Nu Finish Car Polish

Trico Products

Chemwatch Hazard Alert Code: **3**

Chemwatch: **4789-43**
Version No: **4.1.1.1**
Safety Data Sheet according to WHS and ADG requirements

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

Product Identifier

Product name	Nu Finish Car Polish
Synonyms	397g Can (PN: NFP-80), 473 ml Bottle (PN: NF-76), Pack Sizes:
Other means of identification	Not Available

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

Relevant identified uses	Use according to manufacturer's directions. Automotive polish.

Details of the supplier of the safety data sheet

Registered company name	Trico Products
Address	Unit 1, 80 Fairbank Road Clayton VIC 3169 Australia
Telephone	+61 3 9271 3288
Fax	+61 3 9271 3290
Website	https://www.tricoproducts.com
Email	sales@tricoproducts.com.au

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	+61 3 9271 3288
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

CHEMWATCH HAZARD RATINGS

		Min	Max
Flammability	1		
Toxicity	2		
Body Contact	2		
Reactivity	1		
Chronic	3		

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Carcinogenicity Category 1B, Reproductive Toxicity Category 2, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - repeated exposure Category 2, Aspiration Hazard Category 1, Acute Aquatic Hazard Category 3, Chronic Aquatic Hazard Category 3
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI*

Label elements

GHS label elements	
SIGNAL WORD	**DANGER**

Hazard statement(s)

H315	Causes skin irritation.
H350	May cause cancer.

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H361	Suspected of damaging fertility or the unborn child.
H335	May cause respiratory irritation.
H373	May cause damage to organs.
H304	May be fatal if swallowed and enters airways.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P281	Use personal protective equipment as required.
P273	Avoid release to the environment.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P331	Do NOT induce vomiting.
P362	Take off contaminated clothing and wash before reuse.
P312	Call a POISON CENTER or doctor/physician if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P332+P313	If skin irritation occurs: Get medical advice/attention.

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
64742-49-0.	7-13	naphtha petroleum, light, hydrotreated
8052-41-3.	7-13	white spirit
93821-35-3	7-13	calcined flint clay
Not Available	>60	Ingredients determined not to be hazardous

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Wash out immediately with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay.
Ingestion	▸ If swallowed do **NOT** induce vomiting. ▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▸ Observe the patient carefully. ▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▸ Seek medical advice.

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Indication of any immediate medical attention and special treatment needed

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

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

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

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ Avoid spraying water onto liquid pools. ▸ **DO NOT** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke. ▸ Mists containing combustible materials may be explosive. Combustion products include; carbon dioxide (CO_2) silicon dioxide (SiO_2) other pyrolysis products typical of burning organic materialMay emit poisonous fumes.May emit corrosive fumes.

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Minor Spills	▸ Remove all ignition sources. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by all means available, spillage from entering drains or water courses. ▸ Consider evacuation (or protect in place). ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Water spray or fog may be used to disperse / absorb vapour. ▸ Contain or absorb spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	▸ Containers, even those that have been emptied, may contain explosive vapours. ▸ Do NOT cut, drill, grind, weld or perform similar operations on or near containers. ▸ **DO NOT** allow clothing wet with material to stay in contact with skin ▸ Electrostatic discharge may be generated during pumping - this may result in fire. ▸ Ensure electrical continuity by bonding and grounding (earthing) all equipment. ▸ Restrict line velocity during pumping in order to avoid generation of electrostatic discharge (<=1 m/sec until fill pipe submerged to twice its diameter, then <= 7 m/sec). ▸ Avoid splash filling. ▸ Do NOT use compressed air for filling discharging or handling operations. ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area.

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	▸ Prevent concentration in hollows and sumps. ▸ **DO NOT** enter confined spaces until atmosphere has been checked. ▸ Avoid smoking, naked lights or ignition sources. ▸ Avoid contact with incompatible materials. ▸ When handling, **DO NOT** eat, drink or smoke. ▸ Keep containers securely sealed when not in use. ▸ Avoid physical damage to containers. ▸ Always wash hands with soap and water after handling. ▸ Work clothes should be laundered separately. ▸ Use good occupational work practice. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS. ▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	▸ Store in original containers. ▸ Keep containers securely sealed. ▸ No smoking, naked lights or ignition sources. ▸ Store in a cool, dry, well-ventilated area. ▸ Store away from incompatible materials and foodstuff containers. ▸ Protect containers against physical damage and check regularly for leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Metal can or drum ▸ Packaging as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▸ Avoid reaction with oxidising agents

X X + X + + +

X — Must not be stored together
0 — May be stored together with specific preventions
+ — May be stored together

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	white spirit	White spirits	790 mg/m3	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
white spirit	Stoddard solvent; (Mineral spirits, 85% nonane and 15% trimethyl benzene)	100 ppm	350 ppm	29500 ppm

Ingredient	Original IDLH	Revised IDLH
naphtha petroleum, light, hydrotreated	Not Available	Not Available
white spirit	29,500 mg/m3	20,000 mg/m3
calcined flint clay	Not Available	Not Available
Ingredients determined not to be hazardous	Not Available	Not Available

MATERIAL DATA

For kaolin:
Kaolin dust appears to have fibrogenic potential even in the absence of crystalline silica. Kaolinosis can exist as simple and complicated forms with the latter often associated with respiratory symptoms. Crystalline silica enhances the severity of the pneumoconiosis.
for: hexane, isomers (excluding n-hexane)
The TLV-TWA is thought to be protective against nausea, headache, upper respiratory tract irritation and CNS depression. The STEL is added to prevent objective depression of the CNS. The lower value ascribed
to n-hexane is due to the neurotoxicity of its metabolites, principally 5-hydroxy-2-hexanone and 2,5-hexanedione. It is considered unlikely that other hexanes follow the same metabolic route. It should be noted however that the n-hexane TLV-TWA also applies to commercial hexane having a concentration of greater than 5% n-hexane.

Because the margin of safety of the quartz TLV is not known with certainty and given the associated link between silicosis and lung cancer it is recommended that quartz concentrations be maintained as far below the TLV as prudent practices will allow.
Exposure to respirable crystalline silicas (RCS) represents a significant hazard to workers, particularly those employed in the construction industry where respirable dusts of cement and concrete are common. Cutting, grinding and other high speed processes, involving their finished products, may further result in dusty atmospheres. Bricks are also a potential source of RCSs under such circumstances.
It is estimated that half of the occupations, involved in construction work, are exposed to levels of RCSs, higher than the current allowable limits. Beaudry et al: Journal of Occupational and Environmental Hygiene 10: 71-77; 2013
NOTE M: The classification as a carcinogen need not apply if it can be shown that the substance contains less than 0.005% w/w benzo[a]pyrene (EINECS No 200-028-5). This note applies only to certain complex oil-derived substances in Annex IV.
European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP
NOTE P: The classification as a carcinogen need not apply if it can be shown that the substance contains less than 0.01% w/w benzene (EINECS No 200-753-7). Note E shall also apply when the substance is classified as a carcinogen. This note applies only to certain complex oil-derived substances in Annex VI.

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European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure. ▸ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area. ▸ Work should be undertaken in an isolated system such as a "glove-box" . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system. ▸ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within. ▸ Open-vessel systems are prohibited. ▸ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation. ▸ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system. ▸ For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. ▸ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas). ▸ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air. ▸ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.
Personal protection	
Eye and face protection	▸ 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 The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and.has to be observed when making a final choice. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: ▸ frequency and duration of contact, ▸ chemical resistance of glove material, ▸ glove thickness and ▸ dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). ▸ When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. ▸ When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. ▸ Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. ▸ Contaminated gloves should be replaced. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.
Body protection	See Other protection below
Other protection	▸ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent] ▸ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent] ▸ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely. ▸ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. ▸ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. ▸ Overalls. ▸ P.V.C. apron. ▸ Barrier cream. ▸ Skin cleansing cream. ▸ Eye wash unit.

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Thermal hazards	Not Available

Respiratory protection

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

^ - Full-face
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content. The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	White liquid with a solvent odour; does not mix with water.

Physical state	Liquid	**Relative density (Water = 1)**	Not Available
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	8	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	100	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	94 (CC)	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water (g/L)	Immiscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

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

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	High inhaled concentrations of mixed hydrocarbons may produce narcosis characterised by nausea, vomiting and lightheadedness. Inhalation of aerosols may produce severe pulmonary oedema, pneumonitis and pulmonary haemorrhage. Inhalation of petroleum hydrocarbons consisting substantially of low molecular weight species (typically C2-C12) may produce irritation of mucous membranes, incoordination, giddiness, nausea, vertigo, confusion, headache, appetite loss, drowsiness, tremors and anaesthetic stupor. Massive exposures may produce central nervous system depression with sudden collapse and deep coma; fatalities have been recorded. Irritation of the brain and/or apnoeic anoxia may produce convulsions. Although recovery following overexposure is generally complete, cerebral micro-haemorrhage of focal post-inflammatory scarring may produce epileptiform seizures some months after the exposure. Pulmonary episodes may include chemical pneumonitis with oedema and haemorrhage. The lighter hydrocarbons may produce kidney and neurotoxic effects. Pulmonary irritancy increases with carbon chain length for paraffins and olefins. Alkenes produce pulmonary oedema at high concentrations. Liquid paraffins may produce anaesthesia and depressant actions leading to weakness, dizziness, slow and shallow respiration, unconsciousness, convulsions and death. C5-7 paraffins may also produce polyneuropathy. Aromatic hydrocarbons accumulate in lipid rich tissues (typically the brain, spinal cord and peripheral nerves) and may produce functional impairment manifested by nonspecific symptoms such as nausea, weakness, fatigue and vertigo; severe exposures may produce inebriation or unconsciousness. Many of the petroleum hydrocarbons are cardiac sensitisers and may cause ventricular fibrillations. Central nervous system (CNS) depression may include nonspecific 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. Some aliphatic hydrocarbons produce axonal neuropathies. Isoparaffinic hydrocarbons produce injury to the kidneys of male rats. When albino rats were exposed to isoparaffins at 21.4 mg/l for 4 hours, all animals experienced weakness, tremors, salivation, mild to moderate convulsions, chromodacryorrhoea and ataxia within the first 24 hours. Symptoms disappeared after 24 hours. Several studies have evaluated sensory irritation in laboratory animals or odor or sensory response in humans. When evaluated by a standard procedure to assess upper airway irritation, isoparaffins did not produce sensory irritation in mice exposed to up to 400 ppm isoparaffin in air. Human volunteers were exposed for six hours to 100 ppm isoparaffin. The subjects were given a self-administered questionnaire to evaluate symptoms, which included dryness of the mucous membranes, loss of appetite, nausea, vomiting, diarrhea, fatigue, headache, dizziness, feeling of inebriation, visual disturbances, tremor, muscular weakness, impairment of coordination or paresthesia. No symptoms associated with solvent exposure were observed. With a human expert panel, odour from liquid imaging copier emissions became weakly discernible at approximately 50 ppm. Numerous long-term exposures have been conducted in animals with only one major finding observed. Renal tubular damage has been found in kidneys of male rats upon repeated exposures to isoparaffins. It does not occur in mice or in female rats. This male rat nephropathy has been observed with a number of hydrocarbons, including wholly vaporized unleaded gasoline. The phenomenon has been attributed to reversible binding of hydrocarbon to alpha2-globulin. Since humans do not synthesize alpha2-globulin or a similar protein, the finding is not considered to be of biological significance to man. No clinically significant renal abnormalities have been found in refinery workers exposed to hydrocarbons. When evaluated for developmental toxicity in rats, isoparaffins were neither embryotoxic nor teratogenic. Isoparaffins were consistently negative on standard bacterial genotoxicity assays. They were also non-genotoxic in *in vivo* mammalian testing for somatic or germ cell mutations (mouse micronucleus test and rat dominant lethal assay, respectively). Mullin et al: Jnl Applied Toxicology 10, pp 136-142, 2006 Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination
Ingestion	Swallowing of the liquid may cause aspiration of vomit into the lungs with the risk of haemorrhaging, pulmonary oedema, progressing to chemical pneumonitis; serious consequences may result. Signs and symptoms of chemical (aspiration) pneumonitis may include coughing, gasping, choking, burning of the mouth, difficult breathing, and bluish coloured skin (cyanosis). Accidental ingestion of the material may be damaging to the health of the individual. Many aliphatic hydrocarbons create a burning sensation because they are irritating to the GI mucosa. Vomiting has been reported in up to one third of all hydrocarbon exposures. While most aliphatic hydrocarbons have little GI absorption, aspiration frequently occurs, either initially or in a semi-delayed fashion as the patient coughs or vomits, thereby resulting in pulmonary effects. Once aspirated, the hydrocarbons can create a severe pneumonitis. Rats given isoparaffinic hydrocarbons (after 18-24 hours fasting) showed lethargy and/or general weakness, ataxia and diarrhoea. Symptoms disappeared within 24-28 hours. Ingestion of petroleum hydrocarbons may produce irritation of the pharynx, oesophagus, stomach and small intestine with oedema and mucosal ulceration resulting; symptoms include a burning sensation in the mouth and throat. Large amounts may produce narcosis with nausea and vomiting, weakness or dizziness, slow and shallow respiration, swelling of the abdomen, unconsciousness and convulsions. Myocardial injury may produce arrhythmias, ventricular fibrillation and electrocardiographic changes. Central nervous system depression may also occur. Light aromatic hydrocarbons produce a warm, sharp, tingling sensation on contact with taste buds and may anaesthetise the tongue. Aspiration into the lungs may produce coughing, gagging and a chemical pneumonitis with pulmonary oedema and haemorrhage. Chronic inhalation or skin exposure to n-hexane may cause peripheral neuropathy, which is damage to nerve ends in extremities, e.g. fingers, with loss of sensation and characteristic thickening. Nerve damage has been documented with chronic exposures of greater than 500 ppm. Improvement in condition does not immediately follow removal from exposure and symptoms may progress for two or three months. Recovery may take a year or more depending on severity of exposure, and may not always be complete. Exposure to n-hexane with methyl ethyl ketone (MEK) will accelerate the appearance of damage, but MEK alone will not cause the nerve damage. Other isomers of hexane do not cause nerve damage. [*Source: Shell Co.*]
Skin Contact	Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. The material may accentuate any pre-existing dermatitis condition Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. Dermally, isoparaffins have produced slight to moderate irritation in animals and humans under occluded patch conditions where evaporation cannot freely occur. However, they are not irritating in non-occluded tests, which are a more realistic simulation of human exposure. They have not been found to be sensitisers in guinea pig or human patch testing. However, occasional rare idiosyncratic sensitisation reactions in humans have been reported. 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.
Eye	Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental 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. Instillation of isoparaffins into rabbit eyes produces only slight irritation. Petroleum hydrocarbons may produce pain after direct contact with the eyes. Slight, but transient disturbances of the corneal epithelium may also result. The aromatic fraction may produce irritation and lachrymation.
Chronic	On the basis, primarily, of animal experiments, the material may be regarded as carcinogenic to humans. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in cancer on the basis of: - appropriate long-term animal studies - other relevant information Harmful: danger of serious damage to health by prolonged exposure through inhalation. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or

Continued...

prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.
Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects.
Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Chronic symptoms produced by crystalline silicas included decreased vital lung capacity and chest infections. Lengthy exposure may cause silicosis a disabling form of pneumoconiosis which may lead to fibrosis, a scarring of the lining of the air sacs in the lung. Symptoms may appear 8 to 18 months after initial exposure. Smoking increases this risk. Classic silicosis is a chronic disease characterised by the formation of scattered, rounded or stellate silica-containing nodules of scar tissue in the lungs ranging from microscopic to 1.0 cm or more. The nodules isolate the inhaled silica particles and protect the surrounding normal and functioning tissue from continuing injury. Simple silicosis (in which the nodules are less than 1.0 cm in diameter) is generally asymptomatic but may be slowly progressive even in the absence of continuing exposure. Simple silicosis can develop in complicated silicoses (in which nodules are greater than 1.0 cm in diameter) and can produce disabilities including an associated tuberculous infection (which 50 years ago accounted for 75% of the deaths among silicotic workers). Crystalline silica deposited in the lungs causes epithelial and macrophage injury and activation. Crystalline silica translocates to the interstitium and the regional lymph nodes and cause the recruitment of inflammatory cells in a dose dependent manner. In humans, a large fraction of crystalline silica persists in the lungs. The question of potential carcinogenicity associated with chronic inhalation of crystalline silica remains equivocal with some studies supporting the proposition and others finding no significant association. The results of recent epidemiological studies suggest that lung cancer risk is elevated only in those patients with overt silicosis. A relatively large number of epidemiological studies have been undertaken and in some, increased risk gradients have been observed in relation to dose surrogates - cumulative exposure, duration of exposure, the presence of radiographically defined silicosis, and peak intensity exposure. Chronic inhalation in rats by single or repeated intratracheal instillation produced a significant increase in the incidences of adenocarcinomas and squamous cell carcinomas of the lung. Lifetime inhalation of crystalline silica (87% alpha-quartz) at 1 mg/m3 (74% respirable) by rats, produced an increase in animals with keratinising cystic squamous cell tumours, adenomas, adenocarcinomas, adenosquamous cell carcinomas, squamous cell carcinoma and nodular bronchiolar alveolar hyperplasia accompanied by extensive subpleural and peribronchiolar fibrosis, increased pulmonary collagen content, focal lipoproteinosis and macrophage infiltration. Thoracic and abdominal malignant lymphomas developed in rats after single intrapleural and intraperitoneal injection of suspensions of several types of quartz.

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

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

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

Repeated or prolonged exposure to mixed hydrocarbons may produce narcosis with dizziness, weakness, irritability, concentration and/or memory loss, tremor in the fingers and tongue, vertigo, olfactory disorders, constriction of visual field, paraesthesias of the extremities, weight loss and anaemia and degenerative changes in the liver and kidney. Chronic exposure by petroleum workers, to the lighter hydrocarbons, has been associated with visual disturbances, damage to the central nervous system, peripheral neuropathies (including numbness and paraesthesias), psychological and neurophysiological deficits, bone marrow toxicities (including hypoplasia possibly due to benzene) and hepatic and renal involvement. Chronic dermal exposure to petroleum hydrocarbons may result in defatting which produces localised dermatoses. Surface cracking and erosion may also increase susceptibility to infection by microorganisms. One epidemiological study of petroleum refinery workers has reported elevations in standard mortality ratios for skin cancer along with a dose-response relationship indicating an association between routine workplace exposure to petroleum or one of its constituents and skin cancer, particularly melanoma. Other studies have been unable to confirm this finding.
Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS]

Chronic inhalation or skin exposure to n-hexane may cause peripheral neuropathy, which is damage to nerve ends in extremities, e.g. fingers, with loss of sensation and characteristic thickening. Nerve damage has been documented with chronic exposures of greater than 500 ppm. Improvement in condition does not immediately follow removal from exposure and symptoms may progress for two or three months. Recovery may take a year or more depending on severity of exposure, and may not always be complete. Exposure to n-hexane with methyl ethyl ketone (MEK) will accelerate the appearance of damage, but MEK alone will not cause the nerve damage. Other isomers of hexane do not cause nerve damage. [*Source: Shell Co.*]

Nu Finish Car Polish	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

naphtha petroleum, light, hydrotreated	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >1900 mg/kg[1]	Not Available
	Oral (rat) LD50: >2000 mg/kg[1]	

white spirit	**TOXICITY**	**IRRITATION**
	Inhalation (rat) LC50: >1400 ppm/8hr[2]	Eye (human): 470 ppm/15m
		Eye (rabbit): 500 mg/24h moderate
		Nil reported

calcined flint clay	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >5000 mg/kg[1]	Not Available
	Oral (rat) LD50: >2000 mg/kg[1]	
	Oral (rat) LD50: >2000 mg/kg[1]	

Legend:	*1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*

NAPHTHA PETROLEUM, LIGHT, HYDROTREATED	No significant acute toxicological data identified in literature search. Studies indicate that normal, branched and cyclic paraffins are absorbed from the mammalian gastrointestinal tract and that the absorption of n-paraffins is inversely proportional to the carbon chain length,with little absorption above C30. With respect to the carbon chain lengths likely to be present in mineral oil,

Continued...

	n-paraffins may be absorbed to a greater extent that iso- or cyclo-paraffins. The major classes of hydrocarbons have been shown to be well absorbed by the gastrointestinal tract in various species. In many cases, the hydrophobic hydrocarbons are ingested in association with dietary lipids. The dependence of hydrocarbon absorption on concomitant triglyceride digestion and absorption,is known as the "hydrocarbon continuum hypothesis", and asserts that a series of solubilising phases in the intestinal lumen, created by dietary triglycerides and their digestion products, afford hydrocarbons a route to the lipid phase of the intestinal absorptive cell (enterocyte) membrane. While some hydrocarbons may traverse the mucosal epithelium unmetabolised and appear as solutes in lipoprotein particles in intestinal lymph, there is evidence that most hydrocarbons partially separate from nutrient lipids and undergo metabolic transformation in the enterocyte. The enterocyte may play a major role in determining the proportion of an absorbed hydrocarbon that, by escaping initial biotransformation, becomes available for deposition in its unchanged form in peripheral tissues such as adipose tissue, or in the liver. **for petroleum:** This product contains benzene which is known to cause acute myeloid leukaemia and n-hexane which has been shown to metabolize to compounds which are neuropathic. This product contains toluene. There are indications from animal studies that prolonged exposure to high concentrations of toluene may lead to hearing loss. This product contains ethyl benzene and naphthalene from which there is evidence of tumours in rodents **Carcinogenicity:** Inhalation exposure to mice causes liver tumours, which are not considered relevant to humans. Inhalation exposure to rats causes kidney tumours which are not considered relevant to humans. **Mutagenicity:** There is a large database of mutagenicity studies on gasoline and gasoline blending streams, which use a wide variety of endpoints and give predominantly negative results. All in vivo studies in animals and recent studies in exposed humans (e.g. petrol service station attendants) have shown negative results in mutagenicity assays. **Reproductive Toxicity:** Repeated exposure of pregnant rats to high concentrations of toluene (around or exceeding 1000 ppm) can cause developmental effects, such as lower birth weight and developmental neurotoxicity, on the foetus. However, in a two-generation reproductive study in rats exposed to gasoline vapour condensate, no adverse effects on the foetus were observed. **Human Effects:** Prolonged/ repeated contact may cause defatting of the skin which can lead to dermatitis and may make the skin more susceptible to irritation and penetration by other materials. Lifetime exposure of rodents to gasoline produces carcinogenicity although the relevance to humans has been questioned. Gasoline induces kidney cancer in male rats as a consequence of accumulation of the alpha2-microglobulin protein in hyaline droplets in the male (but not female) rat kidney. Such abnormal accumulation represents lysosomal overload and leads to chronic renal tubular cell degeneration, accumulation of cell debris, mineralisation of renal medullary tubules and necrosis. A sustained regenerative proliferation occurs in epithelial cells with subsequent neoplastic transformation with continued exposure. The alpha2-microglobulin is produced under the influence of hormonal controls in male rats but not in females and, more importantly, not in humans. The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
WHITE SPIRIT	**for petroleum:** This product contains benzene which is known to cause acute myeloid leukaemia and n-hexane which has been shown to metabolize to compounds which are neuropathic. This product contains toluene. There are indications from animal studies that prolonged exposure to high concentrations of toluene may lead to hearing loss. This product contains ethyl benzene and naphthalene from which there is evidence of tumours in rodents **Carcinogenicity:** Inhalation exposure to mice causes liver tumours, which are not considered relevant to humans. Inhalation exposure to rats causes kidney tumours which are not considered relevant to humans. **Mutagenicity:** There is a large database of mutagenicity studies on gasoline and gasoline blending streams, which use a wide variety of endpoints and give predominantly negative results. All in vivo studies in animals and recent studies in exposed humans (e.g. petrol service station attendants) have shown negative results in mutagenicity assays. **Reproductive Toxicity:** Repeated exposure of pregnant rats to high concentrations of toluene (around or exceeding 1000 ppm) can cause developmental effects, such as lower birth weight and developmental neurotoxicity, on the foetus. However, in a two-generation reproductive study in rats exposed to gasoline vapour condensate, no adverse effects on the foetus were observed. **Human Effects:** Prolonged/ repeated contact may cause defatting of the skin which can lead to dermatitis and may make the skin more susceptible to irritation and penetration by other materials. Lifetime exposure of rodents to gasoline produces carcinogenicity although the relevance to humans has been questioned. Gasoline induces kidney cancer in male rats as a consequence of accumulation of the alpha2-microglobulin protein in hyaline droplets in the male (but not female) rat kidney. Such abnormal accumulation represents lysosomal overload and leads to chronic renal tubular cell degeneration, accumulation of cell debris, mineralisation of renal medullary tubules and necrosis. A sustained regenerative proliferation occurs in epithelial cells with subsequent neoplastic transformation with continued exposure. The alpha2-microglobulin is produced under the influence of hormonal controls in male rats but not in females and, more importantly, not in humans. white spirit, as CAS RN 8052-41-3
CALCINED FLINT CLAY	No significant acute toxicological data identified in literature search.

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

Legend: ✘ *– Data available but does not fill the criteria for classification*
✔ *– Data required to make classification available*
⊘ *– Data Not Available to make classification*

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
naphtha petroleum, light, hydrotreated	LC50	96	Fish	2.1-61.1mg/L	2
naphtha petroleum, light, hydrotreated	EC50	48	Crustacea	4.7mg/L	2
naphtha petroleum, light, hydrotreated	EC50	72	Algae or other aquatic plants	12.4mg/L	2
naphtha petroleum, light, hydrotreated	EC50	96	Algae or other aquatic plants	1.6-16.3mg/L	2
naphtha petroleum, light, hydrotreated	NOEC	72	Algae or other aquatic plants	6.47mg/L	2

Continued...

calcined flint clay	LC50	96	Fish	0.078-0.108mg/L	2
calcined flint clay	EC50	48	Crustacea	1.5mg/L	2
calcined flint clay	EC50	96	Algae or other aquatic plants	0.024mg/L	2
calcined flint clay	NOEC	72	Algae or other aquatic plants	>=0.004mg/L	2
calcined flint clay	LC50	96	Fish	>100mg/L	2
calcined flint clay	NOEC	0.5	Fish	10mg/L	2
calcined flint clay	EC50	48	Crustacea	>100mg/L	2
calcined flint clay	EC50	72	Algae or other aquatic plants	2500mg/L	2
calcined flint clay	EC50	72	Algae or other aquatic plants	410mg/L	2
Legend:	*Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*				

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

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	▸ 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

Marine Pollutant	NO
HAZCHEM	Not Applicable

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 and the IBC code

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

NAPHTHA PETROLEUM, LIGHT, HYDROTREATED(64742-49-0.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)

WHITE SPIRIT(8052-41-3.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

CALCINED FLINT CLAY(93821-35-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y

Continued...

Canada - DSL	Y
Canada - NDSL	N (white spirit; naphtha petroleum, light, hydrotreated; calcined flint clay)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (white spirit; naphtha petroleum, light, hydrotreated; calcined flint clay)
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

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

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

Definitions and abbreviations

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