



EHP93A

Erapol EHP93A
For Domestic Use Only.
Issue Date: 8-Mar-2011
XC9226TD

Hazard Alert Code: HIGH

CHEMWATCH 24-3811
Version No:2.0
CD 2011/2 Page 1 of 8

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

EHP93A

PRODUCT USE

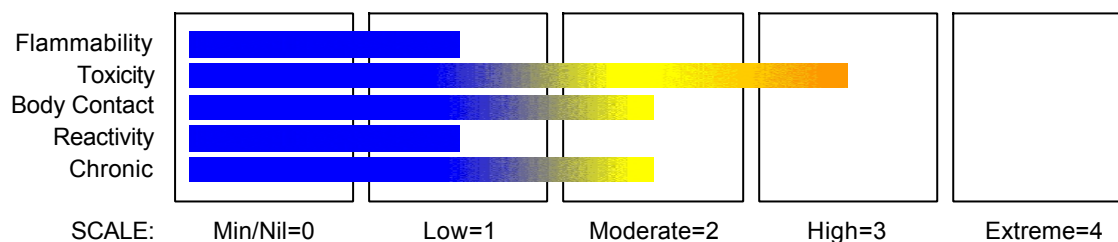
■ Used according to manufacturer's directions.
Polyurethane prepolymer.

SUPPLIER

Company: Era Polymers Pty Ltd
Address:
25- 27 Green Street
Banksmeadow
NSW, 2019
Australia
Telephone: +61 2 9666 3788
Emergency Tel: **1800 039 008 (AUS)**
Emergency Tel: **+61 3 9573 3112; +800 243 62255**
Fax: +61 2 9666 4805
Website: www.erapol.com.au

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS



GHS Classification

Acute Toxicity Category 2
Carcinogen Category 2
Eye Irritation Category 2A
Respiratory Sensitizer Category 1
Skin Corrosion/Irritation Category 2
Skin Sensitizer Category 1
STOT - SE Category 3



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Version No:2.0

CD 2011/2 Page 2 of 8

Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by Chemwatch using GHS criteria

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H330	Fatal if inhaled.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335	May cause respiratory irritation.
H351	Suspected of causing cancer.

PRECAUTIONARY STATEMENTS

Prevention

P201	Obtain special instructions before use.
P202	Do not handle until all safety precautions have been read and understood.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P264	Wash ... thoroughly after handling.
P271	Use only outdoors or in a well- ventilated area.
P272	Contaminated work clothing should not be allowed out of the workplace.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.
P284	Wear respiratory protection.
P285	In case of inadequate ventilation wear respiratory protection.

Response

P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P304+P340	IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.
P304+P341	IF INHALED: If breathing is difficult, remove to fresh air and keep at rest in a position comfortable for breathing.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER or doctor/physician.
P312	Call a POISON CENTER or doctor/physician if you feel unwell.
P320	Specific treatment is urgent (see MSDS).
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.
P363	Wash contaminated clothing before reuse.

Storage

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

Disposal

P501	Dispose of contents/container to ...
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Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
polyurethane prepolymer		>60
toluene diisocyanate	26471-62-5	1-10

Section 4 - FIRST AID MEASURES

SWALLOWED

- If swallowed do NOT induce vomiting.

continued...

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Version No:2.0

CD 2011/2 Page 3 of 8
Section 4 - FIRST AID MEASURES

- 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.
- For advice, contact a Poisons Information Centre or a doctor.

EYE

■ If this product comes in contact with the eyes:

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

SKIN

■ If skin contact occurs:

- Immediately remove all contaminated clothing, including footwear.
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.

NOTES TO PHYSICIAN

■ Toluene diisocyanate is a known pulmonary sensitiser. Annual medical surveillance should be conducted including pulmonary history, examination of the heart and lungs, 14 x 17 inch (35 x 47 cm) x-ray and pulmonary function testing (FCV, FEV1).<</>.

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.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Flooding quantities of water only.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE/EXPLOSION HAZARD

- Combustible.
- Moderate fire hazard when exposed to heat or flame.
- When heated to high temperatures decomposes rapidly generating vapour which pressures and may then rupture containers with release of flammable and highly toxic isocyanate vapour.
- Burns with acrid black smoke and poisonous fumes.

Combustion products include: carbon dioxide (CO₂), isocyanates, and minor amounts of, hydrogen cyanide, nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.

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.

May emit poisonous fumes.

FIRE INCOMPATIBILITY

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

continued...

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Hazard Alert Code: HIGH

CHEMWATCH 24-3811

Version No:2.0

CD 2011/2 Page 4 of 8

Section 5 - FIRE FIGHTING MEASURES

Personal Protective Equipment

Breathing apparatus.

Gas tight chemical resistant suit.

Limit exposure duration to 1 BA set 30 mins.

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- DO NOT allow clothing wet with material to stay in contact with skin.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.

SUITABLE CONTAINER

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

STORAGE REQUIREMENTS

- for commercial quantities of isocyanates:
- Isocyanates should be stored in adequately bunded 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.
- Where isocyanates are stored at elevated temperatures to prevent solidifying, adequate controls should be installed to prevent the high temperatures and precautions against fire should be taken.
- Where stored in tanks, the more reactive isocyanates should be blanketed with a non-reactive gas such as nitrogen and equipped with absorptive type breather valve (to prevent vapour emissions)..
- Transfer systems for isocyanates in bulk storage should be fully enclosed and use pump or vacuum systems. Warning signs, in appropriate languages, should be posted where necessary.
- Store in original containers.
- Keep containers securely sealed.
- No smoking, naked lights or ignition sources.
- Store in a cool, dry, well-ventilated area.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL mg/m ³	Peak ppm	Peak mg/m ³	TWA F/CC	Notes
Australia Exposure Standards	toluene diisocyanate (Isocyanates, all (as- NCO))		0.02		0.07				Sen

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EHP93A

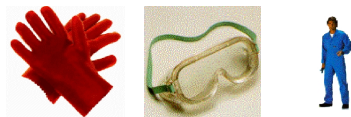
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Erapol EHP93A
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XC9226TD

CHEMWATCH 24-3811
Version No:2.0
CD 2011/2 Page 5 of 8

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

PERSONAL PROTECTION



RESPIRATOR

- Supplied air. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

EYE

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

HANDS/FEET

■ NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.
- 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.
- Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves.
- Protective gloves and overalls should be worn as specified in the appropriate national standard.
- Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated.
- NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates.

OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.

ENGINEERING CONTROLS

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

The basic types of engineering controls are:

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

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

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Clear light amber liquid; reacts with water liberating carbon dioxide.

PHYSICAL PROPERTIES

Liquid.

Toxic or noxious vapours/gas.

State
Melting Range (°C)

Liquid
Not Available

Molecular Weight
Viscosity

Not Applicable
Not Available

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Issue Date: 8-Mar-2011
XC9226TD

CHEMWATCH 24-3811

Version No:2.0

CD 2011/2 Page 6 of 8

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Boiling Range (°C)	>300	Solubility in water (g/L)	Reacts
Flash Point (°C)	>200	pH (1% solution)	Not Available
Decomposition Temp (°C)	Not Available	pH (as supplied)	Not Available
Autoignition Temp (°C)	Not Available	Vapour Pressure (kPa)	Not Available
Upper Explosive Limit (%)	Not Applicable	Specific Gravity (water=1)	1.05
Lower Explosive Limit (%)	Not Applicable	Relative Vapour Density (air=1)	Not Available
Volatile Component (%vol)	Not Available	Evaporation Rate	Not Available

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

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

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ Although ingestion is not thought to produce harmful effects (as classified under EC Directives), the material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health).

EYE

■ Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals.

Repeated or prolonged 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.

SKIN

■ Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.

INHALED

■ Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system in a substantial number of individuals following inhalation.

CHRONIC HEALTH EFFECTS

■ On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching.

Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

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].

With most allergens, removal of the offending agent results in the individual becoming asymptomatic. Toluene diisocyanate (TDI)-induced asthma may continue for months or even years after exposure ceases.

Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression

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Version No:2.0

CD 2011/2 Page 7 of 8

Section 11 - TOXICOLOGICAL INFORMATION

and paranoia.

TOXICITY AND IRRITATION

EHP85A:

- Not available. Refer to individual constituents.

TOLUENE DIISOCYANATE:

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

■ 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.

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.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive.

Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. 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. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.<</>. for diisocyanates:

In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia.

CARCINOGEN

Toluene diisocyanates	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group	2B
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Section 12 - ECOLOGICAL INFORMATION

No data

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
EHP85A	No Data	No Data		
toluene diisocyanate	Available LOW	Available LOW	LOW	MED

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle where possible
Otherwise ensure that:
- licenced contractors dispose of the product and its container.
- disposal occurs at a licenced facility.

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CHEMWATCH 24-3811
Version No:2.0
CD 2011/2 Page 8 of 8

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM:

None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: UN, IATA, IMDG

Section 15 - REGULATORY INFORMATION

REGULATIONS

Regulations for ingredients

toluene diisocyanate (CAS: 26471-62-5,584-84-9,91-08-7) is found on the following regulatory lists;

"Australia - Queensland Hazardous Materials and Prescribed Quantities for Major Hazard Facilities", "Australia Hazardous Substances", "Australia Inventory of Chemical Substances (AICS)", "International Council of Chemical Associations (ICCA) - High Production Volume List"

No data for EHP85A (CW: 24-3811)

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
toluene diisocyanate	26471-62-5, 584-84-9, 91-08-7

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

A list of reference resources used to assist the committee may be found at:
www.chemwatch.net/references.

■ The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings.

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