of rats with 75, 375 and 750 mg/kg resulted in no effects on dams and fetuses, except slight increased fetal body weight. After oral treatment of rats with 830 or 1670 mg/kg bw only in the highest dose group increased foetal abnormalities in 27/44 fetus (69,2 %) were recorded, when simultaneously the copper content of the feed was reduced. Copper supplementation in the feed reduced significantly the fetal abnormalities of the highest dose group to 3/51 (6,5 %) foetus. These findings suggest that the developmental toxicity is produced as a secondary consequence of the chelating properties of TETA. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).
PHENOL	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.

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2,4,6- TRIS[(DIMETHYLAMINO)METHYL]PHENOL	While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects. ▶ Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis. ▶ Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient. Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion. Inhalation: Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs. Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure. Higher concentrations of certain amines can produce severe respiratory irritation, characterised by nasal discharge, coughing, difficulty in breathing, and chest pains. Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, bronchopneumonia, and possible lung damage. Also, repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice, and liver enlargement. Some amines have been shown to cause kidney, blood, and central nervous system disorders in laboratory animal studies. While most polyurethane amine catalysts are not sensitisers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitised, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease. Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema. Skin Contact: Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis. Skin contact with some amines may result in allergic sensitisation. Sensitised persons should avoid all contact with amine catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient. Eye Contact: Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations. Direct contact with the liquid amine may cause severe irritation and tissue injury, and the "burning" may lead to blindness. (Contact with solid products may result in mechanical irritation, pain, and corneal injury.) Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling. The corneal swelling may manifest itself in visual disturbances such as blurred or "foggy" vision with a blue tint ("blue haze") and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases. Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation. Ingestion: The oral toxicity of amine catalysts varies from moderately to very toxic. Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus, and gastrointestinal tract. Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs. Affected persons also may experience pain in the chest or abdomen, nausea, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death. Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000 Alliance for Polyurethanes Industry No significant acute toxicological data identified in literature search.
FORMALDEHYDE/ PHENOL/ TRIETHYLENETETRAMINE COPOLYMER & TRIETHYLENETETRAMINE	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.
TRIETHYLENETETRAMINE & PHENOL & 2,4,6- TRIS[(DIMETHYLAMINO)METHYL]PHENOL	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

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The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.

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

Legend: ✗ – Data either not available or does not fill the criteria for classification
✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

Hychem Crack Repair Epoxy SAUCE - Part B	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
formaldehyde/ phenol/ triethylenetetramine copolymer	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
triethylenetetramine	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	<0.5	7
	EC50	72h	Algae or other aquatic plants	2.5mg/l	1
	EC50	48h	Crustacea	31.1mg/l	1
	ErC50	72h	Algae or other aquatic plants	2.5mg/l	1
	LC50	96h	Fish	180mg/l	1
	EC10(ECx)	72h	Algae or other aquatic plants	0.67mg/l	1
	EC50	96h	Algae or other aquatic plants	3.7mg/L	4
phenol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	48.937-57.407mg/L	4
	EC50(ECx)	24h	Crustacea	<0.001mg/L	4
	EC50	48h	Crustacea	3.1mg/l	1
	LC50	96h	Fish	0.002mg/L	4
	EC50	96h	Algae or other aquatic plants	0.019-0.104mg/L	4
2,4,6-tris[(dimethylamino)methyl]phenol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	2.8mg/l	2
	EC50	48h	Crustacea	>100mg/l	2
	LC50	96h	Fish	>100mg/l	2
	EC10(ECx)	72h	Algae or other aquatic plants	~1.13mg/l	2

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

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
triethylenetetramine	LOW	LOW
phenol	LOW (Half-life = 10 days)	LOW (Half-life = 0.95 days)
2,4,6-tris[(dimethylamino)methyl]phenol	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
triethylenetetramine	LOW (BCF = 5)
phenol	LOW (BCF = 17.5)
2,4,6-tris[(dimethylamino)methyl]phenol	LOW (LogKOW = 0.773)

Mobility in soil

Ingredient	Mobility
triethylenetetramine	LOW (Log KOC = 309.9)
phenol	LOW (Log KOC = 268)
2,4,6-tris[(dimethylamino)methyl]phenol	LOW (Log KOC = 15130)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	- Containers may still present a chemical hazard/ danger when empty. - Return to supplier for reuse/ recycling if possible. Otherwise: - 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. 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. A Hierarchy of Controls seems to be common - the user should investigate: - Reduction - Reuse - Recycling - Disposal (if all else fails) 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. DO NOT allow wash water from cleaning or process equipment to enter drains. - It may be necessary to collect all wash water for treatment before disposal. - In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. - Where in doubt contact the responsible authority. - Recycle wherever possible. - Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. - Treat and neutralise at an approved treatment plant. - Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material). - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
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SECTION 14 Transport information

Labels Required

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Marine Pollutant	NO
HAZCHEM	2XE

Land transport (ADG)

14.1. UN number or ID number	2927	
14.2. UN proper shipping name	TOXIC LIQUID, CORROSIVE, ORGANIC, N.O.S. (contains triethylenetetramine and phenol)	
14.3. Transport hazard class(es)	Class	6.1
	Subsidiary Hazard	8
14.4. Packing group	II	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	274
	Limited quantity	100 ml

Air transport (ICAO-IATA / DGR)

14.1. UN number	2927	
14.2. UN proper shipping name	Toxic liquid, corrosive, organic, n.o.s. * (contains triethylenetetramine and phenol)	
14.3. Transport hazard class(es)	ICAO/IATA Class	6.1
	ICAO / IATA Subsidiary Hazard	8
	ERG Code	6C
14.4. Packing group	II	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	A4 A137
	Cargo Only Packing Instructions	660
	Cargo Only Maximum Qty / Pack	30 L
	Passenger and Cargo Packing Instructions	653
	Passenger and Cargo Maximum Qty / Pack	1 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y640
	Passenger and Cargo Limited Maximum Qty / Pack	0.5 L

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	2927	
14.2. UN proper shipping name	TOXIC LIQUID, CORROSIVE, ORGANIC, N.O.S. (contains triethylenetetramine and phenol)	
14.3. Transport hazard class(es)	IMDG Class	6.1
	IMDG Subsidiary Hazard	8
14.4. Packing group	II	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	EMS Number	F-A , S-B
	Special provisions	274
	Limited Quantities	100 mL

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

Not Applicable

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

Product name	Group
formaldehyde/ phenol/ triethylenetetramine copolymer	Not Available
triethylenetetramine	Not Available
phenol	Not Available
2,4,6-tris[(dimethylamino)methyl]phenol	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
formaldehyde/ phenol/ triethylenetetramine copolymer	Not Available
triethylenetetramine	Not Available
phenol	Not Available
2,4,6-tris[(dimethylamino)methyl]phenol	Not Available

SECTION 15 Regulatory information

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

formaldehyde/ phenol/ triethylenetetramine copolymer is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

triethylenetetramine is found on the following regulatory lists

- Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
- Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
- Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
- Australian Inventory of Industrial Chemicals (AIIC)

phenol is found on the following regulatory lists

- Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
- Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2
- Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
- Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
- Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
- Australian Inventory of Industrial Chemicals (AIIC)
- International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

2,4,6-tris[(dimethylamino)methyl]phenol is found on the following regulatory lists

- Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
- Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (formaldehyde/ phenol/ triethylenetetramine copolymer; triethylenetetramine; phenol; 2,4,6-tris[(dimethylamino)methyl]phenol)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (formaldehyde/ phenol/ triethylenetetramine copolymer)
Korea - KECI	Yes
New Zealand - NZIoC	Yes

Continued...

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National Inventory	Status
Philippines - PICCS	Yes
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	No (formaldehyde/ phenol/ triethylenetetramine copolymer)
Vietnam - NCI	Yes
Russia - FBEPH	No (formaldehyde/ phenol/ triethylenetetramine copolymer)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	10/03/2023
Initial Date	25/08/2016

SDS Version Summary

Version	Date of Update	Sections Updated
6.1	23/12/2022	Classification review due to GHS Revision change.
7.1	10/03/2023	Classification change due to full database hazard calculation/update.

Other information

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

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

Definitions and abbreviations

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

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

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