

Betokontakt

Knauf UK & Ireland GmbH

Version No: 3.1

Safety data sheet according to REACH Regulation (EC) No 1907/2006, as amended by UK REACH Regulations SI 2019/758

Issue Date: 01/02/2024

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L.REACH.GB.EN.E

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

1.1. Product Identifier

Product name	Betokontakt
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Consumer use, professional use, primer. Use according to manufacturer's directions.
Uses advised against	No specific uses advised against are identified.

1.3. Details of the manufacturer or supplier of the safety data sheet

Registered company name	Knauf UK & Ireland GmbH
Address	Kemsley Fields Business Park Kent ME9 8SR Great Britain
Telephone	0800 521 050
Fax	Not Available
Website	www.knauf.com
Email	cservice@knauf.com

1.4. Emergency telephone number

Association / Organisation	Knauf UK & Ireland
Emergency telephone numbers	0800 521 050 - 9am - 5pm
Other emergency telephone numbers	111 - NHS Emergency

SECTION 2 Hazards identification

2.1. Classification of the substance or mixture

Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567 ^[1]	Not Applicable
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2.2. Label elements

Hazard pictogram(s)	Not Applicable
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Signal word **Not Applicable****Hazard statement(s)**

Not Applicable

Supplementary statement(s)

EUH208	Contains 1,2-benzisothiazol-3(2H)-one (2634-33-5), 2-methyl-2H-isothiazol-3-one (2682-20-4), mixture of: 5-chloro-2-methyl-2H-isothiazol-3-one [EC no. 247-500-7] and 2-methyl-2H-isothiazol-3-one [EC no. 220-239-6] (3:1) (55965-84-9). May produce an allergic reaction.
EUH210	Safety data sheet available on request.

Precautionary statement(s) General

P102	Keep out of reach of children.
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Precautionary statement(s) Prevention

P262	Do not get in eyes, on skin, or on clothing.
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Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

Material contains silica crystalline - quartz, 1,2-benzisothiazoline-3-one, isothiazolinones, mixed, sodium pyrithione.

2.3. Other hazards

Ingestion may produce health damage*.

Cumulative effects may result following exposure*.

May produce discomfort of the eyes and skin*.

REACH - Art.57-59: The mixture does not contain Substances of Very High Concern (SVHC) at the SDS print date.

SECTION 3 Composition / information on ingredients**3.1.Substances**

See 'Composition on ingredients' in Section 3.2

3.2.Mixtures

1. CAS No 2.EC No 3.Index No 4.REACH No	% [weight]	Name	Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567	SCL / M-Factor	Nanoform Particle Characteristics
1. 14808-60-7 2.238-878-4 3.Not Available 4.Not Available	>20	<u>silica crystalline - quartz</u>	Specific Target Organ Toxicity - Repeated Exposure Category 2; H373 ^[1]	Not Available Acute M factor: Not Available Chronic M factor: Not Available	Not Available
1. 2634-33-5 2.220-120-9 3.613-088-00-6 4.Not Available	<0.05	<u>1,2-benzisothiazoline-3-one</u>	Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Hazardous to the Aquatic Environment Acute Hazard Category 1; H302, H315, H317, H318, H400 ^[2]	Skin Sens. 1; H317: C ≥ 0,05 % Acute M factor: Not Available Chronic M factor: Not Available	Not Available

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1. CAS No 2. EC No 3. Index No 4. REACH No	% [weight]	Name	Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567	SCL / M-Factor	Nanoform Particle Characteristics
1. 55965-84-9 2. Not Available 3. 613-167-00-5 4. Not Available	<0.0015	<u>isothiazolinones, mixed</u>	Acute Toxicity (Oral) Category 3, Acute Toxicity (Dermal) Category 2, Skin Corrosion/Irritation Category 1C, Sensitisation (Skin) Category 1A, Serious Eye Damage/Eye Irritation Category 1, Acute Toxicity (Inhalation) Category 2, Hazardous to the Aquatic Environment Acute Hazard Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 1; H301, H310, H314, H317, H318, H330, H400, H410 [2]	Skin Corr. 1C; H314: C ≥ 0,6 % Skin Irrit. 2; H315: 0,06 % ≤ C < 0,6 % Eye Dam. 1; H318: C ≥ 0,6 % Eye Irrit. 2; H319: 0,06 % ≤ C < 0,6 % Skin Sens. 1A; H317: C ≥ 0,0015 % M=100 M=100 Acute M factor: Not Available Chronic M factor: Not Available	Not Available
1. 3811-73-2 2. 223-296-5 3. 613-344-00-7 4. Not Available	NotSpec	<u>sodium pyrrithione</u>	Acute Toxicity (Oral, Dermal and Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 1; H302+H312+H332, H315, H319, H410 [1]	inhalation: ATE = 0,5 mg/L (dusts or mists) dermal: ATE = 790 mg/kg bw oral: ATE = 500 mg/kg bw M = 100 Acute M factor: Not Available Chronic M factor: Not Available	Not Available
1. 2682-20-4 2. 220-239-6 3. 613-326-00-9 4. Not Available	NotSpec	<u>2-methyl-4- isothiazolin-3-one</u>	Acute Toxicity (Oral) Category 3, Acute Toxicity (Dermal) Category 3, Skin Corrosion/Irritation Category 1B, Sensitisation (Skin) Category 1A, Serious Eye Damage/Eye Irritation Category 1, Acute Toxicity (Inhalation) Category 2, Hazardous to the Aquatic Environment Acute Hazard Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 1; H301, H311, H314, H317, H318, H330, H400, H410 [2]	Skin Sens. 1A; H317: C ≥ 0,0015 % M=10 M=1 Acute M factor: Not Available Chronic M factor: Not Available	Not Available
Legend:		1. Classification by vendor; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567; 3. Classification drawn from C&L; * EU IOELVs available; [e] Substance identified as having endocrine disrupting properties			

SECTION 4 First aid measures

4.1. Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▶ Other measures are usually unnecessary.
Ingestion	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice.

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4.2 Most important symptoms and effects, both acute and delayed

See Section 11

4.3. Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 Firefighting measures

5.1. Extinguishing media

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

5.2. Special hazards arising from the substrate or mixture

Fire Incompatibility	<ul style="list-style-type: none"> ▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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5.3. Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ 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 water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ 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 acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) nitrogen oxides (NO_x) sulfur oxides (SO_x) silicon dioxide (SiO₂) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p>

SECTION 6 Accidental release measures

6.1. Personal precautions, protective equipment and emergency procedures

See section 8

6.2. Environmental precautions

See section 12

6.3. Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ Remove all ignition sources. ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	<ul style="list-style-type: none"> ▶ Absorb or contain isothiazolinone liquid spills with sand, earth, inert material or vermiculite. ▶ The absorbent (and surface soil to a depth sufficient to remove all of the biocide) should be shovelled into a drum and treated with an 11% solution of sodium metabisulfite (Na₂S₂O₅) or sodium bisulfite (NaHSO₃), or 12% sodium sulfite (Na₂SO₃) and 8% hydrochloric acid (HCl).

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- ▶ Glutathione has also been used to inactivate the isothiazolinones.
- ▶ Use 20 volumes of decontaminating solution for each volume of biocide, and let containers stand for at least 30 minutes to deactivate microbicide before disposal.
- ▶ If contamination of drains or waterways occurs, advise emergency services.
- ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.

6.4. Reference to other sections

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

SECTION 7 Handling and storage

7.1. Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ 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. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Fire and explosion protection	See section 5
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ No smoking, naked lights or ignition sources. ▶ 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.

7.2. Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▶ Avoid reaction with oxidising agents
Hazard categories in accordance with Regulation (EC) No 2012/18/EU (Seveso III)	Not Available
Qualifying quantity (tonnes) of dangerous substances as referred to in Article 3(10) for the application of	Not Available

7.3. Specific end use(s)

See section 1.2

SECTION 8 Exposure controls / personal protection

8.1. Control parameters

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Ingredient	DNELs Exposure Pattern Worker	PNECs Compartment
1,2-benzisothiazoline-3-one	Dermal 0.966 mg/kg bw/day (Systemic, Chronic) Inhalation 6.81 mg/m ³ (Systemic, Chronic) Dermal 0.345 mg/kg bw/day (Systemic, Chronic) * Inhalation 1.2 mg/m ³ (Systemic, Chronic) *	4.03 µg/L (Water (Fresh)) 1.1 µg/L (Water - Intermittent release) 0.403 µg/L (Water (Marine)) 49.9 µg/kg sediment dw (Sediment (Fresh Water)) 4.99 µg/kg sediment dw (Sediment (Marine)) 3 mg/kg soil dw (Soil) 1.03 mg/L (STP)
isothiazolinones, mixed	Inhalation 0.02 mg/m ³ (Local, Chronic) Inhalation 0.04 mg/m ³ (Local, Acute) Oral 0.09 mg/kg bw/day (Systemic, Chronic) * Inhalation 0.02 mg/m ³ (Local, Chronic) * Oral 0.11 mg/kg bw/day (Systemic, Acute) * Inhalation 0.04 mg/m ³ (Local, Acute) *	3.39 µg/L (Water (Fresh)) 3.39 µg/L (Water - Intermittent release) 3.39 µg/L (Water (Marine)) 0.027 mg/kg sediment dw (Sediment (Fresh Water)) 0.027 mg/kg sediment dw (Sediment (Marine)) 0.01 mg/kg soil dw (Soil) 0.23 mg/L (STP)
2-methyl-4-isothiazolin-3-one	Inhalation 0.021 mg/m ³ (Local, Chronic) Inhalation 0.043 mg/m ³ (Local, Acute) Oral 0.027 mg/kg bw/day (Systemic, Chronic) * Inhalation 0.021 mg/m ³ (Local, Chronic) * Oral 0.053 mg/kg bw/day (Systemic, Acute) * Inhalation 0.043 mg/m ³ (Local, Acute) *	3.39 µg/L (Water (Fresh)) 3.39 µg/L (Water - Intermittent release) 3.39 µg/L (Water (Marine)) 0.047 mg/kg soil dw (Soil) 0.23 mg/L (STP)

* Values for General Population

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
UK Workplace Exposure Limits (WELs).	silica crystalline - quartz	Silica, respirable crystalline (respirable fraction)	0.1 mg/m ³	Not Available	Not Available	Carc (where generated as a result of a work process)

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
silica crystalline - quartz	0.075 mg/m ³	33 mg/m ³	200 mg/m ³

Ingredient	Original IDLH	Revised IDLH
silica crystalline - quartz	25 mg/m ³ / 50 mg/m ³	Not Available
1,2-benzisothiazoline-3-one	Not Available	Not Available
isothiazolinones, mixed	Not Available	Not Available
sodium pyrrithione	Not Available	Not Available
2-methyl-4-isothiazolin-3-one	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
1,2-benzisothiazoline-3-one	E	≤ 0.01 mg/m ³
isothiazolinones, mixed	E	≤ 0.1 ppm
sodium pyrrithione	E	≤ 0.01 mg/m ³
2-methyl-4-isothiazolin-3-one	D	> 0.01 to ≤ 0.1 mg/m ³

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

8.2. Exposure controls

8.2.1. 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.

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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.

General exhaust is adequate under normal operating conditions. If risk of overexposure exists, wear SAA approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. 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.

8.2.2. Individual protection measures, such as personal protective equipment



Eye and face protection

- ▶ Safety glasses with side shields.
- ▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]
- ▶ 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].

Skin protection

See Hand protection below

Hands/feet protection

- ▶ Wear chemical protective gloves, e.g. PVC.
- ▶ Wear safety footwear or safety gumboots, e.g. Rubber

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.

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	<ul style="list-style-type: none"> · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>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.</p> <p>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.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> · 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 <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <ul style="list-style-type: none"> ▸ Butyl rubber gloves · Nitrile rubber gloves (Note: Nitric acid penetrates nitrile gloves in a few minutes.)
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▸ Overalls. ▸ P.V.C apron. ▸ Barrier cream. ▸ Skin cleansing cream. ▸ Eye wash unit.

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. 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)

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

Use respirators with protection factors appropriate for the exposure level.

- Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- 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

8.2.3. Environmental exposure controls

See section 12

SECTION 9 Physical and chemical properties

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9.1. Information on basic physical and chemical properties

Appearance	Pink liquid with characteristic odour.		
Physical state	Liquid	Relative density (Water = 1)	~1.4
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	8-9	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	0	Viscosity (cSt)	~2857.13
Initial boiling point and boiling range (°C)	100	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)	<0.1
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	<1
Nanoform Solubility	Not Available	Nanoform Particle Characteristics	Not Available
Particle Size	Not Available		

9.2. Other information

Not Available

SECTION 10 Stability and reactivity

10.1. Reactivity	See section 7.2
10.2. Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
10.3. Possibility of hazardous reactions	See section 7.2
10.4. Conditions to avoid	See section 7.2
10.5. Incompatible materials	See section 7.2
10.6. Hazardous decomposition products	See section 5.3

SECTION 11 Toxicological information

11.1. Information on toxicological effects

Inhaled	The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Isothiazolinones are moderately to highly toxic by oral administration. The major signs of toxicity were severe gastric irritation, lethargy, and ataxia
Skin Contact	Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy

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	<p>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.</p> <p>Solutions of 0.5% strength 1,2-benzisothiazoline-3-one (BIT) are irritating to the skin. Allergic effects also begin at 0.05% and have been confirmed in a series of case and patch test studies. When the substance was applied to human volunteers under an occlusive patch the maximum tolerated doses was 0.05%. Five hours after application of 0.1% (1000 ppm) one person showed moderate erythema with papule development which was interpreted as a reaction to the sticking plaster; in four persons there was mild reddening of the skin. The reaction had ameliorated in several persons after 72 hours. A second application produced various severe dermal reactions (erythema and papules) in 8 persons. A third application to several of the group produced erythema.</p> <p>Provocation tests with BIT showed the material to be sensitising. Of 20 metal workers with dermatitis, 4 were shown to have been sensitised to BIT in cutting oils. Cases of contact eczema in workers producing polyacrylate emulsions for paints and wax polish, in which BIT was the preservative, have been described. Epicutaneous challenge tests to BIT were positive. Similar findings have been described in the paper-manufacturing industry, in the rubber industry, in the control laboratory of a chemical plant and among workers producing ceramic moulds in which BIT was added to the mould oil</p> <p>Aqueous solutions of isothiazolinones may be irritating or even corrosive depending on concentration. Solutions containing more than 0.5% (5000 ppm active substance) may produce severe irritation of human skin whilst solutions containing more than 100 ppm may irritate the skin.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
<p style="text-align: center;">Eye</p>	<p>Solutions containing isothiazolinones may produce corrosion of the mucous membranes and cornea. Instillation of 0.1 ml of an aqueous solution containing 560 ppm isothiazolinone into rabbit eye did not produce irritation whereas concentrations, typically around 3% and 5.5 %, were severely irritating or corrosive to the eye.. Symptoms included clouding of the cornea, chemosis and swelling of the eyelids.</p>
<p style="text-align: center;">Chronic</p>	<p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>In a teratogenic study in rats concentrations of up to 40 mg/kg 1,2-benzisothiazoline-3-one (BIT) were neither embryotoxic nor teratogenic. The material is not mutagenic. In a 2-year carcinogenicity study with rats, BIT did not produce excess tumours. The results derived from this test are questionable because no dose series was administered and because there were too few animals.</p> <p>A 90-day study with beagle dogs receiving oral doses showed reduced food consumption and body weight gain as well as mild anaemia, increases in the weights of liver and in male animals, brain and spleen weights.</p> <p>The no-observed-effect-level (NOEL) was given as 165 mg/kg (ie 0.5 BIT in the diet). A 90-day study with rats receiving dietary BIT showed reduced liver and pituitary weights in males. The NOEL was less than 0.1 %.</p> <p>Chronic symptoms produced by crystalline silicas included decreased vital lung capacity and chest infections. Lengthy exposure may cause silicosis a disabling form of pneumoconiosis which may lead to fibrosis, a scarring of the lining of the air sacs in the lung.</p> <p>The form and severity in which silicosis manifests itself depends in part on the type and extent of exposure to silica dusts: chronic, accelerated and acute forms are all recognized. In later stages the critical condition may become disabling and potentially fatal. Restrictive and/or obstructive lung function changes may result from chronic exposure. A risk associated with silicosis is development of pulmonary tuberculosis (silico-tuberculosis). Respiratory insufficiencies due to massive fibrosis and reduced pulmonary function, possibly with accompanying heart failure, are other potential causes of death due to silicosis. Not all individuals with silicosis will exhibit symptoms (signs) of the disease. However, silicosis can be progressive, and symptoms may potentially appear years after exposures have ceased. Symptoms of silicosis may include (but are not limited to): Shortness of breath; difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; heart enlargement and/or failure.</p> <p>Respirable dust containing newly broken particles has been shown to be more hazardous to animals in laboratory tests than respirable dust containing older silica particles of similar size. Respirable silica particles which had aged for sixty days or more showed less lung injury in animals than equal exposures of respirable dust containing newly broken pieces of silica. There are reports in the literature indicating that crystalline silica exposure may be associated with adverse health effects involving the kidney, scleroderma (thickening of the skin caused by swelling and thickening of fibrous tissue) and other autoimmune and immunity-related disorders. Several studies of persons with silicosis or silica exposure also indicate or suggest increased risk of developing lung cancer, a risk that may increase with the duration of exposure. Many of these studies of silicosis do not account for lung cancer confounders, especially smoking.</p> <p>Symptoms may appear 8 to 18 months after initial exposure. Smoking increases this risk. Classic silicosis is a chronic disease characterised by the formation of scattered, rounded or stellate silica-containing nodules of scar tissue in the lungs ranging from microscopic to 1.0 cm or more. The nodules isolate the inhaled silica particles and protect the surrounding normal and functioning tissue from continuing injury. Simple silicosis (in which the nodules are less than 1.0 cm in diameter) is generally asymptomatic but may be slowly progressive even in the absence of continuing exposure. Simple silicosis can develop in complicated silicoses (in which nodules are greater than 1.0 cm in diameter) and can produce disabilities including an associated tuberculous infection (which 50 years ago accounted for 75% of the deaths among silicotic workers). Crystalline silica deposited in the lungs causes epithelial and macrophage injury and activation. Crystalline silica translocates to the interstitium and the regional lymph nodes and cause the recruitment of inflammatory cells in a dose dependent manner. In humans, a large fraction of crystalline silica persists in the lungs. The question of potential carcinogenicity associated with chronic inhalation of crystalline silica remains equivocal with some studies supporting the proposition and others finding no significant association. The results of recent epidemiological studies suggest that lung cancer risk is elevated only in those patients with overt silicosis. A relatively large number of epidemiological studies have been undertaken and in some, increased risk gradients have been observed in relation to dose surrogates - cumulative exposure, duration of exposure, the presence of radiographically defined silicosis, and</p>

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peak intensity exposure. Chronic inhalation in rats by single or repeated intratracheal instillation produced a significant increase in the incidences of adenocarcinomas and squamous cell carcinomas of the lung. Lifetime inhalation of crystalline silica (87% alpha-quartz) at 1 mg/m³ (74% respirable) by rats, produced an increase in animals with keratinising cystic squamous cell tumours, adenomas, adenocarcinomas, adenosquamous cell carcinomas, squamous cell carcinoma and nodular bronchiolar alveolar hyperplasia accompanied by extensive subpleural and peribronchiolar fibrosis, increased pulmonary collagen content, focal lipoproteinosis and macrophage infiltration. Thoracic and abdominal malignant lymphomas developed in rats after single intrapleural and intraperitoneal injection of suspensions of several types of quartz.

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

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

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

The isothiazolinones are known contact sensitisers. Data are presented which demonstrate that, in comparison with the chlorinated and dichlorinated compounds which share immunological cross-reactivity, the non-chlorinated isothiazolinones have a lower potential for sensitization and no documented immunological cross-reaction with the chlorinated isothiazolinones. The risk of sensitization depends on how contact with the product occurs. The risk is greater when the skin barrier has been damaged and smaller when the skin is healthy. Dermatological studies have demonstrated that mixed isothiazolinone concentrations below 20 ppm may cause sensitisation and that allergic reactions can be provoked in sensitized persons even with concentrations in the range of 7-15 ppm active isothiazolinones.

The isothiazolinones are a group of heterocyclic sulfur-containing compounds. In general all are electrophilic molecules containing an activated N-S bond that enables them with nucleophilic cell entities, thus exerting biocidal activity. A vinyl activated chlorine atom makes allows to molecule to exert greater antimicrobial efficiency but at the same time produces a greater potential for sensitisation.

Several conclusions relating to the sensitising characteristics of the isothiazolinones may therefore be drawn* :

- ▶ The strongest sensitisers are the chlorinated isothiazolinones.
- ▶ There are known immunological cross-reactions between at least 2 different chlorinated isothiazolinones.
- ▶ There appears to be no immunological cross reaction between non-chlorinated isothiazolinones and chlorinated isothiazolinones.
- ▶ Although classified as sensitisers, the nonchlorinated isothiazolinones are considerably less potent sensitisers than are the chlorinated isothiazolinones.
- ▶ By avoiding the use of chlorinated isothiazolinones, the potential to induce sensitisation is greatly reduced.
- ▶ Despite a significant percentage of the population having been previously sensitised to chlorinated and non-chlorinated species, it is likely that careful and judicious use of non-chlorinated isothiazolinones will result in reduced risk of allergic reactions in those persons.
- ▶ Although presently available data promise that several non-chlorinated isothiazolinones will offer effective antimicrobial protection in industrial and personal care products, it is only with the passage of time that proof of their safety in use or otherwise will become available.

* B.R. Alexander: Contact Dermatitis 2002, 46, pp 191-196

Although there have been conflicting reports in the literature, it has been reported by several investigators that isothiazolinones are mutagenic in *Salmonella typhimurium* strains (Ames test). Negative results were obtained in studies of the DNA-damaging potential of mixed isothiazolinones (Kathon) in mammalian cells *in vitro* and of cytogenetic effects and DNA-binding *in vivo*. The addition of rat liver S-9 (metabolic activation) reduced toxicity but did not eliminate mutagenicity. These compounds bind to the proteins in the S-9. At higher concentrations of Kathon the increase in mutagenicity may be due to an excess of unbound active compounds.

A study of cutaneous application of Kathon CG in 30 months, three times per week at a concentration of 400 ppm (0.04%) a.i. had no local or systemic tumourigenic effect in male mice. No dermal or systemic carcinogenic potential was observed.

Reproduction and teratogenicity studies with rats, given isothiazolinone doses of 1.4-14 mg/kg/day orally from day 6 to day 15 of gestation, showed no treatment related effects in either the dams or in the foetuses

Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).

Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.

Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

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TOXICITY

Not Available

IRRITATION

Not Available

silica crystalline - quartz

TOXICITY

IRRITATION

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	Oral (Rat) LD50: 500 mg/kg ^[2]	Not Available
1,2-benzisothiazoline-3-one	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]
	Oral (Rat) LD50: 454 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
isothiazolinones, mixed	TOXICITY	IRRITATION
	dermal (rat) LD50: >1008 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]
	Inhalation (Rat) LC50: 0.171 mg/4h ^[1]	Skin: adverse effect observed (corrosive) ^[1]
sodium pyriothione	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 1800 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Inhalation (Rat) LC50: 0.8 mg/L4h ^[2]	Skin: adverse effect observed (irritating) ^[1]
2-methyl-4-isothiazolin-3-one	TOXICITY	IRRITATION
	dermal (rat) LD50: 242 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]
	Inhalation (Rat) LC50: 0.1 mg/4h ^[1]	Skin: adverse effect observed (corrosive) ^[1]
	TOXICITY	IRRITATION
	Oral (Rat) LD50: 120 mg/kg ^[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	

SILICA CRYSTALLINE - QUARTZ	WARNING: For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS
	<p>The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<5 um) crystalline silica as being carcinogenic to humans . This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease.</p> <p>Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.</p> <p>* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).</p> <p>NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.</p>
1,2-BENZISOTHIAZOLINE-3-ONE	<p>The predominant fate of the thiazole ring is oxidative ring scission catalysed by cytochrome P450 (CYP) and formation of the corresponding alpha-dicarbonyl metabolites and thioamide derivatives. The well-established toxicity associated with thioamides and thioureas has led to the speculation that thiazole toxicity is attributed to ring scission yielding the corresponding thioamide metabolite. Ring opening has also been observed in benzothiazoles. For instance, benzothiazole itself is converted to S-methylmercaptoaniline.</p> <p>Acute toxicity data show that 1,2-benzisothiazoline-3-one (BIT) is moderately toxic by the oral and dermal routes but that this chemical is a severe eye irritant. Irritation to the skin from acute data show only mild skin irritation , but repeated dermal application indicated a more significant skin irritation response.</p> <p>The neurotoxicity observed in the rat acute oral toxicity study (piloerection and upward curvature of the spine at 300 mg/kg and above; decreased activity, prostration, decreased abdominal muscle tone, reduced righting reflex, and decreased rate and depth of breathing at 900 mg/kg) and the acute dermal toxicity study (upward curvature of the spine was observed in increased incidence, but this was absent after day 5 post-dose at a dose of 2000 mg/kg) were felt to be at exposures in excess of those expected from the use pattern of this pesticide and that such effects would not be observed at estimated exposure doses.</p> <p>Subchronic oral toxicity studies showed systemic effects after repeated oral administration including decreased body weight, increased incidence of forestomach hyperplasia, and non-glandular stomach lesions in rats. In dogs, the effects occurred at lower doses than in rats, and included alterations in blood chemistry (decreased plasma albumin, total protein, and alanine aminotransferase) and increased absolute liver weight.</p> <p>Developmental toxicity studies were conducted in rats with maternal effects including decreased body weight gain, decreased food consumption, and clinical toxicity signs (audible breathing, haircoat staining of the anogenital region, dry brown material around the nasal area) as well as increased mortality. Developmental effects consisted of increases in skeletal abnormalities (extra sites of ossification of skull bones, unossified sternebrae) but not external or visceral abnormalities.</p> <p>Reproductive toxicity: In a two- generation reproduction study, parental toxicity was observed at 500 ppm and was characterized by lesions in the stomach. In pups, toxic effects were reported at 1000 ppm and consisted of preputial separation</p>

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	<p>in males and impaired growth and survival in both sexes. The reproduction study did not show evidence of increased susceptibility of offspring.</p>
<p>SODIUM PYRITHIONE</p>	<p>(male)* Occupational Toxicants Vol.10; Deutsche Forschungsgemeinschaft for pyriithiones:</p> <p>Short-term studies: Zinc pyrithione was orally administered to cynomolgus monkeys daily for 14 or 28 days. In the 14-day study, treatment at 10, 20, 40 or 80 mg/kg bw/day resulted in haemorrhaging of the stomach mucosa and bodyweight loss at the highest tested dose. In the 28-day study, treatment at 0, 5.5, 11 or 22 mg/kg bw, caused a death at the highest dose. Food consumption and bodyweight gain was decreased at the highest dose together with reduced haematocrit, haemoglobin concentration and erythrocyte count. An increased concentration of ketone bodies and decreased pH of the urine was also observed. These changes were either absent or had improved after a 14-day recovery period.</p> <p>In a 90-day study, rats were fed zinc pyrithione in the diet at concentrations of 0, 5, 25 or 125 ppm. Clinical signs first observed during the second week at 125 ppm were a depressed respiratory rate and the onset of progressively restricted movement of the hind limbs which finally resulted in almost complete paralysis. Other changes at 125 ppm were related to severe weight loss and dehydration, resulting from the paralysis. Based on the deaths of nearly all the rats at 125 ppm (from dehydration and/or starvation) and the reduced bodyweight observed at 25 ppm in females, the NOEL for this study was 5 ppm (0.35 mg/kg bw/day for males and 0.39 mg/kg bw/day for females).</p> <p>Daily dermal application of zinc pyrithione to rats at 0, 20, 100 or 1000 mg/kg bw/day for 90 days revealed slight skin irritation, bodyweight loss and reduced food intake at 1000 mg/kg bw/day. For females at 1000 mg/kg bw/day there was an increase in relative kidney weight and some had mineralisation of the kidneys. Increased leucocyte counts and reduced erythrocyte and haematocrit was also observed at the highest dose. Dermal absorption studies in pigs showed that zinc pyrithione is very poorly absorbed through skin (<10% of dose). A maximum of 5% of the applied dose was recovered in the urine and by 48 h the levels in blood, faeces, and urine were essentially at background levels.</p> <p>Whole-body exposure to an aerosol at 0, 0.5, 2.5 or 10 mg/m³ for 6 h/day, 5 days/week over 13 weeks resulted in deaths at 2.5 and 10 mg/m³, reduced bodyweight gain at 10 mg/m³ and reduced creatinine at 10 mg/m³. A dose-related increase in mean absolute lung/mainstream bronchi weight, lung/mainstream bronchi weight relative to body weight and lung/mainstream bronchi weight relative to brain weight was also observed at 2.5 and 10 mg/m³. These weight increases were accompanied by inflammation of interstitial tissue and pulmonary artery hypertrophy.</p> <p>Zinc pyrithione given to monkeys at 0, 0.5, 2 or 8 mg/kg bw/day by stomach tube for 90 days induced some vomiting at 2 and 8 mg/kg bw/day within 1-3 h on the first few treatment days. Appropriate monitoring for adverse changes failed to reveal any other effects. Hence, the NOEL for the study was 8 mg/kg bw/day.</p> <p>Long-Term Study: Sodium pyrithione at 0, 0.5, 1.5 or 5 mg/kg bw/day was administered to rats by gavage in a two-year chronic and oncogenicity study. After 12 weeks at 5 mg/kg bw/day, an appreciable reduction in bodyweight gain necessitated the high dose level be reduced to 3.5 mg/kg bw/day. There was reduced bodyweight gain at 3.5 mg/kg bw/day and hind limb muscle wastage at 1.5 and 3.5 mg/kg bw/day. Nerve fibre degeneration of the spinal cord and sciatic nerve was slightly increased at 3.5 mg/kg bw/day. Fibre degeneration in the hind limb skeletal muscle was increased in all rats at 3.5 mg/kg bw/day and to a lesser extent in females at 1.5 mg/kg bw/day. There was an increase in peripheral retinal atrophy in males and females at 3.5 mg/kg bw/day and at 1.5 mg/kg bw/day in females. There was no treatment-related increase in the incidence of tumours. Therefore, under the conditions of this study, the NOEL was 0.5 mg/kg bw/day.</p> <p>Reproduction and Developmental Studies: In a 2- generation reproduction study, rats were given sodium pyrithione at 0, 0.5, 1.5 or 4.5 mg/kg bw/day by gavage. Owing to an appreciable reduction in bodyweight gain the highest dose was reduced after 3 weeks to 3.5 mg/kg bw/day for the rest of the study. Rats were maintained for 2 generations, with the first litter used for breeding. In the F0 rats, salivation after dosing was seen in all treated groups, with a dose-related time of onset and severity. At 3.5 mg/kg bw/day a number of females showed hind- limb paralysis in the F0 generation; this was not seen in F1 animals. Body weight gain was statistically significantly decreased in both males and females at 3.5 mg/kg bw/day in the F0 generation, and in females at this dose in the F1 generation. Fertility was decreased at 3.5 mg/kg bw/day in the F0 generation, with the number of rats successfully mating and the number of rats pregnant decreased in comparison to controls. There was no effect on gestational length, the number of pups born or pup bodyweight seen. No effects on fertility were seen in the F1 generation. There was no increase in the incidence of foetal malformations in either generation. On postmortem examination, there was an increase in the incidence of hind- limb muscle atrophy at 3.5 mg/kg bw/day in females in both generations. On histopathological examination, there was an increase in atrophy of skeletal muscles at 3.5 mg/kg bw/day in the F0 generation, and from 1.5 mg/kg bw/day in the F1 generation. Salivation occurred in some F0 rats at 0.5 mg/kg bw/day but none in the F1 generation suggesting that this dose level is a probable NOEL.</p> <p>When pregnant rats had zinc pyrithione topically applied at 0, 2.5, 7.5 or 15 mg/kg bw/day (with or without prevention from ingestion) from gestation days 6 to 15 there was a reduction in bodyweight gain at 7.5 or 15 mg/kg bw/day when ingestion was not prevented. Hind-limb paralysis among dams and reductions in fetal weight were also observed at 15 mg/kg bw/day. These effects were not seen when ingestion was prevented. With oral treatment at the same doses, bodyweight gain was reduced, paralysis occurred and fetal weight was reduced at 7.5 and 15 mg/kg bw/day. There was also an increase in skeletal variations at 15 mg/kg bw/day.</p> <p>Genotoxicity: Zinc pyrithione was found to be negative in mutation tests in bacteria and Chinese hamster ovary cells. Similarly, no chromosomal aberration was observed in human lymphocytes incubated <i>in vitro</i> in the presence of zinc pyrithione or in lymphocytes harvested from monkeys following oral administration in a 28-day toxicity study. A mouse micronucleus assay also yielded negative results.</p> <p>Human metabolite study</p> <p>A study of plasma metabolites in human volunteers from a chemical factory producing pyriithiones identified 2-(methylsulfonyl)pyridine as the only metabolite in human serum and proposed that this metabolite could be used as a marker for pyrithione exposure.</p>
<p>2-METHYL-4-ISOTHIAZOLIN-3-ONE</p>	<p>Considered to be a minor sensitiser in Kathon CG (1) (1). Bruze et al - Contact Dermatitis 20: 219-39, 1989</p> <p>Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies with similar materials using mammalian somatic cells <i>in vivo</i>. Such findings are often supported by positive results from <i>in vitro</i> mutagenicity studies.</p>

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	<p>NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.</p>
<p>1,2-BENZISOTHIAZOLINE-3-ONE & ISOTHIAZOLINONES, MIXED & 2-METHYL-4-ISOTHIAZOLIN-3-ONE</p>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p> <p>In light of potential adverse effects, and to ensure a harmonised risk assessment and management, the EU regulatory framework for biocides has been established with the objective of ensuring a high level of protection of human and animal health and the environment. To this aim, it is required that risk assessment of biocidal products is carried out before they can be placed on the market. A central element in the risk assessment of the biocidal products are the utilization instructions that defines the dosage, application method and amount of applications and thus the exposure of humans and the environment to the biocidal substance. Humans may be exposed to biocidal products in different ways in both occupational and domestic settings. Many biocidal products are intended for industrial sectors or professional uses only, whereas other biocidal products are commonly available for private use by non-professional users. In addition, potential exposure of non-users of biocidal products (i.e. the general public) may occur indirectly via the environment, for example through drinking water, the food chain, as well as through atmospheric and residential exposure. Particular attention should be paid to the exposure of vulnerable sub-populations, such as the elderly, pregnant women, and children. Also pets and other domestic animals can be exposed indirectly following the application of biocidal products. Furthermore, exposure to biocides may vary in terms of route (inhalation, dermal contact, and ingestion) and pathway (food, drinking water, residential, occupational) of exposure, level, frequency and duration. No significant acute toxicological data identified in literature search.</p>
<p>ISOTHIAZOLINONES, MIXED & 2-METHYL-4-ISOTHIAZOLIN-3-ONE</p>	<p>The European Union has reclassified several formaldehyde-releasing agents (FRAs) such as methylenedimorpholine (MBM), oxazolidine (MBO) and hydroxypropylamine (HPT) as category 1B carcinogens. Previously, formaldehyde itself was classed as a carcinogen – but formaldehyde-releasing agents were not. This is no longer the case. Based on this regulation, formulations for which the maximum theoretical concentration of releasable formaldehyde is more than > 1000 ppm (>0.1%), have to be labelled as carcinogenic.</p> <p>Water mix metalworking fluids are subject to contamination by bacteria and fungi, and the control of this is an essential part of good fluid maintenance. The use of preservatives both within the formulation and tank-side treatment plays a significant contribution in the protection of potentially harmful microbes that could cause health problems for workers.</p> <p>A large proportion of bactericides on the market today are classed as formaldehyde releasing biocides which means that under specific conditions they release small amounts of formaldehyde – this is their mode of action in the presence of bacteria. Although they are effective as a biocide their use may become restricted or unfavourable due to potential changes in legislation. A decision by the ECHA (European Chemicals Agency) was made to re-classify formaldehyde as a category 1b H350 carcinogen and category 2 mutagen in June 2015.</p> <p>It has also been proposed by the ECHA Risk Assessment Committee (RAC) that formaldehyde release biocides should be classified the same as formaldehyde because formaldehyde is released when these substances come into contact under favorable conditions (i.e. interaction with microorganisms).</p> <p>Formaldehyde generators (releasers) are often used as preservatives (antimicrobials, biocides, microbiocides). Formaldehyde may be generated following hydrolysis. The most widely used antimicrobial compounds function by releasing formaldehyde once inside the microbe cell. Some release detectable levels of formaldehyde into the air space, above working solutions, especially when pH has dropped.</p> <p>Many countries are placing regulatory pressure on suppliers and users to replace formaldehyde generators. Formaldehyde generators are a diverse group of chemicals that can be recognised by a small, easily detachable formaldehyde moiety, prepared by reacting an amino alcohol with formaldehyde ("formaldehyde-condensates").</p> <p>There is concern that when formaldehyde-releasing preservatives are present in a formulation that also includes amines, such as triethanolamine (TEA), diethanolamine (DEA), or monoethanolamine (MEA), nitrosamines can be formed; nitrosamines are carcinogenic substances that can potentially penetrate skin.</p> <p>One widely-discussed hypothesis states that formaldehyde-condensate biocides, such as triazines and oxazolidines, may cause an imbalance in the microbial flora of in-use metalworking fluids (MWFs). The hypothesis further asserts that this putative microbial imbalance favours the proliferation of certain nontuberculosis mycobacteria (NTM) in MWFs and that the subsequent inhalation of NTM-containing aerosols can cause hypersensitivity pneumonitis (HP), also known as extrinsic allergic alveolitis, in a small percentage of susceptible workers. Symptoms of HP include flu-like illness accompanied by chronic dyspnea, i.e., difficult or laboured respiration</p> <p>According to Annex VI of the Cosmetic Directive 76/768/EC, the maximum authorised concentration of free formaldehyde is 0.2% (2000 ppm). In addition, the provisions of Annex VI state that,</p> <p><i>All finished products containing formaldehyde or substances in this Annex and which release formaldehyde must be labelled with the warning "contains formaldehyde" where the concentration of formaldehyde in the finished product exceeds 0.05%.</i></p> <p>Formaldehyde-releasing preservatives have the ability to release formaldehyde in very small amounts over time. The use of formaldehyde-releasing preservatives ensures that the actual level of free formaldehyde in the products is always very low but at the same time sufficient to ensure absence of microbial growth. The formaldehyde reacts most rapidly with organic and inorganic anions, amino and sulfide groups and electron-rich groups to disrupt metabolic processes, eventually causing death of the organism.</p> <p>The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>

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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

11.2 Information on other hazards

11.2.1. Endocrine disrupting properties

No evidence of endocrine disrupting properties were found in the current literature.

11.2.2. Other information

See Section 11.1

SECTION 12 Ecological information

12.1. Toxicity

Betokontakt	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
silica crystalline - quartz	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
1,2-benzisothiazoline-3-one	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96h	Fish	0.067-0.29mg/L	4
	NOEC(ECx)	72h	Algae or other aquatic plants	0.04mg/L	2
	EC50	72h	Algae or other aquatic plants	0.07mg/L	2
	EC50	48h	Crustacea	0.097mg/L	4
isothiazolinones, mixed	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	48h	Algae or other aquatic plants	<0.001mg/L	2
	EC50	72h	Algae or other aquatic plants	0.006mg/L	2
	EC50	96h	Algae or other aquatic plants	0.036mg/L	2
	EC50	48h	Crustacea	0.007mg/l	2
sodium pyrrithione	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96h	Fish	0.003mg/L	4
	EC50	48h	Crustacea	0.017-0.027mg/L	4
EC50(ECx)	48h	Crustacea	0.017-0.027mg/L	4	

Continued...

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2-methyl-4-isothiazolin-3-one	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	96h	Algae or other aquatic plants	0.01mg/l	2
	LC50	96h	Fish	0.081-0.122mg/L	4
	EC50	72h	Algae or other aquatic plants	0.057mg/L	2
	EC50	96h	Algae or other aquatic plants	0.061mg/L	2
	EC50	48h	Crustacea	0.189-0.257mg/L	4

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

DO NOT discharge into sewer or waterways.

12.2. Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
sodium pyrithione	HIGH	HIGH
2-methyl-4-isothiazolin-3-one	HIGH	HIGH

12.3. Bioaccumulative potential

Ingredient	Bioaccumulation
sodium pyrithione	LOW (LogKOW = -0.6435)
2-methyl-4-isothiazolin-3-one	LOW (LogKOW = -0.8767)

12.4. Mobility in soil

Ingredient	Mobility
sodium pyrithione	LOW (Log KOC = 88.38)
2-methyl-4-isothiazolin-3-one	LOW (Log KOC = 27.88)

12.5. Results of PBT and vPvB assessment

	P	B	T
Relevant available data	Not Available	Not Available	Not Available
PBT	✘	✘	✘
vPvB	✘	✘	✘
PBT Criteria fulfilled?	No		
vPvB	No		

12.6. Endocrine disrupting properties

No evidence of endocrine disrupting properties were found in the current literature.

12.7. Other adverse effects

No evidence of ozone depleting properties were found in the current literature.

SECTION 13 Disposal considerations

13.1. Waste treatment methods

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

Continued...

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	▶ Recycle containers if possible, or dispose of in an authorised landfill.
Waste treatment options	Not Available
Sewage disposal options	Not Available

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
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Land transport (ADR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

14.1. UN number or ID number	Not Applicable	
14.2. UN proper shipping name	Not Applicable	
14.3. Transport hazard class(es)	Class	Not Applicable
	Subsidiary Hazard	Not Applicable
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Hazard identification (Kemler)	Not Applicable
	Classification code	Not Applicable
	Hazard Label	Not Applicable
	Special provisions	Not Applicable
	Limited quantity	Not Applicable
	Tunnel Restriction Code	Not Applicable

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

14.1. UN number	Not Applicable	
14.2. UN proper shipping name	Not Applicable	
14.3. Transport hazard class(es)	ICAO/IATA Class	Not Applicable
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	Not Applicable
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	Not Applicable
	Cargo Only Packing Instructions	Not Applicable
	Cargo Only Maximum Qty / Pack	Not Applicable
	Passenger and Cargo Packing Instructions	Not Applicable
	Passenger and Cargo Maximum Qty / Pack	Not Applicable
	Passenger and Cargo Limited Quantity Packing Instructions	Not Applicable
	Passenger and Cargo Limited Maximum Qty / Pack	Not Applicable

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

14.1. UN number	Not Applicable	
14.2. UN proper shipping name	Not Applicable	
14.3. Transport hazard class(es)	IMDG Class	Not Applicable

Continued...

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	IMDG Subsidiary Hazard	Not Applicable
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	EMS Number	Not Applicable
	Special provisions	Not Applicable
	Limited Quantities	Not Applicable

Inland waterways transport (ADN): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

14.1. UN number	Not Applicable	
14.2. UN proper shipping name	Not Applicable	
14.3. Transport hazard class(es)	Not Applicable	Not Applicable
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Classification code	Not Applicable
	Special provisions	Not Applicable
	Limited quantity	Not Applicable
	Equipment required	Not Applicable
	Fire cones number	Not Applicable

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
silica crystalline - quartz	Not Available
1,2-benzisothiazoline-3-one	Not Available
isothiazolinones, mixed	Not Available
sodium pyrrithione	Not Available
2-methyl-4-isothiazolin-3-one	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
silica crystalline - quartz	Not Available
1,2-benzisothiazoline-3-one	Not Available
isothiazolinones, mixed	Not Available
sodium pyrrithione	Not Available
2-methyl-4-isothiazolin-3-one	Not Available

SECTION 15 Regulatory information

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

silica crystalline - quartz is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List

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

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

UK Workplace Exposure Limits (WELs).

1,2-benzisothiazoline-3-one is found on the following regulatory lists

Continued...

Great Britain GB Biocidal Active Substances

Great Britain GB mandatory classification and labelling (GB MCL) technical reports

Great Britain GB mandatory classification and labelling list (GB MCL)

isothiazolinones, mixed is found on the following regulatory lists

Great Britain GB Biocidal Active Substances

Great Britain GB mandatory classification and labelling list (GB MCL)

sodium pyrrithione is found on the following regulatory lists

Great Britain GB Biocidal Active Substances

Great Britain GB mandatory classification and labelling (GB MCL) technical reports

Great Britain GB mandatory classification and labelling list (GB MCL)

2-methyl-4-isothiazolin-3-one is found on the following regulatory lists

Great Britain GB Biocidal Active Substances

Great Britain GB mandatory classification and labelling list (GB MCL)

Additional Regulatory Information

Not Applicable

This safety data sheet is in compliance with the following EU legislation and its adaptations - as far as applicable - : Directives 98/24/EC, - 92/85/EEC, - 94/33/EC, - 2008/98/EC, - 2010/75/EU; Commission Regulation (EU) 2020/878; Regulation (EC) No 1272/2008 as updated through ATPs.

Information according to 2012/18/EU (Seveso III):

Seveso Category	Not Available

15.2. Chemical safety assessment

No Chemical Safety Assessment has been carried out for this substance/mixture by the supplier.

National Inventory Status

National Inventory	Status
Australia - AIIIC / Australia Non-Industrial Use	No (isothiazolinones, mixed)
Canada - DSL	Yes
Canada - NDSL	No (silica crystalline - quartz; 1,2-benzisothiazoline-3-one; isothiazolinones, mixed; sodium pyrrithione; 2-methyl-4-isothiazolin-3-one)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (isothiazolinones, mixed)
Japan - ENCS	No (isothiazolinones, mixed)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	No (isothiazolinones, mixed)
Taiwan - TCSI	Yes
Mexico - INSQ	No (isothiazolinones, mixed)
Vietnam - NCI	Yes
Russia - FBEPH	Yes
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	01/02/2024
Initial Date	17/11/2023

Full text Risk and Hazard codes

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H301	Toxic if swallowed.
H302	Harmful if swallowed.
H302+H312+H332	Harmful if swallowed, in contact with skin or if inhaled.
H310	Fatal in contact with skin.
H311	Toxic in contact with skin.
H314	Causes severe skin burns and eye damage.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H319	Causes serious eye irritation.
H330	Fatal if inhaled.
H373	May cause damage to organs through prolonged or repeated exposure.
H400	Very toxic to aquatic life.
H410	Very toxic to aquatic life with long lasting effects.

SDS Version Summary

Version	Date of Update	Sections Updated
3.1	01/02/2024	Exposure controls / personal protection - Engineering Control, Composition / information on ingredients - Ingredients

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources 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.

For detailed advice on Personal Protective Equipment, refer to the following EU CEN Standards:

- EN 166 Personal eye-protection
- EN 340 Protective clothing
- EN 374 Protective gloves against chemicals and micro-organisms
- EN 13832 Footwear protecting against chemicals
- EN 133 Respiratory protective devices

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

Continued...

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- 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

Classification and procedure used to derive the classification for mixtures according to Regulation (EC) 1272/2008 [CLP]

Classification according to regulation (EC) No 1272/2008 [CLP] and amendments	Classification Procedure
, EUH208	Expert judgement
, EUH210	Expert judgement

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