Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

GRACO PUMP ARMOR

SYNONYMS

Item Number: 243103, 245133, 243104, 244168

PROPER SHIPPING NAME

ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S.

PRODUCT USE

Corrosion inhibitor/lubricant.

SUPPLIER

Company: Graco Inc. Address: 88 - 11th Avenue N.E. Minneapolis, MN 55413 Telephone: 612 623- 6000 Emergency Tel: Health Emergency (RMPC): (303)-623- 5716 Emergency Tel: Chemical Spills (Chemtrec): (800)-424- 9300 Fax: 612 378- 3505

Company: Graco Australia Pty Ltd Address: Level 2/541 Blackburn Rd Mt Waverley Vic 3149 Telephone: 03 9550 0848 Fax: 03 9550 0816 Company: Graco Inc. Address: PO Box 1441 Minneapolis, MN 55440- 1441

Company: Graco Australia Pty Ltd Address: PO Box 558 MT Waverley 3149

Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE HAZARDOUS SUBSTANCE. DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.

POISONS SCHEDULE

S6

RISK Harmful if swallowed. Irritating to eyes, respiratory system and skin.

HARMFUL- May cause lung damage if swallowed.

SAFETY

Keep container in a well ventilated place. Avoid exposure - obtain special instructions before use.

To clean the floor and all objects contaminated by this material, use water.

Keep container tightly closed.

Keep away from food, drink and animal feeding stuffs.

Take off immediately all contaminated clothing. In case of contact with eyes, rinse with plenty Chemwatch Material Safety Data Sheet Issue Date: 10-Jan-2007 NA317EC

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of water and contact Doctor or Poisons Information Centre. If swallowed, IMMEDIATELY contact Doctor or Poisons Information Centre. (show this container or label). This material and its container must be disposed of as hazardous waste.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
ethylene glycol	107-21-1	45-60
proprietary additives		Not Spec
water	7732-18-5	40-49

Section 4 - FIRST AID MEASURES

SWALLOWED

- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if
- possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.

Avoid giving milk or oils. Avoid giving alcohol.

EYE

If this product comes in contact with the eyes:

- 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.
- If pain persists or recurs seek medical attention.

- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

- If skin contact occurs:
- 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.

INHALED

- 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.

NOTES TO PHYSICIAN

Treat symptomatically.

For acute or short term repeated exposures to ethylene glycol:

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- Early treatment of ingestion is important. Ensure emesis is satisfactory.

- Test and correct for metabolic acidosis and hypocalcaemia.

- Apply sustained diuresis when possible with hypertonic mannitol.

- Evaluate renal status and begin haemodialysis if indicated. [I.L.O]

- Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.

- Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.

- Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.

- Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.

- Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]

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

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

To treat poisoning by the higher aliphatic alcohols:

- Gastric lavage with copious amounts of water.

- It may be beneficial to instill 60 ml of mineral oil into the stomach.

- Oxygen and artificial respiration as needed.

- Electrolyte balance: it may be useful to start 500 ml. M/6 sodium bicarbonate intravenously but maintain a cautious and conservative attitude toward electrolyte replacement unless shock or severe acidosis threatens.

- To protect the liver, maintain carbohydrate intake by intravenous infusions of glucose. - Haemodialysis if coma is deep and persistent. [GOSSELIN, SMITH HODGE: Clinical

Toxicology of Commercial Products, Ed 5)

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.

- Administer oxygen by non-rebreather mask at 10 to 15 l/min.

- Monitor and treat, where necessary, for shock.

- Monitor and treat, where necessary, for pulmonary oedema.

- Anticipate and treat, where necessary, for seizures.

- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

- Give activated charcoal.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.

- Positive-pressure ventilation using a bag-valve mask might be of use.

- Monitor and treat, where necessary, for arrhythmias.

- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.

- If the patient is hypoglycaemic (decreased or loss of consciousness, tachycardia, pallor, dilated pupils, diaphoresis and/or dextrose strip or glucometer readings below 50 mg), give 50% dextrose.

- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.

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- Drug therapy should be considered for pulmonary oedema.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.

- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.

- Acidosis may respond to hyperventilation and bicarbonate therapy.
- Haemodialysis might be considered in patients with severe intoxication.

- Consult a toxicologist as necessary. BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

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

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

The product contains a substantial proportion of water, therefore there are no

- restrictions on the type of extinguishing media which may be used. Choice of
- extinguishing media should take into account surrounding areas.
- Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.
- In such an event consider:
- foam.
- dry chemical powder.
- carbon dioxide.

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 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.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 100 metres in all directions.

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 acrid smoke.
- Mists containing combustible materials may be explosive.

Combustion products include: carbon dioxide (CO2), nitrogen oxides (NOx), sulfur oxides

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(SOx), other pyrolysis products typical of burning organic material.

FIRE INCOMPATIBILITY

None known.

HAZCHEM: 2X

Personal Protective Equipment

Breathing apparatus. Gas tight chemical resistant suit. Limit exposure duration to 1 BA set 30 mins.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

Environmental hazard - contain spillage. Slippery when spilt.

- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact 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

Environmental hazard - contain spillage. Chemical Class: alcohols and glycols

For release onto land: recommended sorbents listed in order of priority.

SORBENT TYPE	RANK	APPLICATION	COLLECTION	LIMITATIONS
LAND SPILL	- SMALL			
cross- linked polymer - particulate	1	shovel	shovel	R, W, SS
cross- linked	1	throw	pitchfork	R, DGC, RT
sorbent clay -	2	shovel	shovel	R, I, P
wood fiber -	3	throw	pitchfork	R, P, DGC, RT
treated wood fiber - pillow	3	throw	pitchfork	DGC, RT
foamed glass - pillow	4	throw	pichfork	R, P, DGC, RT
LAND SPILL	- MEDIUM			
cross- linked polymer - particulate	1	blower	skiploader	R, W, SS
polypropylene -	2	blower	skiploader	W, SS, DGC

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particulate sorbent clay - particulate	2	blower	skiploader	R, I, W, P, DGC
polypropylene -	3	throw	skiploader	DGC, RT
expanded mineral - particulate	3	blower	skiploader	R, I, W, P, DGC
polyurethane - mat	4	throw	skiploader	DGC, RT

Legend

DGC: Not effective where ground cover is dense R; Not reusable I: Not incinerable P: Effectiveness reduced when rainy RT:Not effective where terrain is rugged SS: Not for use within environmentally sensitive sites W: Effectiveness reduced when windy

Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control; R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988. Slippery when spilt.

Moderate hazard.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves. _
- Prevent, by any means available, spillage from entering drains or water course. _
- No smoking, naked lights or ignition sources.
- Increase ventilation. _
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Absorb remaining product with sand, earth or vermiculite.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

PROTECTIVE ACTIONS FOR SPILL PROTECTIVE ACTION ZONE half evacuation downwind direction distance down wind isolation 📈 wind distance 出来 direction distance half evacuation downwind INITIAL 🗡 direction distance **ISOLATION** ZONE From IERG (Canada/Australia) **Isolation Distance** 10 metres **Downwind Protection Distance IERG** Number 47

FOOTNOTES

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- 1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.
- 2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.
- 3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.
- 4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills".
 - LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.
- 5 Guide 171 is taken from the US DOT emergency response guide book.
- 6 IERG information is derived from CANUTEC Transport Canada.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

ethylene glycol	60 ppm
water	500 mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:

	-
ethylene glycol	40 ppm
water	500 mg/m ³

other than mild, transient adverse effects without perceiving a clearly defined odour is:

20 ppm
500 mg/m ³

The threshold concentration below which most people will experience no appreciable risk of health effects: ethylene glycol 10 ppm water 500 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered	I according to the follo	owing cutoffs	
Very Toxic (T+)	>= 0.1%	Toxic (T)	>= 3.0%
R50	>= 0.25%	Corrosive (C)	>= 5.0%
R51	>= 2.5%		
else	>= 10%		
where percentage is p	ercentage of ingredie	nt found in the mixt	ture

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

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.

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- 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 storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.

SUITABLE CONTAINER

DO NOT use aluminium or galvanised containers.

- Metal can or drum
- Packaging as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Avoid strong acids, bases.

Incompatible with aluminium. DO NOT heat above 49 deg. C. in aluminium equipment. Avoid storage with strong acids, acid chlorides, acid anhydrides, oxidising agents. None known.

STORAGE REQUIREMENTS

- 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 storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m³	STEL ppm	STEL mg/m³	Peak ppm	Peak mg/m³	TWA F/CC
Australia Exposure Standards	ethylene glycol (Ethylene glycol (vapour))	20	52	40	104			
Australia Exposure Standards	ethylene glycol (Ethylene glycol (particulate))		10					

The following materials had no OELs on our records

• water: CAS:7732-18-5

MATERIAL DATA

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be

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protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no -observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five -category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and

- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

INGREDIENT DATA

ETHYLENE GLYCOL:

Odour Threshold: 25 ppm

NOTE: Detector tubes for ethylene glycol, measuring in excess of 10 mg/m3, are commercially available.

It appears impractical to establish separate TLVs for ethylene glycol vapour and mists. Atmospheric concentration that do not cause discomfort are unlikely to cause adverse effects. The TLV-C is thought to be protective against throat and respiratory irritation and headache reported in exposed humans. NIOSH has not established a limit for this substance due to the potential teratogenicity associated with exposure and because respiratory irritation reported at the TLV justified a lower value.

WATER:

No exposure limits set by NOHSC or ACGIH.

PERSONAL PROTECTION

EYE

- Safety glasses with side shields.
- Chemical goggles.

- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens 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].

HANDS/FEET

Suitability and durability of glove type is dependent on usage. Factors such as:

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

are important in the selection of gloves. Wear chemical protective gloves, eg. PVC.

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Wear safety footwear or safety gumboots, eg. Rubber.

NOTE: 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.

OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

RESPIRATOR

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Breathing Zone Level	Maximum Protection	Half- face Respirator	Full- Face Respirator
ppm (volume)	Factor		
1000	10	A- AUS P	-
1000	50	-	A- AUS P
5000	50	Airline *	-
5000	100	-	A- 2 P
10000	100	-	A- 3 P
	100+		Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Clear blue liquid with a mild sweet odour; soluble in water.

PHYSICAL PROPERTIES

Liquid. Mixes with water.

Molecular Weight: Not Applicable Melting Range (°C): - 34.44 (freezing point) Solubility in water (g/L): Miscible pH (1% solution): Not Available Volatile Component (%vol): Not Available Relative Vapour Density (air=1): >1 Lower Explosive Limit (%): Not Available Boiling Range (°C): Not Available Specific Gravity (water=1): 1.08 @ 15.6C pH (as supplied): 10- 11 approx. Vapour Pressure (kPa): <0.013 @ 20C Evaporation Rate: Not Available Flash Point (°C): 118 (COC) (ethylene glycol) Upper Explosive Limit (%): Not Available

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Autoignition Temp (°C): Not Available State: Liquid

Decomposition Temp (°C): Not Available Viscosity: <5 cSt@40°C

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.

- Product is considered stable.

- Hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result.

(ICSC13733).

The toxic effects of glycols (dihydric alcohols), following ingestion are similar to those of alcohol, with depression of the central nervous system (CNS), nausea, vomiting and degenerative changes in liver and kidney.

EYE

Limited evidence or practical experience suggests, that the material may cause moderate eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged exposure may cause moderate inflammation (similar to windburn) characterised by a temporary redness of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

SKIN

The material may accentuate any pre-existing dermatitis condition.

Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Entry into the blood-stream, through, for example, cuts, abrasions 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.

The material may produce mild skin irritation; limited evidence or practical experience suggests, that the material either:

- produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or

- produces significant, but mild, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period.

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

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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.

INHALED

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual. Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in arrhythmias and hypotension. Gastrointestinal effects may include nausea and vomiting. Kidney and liver damage may result following massive exposures. The alcohols are potential irritants being, generally, stronger irritants than similar organic structures that lack functional groups (e.g. alkanes) but are much less irritating than the corresponding amines, aldehydes or ketones. Alcohols and glycols (diols) rarely represent serious hazards in the workplace, because their vapour concentrations are usually less than the levels which produce significant irritation which, in turn, produce significant central nervous system effects as well.

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.

CHRONIC HEALTH EFFECTS

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

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.

There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.

There is some evidence to provide a presumption that human exposure to the material may result in impaired fertility on the basis of: some evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non -specific consequence of other toxic effects.

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on 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. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

TOXICITY AND IRRITATION

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly

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irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

ETHYLENE GLYCOL:

TOXICITY Oral (rat) LD50: 4700 mg/kg Oral (human) LDLo: 398 mg/kg Oral (child) TDLo: 5500 mg/kg Inhalation (human) TCLo: 10000 mg/m³ Dermal (rabbit) LD50: 9530 mg/kg Inhalation (rat) LC50: 50100 mg/m³/8 hr [Estimated Lethal Dose (human) 100 ml; Substance is reproductive effector in rats (birth defects). Mutagenic to rat cells. IRRITATION Skin (rabbit): 555 mg(open)- Mild Eye (rabbit): 100 mg/1h - Mild Eye (rabbit): 1440mg/6h- Moderate Eye (rabbit): 500 mg/24h - Mild Eye (rabbit): 12 mg/m³/3D

RTECS quoted by Orica]

WATER:

No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant:Not Determined DO NOT discharge into sewer or waterways. Refer to data for ingredients, which follows:

ETHYLENE GLYCOL:	
Hazardous Air Pollutant:	Yes
Fish LC50 (96hr.) (mg/l):	18500- 4100
Algae IC50 (72hr.) (mg/l):	180000
log Kow (Prager 1995):	- 1.36
log Kow (Sangster 1997):	- 1.36
log Pow (Verschueren 1983):	- 1.93
BÕD5:	35%
COD:	94%
ThOD:	1.26
Half- life Soil - High (hours):	288
Half- life Soil - Low (hours):	48
Half- life Air - High (hours):	83
Half- life Air - Low (hours):	8.3
Half- life Surface water - High (hours):	288
Half- life Surface water - Low (hours):	48
Half- life Ground water - High (hours):	576
Half- life Ground water - Low (hours):	96
Aqueous biodegradation - Aerobic - High (hours):	288
Aqueous biodegradation - Aerobic - Low (hours):	48
Aqueous biodegradation - Anaerobic - High (hours):	1152
Aqueous biodegradation - Anaerobic - Low (hours):	192
Aqueous biodegradation - Removal secondary treatment - High (hours):	100%
Aqueous biodegradation - Removal secondary treatment - Low (hours):	80%

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Photooxidation half- life water - High (hours): Photooxidation half- life water - Low (hours):	566000 6400
Photooxidation half- life air - High (hours):	83
Photooxidation half- life air - Low (hours):	8.3
DO NOT discharge into sewer or waterways.	
log Kow: -1.931.36	
Half-life (hr) air: 24	
Henry's atm m ³ /mol: 6.00E-08	
BOD 5 if unstated: 0.15-0.81,12%	
COD: 1.21-1.29	
ThOD: 1.26	
BCF: 10-190	
Toxicity Fish: LC50(96)118-550mg/L	
Toxicity invertebrate: cell mult. inhib.135-1127mg/L	
Bioaccumulation: not sig	
Nitrif. inhib.: inhib at 125mg/L	
Anaerobic effects: no degrad	
Effects on algae and plankton: cell mult. inhib. algae 105-710mg/L	
Degradation Biological: little	
processes Abiotic: photol&hydrol notsig,RxnOH*	
In the atmosphere ethylene glycol exists mainly in the vapour phase. It	
is degraded in the atmosphere by reaction with photochemically produced	
hydroxy radicals (estimated half-life 24-50 hours).	
Ethylene glycol does not concentrate in the food chain.	

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Authority for disposal.
- Bury or incinerate residue at an approved site.
- Recycle containers if possible, or dispose of in an authorised landfill.
- 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 MSDS and observe all notices pertaining to the product.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: MISCELLANEOUS HAZCHEM: 2X

UNDG: Dangerous Goods 9 Class: UN Number: 3082

Subrisk:

None

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Packing Group:

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None

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Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S.

Air Transport IATA:

ICAO/IATA Class: None ICAO/IATA Subrisk: UN/ID Number: 3082 Packing Group: ERG Code: -Shipping Name: Environmentally hazardous substance, liquid n.o.s.

Maritime Transport IMDG:

IMDG Class:9IMDG Subrisk:NoneUN Number:3082Packing Group:IIIEMS Number:F- A, S- FMarine Pollutant:Not DeterminedShipping Name:ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID,
N.O.S.N.O.S.N.O.S.

Section 15 - REGULATORY INFORMATION

POISONS SCHEDULE: S6

REGULATIONS

ethylene glycol (CAS: 107-21-1) is found on the following regulatory lists;

- Australia Exposure Standards
- Australia High Volume Industrial Chemical List (HVICL)
- Australia Inventory of Chemical Substances (AICS)
- Australia National Pollutant Inventory
- Australia Poisons Schedule
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) Schedule
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Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule

IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk IMO MARPOL 73/78 (Annex II) - List of Other Liquid Substances International Council of Chemical Associations (ICCA) - High Production Volume List OECD Representative List of High Production Volume (HPV) Chemicals

water (CAS: 7732-18-5) is found on the following regulatory lists; Australia Inventory of Chemical Substances (AICS) OECD Representative List of High Production Volume (HPV) Chemicals

Section 16 - OTHER INFORMATION

REPRODUCTIVE HEALTH GUIDELINES

These exposure guidelines have been derived from a screening level of risk assessment and should not be construed as unequivocally safe limits. ORGS represent an 8-hour time -weighted average unless specified otherwise. CR = Cancer Risk/10000; UF = Uncertainty factor: TLV believed to be adequate to protect reproductive health: LOD: Limit of detection Toxic endpoints have also been identified as: D = Developmental; R = Reproductive; TC = Transplacental carcinogen Jankovic J., Drake F.: A Screening Method for Occupational Reproductive American Industrial Hygiene Association Journal 57: 641-649 (1996). #32orgr Ingredient UF ORG Endpoint CR Adeq TLV

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ethylene glycol 26 mg/m3 100 R NA -These exposure guidelines have been derived from a screening level of risk assessment and should not be construed as unequivocally safe limits. ORGS represent an 8-hour time -weighted average unless specified otherwise. CR = Cancer Risk/10000; UF = Uncertainty factor: TLV believed to be adequate to protect reproductive health: LOD: Limit of detection Toxic endpoints have also been identified as: D = Developmental; R = Reproductive; TC = Transplacental carcinogen Jankovic J., Drake F.: A Screening Method for Occupational Reproductive American Industrial Hygiene Association Journal 57: 641-649 (1996).

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