

U-Release 1554

U RESIN

Version No: 1.2

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 29/02/2022 Print Date: 29/02/2022 Initial Date: 29/02/2022 S.GHS.AUS.EN

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

Product name	Release 1554 RELEASE AGENT	
Synonyms	Not Available	
Other means of identification	Not Available	

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

Relevant identified uses Polyurethane release agent

Details of the supplier of the safety data sheet

Registered company name	U RESIN	
Address	V 24 Alloa Road, Maddington WA 6109	
Telephone	437 054 548	
Fax		
Website	www.uresin.com.au	
Email	info@uresin.com.au	

Emergency telephone number

A	ssociation / Organisation	CHEMWATCH
	Emergency telephone numbers	Not Available
Otl	her emergency telephone numbers	Not Available

CHEMWATCH EMERGENCY RESPONSE

Primary Number	Alternative Number 1	Alternative Number 2
1800 039 008	+612 9186 1132	Not Available

Once connected and if the message is not in your preferred language then please dial 01

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

Poisons Schedule	S6	
Classification [1] Flammable Liquid Category 2, Skin Corrosion/Irritation Category 2, STOT – SE (Narcosis) Category 3, Aspiration Hazard Category 1 Category 1, Chronic Aquatic Hazard Category 1		
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

Version No: **1.2** Page **2** of **11** Issue Date: **29/02/2022**

U-Release 1554 RELEASE AGENT

Print Date: 29/02/2022

Hazard statement(s)

H225	Highly flammable liquid vapour	
H315	auses skin irritation	
H336	cause drowsiness or dizziness	
H304	May be fatal if swallowed and enters airways	
H400	Very toxic to aquatic life	
H410	Very toxic to aquatic life with long lasting effects	

Precautionary statement(s) Prevention

P101	If medical advice is needed, have product container or label at hand.	
P102	Geep out of reach of children.	
P103	Read label before use.	
P210	Keep away from heat/sparks/open flames/hot surfaces. – No smoking.	
P271	Use only outdoors or in a well-ventilated area.	

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician	
P331	Do NOT induce vomiting.	
P342+P311	experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.	
P362	Take off contaminated clothing and wash before reuse.	
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.	
P312	Call a POISON CENTER or doctor/physician if you feel unwell.	

Precautionary statement(s) Storage

P405	Store locked up.	
P403+P235	Store in a well-ventilated place. Keep container tightly closed.	
P403+P233	P403+P233 Store in a well-ventilated place. Keep container tightly closed.	

Precautionary statement(s) Disposal

P501 Disc	ispose 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
142-82-5	>60	heptane
64742-49-0	10-30	Naphtha petroleum, light, hydrotreated

SECTION 4 FIRST AID MEASURES

Description of first aid measures

If this product comes in contact with the eyes:

Eye Contact

- Immediately hold eyelids apart and flush the eye continuously with running water.
- Fasure 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.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

Version No: **1.2** Page **3** of **11** Issue Date: **29/02/2022** Print Date: **29/02/2022**

U-Release 1554 RELEASE AGENT

If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Skin Contact ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation. 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 Inhalation ▶ Transport to hospital, or doctor, without delay. 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 ▶ IF SWALLOWED, DO NOT INDUCE VOMITING For advice, contact a Poisons Information Centre or a doctor. Urgent hospital treatment is likely to be needed. In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. ▶ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. Ingestion Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise ▶ INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear a protective glove when inducing vomiting by mechanical means.

Indication of any immediate medical attention and special treatment needed

For sub-chronic and chronic exposures to isocyanates:

- Fig. 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

- 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

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.

- Fire Fighting
- 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.

Use water delivered as a fine spray to control fire and cool adiacent area

If safe to do so, remove containers from path of fire

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.

Version No: **1.2** Page **4** of **11** Issue Date: **29/02/2022**

U-Release 1554 RELEASE AGENT

Print Date: 29/02/2022

▶ Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NOx and carbon monoxide.

Combustion products include; carbon dioxide (CO2) isocyanates hydrogen cyanide and minor amounts of nitrogen oxides (NOx) other pyrolysis products typical of burning organic materialMay 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

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.
- ▶ 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.

Notify supervision and others as necessary.

- Put on personal protective equipment (suitable respiratory protection, face and eye protection, protective suit, gloves and impermeable boots). Control source of leakage (where applicable).
- ▶ Dike the spill to prevent spreading and to contain additions of decontaminating solution.
- Prevent the material from entering drains.
- ▶ Estimate spill pool volume or area.
- Absorb and decontaminate. Completely cover the spill with wet sand, wet earth, vermiculite or other similar absorbent. Add neutraliser (for suitable
- formulations: see below) to the adsorbent materials (equal to that of estimated spill pool volume). Intensify contact between spill, absorbent and neutraliser by
- carefully mixing with a rake and allow to react for 15 minutes

Major Spills

Shovel absorbent/decontaminant solution mixture into a steel drum.

Decontaminate surface. - Pour an equal amount of neutraliser solution over contaminated surface. - Scrub area with a stiff bristle brush, using moderate pressure. - Completely cover decontaminant with vermiculite or other similar absorbent. - After 5 minutes, shovel absorbent/decontamination solution mixture

• into the same steel drum used above.

Monitor for residual isocyanate. If surface is decontaminated, proceed to next step. If contamination persists, repeat decontaminate procedure immediately above

Place loosely covered drum (release of carbon dioxide) outside for at least 72 hours. Label waste-containing drum appropriately. Remove waste materials for

incineration.
 Decontaminate and remove personal protective equipment.

▶ Return to normal operation.

Conduct accident investigation and consider measures to prevent reoccurrence.

- ▶ Stop leak if safe to do so.
- ▶ Contain spill with sand, earth or vermiculite.

Collect recoverable product into labelled containers for recycling.

Absorb remaining product with sand, earth or vermiculite.

Collect solid residues and seal in labelled drums for disposal.

Wash area and prevent runoff into drains.

If contamination of drains or waterways occurs, advise emergency services.

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

Version No: **1.2** Page **5** of **11** Issue Date: **29/02/2022**

U-Release 1554 RELEASE AGENT

Print Date: 29/02/2022

Precautions for safe handling

Precautions for safe handl	ing
Safe handling	 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. 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	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. Areas in which polyurethane foam products are stored should be supplied with good general ventilation. Residual amounts of unreacted isocyanate may be present in the finished foam, resulting in hazardous atmospheric concentrations. Store in original containers. Keep containers securely sealed. No smoking, naked lights or ignition sources. Store in a cool, dry, well-ventilated area.

Conditions for safe storage, including any incompatibilities

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.

Suitable container	 Metal can or drum Packaging as recommended by manufacturer. Check all containers are clearly labelled and free from leaks.
Storage incompatibility	 Avoid cross contamination between the two liquid parts of product (kit). 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. This excess heat may generate toxic vapour Avoid reaction with water, alcohols and detergent solutions. 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. Isocyanates easily form adducts with carbodiimides, isothiocyanates, ketenes, or with substrates containing activated CC or CN bonds. Some isocyanates react with water to form amines and liberate carbon dioxide. This reaction may also generate large volumes of foam and heat. Foaming in confined spaces may produce pressure in confined spaces or containers. Gas generation may pressurise drums to the point of rupture. Do NOT reseal container if contamination is expected Open all containers with care Base-catalysed reactions of isocyanates with alcohols should be carried out in inert solvents. Such reactions in the absence of solvents often occur with explosive violence, Isocyanates will attack and embrittle some plastics and rubbers. A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol. 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. For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exother

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	Heptane	Heptane (n-Heptane)	1640 mg/m3	2050 mg/m3	Not Available	Not Available

Version No: **1.2** Page **6** of **11** Issue Date: **29/02/2022**

U-Release 1554 RELEASE AGENT

EMERGENCY LIMITS

Ingredient	Material name		TEEL-1	TEEL-2	TEEL-3
Heptane	Heptane		440ppm	440ppm	5000ppm
Ingredient	Original IDLH	Revised IDLH			
Heptane	5000 ppm	750ppm			
Naphtha petroleum, light	Not Available	Not Available			

Exposure controls

hydrotreated

- ▶ CARE: Use of a quantity of this material in confined space or poorly ventilated area, where rapid buildup of concentrated atmosphere may occur, could require
- increased ventilation and/or protective gear.
- ▶ Where local exhaust ventilation is installed, exhaust vapours should not be vented to the exterior in such a manner as to create a hazard.

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.

Personal protection

Appropriate engineering

controls











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

NOTE

The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

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

The selection of 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

Hands/feet protection

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.

Do NOT wear natural rubber (latex gloves).

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

DO NOT use skin cream unless necessary and then use only minimum amount.

Isocyanate vapour may be absorbed into skin cream and this increases hazard.

Body protection

See Other protection below

Other protection

Overalls.
P.V.C. apren.

Barrier cream.

Skin cleansing cream Eye wash unit.

Thermal hazards

Not Available

Print Date: 29/02/2022

Version No: 1.2 Page **7** of **11** Issue Date: 29/02/2022 Print Date: 29/02/2022

U-Release 1554 RELEASE AGENT

Respiratory protection

Not Available

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Hazy Liquid		
Physical state	Liquid	Relative density (Water = 1)	0.69
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	98-99	Molecular weight (g/mol)	Not Available
Flash point (°C)	-4	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Highly Flammable	Oxidising properties	Not Available
Upper Explosive Limit (%)	6.7	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	1.1	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. Presence of elevated temperatures.
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	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. 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. Sensitized people can react to very low doses, and should not be allowed to work in situations allowing exposure to this material. Continued exposure of sensitised persons may lead to possible long term respiratory impairment. Inhalation hazard is increased at higher temperatures.
Ingestion	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.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	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.

Version No: **1.2** Page **8** of **11** Issue Date: **29/02/2022**

U-Release 1554 RELEASE AGENT

Print Date: 29/02/2022

Chronic

There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment.

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.

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]

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.

PAS-CAST 1554 RELEASE AGENT	TOXICITY Not Available	IRRITATION Not Available
Naphtha petroleum, light, hydrotreated	TOXICITY Dermal (rabbit) LD50: >1900 mg/kg ^[1] Oral (rat) LD50: 2000 mg/kg ^[1]	IRRITATION Not Available
Legend:	Value obtained from Europe ECHA Registered Substances - Acute to extracted from RTECS - Register of Toxic Effect of chemical Substances	xicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data

The following information refers to contact allergens as a group and may not be specific to this product.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

PAS-CAST 1554 RELEASE AGENT

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as

reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. 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.

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 outcome. This group of compounds has therefore been classified as cancer-causino.

Version No: **1.2** Page **9** of **11** Issue Date: **29/02/2022**

U-Release 1554 RELEASE AGENT

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The following information refers to contact allergens as a group and may not be specific to this product.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. 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.

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 outcome. This group of compounds has therefore been classified as cancer-causing.

The substance is classified by IARC as Group 3:

NOT classifiable as to its carcinogenicity to humans

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

Acute Toxicity	✓	Carcinogenicity	✓
Skin Irritation/Corrosion	✓	Reproductivity	0
Serious Eye Damage/Irritation	~	STOT - Single Exposure	0
Respiratory or Skin sensitisation	~	STOT - Repeated Exposure	✓
Mutagenicity	0	Aspiration Hazard	0

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
Not Available	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
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 Isocvanate 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.

Terrestrial Fate: These substances are expected to sorb strongly to soil. Migration to groundwater and surface waters is not expected to occur.

Aquatic Fate: Breakdown by water, (hydrolysis), is the primary fate mechanism for the majority of commercial isocyanate monomers, however; the low solubility of these substances will generally lessen the effectiveness of hydrolysis as a fate pathway. But hydrolysis should be considered one of the two major fate processes for the isocyanates. These substances strongly sorb to suspended particulates in water. In the absence of hydrolysis, sorption to solids, (e.g., sludge and sediments), will be the primary mechanism of removal. Biological breakdown is minimal for most compounds and evaporation is negligible. Evaporation from surface water is expected to take years. In wastewater treatment this process is not expected to be significant. Isocyanates will react with water producing carbon dioxide and forming a solid mass, which is insoluble.

Biodegradation: Breakdown of these substances in oxygenated and low oxygen environments is not expected to occur. Most of the substances take several months to degrade. Degradation of the hydrolysis products will occur at varying rates.

Ecotoxicity: These substances are not expected to accumulate/biomagnify in the environment. These substances are toxic if inhaled. These substances are harmful to aquatic organisms and may cause long-term adverse effects in the aquatic environment.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Version No: **1.2** Page **10** of **11** Issue Date: **29/02/2022**

U-Release 1554 RELEASE AGENT

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

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

- ▶ Containers may still present a chemical hazard/ danger when empty.
- ▶ Return to supplier for reuse/ recycling if possible

Otherwise:

- ▶ If container cannot be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.

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.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- ▶ Reuse
- Reuse
- Recycling

Product / Packaging disposal

Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- ▶ DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- ▶ Where in doubt contact the responsible authority.
- ▶ DO NOT recycle spilled material.
- Consult State Land Waste Management Authority for disposal.
- Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary decontaminant prior to disposal.
- ▶ DO NOT seal or stopper drums being decontaminated as CO2 gas is generated and may pressurise containers.
- ▶ Puncture containers to prevent re-use
- Bury or incinerate residues at an approved site.

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

Source	Ingredient	Pollution Category
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk		Υ

SECTION 15 REGULATORY INFORMATION

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

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

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N

Print Date: 29/02/2022

Version No: **1.2** Page **11** of **11** Issue Date: **29/02/2022**

U-Release 1554 RELEASE AGENT

Print Date: 29/02/2022

China - IECSC	Y
Europe - EINEC / ELINCS / NLP	N
Japan - ENCS	Y
Korea - KECI	Υ
New Zealand - NZIoC	Υ
Philippines - PICCS	Υ
USA - TSCA	Υ
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