

# **Cutek CD33 Naked Paint Stripper**

### **Chemisys Australia Pty Ltd**

Version No: 2.6

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: 20/03/2015 Print Date: 21/03/2015 Initial Date: 18/03/2015 L.GHS.AUS.EN

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

## **Product Identifier** Product name Cutek CD33 Naked Paint Stripper Synonyms Not Available Other means of Not Available identification Relevant identified uses of the substance or mixture and uses advised against

Relevant identified	Paint strippe
uses	

# Details of the manufacturer/importer

Registered company name	Chemisys Australia Pty Ltd
Address	P. O. Box 3604 Loganholme Queensland Australia
Telephone	1300 128835; 0438 923248
Fax	07 32877288
Website	www.cutek.com.au
Email	admin@chemisys.com.au

### **Emergency telephone number**

Association / Organisation	Not Available
Emergency telephone numbers	0438 923248
Other emergency telephone numbers	0405 935409

#### **SECTION 2 HAZARDS IDENTIFICATION**

#### Classification of the substance or mixture

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

COMBUSTIBLE LIQUID, regulated for storage purposes only

## CHEMWATCH HAZARD RATINGS

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

Poisons Schedule	Not Applicable
GHS Classification [1]	Acute Toxicity (Oral) Category 4, Flammable Liquid Category 4, Serious Eye Damage Category 1, Skin Sensitizer Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

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## **Cutek CD33 Naked Paint Stripper**

#### Label elements

**GHS** label elements





SIGNAL WORD DANGER

#### Hazard statement(s)

H227	Combustible liquid
H302	Harmful if swallowed
H317	May cause an allergic skin reaction
H318	Causes serious eye damage

#### Precautionary statement(s) Prevention

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.	
P280	Wear protective gloves/protective clothing/eye protection/face protection.	
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.	
P270	Do not eat, drink or smoke when using this product.	
P272	Contaminated work clothing should not be allowed out of the workplace.	

#### Precautionary statement(s) Response

P305+P351+P338  IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.		
P310	Immediately call a POISON CENTER/doctor/physician/first aider	
P370+P378	In case of fire: Use to extinguish.	
P302+P352	IF ON SKIN: Wash with plenty of water and soap	
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.	
P362+P364	Take off contaminated clothing and wash it before reuse.	
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.	
P330	Rinse mouth.	

# Precautionary statement(s) Storage

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

# Precautionary statement(s) Disposal P501 Dispose of conten

Dispose of contents/container to authorised chemical landfill or if organic to high temperature incineration

# **SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**

#### **Substances**

See section below for composition of Mixtures

#### **Mixtures**

CAS No	%[weight]	Name
100-51-6	30-60	benzyl alcohol
102-71-6	<10	triethanolamine
Not Available	<10	2-Hydroxypropanoic acid ethyl ester
111-42-2	<10	<u>diethanolamine</u>

## **SECTION 4 FIRST AID MEASURES**

# Description of first aid measures

If this product comes in contact with the eyes:

Eye Contact

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

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	<ul> <li>lifting the upper and lower lids.</li> <li>Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of</li> <li>contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
Skin Contact	If skin contact occurs:  Filmmediately remove all contaminated clothing, including footwear.  Filush skin and hair with running water (and soap if available).  Seek medical attention in event of irritation.
Inhalation	<ul> <li>If fumes or combustion products are inhaled remove from contaminated area. Lay</li> <li>patient down. Keep warm and rested.</li> <li>Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>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.</li> <li>Transport to hospital, or doctor.</li> </ul>
Ingestion	F IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.  F For advice, contact a Poisons Information Centre or a doctor.  Urgent hospital treatment is likely to be needed.  In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.  If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.  If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.  Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:  I NDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.  NOTE: Wear a protective glove when inducing vomiting by mechanical means.

#### Indication of any immediate medical attention and special treatment needed

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

For poisons (where specific treatment regime is absent):

# BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema.
- Monitor and treat, where necessary, for shock.
- Anticipate 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.

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# ADVANCED TREATMENT

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

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

Treat symptomatically.

Clinical experience of benzyl alcohol poisoning is generally confined to premature neonates in receipt of preserved intravenous salines.

- Metabolic acidosis, bradycardia, skin breakdown, hypotonia, hepatorenal failure, hypotension and cardiovascular collapse are characteristic.
- ▶ High urine benzoate and hippuric acid as well as elevated serum benzoic acid levels are found.
- ▶ The so-called "gasping syndrome describes the progressive neurological deterioration of poisoned neonates.
- Management is essentially supportive.

## **SECTION 5 FIREFIGHTING MEASURES**

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**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:

- F foam
- dry chemical powder.
- · carbon dioxide.

#### Special hazards arising from the substrate or mixture

Fire Incompatibility

None known.

#### Advice for firefighters

Fire Fighting

**Minor Spills** 

**Major Spills** 

- 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 courses.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire
- Equipment should be thoroughly decontaminated after use.

Fire/Explosion Hazard

Combustible. Will burn if ignited. Combustion products include:, carbon monoxide (CO), carbon dioxide (CO2), aldehydes, other pyrolysis products typical of burning organic material May emit poisonous fumes. May emit corrosive fumes. WARNING: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.

Personal precaut	tions, protectiv	ve equipment and	d emergency procedures
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Slippery when spilt.

**SECTION 6 ACCIDENTAL RELEASE MEASURES** 

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear impervious gloves and safety goggles.
- Trowel up/scrape up.
- Place spilled material in clean, dry, sealed container.
- Flush spill area with water.
- 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.
- 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.
  - Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
  - Collect recoverable product into labelled containers for recycling.
  - Neutralise/decontaminate residue (see Section 13 for specific agent).
  - Collect solid residues and seal in labelled drums for disposal.
  - Wash area and prevent runoff into drains.
  - · After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. If
  - contamination of drains or waterways occurs, advise emergency services.

Slippery when spilt.

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

#### **SECTION 7 HANDLING AND STORAGE**

# Precautions for safe handling

The substance accumulates peroxides which may become hazardous only if it evaporates or is distilled or otherwise treated to concentrate the peroxides. The substance may concentrate around the container opening for example.

Safe handling Purchases of peroxidisable chemicals should be restricted to ensure that the chemical is used completely before it can become peroxidised

A responsible person should maintain an inventory of peroxidisable chemicals or annotate the general chemical inventory to

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• indicate which chemicals are subject to peroxidation. An expiration date should be determined. The chemical should either be treated to remove peroxides or disposed of before this date.

- The person or laboratory receiving the chemical should record a receipt date on the bottle. The individual opening the container should add an opening date.
- Unopened containers received from the supplier should be safe to store for 18 months.
- ▶ Opened containers should not be stored for more than 12 months.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs. Use
- F in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- ▶ DO NOT allow material to contact humans, exposed food or food utensils. Avoid
- contact with incompatible materials.
- ▶ When handling, DO NOT eat, drink or smoke. Keep
- containers securely sealed when not in use. Avoid
- physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use. Use
- good occupational work practice.
- Observe manufacturer's storage and handling recommendations contained within this MSDS.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

### Other information

- F Store in original containers. Keep
- recontainers securely sealed.
- ▶ Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- ▶ Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storage and handling recommendations contained within this MSDS.

#### Conditions for safe storage, including any incompatibilities

#### Suitable container

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

#### Benzyl alcohol:

- may froth in contact with water
- slowly oxidises in air, oxygen forming benzaldehyde
- is incompatible with mineral acids, caustics, aliphatic amines, isocyanates
- Freacts violently with strong oxidisers, and explosively with sulfuric acid at elevated temperatures
- corrodes aluminium at high temperatures
- 🗜 is incompatible with aluminum, iron, steel
- $\bullet \ \ \text{attacks some nonfluorinated plastics; may attack, extract and dissolve polypropylene} \\$

Benzyl alcohol contaminated with 1.4% hydrogen bromide and 1.2% of dissolved iron(II) polymerises exothermically above 100 deg.

# Storage incompatibility

Cellulose and its derivatives may react vigorously with calcium oxide, bleaching powder, perchlorates, perchloric acid, sodium chlorate, fluorine, nitric acid, sodium nitrate and sodium nitrite.

May be incompatible with aminacrine hydrochloride, chlorocresol, mercuric chloride, phenol, resorcinol, tannic acid and silver nitrate.

Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.













- X Must not be stored together
- May be stored together with specific preventions
- May be stored together

#### PACKAGE MATERIAL INCOMPATIBILITIES

Not Available

#### **SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION**

#### **Control parameters**

OCCUPATIONAL EXPOSURE LIMITS (OEL)

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#### **INGREDIENT DATA**

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	triethanolamine	Triethanolamine	5 mg/m3	Not Available	Not Available	Sen
Australia Exposure Standards	diethanolamine	Diethanolamine (h)	13 mg/m3 / 3 ppm	Not Available	Not Available	Not Available

#### **EMERGENCY LIMITS**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
benzyl alcohol	Benzyl alcohol	30 ppm	49 ppm	49 ppm
triethanolamine	Triethanolamine; (Trihydroxytriethylamine)	15 mg/m3	51 mg/m3	1100 mg/m3
diethanolamine	Diethanolamine	3 mg/m3	5.1 mg/m3	130 mg/m3

Ingredient	Original IDLH	Revised IDLH
benzyl alcohol	Not Available	Not Available
triethanolamine	Not Available	Not Available
2-Hydroxypropanoic acid ethyl ester	Not Available	Not Available
diethanolamine	Not Available	Not Available

#### **MATERIAL DATA**

Cellulose is considered a nuisance dust which has little adverse effect on lung and does not produce significant organic disease or toxic effects when appropriate controls are applied.

for triethanolamine:

Exposure at or below the TLV-TWA is thought to minimise the potential for skin and eye irritation, and acute effects (including liver, kidney and nerve damage) and chronic effects (including cancer and allergic contact dermatitis).

Odour Safety Factor (OSF)

OSF=0.77 (triethanolamine)

for diethanolamine: Odour Threshold: 2.6 ppm

The TLV-TWA is thought to be protective against the significant risk of eye damage and skin irritation. Odour

Safety Factor (OSF)

OSF=1.7 (DIETHANOLAMINE)

#### **Exposure controls**

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.

The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.

Employers may need to use multiple types of controls to prevent employee overexposure.

Appropriate 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. 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.)

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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.

#### Personal protection











# Eye and face

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

# 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

#### 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.
- F Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

# Body protection

See Other protection below

#### Other protection

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

# Thermal hazards

Not Available

#### Recommended material(s)

#### GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

# "Forsberg Clothing Performance Index".

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

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Material	СРІ
BUTYL	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE	С
NEOPRENE/NATURAL	С
NITRILE	С
PE/EVAL/PE	С

#### Respiratory protection

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

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PVA	С
PVC	С
TEFLON	С
VITON	С

<sup>\*</sup> CPI - Chemwatch Performance Index

A: Best Selection

- B: Satisfactory; may degrade after 4 hours continuous immersion
- C: Poor to Dangerous Choice for other than short term immersion

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

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

#### ^ - 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)

#### **SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES**

### Information on basic physical and chemical properties

Appearance	Off white		
Physical state	Gel	Relative density	1.02
,		(Water = 1)	·
Odour	Not Available	Partition coefficient	Not Available
		n-octanol / water	
Odour threshold	Not Available	Auto-ignition	Not Available
ouour amoonoru	Not / Wallable	temperature (°C)	Not Available
pH (as supplied)	8.9	Decomposition	Not Available
pri (as supplieu)	0.9	temperature	NOT Available
Melting point /	Not Available	Viscosity (cSt)	Not Available
freezing point (°C)	Not Available	viscosity (cat)	Not Available
Initial boiling point	Not Available	Molecular weight	Not Available
and boiling range (°C)	Not Available	(g/mol)	NOT Available
Flash point (°C)	68	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Combustible.	Oxidising properties	Not Available
Upper Explosive Limit	Not Available	Surface Tension	Not Available
(%)	Not Available	(dyn/cm or mN/m)	Not Available
Lower Explosive Limit	Not Available	Volatile Component	Not Available
(%)	Not Available	(%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	mll oo o ooliidaa	Net Available
(g/L)	WISCIDIE	pH as a solution	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

# **SECTION 10 STABILITY AND REACTIVITY**

Reactivity	See section 7
Chemical stability	Product is considered stable and hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

# **SECTION 11 TOXICOLOGICAL INFORMATION**

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# Information on toxicological effects The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation, of the material, especially for prolonged periods, may produce respiratory discomfort and Inhaled occasionally, distress. Inhalation of benzyl alcohol may affect respiration (paralysis of the respiratory center, respiratory depression, gasping respirations), cardiovascular system (hypotension 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. Ingestion of large doses of benzyl alcohol may cause abdominal pain, nausea, vomiting, diarrhea. It may affect behavior/central nervous system and cause headache, somnolence, excitement, dizziness, ataxia, coma, convulsions, and other symptoms of central nervous system depression. Exposure to excessive amounts of benzyl alcohol has been associated with toxicity (hypotension, metabolic acidosis), particularly in neonates, and an increased incidence of kernicterus (a neurological condition that occurs in severe jaundice), particularly in small Ingestion preterm infants. There have been rare reports of deaths, primarily in preterm infants, associated with exposure to excessive amounts of benzyl alcohol. The amount of benzyl alcohol from medications is usually considered negligible compared to that received in flush solutions containing benzyl alcohol. Administration of high dosages of medications containing this preservative must take into account the total amount of benzyl alcohol administered. The amount of benzyl alcohol at which toxicity may occur is not known. If the patient requires more than the recommended dosages or other medications containing this preservative, the practitioner must consider the daily metabolic load of benzyl alcohol from these combined sources. 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. **Skin Contact** Toxic effects may result from skin absorption Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected. Evidence exists, or practical experience predicts, that the material may cause eve 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 Eve animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. 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. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Allergic reactions to benzoic acid have been reported. Of 100 patients with asthma undergoing provocation tests with benzoic acid, 47 showed positive reactions. In another study, of 75 patients with recurrent urticaria (skin eruptions) and angio-oedema (a deep dermal Chronic condition characterised by large wheals) of more than 4 months duration, 44 were found to be sensitive to sodium benzoate or phydroxybenzoic acid (paraben), alone or in conjunction with aspirin or azo- dves, or both. In a further work there was no significant objective or subjective skin response to two 500-mg daily doses of benzoic acid or lactic acid in a double blind study of 150 dermatological patients Prolonged or repeated exposure to benzyl alcohol may cause allergic contact dermatitis. Prolonged or repeated ingestion may affect behavior/central nervous system with symptoms similar to acute ingestion. It may also affect the liver, kidneys, cardiovascular system, and metabolism (weight loss). Animal studies have shown this compound to cause lung, liver, kidney and CNS disorders. Studies in animals have shown evidence of teratogenicity in the chick embryo. The significance of the information for humans is unknown. Benzyl alcohol showed no evidence of carcinogenic activity in long-term toxicology and carcinogenesis study.

Cutek CD33 Naked Paint Stripper	TOXICITY  Not Available	IRRITATION Not Available
benzyl alcohol	TOXICITY  dermal (rat) LD50: 1000000 ppm/90M <sup>[2]</sup> Inhalation (rat) LC50: >4.178 mg/L/4h <sup>[2]</sup> Oral (rat) LD50: 1560 mg/kg <sup>[2]</sup>	IRRITATION  Eye (rabbit): 0.75 mg open SEVERE  Skin (man): 16 mg/48h-mild  Skin (rabbit):10 mg/24h open-mild
triethanolamine	TOXICITY  dermal (rat) LD50: >18080 mg/kg <sup>[2]</sup>	IRRITATION Eye (rabbit): 0.1 ml -

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	Oral (rat) LD50: 5559.6 mg/kg(female) *[2]	Eye (rabbit): 10 mg - mild
		Eye (rabbit): 5.62 mg - SEVERE
		minor conjunctival irritation
		minor iritis,
		no corneal injury *
		no irritation *
		Skin (human): 15 mg/3d (int)-mild
		Skin (rabbit): 4 h occluded
		Skin (rabbit): 560 mg/24 hr- mild
		with significant discharge;
	тохісіту	IRRITATION
	Dermal (rabbit) LD50: 8342.88 mg/kg <sup>[2]</sup>	Eye (rabbit): 5500 mg - SEVERE
diethanolamine	Oral (rat) LD50: 677.04 mg/kg <sup>[2]</sup>	Eye (rabbit):0.75 mg/24 hr SEVERE
		Skin (rabbit): 50 mg (open)-mild
		Skin (rabbit): 500 mg/24 hr-mild

Legend:

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.

No significant acute toxicological data identified in literature search.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

#### For benzyl alkyl alcohols:

Unlike benzylic alcohols, the beta-hydroxyl group of the members of this cluster is unlikely to undergo phase II metabolic activation. Instead, the beta-hydroxyl group is expected to contribute to detoxification via oxidation to hydrophilic acid. Despite structural similarity to carcinogenic ethyl benzene, only a marginal concern has been assigned to phenethyl alcohol due to limited mechanistic analogy.

#### For benzoates:

**Acute toxicity:** Benzyl alcohol, benzoic acid and its sodium and potassium salt can be considered as a single category regarding human health, as they are all rapidly metabolised and excreted via a common pathway within 24 hrs. Systemic toxic effects of similar nature (e.g. liver, kidney) were observed. However with benzoic acid and its salts toxic effects are seen at higher doses than with benzyl alcohol.

The compounds exhibit low acute toxicity as for the oral and dermal route. The LD50 values are > 2000 mg/kg bw except for benzyl alcohol which needs to be considered as harmful by the oral route in view of an oral LD50 of 1610 mg/kg bw. The 4 hrs inhalation exposure of benzyl alcohol or benzoic acid at 4 and 12 mg/l as aerosol/dust respectively gave no mortality, showing low acute toxicity by inhalation for these compounds.

Benzoic acid and benzyl alcohol are slightly irritating to the skin, while sodium benzoate was not skin irritating. No data are available for potassium benzoate but it is also expected not to be skin irritating. Benzoic acid and benzyl alcohol are irritating to the eye and sodium benzoate was only slightly irritating to the eye. No data are available for potassium benzoate but it is expected also to be only slightly irritating to the eye.

Sensitisation: The available studies for benzoic acid gave no indication for a sensitising effect in animals, however occasionally very low positive reactions were recorded with humans (dermatological patients) in patch tests. The same occurs for sodium benzoate. It has been suggested that the very low positive reactions are non-immunologic contact urticaria. Benzyl alcohol gave positive and negative results in animals. Benzyl alcohol also demonstrated a maximum incidence of sensitization of only 1% in human patch testing. Over several decades no sensitization with these compounds has been seen among

Repeat dose toxicity: For benzoic acid repeated dose oral toxicity studies give a NOAEL of 800 mg/kg/day. For the salts values > 1000 mg/kg/day are obtained. At higher doses increased mortality, reduced weight gain, liver and kidney effects were observed.

For benzyl alcohol the long-term studies indicate a NOAEL > 400 mg/kg bw/d for rats and > 200 mg/kg bw/d for mice. At higher doses effects on bodyweights, lesions in the brains, thymus, skeletal muscle and kidney were observed. It should be taken into account that administration in these studies was by gavage route, at which saturation of metabolic pathways is likely to occur.

#### Cutek CD33 Naked Paint Stripper

<sup>1.</sup> Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.\* Value obtained from manufacturer's msds.

Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

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**Mutagenicity:** All chemicals showed no mutagenic activity in *in vitro* Ames tests. Various results were obtained with other *in vitro* genotoxicity assays. Sodium benzoate and benzyl alcohol showed no genotoxicity *in vivo*. While some mixed and/or equivocal *in vitro* chromosomal/chromatid responses have been observed, no genotoxicity was observed in the *in vivo* cytogenetic, micronucleus, or other assays. The weight of the evidence of the *in vitro* and *in vivo* genotoxicity data indicates that these chemicals are not mutagenic or clastogenic. They also are not carcinogenic in long-term carcinogenicity studies.

In a 4-generation study with benzoic acid no effects on reproduction were seen (NOAEL: 750 mg/kg). No compound related effects on reproductive organs (gross and histopathology examination) could be found in the (sub) chronic studies in rats and mice with benzyl acetate, benzyl alcohol, benzaldehyde, sodium benzoate and supports a non-reprotoxic potential of these compounds. In addition, data from reprotoxicity studies on benzyl acetate (NOAEL >2000 mg/kg bw/d; rats and mice) and benzaldehyde (tested only up to 5 mg/kg bw; rats) support the non-reprotoxicity of benzyl alcohol and benzoic acid and its salts.

Developmental toxicity: In rats for sodium benzoate dosed via food during the entire gestation developmental effects occurred only in the presence of marked maternal toxicity (reduced food intake and decreased body weight) (NOAEL = 1400 mg/kg bw). For hamster (NOEL: 300 mg/kg bw), rabbit (NOEL: 250 mg/kg bw) and mice (CD-1 mice, NOEL: 175 mg/kg bw) no higher doses (all by gavage) were tested and no maternal toxicity was observed. For benzyl alcohol: NOAEL= 550 mg/kg bw (gavage; CD-1 mice). LOAEL = 750 mg/kg bw (gavage mice). In this study maternal toxicity was observed e.g. increased mortality, reduced body weight and clinical toxicology. Benzyl acetate: NOEL = 500 mg/kg bw (gavage rats). No maternal toxicity was observed.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

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Repeat dose toxicity: For benzoic acid repeated dose oral toxicity studies give a NOAEL of 800 mg/kg/day. For the salts values > 1000 mg/kg/day are obtained. At higher doses increased mortality, reduced weight gain, liver and kidney offsets were observed.

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BENZYL ALCOHOL

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NOAEL= 550 mg/kg bw (gavage; CD-1 mice). LOAEL = 750 mg/kg bw (gavage mice). In this study maternal toxicity was observed e.g. increased mortality, reduced body weight and clinical toxicology. Benzyl acetate: NOEL = 500 mg/kg bw (gavage rats). No maternal toxicity was observed.

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Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial 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.

While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects.

- Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis.
- Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient.

Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion.

# Inhalation:

Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs.

Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure.

Higher concentrations of certain amines can produce severe respiratory irritation, characterised by nasal discharge, coughing, difficulty in breathing, and chest pains.

Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, bronchopneumonia, and possible lung damage. Also, repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice, and liver enlargement. Some amines have been shown to cause kidney, blood, and central nervous system disorders in laboratory animal studies.

While most polyurethane amine catalysts are not sensitisers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitised, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease.

Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema.

#### Skin Contact

Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis.

Skin contact with some amines may result in allergic sensitisation. Sensitised persons should avoid all contact with amine catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient.

#### Eye Contact:

Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations.

Direct contact with the liquid amine may cause severe irritation and tissue injury, and the "burning" may lead to blindness. (Contact with solid products may result in mechanical irritation, pain, and corneal injury.)

Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling.

The corneal swelling may manifest itself in visual disturbances such as blurred or "foggy" vision with a blue tint ("blue haze") and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases.

#### TRIETHANOLAMINE

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Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause

#### Ingestion:

The oral toxicity of amine catalysts varies from moderately to very toxic.

Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus, and gastrointestinal tract. Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs.

Affected persons also may experience pain in the chest or abdomen, nausea, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death.

Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000 Alliance for Polyurethanes Industry

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

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

For triethanolamine (and its salts):

Acute toxicity: Triethanolamine is of low toxicity by the oral, dermal and inhalation routes of exposure. Oral LD50 values have been shown to range from approximately 5-10 g/kg. The dermal LD50 is greater than 2 g/kg. The inhalation LC50 is greater than a

Repeat Dose Toxicity: The studies to determine toxicity of triethanolamine from repeated exposure were conducted for a duration of 91 days or 2 years. In both studies the NOAEL was at least 1000 mg/kg. There was no evidence of gross or histopathological change that could be attributed to treatment. Also, triethanolamine was shown to be non-carcinogenic.

Genetic Toxicity: Mutation (bacterial); This endpoint has been satisfied by two studies using 4 strains (TA 98, TA 100, TA 1535 and TA 1537) of Salmonella typhimurium. Triethanolamine was not mutagenic in any of the tester strains. Chromosomal aberration (mammalian, in vitro) - This endpoint was satisfied by a cytogenetic assay using Chinese hamster lung cells. Triethanolamine did not induce chromosome aberrations in this test system.

Reproductive Toxicity: No studies have been conducted to specifically evaluate the effect of triethanolamine on reproductive performance. However, based on consideration of the repeat dose toxicity studies of at least 90 days duration, there were no abnormalities noted in the histopathological examination of reproductive organs. This fact, and the lack of effects on foetal development, allow the conclusion that triethanolamine would not be expected to produce adverse effects to reproductive performance and fertility.

Developmental Toxicity: This endpoint was satisfied using a developmental toxicity screening study according to the Chernoff-Kavlock method . Based on the results from this test, triethanolamine does not impair development of the fetus.

The substance is classified by IARC as Group 3:

NOT classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

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.

Lachrymation, diarrhoea, convulsions, urinary tract changes, changes in bladder weight, changes in testicular weight, changes in thymus weight, changes in liver weight, dermatitis after systemic exposure, kidney, ureter, bladder tumours recorded. Equivocal tumourigen by RTECS criteria. Dermal rabbit value quoted above is for occluded patch in male or female animals \* Union Carbide

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a nonallergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a nonatopic 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.

DIETHANOLAMINE While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is

agreed that overexposure to the majority of these materials may cause adverse health effects.

- Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis.
- · Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient.

Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion. Inhalation:

Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs.

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### **Cutek CD33 Naked Paint Stripper**

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While most polyurethane amine catalysts are not sensitisers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitised, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease.

Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema.

#### Skin Contact:

Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis.

Skin contact with some amines may result in allergic sensitisation. Sensitised persons should avoid all contact with amine catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient.

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Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations.

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Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling.

The corneal swelling may manifest itself in visual disturbances such as blurred or "foggy" vision with a blue tint ("blue haze") and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases.

Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation.

#### Ingestion:

The oral toxicity of amine catalysts varies from moderately to very toxic.

Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus, and gastrointestinal tract. Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs.

Affected persons also may experience pain in the chest or abdomen, nausea, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death.

# Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000 Alliance for Polyurethanes Industry

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

#### for diethanolamine (DEA):

In animal studies, DEA has low acute toxicity via the oral and dermal routes with moderate skin irritation and severe eye irritation. In subchronic toxicity testing conducted via the oral route in rats and mice, the main effects observed were increased organ weights and histopathology of the kidney and/or liver, with the majority of other tissue effects noted only at relatively high dosages. In subchronic studies conducted via the dermal route, skin irritation was noted as well as systemic effects similar to those observed in the oral studies. DEA has not been shown to be mutagenic or carcinogenic in rats; however, there is evidence of its carcinogenicity in mice.

**Subchronic toxicity:** The subchronic toxicity of DEA has been studied in F344 rats and B6C3F1 mice by exposure through drinking water or dermal administration, in 2 week and 13 week studies.

Target organs for toxicity included blood, kidney, brain and spinal cord, seminiferous tubules and dermal application site in rats and liver, kidney, heart, salivary gland and dermal application site in mice. Effects on seminiferous tubules were accompanied by reductions in sperm count and reduced sperm motility Hematological evaluations indicated normochromic, microcytic anemia in the dermal study in male rats (NOEL =32 mg/g) and females (LOEL = 32 mg/kg). Anemia was also observed in rats in the drinking water study with a LOEL of 14 mg/kg/d in females and a LOEL of 48 mg/kg/d in males for altered hematological parameters. These findings were similar to those observed in the 2 week studies, but the magnitude of the changes was greater in the 13 week studies. Hematological parameters were normal in controls. No associated histopathological changes were noted in femoral bone marrow. Haematological parameters were not evaluated in mice.

**Developmental toxicity**: In a developmental toxicity study conducted via the oral route, effects of concern were observed only in the presence of maternal toxicity. In a developmental toxicity study conducted via the dermal route using two species of mammals, developmental toxicity was observed only in one species and only at doses causing significant maternal toxicity. Metabolically, DEA is excreted largely unchanged in the urine.

Carcinogenicity: A two-year dermal cancer study bioassay results on DEA and three fatty acid condensates of DEA indicated that liver tumours occurred in male and female mice exposed to DEA and two of the condensates. In addition kidney tumours occurred in male mice exposed to DEA and one of the condensates. Compelling evidence suggested that

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#### **Cutek CD33 Naked Paint Stripper**

the toxicity observed in mice and rats treated with the DEA condensates was associated with free DEA and not with other components of the condensates. A weight of evidence analysis of data relevant to the assessment of the liver and kidney tumours in mice resulted in the conclusion that these tumours are not relevant to humans under the expected conditions of exposure and that liver and kidney toxicity should be evaluated on a threshold basis. This conclusion is

based on the following:DEA is not genotoxic

- tumour development occurred at doses also associated with chronic hyperplasia
- ▶ there was no dose-related increase in malignancy, multiplicity of tumours or decrease in latency period
- ▶ tumours occurred late in life
- tumour response was species-specific (only mice were affected, not rats)
- ▶ tumour response was sex-specific (only male mice were affected, not females)
- ▶ tumour development was site-specific, with only liver and kidney affected, both sites of DEA accumulation;
- ▶ there was no tumour response in skin, despite evidence of chronic dermal toxicity
- ▶ there is a plausible mechanism, supported by various data, to explain the renal toxicity of DEA
- ▶ data support threshold mechanisms of renal carcinogenesis for a number of non-genotoxic chemicals
- the exposure regime used in the mouse study (i.e., lifetime continuous exposure to DEA in ethanol vehicle at doses causing chronic dermal toxicity) is not relevant to human exposure (exposure through cosmetic vehicles with daily removal, under non-irritating conditions).

In considering the aggregate data on a DEA basis from the four studies using DEA and related condensates, the NOEL for kidney toxicity was 19 mg/kg/d, which resulted from a dose of 100 mg/kg/d of cocamide DEA containing 19% free DEA.

Anaemia: Rats exposed to DEA condensates developed anaemia. This was considered to be of to be relevant for humans since anaemia in rodents and humans share common etiologies. The proposed mechanism by which DEA could cause anemia involves disruption of phospholipid metabolism leading to membrane perturbation and functional change to erythrocytes. Some doubt about the relevance of the findings arises because ethanol was used as the vehicle in the dermal studies, and ethanol is known to cause anaemia in rodents through a mechanism involving membrane disruption. The possibility of a synergistic or additive role for DEA and ethanol in combination cannot be ruled out.

In considering the aggregate data on a DEA basis from the four 13-week dermal studies using DEA and related condensates, the NOEL for microcytic anemia was 9.5 mg/kg/d, which resulted from a dose of 50 mg/kg/d of cocamide DEA containing 19% free DEA.

The NOELs for mice and rats derived in this hazard assessment were as follows:

Anaemia in rats: 9.5 mg/kg/d (based on microcytic anemia)

Organ toxicity in mice: 2.2 mg/kg/d (based on liver toxicity)

In extrapolating among species for the purposes of risk assessment, the prime consideration with respect to dermally applied DEA was differential dermal absorption. Evidence indicates that dermal penetration of

DEA is greatest in mice and lower in rats and humans. Interspecies extrapolation was accomplished in this assessment by converting applied doses to bioavailable doses (*i.e.*, internal doses) using dermal bioavailability determined in studies with rats and mice *in vivo*, so as to be able to compare these with internal doses expected to be experienced by humans through use of personal care products.

 ${\bf Based\ on\ measured\ bioavailability\ in\ mice\ and\ rats,\ the\ bioavailable\ NOELs\ corresponding\ to\ the\ foregoing\ were:}$ 

Anaemia in rats: 0.8 mg/kg/d (based on microcytic anemia)

Organ toxicity in mice: 0.55 mg/kg/d (based on liver toxicity)

Kidney toxicity: Effects on the kidney were observed in rats treated with DEA in drinking water or by dermal exposure after as little as 2 weeks of exposure. Effects included renal tubule hyperplasia, renal tubular epithelial necrosis, renal tubule mineralization and increased relative organ weight. Similar changes were observed after 13 weeks of exposure of rats to DEA in drinking water and by dermal administration. The NOEL in male rats was 250 mg/kg/d in the dermal study, while in female rats renal tubule mineralisation was observed at the lowest dose of 32 mg/kg/d. After 2 years of dermal exposure there were no histopathological changes in the kidneys of male rats given doses of up to 64 mg/kg/d. In females, there were no significant increases in the incidences of renal tubule epithelial necrosis, hyperplasia or mineralisation as was observed after 13 weeks of exposure, however, there was an increase in the severity and incidence of nephropathy. This was the result of a treatment-related exacerbation of a previously existing lesion, since the incidence in controls was 80%, increasing to 94-96% in treated groups. There was no significant increase in the incidence of kidney tumours in rats treated with DEA or any of the condensates in 2-year dermal studies.

Liver toxicity: Effects on liver, including increases in relative organ weight and histopathological changes were observed in male and female mice in the 2 week drinking water study with DEA. Increases in liver weight were observed in the two week dermal study, but were not associated with histopathological changes. After 13 weeks of exposure, relative liver weights were increased compared to controls in male and female rats, with no associated histopathology. There is some doubt about whether these changes in liver weights were of toxicological significance, since there was no associated histopathology, the dose-response was not consistent and there were no effects on liver in the 2 year study in rats.

In the study with coconut diethanolamide (CDEA) (100 and 200 mg/kg/d) in which 19% of the applied dose was DEA, there were no liver effects in rats after 13 weeks or 2 years of dermal exposure. No liver toxicity in rats was observed in the 2 year dermal studies of lauramide or oleamide DEA

Acute Toxicity	<b>✓</b>	Carcinogenicity	0
Skin Irritation/Corrosion	0	Reproductivity	0
Serious Eye		STOT - Single	0
Damage/Irritation	*	STOT - Single Exposure	9
Respiratory or Skin	~	STOT - Repeated	8
sensitisation	*	Exposure	0

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Mutagenicity 

Aspiration Hazard 

Legend: 

✓ – Data required to make classification available

✓ – Data available but does not fill the criteria for classification

- Data Not Available to make classification

#### **CMR STATUS**

Not Applicable

#### **SECTION 12 ECOLOGICAL INFORMATION**

#### **Toxicity**

#### NOT AVAILABLE

Ingredient	Endpoint	Test Duration	Effect	Value	Species	BCF
benzyl alcohol	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
triethanolamine	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
2-Hydroxypropanoic	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
acid ethyl ester	Tiot / trailable		TTOT / TTO III GETO	. Tot / Trailable	rtetrivanasie	Trot / trailable
diethanolamine	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Cellulosic products, including cellulose ethers, generally have a low biodegradation rate and are generally of low toxicity to fish. For benzyl alkyl alcohols:

All of the cluster members are liquids under standard temperature and pressure conditions. The log of the octanol/water partition coefficients range from 1.36 to 2.06 and vapor pressures lie within a narrow range of approximately 0.01 to 0.1 hPa at room temperature. Water solubilities exceed 5x10+3 mg/L for the members of this cluster.

#### **Environmental fate:**

The cluster members are expected to have high mobility in soil based on estimated soil partition coefficients. Volatilization of the cluster members is considered low based on measured Henry's Law constants for two members. The estimated rates of atmospheric photooxidation are considered moderate. The rate of hydrolysis for all cluster members is considered negligible, but there is a potential for some of the members to undergo photolysis. The cluster members are expected to biodegrade rapidly under aerobic conditions in the environment based on the results of ready biodegradability tests. Fugacity modeling indicates that all members of this cluster are anticipated to partition primarily to soil, secondarily to water, and very slightly to air. Overall, the cluster members are expected to have low persistence in the environment. Bioaccumulation potential is expected to be low based on estimated bioconcentration factors.

#### **Ecotoxicity:**

Evaluation of the available experimental and estimated aquatic toxicity data for fish, daphnia, and green algae indicate that the potential acute hazard is low. The potential chronic hazard is expected to be low for fish and algae for all cluster members. However, a moderate hazard is predicted for daphnia for the cluster members with slightly higher molecular weights and octanol-water partition coefficients.

For benzoates

The ultimate environmental characteristics for benzoates may be determined by the properties of counter-ions. The description below assumes these to be non-toxic.

#### **Environmental Exposure and Fate**

Distribution modelling using Mackay Level III (the EPA default: equal releases (10,000 kg/hr) and equal distribution to all compartments was used) indicates water (34.8-50%) and soil (48.4-64.2%) to be the main compartment for benzyl alcohol, benzoic acid, sodium and potassium benzoates. None are expected to volatilise to the atmosphere (< 1.51%), nor to adsorb to sediment (< 0.09 %).

However physical chemical properties and use patterns indicate water to be the main compartment for these substances.

Based on structure and organic chemistry rules (e.g. bonding in organic molecules, activation energy, reactivity, transformations, addition, substitution, elimination) no hydrolysis is expected at pH ranges of 4 - 11.

The calculated photodegradation for benzyl alcohol and the benzoates are 50% after 1.3 to 3 days, and the measured photodegradation for benzoic acid is 90% after 140 minutes.

#### Biodegradation and Bioaccumulation:

This family of substances is readily biodegradable (> 90% after 28 days) both aerobically and anaerobically (Benzoic acid is used as positive control in OECD Guideline for ready biodegradability testing).

From the results of numerous removal experiments the main elimination pathway for the chemicals is biotic mineralisation. The octanol/water partition coefficient of all compounds indicates a low potential for bioaccumulation. This is also supported by the rapid biotransformation and/or excretion of these compounds in urine in mammals.

#### **Ecotoxicity:**

From the data (fish, daphnia, algae, bacteria) it is obvious that neutralisation of the pH greatly reduces (up to one order of magnitude) the acute toxicity of benzoic acid. This is also supported by the lower toxicity observed with sodium benzoate. Under environmental relevant conditions therefore the acute toxicity of benzoic acid, sodium benzoate and potassium benzoate for all four trophic levels is > 100 mg/l. Under environmental relevant conditions the acute toxicity of benzyl alcohol for fish, daphnia and bacteria is > 100 mg/l. For algae, an EC 50 3 hrs of 95 mg/l is reported. Under environmental relevant conditions, benzoic acid and its salts have very low acute toxicity, whereas benzyl alcohol has low to moderate acute toxicity.

For benzyl alcohol:

log Kow : 1.1 Koc : <5

Henry's atm m3 /mol: 3.91E-07 BOD 5: 1.55-1.6,33-62%

COD: 96% ThOD: 2.519 BCF: 4

Continued...

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Bioaccumulation: not significant Anaerobic

effects: significant degradation

Effects on algae and plankton: inhibits degradation of glucose

Degradation Biological: significant processes Abiotic: RxnOH\*,no photochem

**Ecotoxicity** 

Fish LC50 (48 h): fathead minnow 770 mg/l; (72 h): 480 mg/l; (96 h) 460 mg/l

Fish LC50 (96 h) fathead minnow 10 ppm, bluegill sunfish 15 ppm; tidewater silverside fish 15 ppm

Products of Biodegradation: Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise. Toxicity of

the Products of Biodegradation: The products of degradation are less toxic than the product itself.

#### DO NOT discharge into sewer or waterways.

#### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
benzyl alcohol	LOW	LOW
triethanolamine	LOW	LOW
2-Hydroxypropanoic acid ethyl ester	LOW	LOW
diethanolamine	LOW (Half-life = 14 days)	LOW (Half-life = 0.3 days)

#### **Bioaccumulative potential**

Ingredient	Bioaccumulation
benzyl alcohol	LOW (LogKOW = 1.1)
triethanolamine	LOW (BCF = 4)
2-Hydroxypropanoic acid ethyl ester	LOW (LogKOW = -0.183)
diethanolamine	LOW (BCF = 1)

### Mobility in soil

Ingredient	Mobility
benzyl alcohol	LOW (KOC = 15.66)
triethanolamine	LOW (KOC = 10)
2-Hydroxypropanoic acid ethyl ester	HIGH (KOC = 1)
diethanolamine	HIGH (KOC = 1)

#### **SECTION 13 DISPOSAL CONSIDERATIONS**

#### Waste treatment methods

- ▶ 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.

# Product / Packaging disposal

- ▶ 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.
- ▶ Recycle containers if possible, or dispose of in an authorised landfill

#### **SECTION 14 TRANSPORT INFORMATION**

#### **Labels Required**

COMBUSTIBLE LIQUID	COMBUSTIBLE LIQUID, regulated for storage purposes only	
Marine Pollutant	NO	
HAZCHEM	Not Applicable	

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Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

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

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

Source	Ingredient	Pollution Category
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	benzyl alcohol	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	triethanolamine	Z
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	diethanolamine	Y

#### **SECTION 15 REGULATORY INFORMATION**

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

benzyl alcohol(100-51-6) is found on the following regulatory lists	"Australia Inventory of Chemical Substances (AICS)","Australia Hazardous Substances Information System - Consolidated Lists"
triethanolamine(102-71-6) is found on the following regulatory lists	"Australia Exposure Standards", "International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs", "Australia Inventory of Chemical Substances (AICS)", "Australia Hazardous Substances Information System - Consolidated Lists"
2-Hydroxypropanoic acid ethyl ester() is found on the following regulatory lists	"Not Applicable"
diethanolamine(111-42-2) is found on the following regulatory lists	"Australia Exposure Standards", "International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs", "Australia Inventory of Chemical Substances (AICS)", "Australia Hazardous Substances Information System - Consolidated Lists"

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

#### **SECTION 16 OTHER INFORMATION**

#### Other information

Ingredients with multiple cas numbers

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#### **Cutek CD33 Naked Paint Stripper**

Name **CAS No** 2-Hydroxypropanoic 2676-33-7, 687-47-8, 97-64-3 acid ethyl ester

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

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

#### www.chemwatch.net/references

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

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