



HYCHEM SUPAFLOOR - PART B

Chemwatch Independent Material Safety Data Sheet

Issue Date: 23-May-2013

9317SP(cs)

CHEMWATCH 35-7755

Version No:2.1.1.1

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

HYCHEM SUPAFLOOR - PART B

PROPER SHIPPING NAME

AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S.(contains isophorone diamine and benzene-1,3-dimethanamine)

PRODUCT USE

■ Hardener or Part B of a 2 pack, epoxy system.

Requires that the two parts be mixed by hand or mixer before use, in accordance with manufacturers directions. Mix only as much as is required. Do not return the mixed material to the original containers.

SUPPLIER

Company: Hychem International Pty Ltd

Address:

Unit 1, 30 Bluett Drive

Smeaton Grange

NSW, 2567

Australia

Telephone: +61 2 4646 1660

Emergency Tel: **1800 039 008**

Fax: +61 2 4647 3700

Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE

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

COMBUSTIBLE LIQUID, regulated under AS1940 for Bulk Storage purposes only.



RISK

Risk Codes

R20/21/22

R34

R41

R42/43

R51/53

R67

Risk Phrases

- Harmful by inhalation, in contact with skin and if swallowed.
- Causes burns.
- Risk of serious damage to eyes.
- May cause SENSITISATION by inhalation and skin contact.
- Toxic to aquatic organisms, may cause long- term adverse effects in the aquatic environment.
- Vapours may cause drowsiness and dizziness.

SAFETY

Safety Codes

S01

S23

S24

S25

S36

S37

S39

S51

S09

Safety Phrases

- Keep locked up.
- Do not breathe gas/fumes/vapour/spray.
- Avoid contact with skin.
- Avoid contact with eyes.
- Wear suitable protective clothing.
- Wear suitable gloves.
- Wear eye/face protection.
- Use only in well ventilated areas.
- Keep container in a well ventilated place.

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Section 2 - HAZARDS IDENTIFICATION

S29	• Do not empty into drains.
S401	• To clean the floor and all objects contaminated by this material, use water and detergent.
S07	• Keep container tightly closed.
S35	• This material and its container must be disposed of in a safe way.
S27	• Take off immediately all contaminated clothing.
S26	• In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.
S45	• In case of accident or if you feel unwell IMMEDIATELY contact Doctor or Poisons Information Centre (show label if possible).
S57	• Use appropriate container to avoid environmental contamination.
S61	• Avoid release to the environment. Refer to special instructions/Safety data sheets.
S60	• This material and its container must be disposed of as hazardous waste.
S63	• In case of accident by inhalation: remove casualty to fresh air and keep at rest.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
benzyl alcohol	100-51-6	25-50
isophorone diamine	2855-13-2	10-25
benzene- 1, 3- dimethanamine	1477-55-0	10-25
salicylic acid	69-72-7	2.5-10

Section 4 - FIRST AID MEASURES

SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

For amines:

- If liquid amine are ingested, have the affected person drink several glasses of water or milk.
- Do not induce vomiting.
- Immediately transport to a medical facility and inform medical personnel about the nature of the exposure. The decision of whether to induce vomiting should be made by an attending physician.

EYE

- If this product comes in contact with the eyes:
- Immediately hold eyelids apart and flush the eye continuously with running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
- Transport to hospital or doctor without delay.

For amines:

- If liquid amines come in contact with the eyes, irrigate immediately and continuously with low pressure flowing water, preferably from an eye wash fountain, for 15 to 30 minutes.
- For more effective flushing of the eyes, use the fingers to spread apart and hold open the eyelids. The eyes should then be "rolled" or moved in all directions.
- Seek immediate medical attention, preferably from an ophthalmologist.

SKIN

- If skin or hair contact occurs:
- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

For amines:

- In case of major exposure to liquid amine, promptly remove any contaminated clothing, including rings, watches, and shoe, preferably under a safety shower.
- Wash skin for 15 to 30 minutes with plenty of water and soap. Call a physician immediately.
- Remove and dry-clean or launder clothing soaked or soiled with this material before reuse. Dry cleaning of contaminated clothing may be more effective than normal laundering.

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Section 4 - FIRST AID MEASURES

- Inform individuals responsible for cleaning of potential hazards associated with handling contaminated clothing.

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.
- Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.
- Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).
- As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested.
- Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.

For amines:

- All employees working in areas where contact with amine catalysts is possible should be thoroughly trained in the administration of appropriate first aid procedures.
- Experience has demonstrated that prompt administration of such aid can minimize the effects of accidental exposure.
- Promptly move the affected person away from the contaminated area to an area of fresh air.
- Keep the affected person calm and warm, but not hot.

NOTES TO PHYSICIAN

- For acute or short-term repeated exposures to highly alkaline materials:
 - Respiratory stress is uncommon but present occasionally because of soft tissue edema.
 - Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
 - Oxygen is given as indicated.
 - The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
 - 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.
- for non-steroidal anti-inflammatories (NSAIDs)
- Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.
 - Patients should be managed by symptomatic and supportive care following a NSAIDs overdose.
 - There are no specific antidotes.
 - Emesis and/or activated charcoal (60 to 100 grams in adults, 1 to 2 g/kg in children), and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose).

For amines:

- Certain amines may cause injury to the respiratory tract and lungs if aspirated. Also, such products may cause tissue destruction leading to stricture. If lavage is performed, endotracheal and/or esophagoscopy is suggested.
 - No specific antidote is known.
 - Care should be supportive and treatment based on the judgment of the physician in response to the reaction of the patient.
- Laboratory animal studies have shown that a few amines are suspected of causing depletion of certain white blood cells and their precursors in lymphoid tissue.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- 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 fire fighting procedures suitable for surrounding area.

For amines:

- For firefighting, cleaning up large spills, and other emergency operations, workers must wear a self-contained breathing apparatus with full face-piece, operated in a pressure-demand mode.

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Section 5 - FIRE FIGHTING MEASURES

- Airline and air purifying respirators should not be worn for firefighting or other emergency or upset conditions.
- Respirators should be used in conjunction with a respiratory protection program, which would include suitable fit testing and medical evaluation of the user.

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).

Combustion products include: carbon dioxide (CO₂), aldehydes, nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.

May emit corrosive fumes.

WARNING: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.

FIRE INCOMPATIBILITY

- Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result.

HAZCHEM

2X

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.
 - Check regularly for spills and leaks.
- Slippery when spilt.
- 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.

MAJOR SPILLS

- Slippery when spilt.
- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- DO NOT USE brass or copper containers / stirrers.
- DO NOT allow clothing wet with material to stay in contact with skin.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Avoid contact with moisture.

SUITABLE CONTAINER

- Glass container is suitable for laboratory quantities.
- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.

STORAGE INCOMPATIBILITY

- Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.
- Avoid oxidising agents, acids, acid chlorides, acid anhydrides, chloroformates.
- Avoid contact with copper, aluminium and their alloys.

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Section 7 - HANDLING AND STORAGE

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.
- DO NOT store near acids, or oxidising agents.
- No smoking, naked lights, heat or ignition sources.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- benzyl alcohol: CAS:100- 51- 6
- isophorone diamine: CAS:2855- 13- 2
- salicylic acid: CAS:69- 72- 7

MATERIAL DATA

HYCHEM SUPAFLOOR - PART B:

- None assigned. Refer to individual constituents.

BENZYL ALCOHOL:

- 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.

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

OEL STEL (Russia): 5 mg/m³ Skin
Odour Threshold: 5.5 ppm

ISOPHORONE DIAMINE:

- No exposure limits set by NOHSC or ACGIH.

BENZENE-1,3-DIMETHANAMINE:

- For benzene-1,3-dimethanamine (m-xylene-alpha,alpha'-diamine)

Saturates in air at 219.5 mg/m³ (39.5 ppm) at 25 deg C.

The substance is a gastrointestinal irritant and skin sensitiser in humans.

SALICYLIC ACID:

■ Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

PERSONAL PROTECTION

RESPIRATOR

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

EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of 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], [AS/NZS 1336 or national equivalent].

HANDS/FEET

- When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

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

The selection of the suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.

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

- Leather wear not recommended: Contaminated leather footwear, watch bands, should be destroyed, i.e. burnt, as they cannot be adequately decontaminated.

OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.

ENGINEERING CONTROLS

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

The basic types of engineering controls are:

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

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Yellow liquid with an amine like odour; does not mix with water.

PHYSICAL PROPERTIES

Liquid.

Does not mix with water.

Sinks in water.

Corrosive.

State	Liquid	Molecular Weight	Not Applicable
Melting Range (°C)	Not Available	Viscosity	200 cSt@40°C
Boiling Range (°C)	>200	Solubility in water (g/L)	Immiscible
Flash Point (°C)	>100	pH (1% solution)	Not Available
Decomposition Temp (°C)	Not Available	pH (as supplied)	Not Available
Autoignition Temp (°C)	380	Vapour Pressure (kPa)	Negligible
Upper Explosive Limit (%)	13.0	Specific Gravity (water=1)	1.06
Lower Explosive Limit (%)	1.2	Relative Vapour Density (air=1)	Not Available
Volatile Component (%vol)	Not Available	Evaporation Rate	Not Available

Section 10 - STABILITY AND REACTIVITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

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

Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucous. If death does not occur within 24 hours there may be an improvement in the patients condition for 2-

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Section 11 - TOXICOLOGICAL INFORMATION

4 days only to be followed by the sudden onset of abdominal pain, boardlike abdominal rigidity or hypo-tension; this indicates that delayed gastric or oesophageal corrosive damage has occurred.

Amines without benzene rings when swallowed are absorbed throughout the gut. Corrosive action may cause damage throughout the gastrointestinal tract. They are removed through the liver, kidney and intestinal mucosa by enzyme breakdown.

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.

Central nervous system (CNS) depression may include general discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal.

EYE

■ The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. If applied to the eyes, this material causes severe eye damage.

Vapours of volatile amines irritate the eyes, causing excessive secretion of tears, inflammation of the conjunctiva and slight swelling of the cornea, resulting in "halos" around lights. This effect is temporary, lasting only for a few hours. However this condition can reduce the efficiency of undertaking skilled tasks, such as driving a car. Direct eye contact with liquid volatile amines may produce eye damage, permanent for the lighter species.

SKIN

■ The material can produce chemical burns following direct contact with the skin.

Skin contact with the material may be harmful; systemic effects may result following absorption.

Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous reactions include erythema, intolerable itching and severe facial swelling. Blistering, with weeping of serous fluid, and crusting and scaling may also occur. Individuals exhibiting "amine dermatitis" may experience a dramatic reaction upon re-exposure to minute quantities. Highly sensitive persons may even react to cured resins containing trace amounts of unreacted amine hardener. Minute quantities of air-borne amine may precipitate intense dermatological symptoms in sensitive individuals. Prolonged or repeated exposure may produce tissue necrosis.

Volatile amine vapours produce irritation and inflammation of the skin. Direct contact can cause burns. They may be absorbed through the skin and cause similar effects to swallowing, leading to death. The skin may exhibit whiteness, redness and wheals. Open cuts, abraded or irritated skin should not be exposed to this material.

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.

INHALED

■ Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo.

Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma". The literature records several instances of systemic intoxications following the use of amines in epoxy resin systems.

Inhalation of amine vapours may cause irritation of the mucous membrane of the nose and throat, and lung irritation with respiratory distress and cough. Swelling and inflammation of the respiratory tract is seen in serious cases; with headache, nausea, faintness and anxiety. There may also be wheezing.

The compound causes intestinal irritation due to its caustic nature. Lower doses may cause impaired appetite, sluggish reaction to stimuli and reduced alertness. High doses may cause eye irritation, excessive tear secretion; difficulty in breathing; lung, liver and kidney damage. Death may also result. The above reflect the results of animal testing.

Inhalation of benzyl alcohol may affect breathing (causing depression and paralysis of breathing and lower blood pressure).

Acute effects from inhalation of high vapour concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.

CHRONIC HEALTH EFFECTS

■ Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.

Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

Reactions to benzoic acid have been reported. It may worsen asthma, skin rash or skin disease (angio-oedema). Effect may be worse if exposed persons are also taking aspirin tablets.

Prolonged use of non-steroidal analgesics damages the lining of the gastrointestinal tract, causing ulcers and bleeding. There may be diarrhoea or constipation, perforations causing serious infection, and blood in the vomit or stools. Kidney damage can result in blood or pus in the urine, changes in urine chemistry, change in the frequency of urination, insufficiency of kidney function, destruction of the kidney lining and kidney inflammation. Occasionally, the liver may be affected, causing inflammation (hepatitis) and jaundice. There may be changes in blood cell distribution, and disturbance in platelet function. Sensitivity to light may occur. Anaphylactic-like syndrome is characterised by rash with redness, spots and blisters, itching, and fainting. The eyes, ears and urinary tract can all be affected. Asthma and anaemia may be exacerbated. These drugs can cause circulatory defects in the foetus and newborn. Once the kidney has been damaged, there is an increased likelihood that cancers could develop there.

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Section 11 - TOXICOLOGICAL INFORMATION

Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk. Hypersensitive reactions can occur, especially in people with asthma. These symptoms include itchy wheals and other skin eruptions, an inflamed nose, shortness of breath and serious narrowing of the airways (which can even cause death). Chronic exposure to parabens by skin contact, ingestion or injection can cause hypersensitive reactions. There may be cross-sensitivity between different species, so people can be develop allergic symptoms if they were sensitised by other chemicals. Symptoms include acute narrowing of the airways, hives (itchy wheal), swelling, running nose and blurred vision. There may be anaphylactic shock and rash.

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.

Animal studies have shown this compound to cause lung, liver, kidney and CNS disorders.

Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma". The literature records several instances of systemic intoxications following the use of amines in epoxy resin systems.

Sensitisation may give severe responses to very low levels of exposure, i.e. hypersensitivity. Sensitised persons should not be allowed to work in situations where exposure may occur.

TOXICITY AND IRRITATION

■ No significant acute toxicological data identified in literature search.

SKIN

benzyl alcohol	GESAMP/EHS Composite List - GESAMP Hazard Profiles	D1: skin irritation/corrosion	2
isophorone diamine	GESAMP/EHS Composite List - GESAMP Hazard Profiles	D1: skin irritation/corrosion	3
benzene- 1, 3-dimethanamine	Australia Exposure Standards - Skin	Notes	Sk
salicylic acid	GESAMP/EHS Composite List - GESAMP Hazard Profiles	D1: skin irritation/corrosion	3

Section 12 - ECOLOGICAL INFORMATION

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

This material and its container must be disposed of as hazardous waste.

Avoid release to the environment.

Refer to special instructions/ safety data sheets.

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
benzyl alcohol	LOW	No Data Available	LOW	HIGH
isophorone diamine	HIGH	No Data Available	LOW	MED
benzene- 1, 3- dimethanamine	HIGH	No Data Available	LOW	MED
salicylic acid	LOW	No Data Available	LOW	HIGH

Section 13 - DISPOSAL CONSIDERATIONS

- 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.
- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Treat and neutralise at an approved treatment plant.
- Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material).

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Section 14 - TRANSPORTATION INFORMATION



Labels Required: CORROSIVE

HAZCHEM:

2X (ADG7)

ADG7:

Class or Division:	8	Subsidiary Risk:	None
UN No.:	2735	Packing Group:	III
Special Provision:	223 274	Limited Quantity:	5 L
Portable Tanks & Bulk Containers - Instruction:	T7	Portable Tanks & Bulk Containers - Special Provision:	TP1 TP28
Packagings & IBCs - Packing Instruction:	P001 IBC03 LP01	Packagings & IBCs - Special Packing Provision:	None

Name and Description: AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S. (contains isophorone diamine and benzene-1,3-dimethanamine)

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	None
UN/ID Number:	2735	Packing Group:	III
Special provisions:	A3A803		

Shipping name:AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S.(contains isophorone diamine and benzene-1,3-dimethanamine)

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	2735	Packing Group:	III
EMS Number:	F- A, S- B	Special provisions:	223 274
Limited Quantities:	5 L	Marine Pollutant:	Yes

Shipping name:AMINES, LIQUID, CORROSIVE, N.O.S. or POLYAMINES, LIQUID, CORROSIVE, N.O.S.(contains isophorone diamine and benzene-1,3-dimethanamine)

Section 15 - REGULATORY INFORMATION

Indications of Danger:

C	Corrosive
N	Dangerous for the environment

POISONS SCHEDULE None

REGULATIONS

Regulations for ingredients

benzyl alcohol (CAS: 100-51-6) is found on the following regulatory lists;

"Acros Transport Information", "Australia Hazardous Substances", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "International Fragrance Association (IFRA) Standards Restricted", "International Fragrance Association (IFRA) Survey: Transparency List", "International Fragrance Association IFRA Standards Annex I", "International Numbering System for Food Additives", "OECD List of High Production Volume (HPV) Chemicals", "Sigma-Aldrich Transport Information"

isophorone diamine (CAS: 2855-13-2) is found on the following regulatory lists;

"Australia Hazardous Substances", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "Australia National Pollutant Inventory", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5", "Fisher Transport Information", "OECD List of High Production Volume (HPV) Chemicals", "Sigma-Aldrich Transport Information"

benzene-1,3-dimethanamine (CAS: 1477-55-0) is found on the following regulatory lists;

"Australia Hazardous Substances", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical

continued...

HYCHEM SUPAFLOOR - PART B

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Section 15 - REGULATORY INFORMATION

Substances (AICS)", "Australia National Pollutant Inventory", "FisherTransport Information", "OECD List of High Production Volume (HPV) Chemicals", "Sigma-AldrichTransport Information"

salicylic acid (CAS: 69-72-7) is found on the following regulatory lists;

"Australia FAISD Handbook - First Aid Instructions, Warning Statements, and General Safety Precautions", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix F (Part 3)", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 3", "FisherTransport Information", "International Fragrance Association (IFRA) Survey: Transparency List", "OECD List of High Production Volume (HPV) Chemicals", "Sigma-AldrichTransport Information"

No data for Hychem SupaFloor - Part B (CW: 35-7755)

Section 16 - OTHER INFORMATION

Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
benzene- 1, 3- dimethanamine	1477- 55- 0	Xn; R22 R43 Xi; R38
salicylic acid	69- 72- 7	Xn; R22

■ 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.

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This is the end of the MSDS.