

# Mapei Mapeproof 1K Turbo

Mapei Australia Pty Ltd

Chemwatch: 60-9291

Version No: 3.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 2

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S.GHS.AUS.EN

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

### Product Identifier

Product name	Mapei Mapeproof 1K Turbo
Synonyms	Not Available
Other means of identification	Not Available

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

Relevant identified uses	Used as an adhesive and sealant. (VOC per CA South Coast Air Quality Management District, Rule 1168)
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### Details of the supplier of the safety data sheet

Registered company name	Mapei Australia Pty Ltd	Mapei New Zealand Ltd
Address	180 Viking Drive Wacol 4076 QLD Australia	30 Fisher Crescent Mt Wellington Auckland New Zealand
Telephone	+61 7 3276 5000 (Mon-Fri 8am to 5pm)	+64 9 921 1994 (Mon-Fri 9am-5pm)
Fax	+61 7 3276 5076	+64 9 921 1993
Website	www.mapei.com.au	www.mapei.co.nz
Email	sales@mapei.com.au	enquiries@mapei.co.nz

### Emergency telephone number

Association / Organisation	Australian Poisons Information Centre hotline 24 Hour Service 13 11 26	New Zealand Poisons Information Centre - +64 3 479 7227 Normal Hours
Emergency telephone numbers	13 11 26	0800 POISON (0800 764 766)
Other emergency telephone numbers	Police or Fire Brigade 000	Police or Fire Brigade 111

## 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	1
Toxicity	2	2
Body Contact	2	2
Reactivity	1	1
Chronic	2	2

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

Poisons Schedule	Not Applicable
GHS Classification [1]	Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Respiratory Sensitizer Category 1, Skin Sensitizer Category 1, Carcinogen Category 2, STOT - SE (Resp. Irr.) Category 3, STOT - RE Category 2
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	
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SIGNAL WORD	DANGER
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### Hazard statement(s)

H332	Harmful if inhaled
H315	Causes skin irritation
H319	Causes serious eye irritation

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H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled
H317	May cause an allergic skin reaction
H351	Suspected of causing cancer
H335	May cause respiratory irritation
H373	May cause damage to organs through prolonged or repeated exposure

**Supplementary statement(s)**

Not Applicable

**CLP classification (additional)**

Not Applicable

**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.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

**Precautionary statement(s) Response**

P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before reuse.

**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.
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**SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS****Substances**

See section below for composition of Mixtures

**Mixtures**

CAS No	%[weight]	Name
101-68-8	25-<50	<u>4,4'-diphenylmethane diisocyanate (MDI)</u>
67815-87-6	25-<50	<u>polymethylene polyphenylene isocyanate, propoxylated</u>
5873-54-1	20-<25	<u>2,4'-diphenylmethane diisocyanate</u>
2536-05-2	2.5-<4.99	<u>2,2'-diphenylmethane diisocyanate</u>
9016-87-9	2.5-<4.99	<u>MDI oligomer</u>
108-65-6	0.25-<0.49	<u>propylene glycol monomethyl ether acetate, alpha-isomer</u>
398475-96-2	0.1-<0.25	<u>ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate</u>

**SECTION 4 FIRST AID MEASURES****Description of first aid measures**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ 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.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prosthesis such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> </ul> <p>Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.</p>

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<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul>
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### Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For sub-chronic and chronic exposures to isocyanates:

- ▶ This material may be a potent pulmonary sensitiser which causes bronchospasm even in patients without prior airway hyperreactivity.
- ▶ Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
- ▶ Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
- ▶ Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.
- ▶ Some cross-sensitivity occurs between different isocyanates.
- ▶ Noncardiogenic pulmonary oedema and bronchospasm are the most serious consequences of exposure. Markedly symptomatic patients should receive oxygen, ventilatory support and an intravenous line.
- ▶ Treatment for asthma includes inhaled sympathomimetics (epinephrine [adrenalin], terbutaline) and steroids.
- ▶ Activated charcoal (1 g/kg) and a cathartic (sorbitol, magnesium citrate) may be useful for ingestion.
- ▶ Mydriatics, systemic analgesics and topical antibiotics (Sulamyd) may be used for corneal abrasions.
- ▶ There is no effective therapy for sensitised workers.

[Ellenhorn and Barceloux; Medical Toxicology]

**NOTE:** Isocyanates cause airway restriction in naive individuals with the degree of response dependant on the concentration and duration of exposure. They induce smooth muscle contraction which leads to bronchoconstrictive episodes. Acute changes in lung function, such as decreased FEV1, may not represent sensitivity.

[Karol & Jin, Frontiers in Molecular Toxicology, pp 56-61, 1992]

Personnel who work with isocyanates, isocyanate prepolymers or polyisocyanates should have a pre-placement medical examination and periodic examinations thereafter, including a pulmonary function test. Anyone with a medical history of chronic respiratory disease, asthmatic or bronchial attacks, indications of allergic responses, recurrent eczema or sensitisation conditions of the skin should not handle or work with isocyanates. Anyone who develops chronic respiratory distress when working with isocyanates should be removed from exposure and examined by a physician. Further exposure must be avoided if a sensitivity to isocyanates or polyisocyanates has developed.

## SECTION 5 FIREFIGHTING MEASURES

### Extinguishing media

- ▶ Small quantities of water in contact with hot liquid may react violently with generation of a large volume of rapidly expanding hot sticky semi-solid foam.
- ▶ Presents additional hazard when fire fighting in a confined space.
- ▶ Cooling with flooding quantities of water reduces this risk.
- ▶ Water spray or fog may cause frothing and should be used in large quantities.
- ▶ Foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.

### Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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### Advice for firefighters

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Use water delivered as a fine spray to control fire and cool adjacent area.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Combustible.</li> <li>▶ Moderate fire hazard when exposed to heat or flame.</li> <li>▶ When heated to high temperatures decomposes rapidly generating vapour which pressurises and may then rupture containers with release of flammable and highly toxic isocyanate vapour.</li> <li>▶ Burns with acrid black smoke and poisonous fumes.</li> </ul> <p>Combustion products include; carbon dioxide (CO<sub>2</sub>) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NO<sub>x</sub>) other pyrolysis products typical of burning organic material. May emit corrosive fumes. When heated at high temperatures many isocyanates decompose rapidly generating a vapour which pressurises containers, possibly to the point of rupture. Release of toxic and/or flammable isocyanate vapours may then occur</p>

## SECTION 6 ACCIDENTAL RELEASE MEASURES

### Personal precautions, protective equipment and emergency procedures

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Remove all ignition sources.</li> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid breathing vapours and contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> </ul>
<b>Major Spills</b>	<ul style="list-style-type: none"> <li>▶ Liquid Isocyanates and high isocyanate vapour concentrations will penetrate seals on self contained breathing apparatus - SCBA should be used inside encapsulating suit where this exposure may occur.</li> </ul> <p>For isocyanate spills of less than 40 litres (2 m<sup>2</sup>):</p> <ul style="list-style-type: none"> <li>▶ Evacuate area from everybody not dealing with the emergency, keep them upwind and prevent further access, remove ignition sources and, if inside building, ventilate area as well as possible.</li> <li>▶ Notify supervision and others as necessary.</li> <li>▶ Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots).</li> <li>▶ Control source of leakage (where applicable).</li> <li>▶ Avoid contamination with water, alkalis and detergent solutions.</li> <li>▶ Material reacts with water and generates gas, pressurises containers with even drum rupture resulting.</li> <li>▶ <b>DO NOT reseal container if contamination is suspected.</b></li> <li>▶ Open all containers with care.</li> </ul> <p>Moderate hazard.</p>

- ▶ Clear area of personnel and move upwind.
- ▶ Alert Fire Brigade and tell them location and nature of hazard.
- ▶ Wear breathing apparatus plus protective gloves.

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

## SECTION 7 HANDLING AND STORAGE

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> </ul>
<b>Other information</b>	<p>for commercial quantities of isocyanates:</p> <ul style="list-style-type: none"> <li>▶ Isocyanates should be stored in adequately banded areas. Nothing else should be kept within the same bunding. Pre-polymers need not be segregated. Drums of isocyanates should be stored under cover, out of direct sunlight, protected from rain, protected from physical damage and well away from moisture, acids and alkalis.</li> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> </ul>

### Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Metal can or drum</li> <li>▶ Packaging as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Avoid cross contamination between the two liquid parts of product (kit).</li> <li>▶ If two part products are mixed or allowed to mix in proportions other than manufacturer's recommendation, polymerisation with gelation and evolution of heat (exotherm) may occur.</li> <li>▶ This excess heat may generate toxic vapour</li> <li>▶ Avoid reaction with water, alcohols and detergent solutions.</li> <li>▶ Isocyanates and thioisocyanates are incompatible with many classes of compounds, reacting exothermically to release toxic gases. Reactions with amines, strong bases, aldehydes, alcohols, alkali metals, ketones, mercaptans, strong oxidisers, hydrides, phenols, and peroxides can cause vigorous releases of heat. Acids and bases initiate polymerisation reactions in these materials.</li> <li>▶ A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol.</li> <li>▶ The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment.</li> <li>▶ For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g.</li> </ul> <p>BREThERICK: Handbook of Reactive Chemical Hazards, 4th Edition</p>

## 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	4,4'-diphenylmethane diisocyanate (MDI)	Methylene bisphenyl isocyanate (MDI)	Not Available	Not Available	Not Available	Not Available
Australia Exposure Standards	2,4'-diphenylmethane diisocyanate	Isocyanates, all (as-NCO)	0.02 mg/m <sup>3</sup>	0.07 mg/m <sup>3</sup>	Not Available	Sen
Australia Exposure Standards	2,2'-diphenylmethane diisocyanate	Isocyanates, all (as-NCO)	0.02 mg/m <sup>3</sup>	0.07 mg/m <sup>3</sup>	Not Available	Sen
Australia Exposure Standards	MDI oligomer	Isocyanates, all (as-NCO)	0.02 mg/m <sup>3</sup>	0.07 mg/m <sup>3</sup>	Not Available	Sen
Australia Exposure Standards	propylene glycol monomethyl ether acetate, alpha-isomer	1-Methoxy-2-propanol acetate	274 mg/m <sup>3</sup> / 50 ppm	548 mg/m <sup>3</sup> / 100 ppm	Not Available	Sk

#### EMERGENCY LIMITS


Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
4,4'-diphenylmethane diisocyanate (MDI)	Methylene diphenyl diisocyanate; (Diphenylmethane diisocyanate; MDI)	0.45 mg/m <sup>3</sup>	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	Methylenebis(isocyanato-benzene), 1,1'-; (Diphenyl methane diisocyanate)	40 mg/m <sup>3</sup>	40 mg/m <sup>3</sup>	240 mg/m <sup>3</sup>
2,4'-diphenylmethane diisocyanate	Isocyanate-bearing waste (as CNs N.O.S.)	8.3 mg/m <sup>3</sup>	8.3 mg/m <sup>3</sup>	50 mg/m <sup>3</sup>
2,2'-diphenylmethane diisocyanate	Isocyanate-bearing waste (as CNs N.O.S.)	8.3 mg/m <sup>3</sup>	8.3 mg/m <sup>3</sup>	50 mg/m <sup>3</sup>
MDI oligomer	Polymethylene polyphenyl isocyanate; (Polymeric diphenylmethane diisocyanate)	0.15 mg/m <sup>3</sup>	0.26 mg/m <sup>3</sup>	22 mg/m <sup>3</sup>
propylene glycol monomethyl ether acetate, alpha-isomer	Propylene glycol monomethyl ether acetate, alpha-isomer; (1-Methoxypropyl-2-acetate)	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
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4,4'-diphenylmethane diisocyanate (MDI)	100 mg/m3	75 mg/m3
polymethylene polyphenylene isocyanate, propoxylated	Not Available	Not Available
2,4'-diphenylmethane diisocyanate	Not Available	Not Available
2,2'-diphenylmethane diisocyanate	Not Available	Not Available
MDI oligomer	Not Available	Not Available
propylene glycol monomethyl ether acetate, alpha-isomer	Not Available	Not Available
ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate	Not Available	Not Available

## Exposure controls

<b>Appropriate engineering controls</b>	<ul style="list-style-type: none"> <li>▶ All processes in which isocyanates are used should be enclosed wherever possible.</li> <li>▶ Total enclosure, accompanied by good general ventilation, should be used to keep atmospheric concentrations below the relevant exposure standards.</li> <li>▶ If total enclosure of the process is not feasible, local exhaust ventilation may be necessary. Local exhaust ventilation is essential where lower molecular weight isocyanates (such as TDI or HDI) is used or where isocyanate or polyurethane is sprayed.</li> </ul> <p>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.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p>
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles.</li> <li>▶ 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.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <p>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.</p> <p>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.</p> <p>Suitability and durability of glove type is dependent on usage.</p> <ul style="list-style-type: none"> <li>▶ Do NOT wear natural rubber (latex gloves).</li> <li>▶ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves.</li> <li>▶ Protective gloves and overalls should be worn as specified in the appropriate national standard.</li> <li>▶ Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated.</li> <li>▶ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates</li> <li>▶ <b>DO NOT use skin cream unless necessary and then use only minimum amount.</b></li> <li>▶ Isocyanate vapour may be absorbed into skin cream and this increases hazard.</li> </ul>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<p>All employees working with isocyanates must be informed of the hazards from exposure to the contaminant and the precautions necessary to prevent damage to their health. They should be made aware of the need to carry out their work so that as little contamination as possible is produced, and of the importance of the proper use of all safeguards against exposure to themselves and their fellow workers. Adequate training, both in the proper execution of the task and in the use of all associated engineering controls, as well as of any personal protective equipment, is essential.</p> <p>Employees exposed to contamination hazards should be educated in the need for, and proper use of, facilities, clothing and equipment and thereby maintain a high standard of personal cleanliness.</p> <ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ P.V.C. apron.</li> <li>▶ Barrier cream.</li> </ul>
<b>Thermal hazards</b>	Not Available

## Recommended material(s)

## GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

**"Forsberg Clothing Performance Index".**

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

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Material	CPI
PE/EVAL/PE	A

\* CPI - Chemwatch Performance Index

A: Best Selection

## 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 / Class 1	-	A-PAPR-AUS / Class 1

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B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

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

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

up to 50 x ES	Air-line*	-	-
up to 100 x ES	-	A-3	-
100+ x ES	-	Air-line**	-

\* - Continuous-flow; \*\* - Continuous-flow or positive pressure demand

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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

## SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

## Information on basic physical and chemical properties

<b>Appearance</b>	Brown odourless liquid; not miscible with water.   Will react slowly with water to release carbon dioxide.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.10-1.20
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	Not Available	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	280-320 mPa.s @23C
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Available	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Available	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	VOC = 0 g/l
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water (g/L)</b>	Immiscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## SECTION 10 STABILITY AND REACTIVITY

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> <li>▶ Presence of elevated temperatures.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 TOXICOLOGICAL INFORMATION

## Information on toxicological effects

<b>Inhaled</b>	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.</p> <p>The vapour/mist may be highly irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning for several hours after exposure.</p> <p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.</p>
<b>Ingestion</b>	Accidental ingestion of the material may be seriously damaging to the health of the individual; animal experiments indicate that ingestion of less than 40 gram may be fatal.
<b>Skin Contact</b>	<p>This material can cause inflammation of the skin on contact in some persons.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p>
<b>Eye</b>	This material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure.

## Mapei Mapeproof 1K Turbo

<b>Chronic</b>	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. 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. Harmful: danger of serious damage to health by prolonged exposure through inhalation. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates. [CCTRADE-Bayer, APMF]</p> <p>Animal testing shows that polymeric MDI can damage the nasal cavities and lungs, causing inflammation and increased cell growth. There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment. Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia.</p>
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Mapei Mapeproof 1K Turbo	TOXICITY	IRRITATION
	Not Available	Not Available
<b>4,4'-diphenylmethane diisocyanate (MDI)</b>	<p>TOXICITY</p> <p>Dermal (rabbit) LD50: &gt;6200 mg/kg<sup>[2]</sup></p> <p>Inhalation (rat) LC50: 0.49 mg/l4 h<sup>[1]</sup></p> <p>Oral (rat) LD50: &gt;2000 mg/kg<sup>[1]</sup></p>	<p>IRRITATION</p> <p>[* = Bayer CCINFO 2133615]</p> <p>Dermal Sensitiser *</p> <p>Respiratory Sensitiser (g.pig) *</p> <p>Skin (rabbit): 500 mg /24 hours</p>
<b>polymethylene polyphenylene isocyanate, propoxylated</b>	<p>TOXICITY</p> <p>Not Available</p>	<p>IRRITATION</p> <p>Not Available</p>
<b>2,4'-diphenylmethane diisocyanate</b>	<p>TOXICITY</p> <p>Dermal (rabbit) LD50: &gt;9400 mg/kg<sup>[1]</sup></p> <p>Oral (rat) LD50: &gt;2000 mg/kg<sup>[1]</sup></p>	<p>IRRITATION</p> <p>Not Available</p>
<b>2,2'-diphenylmethane diisocyanate</b>	<p>TOXICITY</p> <p>Not Available</p>	<p>IRRITATION</p> <p>Not Available</p>
<b>MDI oligomer</b>	<p>TOXICITY</p> <p>Dermal (rabbit) LD50: &gt;9400 mg/kg<sup>[2]</sup></p> <p>Inhalation (rat) LC50: 0.49 mg/L/4h<sup>[2]</sup></p> <p>Oral (rat) LD50: 43000 mg/kg<sup>[2]</sup></p>	<p>IRRITATION</p> <p>Eye (rabbit): 100 mg - mild</p>
<b>propylene glycol monomethyl ether acetate, alpha-isomer</b>	<p>TOXICITY</p> <p>dermal (rat) LD50: &gt;2000 mg/kg<sup>[1]</sup></p> <p>Inhalation (rat) LC50: 4345 ppm/6h<sup>[2]</sup></p> <p>Oral (rat) LD50: &gt;14.1 ml<sup>[1]</sup></p>	<p>IRRITATION</p> <p>* [CCINFO]</p> <p>Nil reported</p>
<b>ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate</b>	<p>TOXICITY</p> <p>Not Available</p>	<p>IRRITATION</p> <p>Not Available</p>
<b>Legend:</b>	<p>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</p>	

<b>Mapei Mapeproof 1K Turbo</b>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. No significant acute toxicological data identified in literature search.</p> <p>Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. Aromatic and aliphatic diisocyanates may cause airway toxicity and skin sensitization. Monomers and prepolymers exhibit similar respiratory effect. Of the several members of diisocyanates tested on experimental animals by inhalation and oral exposure, some caused cancer while others produced a harmless</p>
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## Mapei Mapeproof 1K Turbo

<p><b>4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)</b></p>	<p>outcome. This group of compounds has therefore been classified as cancer-causing.</p> <p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.</p> <p>Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.</p> <p>Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.</p> <p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>Aromatic and aliphatic diisocyanates may cause airway toxicity and skin sensitization. Monomers and prepolymers exhibit similar respiratory effect. Of the several members of diisocyanates tested on experimental animals by inhalation and oral exposure, some caused cancer while others produced a harmless outcome. This group of compounds has therefore been classified as cancer-causing.</p> <p>Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia.</p> <p>The substance is classified by IARC as Group 3:  <b>NOT</b> classifiable as to its carcinogenicity to humans.  Evidence of carcinogenicity may be inadequate or limited in animal testing.  Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate</p>
<p><b>POLYMETHYLENE POLYPHENYLENE ISOCYANATE, PROPOXYLATED</b></p>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.</p> <p>Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.</p> <p>Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.</p> <p>Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia.</p> <p>Oral (Rat) LD50: &gt;5000 mg/kg * (OECD 423) Skin : Moderate</p>
<p><b>2,4'-DIPHENYLMETHANE DIISOCYANATE</b></p>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.</p> <p>Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.</p> <p>Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.</p> <p>Aromatic and aliphatic diisocyanates may cause airway toxicity and skin sensitization. Monomers and prepolymers exhibit similar respiratory effect. Of the several members of diisocyanates tested on experimental animals by inhalation and oral exposure, some caused cancer while others produced a harmless outcome. This group of compounds has therefore been classified as cancer-causing.</p> <p>Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia.</p> <p>No significant acute toxicological data identified in literature search.</p>
<p><b>2,2'-DIPHENYLMETHANE DIISOCYANATE</b></p>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.</p> <p>Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.</p>



	<p>Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.</p> <p>No significant acute toxicological data identified in literature search.</p> <p>Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia. Aromatic and aliphatic diisocyanates may cause airway toxicity and skin sensitization. Monomers and prepolymers exhibit similar respiratory effect. Of the several members of diisocyanates tested on experimental animals by inhalation and oral exposure, some caused cancer while others produced a harmless outcome. This group of compounds has therefore been classified as cancer-causing.</p>
<b>MDI OLIGOMER</b>	<p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.</p> <p>Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.</p> <p>Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.</p> <p>Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>Aromatic and aliphatic diisocyanates may cause airway toxicity and skin sensitization. Monomers and prepolymers exhibit similar respiratory effect. Of the several members of diisocyanates tested on experimental animals by inhalation and oral exposure, some caused cancer while others produced a harmless outcome. This group of compounds has therefore been classified as cancer-causing.</p> <p>The substance is classified by IARC as Group 3: <b>NOT</b> classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing. product</p>

<b>PROPYLENE GLYCOL MONOMETHYL ETHER ACETATE, ALPHA-ISOMER</b>	<p>for propylene glycol ethers (PGEs): Typical propylene glycol ethers include propylene glycol n-butyl ether (PnB); dipropylene glycol n-butyl ether (DPnB); dipropylene glycol methyl ether acetate (DPMA); tripropylene glycol methyl ether (TPM).</p> <p>Testing of a wide variety of propylene glycol ethers Testing of a wide variety of propylene glycol ethers has shown that propylene glycol-based ethers are less toxic than some ethers of the ethylene series. The common toxicities associated with the lower molecular weight homologues of the ethylene series, such as adverse effects on reproductive organs, the developing embryo and fetus, blood (haemolytic effects), or thymus, are not seen with the commercial-grade propylene glycol ethers. In the ethylene series, metabolism of the terminal hydroxyl group produces an alkoxyacetic acid.</p> <p>A BASF report (in ECETOC ) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects.</p> <p>The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.]</p> <p>A BASF report (in ECETOC ) showed that inhalation exposure to 545 ppm PGMEA (beta isomer) was associated with a teratogenic response in rabbits; but exposure to 145 ppm and 36 ppm had no adverse effects. The beta isomer of PGMEA comprises only 10% of the commercial material, the remaining 90% is alpha isomer. Hazard appears low but emphasizes the need for care in handling this chemical. [I.C.] *Shin-Etsu SDS</p>
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<b>Acute Toxicity</b>	✓	<b>Carcinogenicity</b>	✓
<b>Skin Irritation/Corrosion</b>	✓	<b>Reproductivity</b>	⊖
<b>Serious Eye Damage/Irritation</b>	✓	<b>STOT - Single Exposure</b>	✓
<b>Respiratory or Skin sensitisation</b>	✓	<b>STOT - Repeated Exposure</b>	✓
<b>Mutagenicity</b>	⊖	<b>Aspiration Hazard</b>	⊖

**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
4,4'-diphenylmethane diisocyanate (MDI)	LC50	96	Fish	>0.500mg/L	6
4,4'-diphenylmethane diisocyanate (MDI)	EC50	72	Algae or other aquatic plants	>1640mg/L	2
4,4'-diphenylmethane diisocyanate (MDI)	EC50	24	Crustacea	129.7mg/L	2
4,4'-diphenylmethane diisocyanate (MDI)	NOEC	504	Crustacea	>=10mg/L	2
2,4'-diphenylmethane diisocyanate	LC50	96	Fish	>1000mg/L	2
2,4'-diphenylmethane diisocyanate	EC50	72	Algae or other aquatic plants	>1640mg/L	2

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2,4'-diphenylmethane diisocyanate	EC50	24	Crustacea	129.7mg/L	2
2,4'-diphenylmethane diisocyanate	NOEC	504	Crustacea	>=10mg/L	2
2,2'-diphenylmethane diisocyanate	LC50	96	Fish	>1000mg/L	2
2,2'-diphenylmethane diisocyanate	EC50	72	Algae or other aquatic plants	>1640mg/L	2
2,2'-diphenylmethane diisocyanate	EC50	24	Crustacea	129.7mg/L	2
2,2'-diphenylmethane diisocyanate	NOEC	504	Crustacea	>=10mg/L	2
propylene glycol monomethyl ether acetate, alpha-isomer	LC50	96	Fish	100mg/L	1
propylene glycol monomethyl ether acetate, alpha-isomer	EC50	48	Crustacea	373mg/L	2
propylene glycol monomethyl ether acetate, alpha-isomer	EC50	96	Algae or other aquatic plants	9.337mg/L	3
propylene glycol monomethyl ether acetate, alpha-isomer	EC50	504	Crustacea	>100mg/L	2
propylene glycol monomethyl ether acetate, alpha-isomer	NOEC	336	Fish	47.5mg/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

for polyisocyanates:

Polyisocyanates are not readily biodegradable. However, due to other elimination mechanisms (hydrolysis, adsorption), long retention times in water are not to be expected. The resulting polyurea is more or less inert and, due to its molecular size, not bioavailable. Within the limits of water solubility, polyisocyanates have a low to moderate toxicity for aquatic organisms.

For Isocyanate Monomers:

Environmental Fate: Isocyanates, (di- and polyfunctional isocyanates), are commonly used to make various polymers, such as polyurethanes. Polyurethanes find significant application in the manufacture of rigid and flexible foams. They are also used in the production of adhesives, elastomers, and coatings.

Atmospheric Fate: These substances are not expected to be removed from the air via precipitation washout or dry deposition.

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

**Persistence and degradability**

Ingredient	Persistence: Water/Soil	Persistence: Air
4,4'-diphenylmethane diisocyanate (MDI)	LOW (Half-life = 1 days)	LOW (Half-life = 0.24 days)
2,4'-diphenylmethane diisocyanate	HIGH	HIGH
2,2'-diphenylmethane diisocyanate	HIGH	HIGH
propylene glycol monomethyl ether acetate, alpha-isomer	LOW	LOW

**Bioaccumulative potential**

Ingredient	Bioaccumulation
4,4'-diphenylmethane diisocyanate (MDI)	LOW (BCF = 15)
2,4'-diphenylmethane diisocyanate	HIGH (LogKOW = 5.4481)
2,2'-diphenylmethane diisocyanate	HIGH (LogKOW = 5.4481)
propylene glycol monomethyl ether acetate, alpha-isomer	LOW (LogKOW = 0.56)

**Mobility in soil**

Ingredient	Mobility
4,4'-diphenylmethane diisocyanate (MDI)	LOW (KOC = 376200)
2,4'-diphenylmethane diisocyanate	LOW (KOC = 384000)
2,2'-diphenylmethane diisocyanate	LOW (KOC = 392000)
propylene glycol monomethyl ether acetate, alpha-isomer	HIGH (KOC = 1.838)

## SECTION 13 DISPOSAL CONSIDERATIONS

### Waste treatment methods

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> </ul> <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> <li>▶ Reduction</li> <li>▶ Reuse</li> <li>▶ Recycling</li> <li>▶ Disposal (if all else fails)</li> </ul> <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ <b>DO NOT recycle spilled material.</b></li> <li>▶ Consult State Land Waste Management Authority for disposal.</li> <li>▶ Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary decontaminant prior to disposal.</li> <li>▶ <b>DO NOT seal or stopper drums being decontaminated as CO2 gas is generated and may pressurise containers.</b></li> </ul>
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## SECTION 14 TRANSPORT INFORMATION

### Labels Required

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	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 73 / 78 and the IBC code

Source	Ingredient	Pollution Category
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	4,4'-diphenylmethane diisocyanate (MDI)	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	MDI oligomer	Y
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	propylene glycol monomethyl ether acetate, alpha-isomer	Z

## SECTION 15 REGULATORY INFORMATION

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

#### 4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI)(101-68-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

#### POLYMETHYLENE POLYPHENYLENE ISOCYANATE, PROPOXYLATED(67815-87-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

#### 2,4'-DIPHENYLMETHANE DIISOCYANATE(5873-54-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

#### 2,2'-DIPHENYLMETHANE DIISOCYANATE(2536-05-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

#### MDI OLIGOMER(9016-87-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

#### PROPYLENE GLYCOL MONOMETHYL ETHER ACETATE, ALPHA-ISOMER(108-65-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

**ETHYLENEDIAMINE/ AZIRIDINE, PHOSPHATED, ETHOXYLATE, PROPOXYLATE(398475-96-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (propylene glycol monomethyl ether acetate, alpha-isomer; 4,4'-diphenylmethane diisocyanate (MDI); 2,4'-diphenylmethane diisocyanate; 2,2'-diphenylmethane diisocyanate; ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate; MDI oligomer; polymethylene polyphenylene isocyanate, propoxylated)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	N (ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate; MDI oligomer; polymethylene polyphenylene isocyanate, propoxylated)
Japan - ENCS	N (ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate; polymethylene polyphenylene isocyanate, propoxylated)
Korea - KECI	N (ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate)
New Zealand - NZIoC	N (ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate)
Philippines - PICCS	N (ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate; polymethylene polyphenylene isocyanate, propoxylated)
USA - TSCA	N (ethylenediamine/ aziridine, phosphated, ethoxylate, propoxylate)
<b>Legend:</b>	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

**SECTION 16 OTHER INFORMATION****Other information****Ingredients with multiple cas numbers**

Name	CAS No
4,4'-diphenylmethane diisocyanate (MDI)	101-68-8, 26447-40-5
propylene glycol monomethyl ether acetate, alpha-isomer	108-65-6, 142300-82-1, 84540-57-8

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](http://www.chemwatch.net)

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

**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

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