Tapecoat Rugged Wrap

Chase Corporation - Tapecoat Division

Chemwatch: **32171-95**
Version No: **2.1**
Safety Data Sheet according to OSHA HazCom Standard (2024) requirements

Initial Date: **08/09/2026**
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S.GHS.USA.EN.E.B

SECTION 1 IDENTIFICATION

Product Identifier

Product name	Tapecoat Rugged Wrap
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	RWY

Recommended use of the chemical and restrictions on use

Relevant identified uses	Use according to manufacturer's directions.

Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	**Chase Corporation - Tapecoat Division**
Address	1527 Lyons Street, Evanston 60201 IL United States of America
Telephone	1 800 543-3458
Fax	Not Available
Website	info@chasecorp.com
Email	Not Available

Emergency phone number

Association / Organisation	**Chemtrec**
Emergency telephone number(s)	**1-800-424-9300 (US)**
Other emergency telephone number(s)	**(+1)703-527-3887 (outside the US)**

SECTION 2 HAZARD(S) IDENTIFICATION

Classification of the substance or mixture

Classification	Aspiration Hazard Category 1, Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Sensitisation (Respiratory) Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Germ Cell Mutagenicity Category 1B, Carcinogenicity Category 1A, Specific Target Organ Toxicity - Repeated Exposure Category 2

Label elements

Hazard pictogram(s)	
SIGNAL WORD	**DANGER**

Hazard statement(s)

H304	May be fatal if swallowed and enters airways.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335	May cause respiratory irritation.
H340	May cause genetic defects.
H350	May cause cancer.
H373	May cause damage to organs through prolonged or repeated exposure.

Hazard(s) not otherwise classified

Not Applicable

Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read carefully and follow all instructions.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe dust/fume.
P261	Avoid breathing dust/fumes.
P271	Use in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P331	Do NOT induce vomiting.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water.

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 to authorised hazardous or special waste collection point in accordance with any local regulation.

No further product hazard information.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
112945-52-5	<70	silica amorphous, fumed, crystalline free
101-68-8	<30	4,4'-diphenylmethane diisocyanate (MDI)
64742-95-6.	<10	naphtha petroleum, light aromatic solvent
Not Available	Balance	Ingredients determined not to be hazardous

SECTION 4 FIRST-AID MEASURES

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: • 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. • Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: • Immediately flush body and clothes with large amounts of water, using safety shower if available. • Quickly remove all contaminated clothing, including footwear. • Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. • Transport to hospital, or doctor.
Inhalation	• If fumes or combustion products are inhaled remove from contaminated area. • Lay patient down. Keep warm and rested. • Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. • Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. • Transport to hospital, or doctor, without delay. 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.
Ingestion	• If swallowed do **NOT** induce vomiting. • If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. • Observe the patient carefully. • Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. • Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. • Seek medical advice. • Avoid giving milk or oils.

	• Avoid giving alcohol. • If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

Most important symptoms and effects, both acute and delayed

See Section 11

Indication of any immediate medical attention and special treatment needed

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

- Primary threat to life, from pure petroleum distillate ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO2 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.
- Lavage is indicated in patients who require decontamination; ensure use of cuffed endotracheal tube in adult patients. [Ellenhorn and Barceloux: Medical Toxicology]

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 FIRE-FIGHTING 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 substance or mixture

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

Special protective equipment and precautions for fire-fighters

Fire Fighting	• When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. • When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. • Alert Fire Brigade and tell them location and nature of hazard. • Wear breathing apparatus plus protective gloves in the event of a fire. • Prevent, by any means available, spillage from entering drains or water courses. • Use fire fighting procedures suitable for surrounding area. • **DO NOT** approach containers suspected to be hot. • Cool fire exposed containers with water spray from a protected location.
Fire/Explosion Hazard	• When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. • When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. • Solid which exhibits difficult combustion or is difficult to ignite. • Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. • Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited; once initiated larger particles up to 1400 microns diameter will contribute to the propagation of an explosion. • A dust explosion may release large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people. • Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. Combustion products include: • carbon monoxide (CO) • carbon dioxide (CO2) isocyanates and minor amounts of hydrogen cyanide nitrogen oxides (NOx) silicon dioxide (SiO2) • other pyrolysis products typical of burning organic material. May emit poisonous fumes.

	May emit corrosive fumes.

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

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 small quantities with vermiculite or other absorbent material. • Wipe up.
Major Spills	For isocyanate spills of less than 40 litres (2 m2): • 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. • Avoid contamination with water, alkalies and detergent solutions. • Material reacts with water and generates gas, pressurises containers with even drum rupture resulting. • **DO NOT** reseal container if contamination is suspected. • Open all containers with care. Moderate hazard. • **CAUTION**: Advise personnel in area. • Alert Emergency Services and tell them location and nature of hazard. • Control personal contact by wearing protective clothing. • Prevent, by any means available, spillage from entering drains or water courses. • Recover product wherever possible.

Reference to other sections

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	• Avoid skin 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. • **DO NOT** allow material to come in direct contact with human skin or eyes. • Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) • Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. • Establish good housekeeping practices. • Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds. • Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion.
Other information	• Store in original containers. • Keep containers securely sealed. • Store in a cool, dry area protected from environmental extremes. • Store away from incompatible materials and foodstuff containers. • Protect containers against physical damage and check regularly for leaks. • Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	• Polyethylene or polypropylene container. • Check all containers are clearly labelled and free from leaks.
Storage incompatibility	For alkyl aromatics: The alkyl side chain of aromatic rings can undergo oxidation by several mechanisms. The most common and dominant one is the attack by oxidation at benzylic carbon as the intermediate formed is stabilised by resonance structure of the ring. • Following reaction with oxygen and under the influence of sunlight, a hydroperoxide at the alpha-position to the aromatic ring, is the primary oxidation product formed (provided a hydrogen atom is initially available at this position) - this product is often short-lived but may be stable dependent on the nature of the aromatic substitution; a secondary C-H bond is more easily attacked than a primary C-H bond whilst a tertiary C-H bond is even more susceptible to attack by oxygen • Monoalkylbenzenes may subsequently form monocarboxylic acids; alkyl naphthalenes mainly produce the corresponding naphthalene carboxylic acids. • Oxidation in the presence of transition metal salts not only accelerates but also selectively decomposes the hydroperoxides. • Hock-rearrangement by the influence of strong acids converts the hydroperoxides to hemiacetals. Peresters formed from the hydroperoxides undergo Criegee rearrangement easily. • Vigorous reactions, sometimes amounting to explosions, can result from the contact between aromatic rings and strong oxidising agents. • Aromatics can react exothermically with bases and with diazo compounds. The substance may be or contains a "metalloid" The following elements are considered to be metalloids; boron,silicon, germanium, arsenic, antimony, tellurium and (possibly) polonium The electronegativities and ionisation energies of the metalloids are between those of the metals and nonmetals, so the metalloids exhibit characteristics of both classes. The reactivity of the metalloids depends on the element with which they are reacting. For example, boron acts as a nonmetal when reacting with sodium yet as a metal when reacting with fluorine.

Unlike most metals, most metalloids are amphoteric- that is they can act as both an acid and a base. For instance, arsenic forms not only salts such as arsenic halides, by the reaction with certain strong acid, but it also forms arsenites by reactions with strong bases.
Most metalloids have a multiplicity of oxidation states or valences.

- Powder is prone to build electrostatic charge. Ensure all components are fully earthed.
- Avoid shaking bags over stirred non-polar solvent systems.
- Add powder through an open mesh earthed metal screen.
- Use inert gas blanket.
- Dust clouds generated by the fine grinding of the solid are an explosion hazard, with any ignition source, flame, spark.

Silicas:

- react with hydrofluoric acid to produce silicon tetrafluoride gas
- react with xenon hexafluoride to produce explosive xenon trioxide
- reacts exothermically with oxygen difluoride, and explosively with chlorine trifluoride (these halogenated materials are not commonplace industrial materials) and other fluorine-containing compounds
- may react with fluorine, chlorates
- are incompatible with strong oxidisers, manganese trioxide, chlorine trioxide, strong alkalis, metal oxides, concentrated orthophosphoric acid, vinyl acetate
- may react vigorously when heated with alkali carbonates.

· Avoid reaction with water, alcohols and detergent solutions. Isocyanates are electrophiles, and as such they are reactive toward a variety of nucleophiles including alcohols, amines, and even water. Upon treatment with an alcohol, an isocyanate forms a urethane linkage. If a di-isocyanate is treated with a compound containing two or more hydroxyl groups, such as a diol or a polyol, polymer chains are formed, which are known as polyurethanes. Reaction between a di-isocyanate and a compound containing two or more amine groups, produces long polymer chains known as polyureas.
· Isocyanates and thioisocyanates are incompatible with many classes of compounds, reacting exothermically to release toxic gases.

- Avoid strong acids, bases.
- 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 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.

BRETHERICK: Handbook of Reactive Chemical Hazards, 4th Edition

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US OSHA Permissible Exposure Limits (PELs) Table Z-1	silica amorphous, fumed, crystalline free	Particulates Not Otherwise Regulated (PNOR)- Total dust	15 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	silica amorphous, fumed, crystalline free	Particulates Not Otherwise Regulated (PNOR)- Respirable fraction	5 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-3	silica amorphous, fumed, crystalline free	Inert or Nuisance Dust: Respirable fraction	5 mg/m3 / 15 mppcf	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-3	silica amorphous, fumed, crystalline free	Inert or Nuisance Dust: Total Dust	15 mg/m3 / 50 mppcf	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	silica amorphous, fumed, crystalline free	Particulates not otherwise regulated	Not Available	Not Available	Not Available	See Appendix D - Substances with No Established RELs
US OSHA Permissible Exposure Limits (PELs) Table Z-1	4,4'-diphenylmethane diisocyanate (MDI)	Methylene bisphenyl isocyanate (MDI)	Not Available	Not Available	0.02 ppm / 0.2 mg/m3	Not Available
US ACGIH Threshold Limit Values (TLV)	4,4'-diphenylmethane diisocyanate (MDI)	Methylene bisphenyl isocyanate	0.005 ppm	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	4,4'-diphenylmethane diisocyanate (MDI)	Methylene bisphenyl isocyanate	0.005 ppm / 0.05 mg/m3	Not Available	0.020 (10-minute) ppm / 0.2 (10-minute) mg/m3	Not Available

EMERGENCY LIMITS

Ingredient	TEEL-1	TEEL-2	TEEL-3
silica amorphous, fumed, crystalline free	18 mg/m3	100 mg/m3	630 mg/m3
4,4'-diphenylmethane diisocyanate (MDI)	0.45 mg/m3	Not Available	Not Available
4,4'-diphenylmethane diisocyanate (MDI)	29 mg/m3	40 mg/m3	240 mg/m3
naphtha petroleum, light aromatic solvent	1,200 mg/m3	6,700 mg/m3	40,000 mg/m3

Exposure controls

Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The

	design of a ventilation system must match the particular process and chemical or contaminant in use.
Individual protection measures, such as personal protective equipment	
Eye and face protection	• Safety glasses with side shields. • Chemical goggles.[AS/NZS 1337.1, EN166 or national equivalent] • 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.
Skin protection	See Hand protection below
Hands/feet protection	**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 choice. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. • 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 Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present. • polychloroprene. • nitrile rubber. • butyl rubber. • fluorocaoutchouc. • polyvinyl chloride.
Body protection	See Other protection below
Other protection	• Overalls. • P.V.C apron. • Barrier cream. • Skin cleansing cream.

Respiratory protection

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Fp: 38.9 degC (hydrocarbon liquid) Solid roll wit aromatic odour; does not mix with water.

Physical state	Solid	**Relative density (Water = 1)**	Not Available
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Applicable	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (mm2/s)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Available	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Applicable
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Applicable	**Gas group**	Not Available
Solubility in water	Not Available	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**Total VOC %w/w**	Not Available
Heat of Combustion (kJ/g)	Not Available	**Ignition Distance (cm)**	Not Available
Flame Height (cm)	Not Available	**Flame Duration (s)**	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	**Enclosed Space Ignition Deflagration Density (g/m3)**	Not Available
Nanoform Solubility	Not Available	**Nanoform Particle Characteristics**	Not Available
Particle Size	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

a) Acute Toxicity	Based on available data, the classification criteria are not met.
b) Skin Irritation/Corrosion	There is sufficient evidence to classify this material as skin corrosive or irritating.
c) Serious Eye Damage/Irritation	There is sufficient evidence to classify this material as eye damaging or irritating
d) Respiratory or Skin sensitisation	There is sufficient evidence to classify this material as sensitising to skin or the respiratory system
e) Mutagenicity	There is sufficient evidence to classify this material as mutagenic
f) Carcinogenicity	There is sufficient evidence to classify this material as carcinogenic
g) Reproductivity	Based on available data, the classification criteria are not met.
h) STOT - Single Exposure	There is sufficient evidence to classify this material as toxic to specific organs through single exposure
i) STOT - Repeated Exposure	There is sufficient evidence to classify this material as toxic to specific organs through repeated exposure
j) Aspiration Hazard	There is sufficient evidence to classify this material as an aspiration hazard

Inhaled	There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures. Inhalation of high concentrations of gas/vapour causes lung irritation with coughing and nausea, central nervous depression with headache and dizziness, slowing of reflexes, fatigue and inco-ordination. Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.
Ingestion	There is strong evidence to suggest that this material can cause, if swallowed once, very serious, irreversible damage of organs. Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract Accidental ingestion of the material may be severely damaging to the health of the individual; animal experiments indicate that ingestion of less than 5 gram may be fatal.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. There is strong evidence to suggest that this material, on a single contact with skin, can cause very serious, irreversible damage of organs. The material may accentuate any pre-existing dermatitis condition Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. 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.
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 airways disease, involving difficulty breathing and related whole-body 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. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. 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. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is some evidence from animal testing that exposure to this material may result in toxic effects to the unborn baby. Amorphous silicas generally are less hazardous than crystalline silicas, but the former can be converted to the latter on heating and subsequent cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling lung disease that may take years to develop. Soluble silicates do not exhibit sensitizing potential. Testing in bacterial and animal experiments have not shown any evidence of them causing mutations or birth defects. 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. The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components. This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces. The faecal excretion in these animals was considered entirely due to ingestion of radioactivity from grooming and ingestion of deposited material from the nasopharangeal region via the mucociliary escalator, i. Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray.

Tapecoat Rugged Wrap	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
silica amorphous, fumed, crystalline free	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >5000 mg/kg [2]	Not Available
	Oral (Rat) LD50: 3160 mg/kg [2]	
4,4'-diphenylmethane diisocyanate (MDI)	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >6200 mg/kg [2]	Eye (Rodent - rabbit): 100mg - Moderate
	Inhalation (Rat) LC50: 0.368 mg/L4h [1]	Eye: no adverse effect observed (not irritating) [1]
	Oral (Mouse) LD50; 2200 mg/kg [2]	Skin (Rodent - rabbit): 500mg/24H
		Skin: adverse effect observed (irritating) [1]
naphtha petroleum, light aromatic solvent	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >1900 mg/kg [1]	Eye (Rodent - rabbit): 100uL/24H - Mild
	Inhalation (Rat) LC50: >4.42 mg/L4h [1]	Eye: no adverse effect observed (not irritating) [1]
	Oral (Rat) LD50: >4500 mg/kg [1]	Skin: adverse effect observed (irritating) [1]
Legend:	***1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances***	

silica amorphous, fumed, crystalline free	For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification. Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser. Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact. Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure. Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m3 to 150 mg/m3. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m3. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m3. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL. Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected. For Synthetic Amorphous Silica (SAS) Repeated dose toxicity Oral (rat), 2 weeks to 6 months, no significant treatment-related adverse effects at doses of up to 8% silica in the diet. Inhalation (rat), 13 weeks, Lowest Observed Effect Level (LOEL) =1.3 mg/m3 based on mild reversible effects in the lungs. Inhalation (rat), 90 days, LOEL = 1 mg/m3 based on reversible effects in the lungs and effects in the nasal cavity. For silane treated synthetic amorphous silica: Repeated dose toxicity: oral (rat), 28-d, diet, no significant treatment-related adverse effects at the doses tested. There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.
4,4'-diphenylmethane diisocyanate (MDI)	Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate 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 ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, 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. 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. 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.
naphtha petroleum, light aromatic solvent	Inhalation (rat) TCLo: 1320 ppm/6h/90D-I * [Devoe] Most Low Boiling Point Naphthas (LBPNs) have low actute toxicity to oral, dermal and inhalation routes of exposure, and mild to moderate skin and eye irritating effects. However, some heavier 'cracked' LBPNs (LKBPNs with greater olefinic content) have been found to be more irritating to the skin and eyes compared to non-cracked LBPNs. LBPNs are not known to be sensitising to the skin. Animal studies examined the effects of short-term and longer-term exposure to LBPNs through inhalation or oral routes. In male rats specifically, exposure to LBPNs resulted in kidney-related issues like increased kidney weight, kidney lesions, and hyaline droplet formation. However, the same effects were not seen in female rats, mice, or humans due to a mechanism of action involving a particular enzyme only found in male rats. Limited studies found that exposure through inhalation caused an increase in liver weight in both male and female rats. Dermal exposure to one specific LBPN (light cracked naphtha) resulted in skin irritation and changes at low doses in rats. Few studies were available regarding the chronic toxicity of LBPNs, but one study exposed mice and rats to unleaded gasoline (containing 2% benzene) and found ocular and kidney effects at concentrations of 200 mg/m3 and 6170 mg/m3, respectively. Testing of LBPN genetic effects have shown mixed results when performed using in vitro studies. In vivo studies of LBPNs showed no negative outcomes. Some LBPNS have been shown to cause unusual chromosome formation. Testing of genotoxicity of unleaded gasoline (containing 2% benzene) found that unusual DNA synthesis was induced in mice via oral exposure. Similarly, unleaded gasoline with 2% benzene content resulted in in replicative DNA synthesis in rat kidney cells via oral and inhalation exposures. While the majority of in vivo genotoxicity results for LBPN substances are negative, the potential for genotoxicity of LBPNs as a group cannot be disregarded based on the mixed in vitro genotoxicity results. Limited evidence exists demonstrating the carcinogenicity of skin and blood following exposure to LBPNs. The published studies studfying the incidence of cancer due to LBPNs had several limitations, including a lack of exposure data and the inability to definitively exclude the exposure effects of gasoline combustion products from the effects of gasoline itself. Only unleaded gasoline has been examined for its carcinogenic potential in inhalation studies among LBPN substances. One such study foudn that inhalaiton of exposure of unleaded gasoline (2% benzene) resulted in promotion of liver tumours in female mice at an dosage of 6170 mg/m3 over 2 years, but did not initiate tumour formation. Both the European Commission and the International Agency for Research on Cancer (IARC) have classified LBPN substances as carcinogenic. All of these substances were classified by the European Commission (2008) as Category 2 carincogens (benzene content = 0.1% by weight). THe IARC has classified gasoline as a Group 2B carcinogen (possibly carcinogenic to humans) and “occupational exposures in petroleum refining” as Group 2A carcinogens (probably carcinogenic to humans). Induction of both benign and malignant tumours has been found following dermal exposure to mice to heavy catalytic cracked naphtha, light catalytic cracked naphtha, light straight-run naphtha and naphtha. On the other hand, insignificant increases in tumour formation or no tumours were observed when light alkylate naphtha, heavy catalytic reformed naphtha, sweetened naphtha, light catalytically cracked naphtha or unleaded gasoline was dermally applied to mice. No reproductive or developmental toxicity was observed for the majority of LBPN substances evaluated. Most of these studies were carried out by inhalation exposure in rodents. However, developmental toxicity was observed for a few naphthas. Decreased foetus body weight and an increased incidence of bone malformation were observed when female rats were exposed to light aromatized solvent naphtha at 1250mg/kg bodyweight. Another study found that pregnant rats exposed to hydrotreated heavy naphtha (~4500 mg/kg bodyweight) via inhalation birth offspring with greater birth weights, and decreased cognitive and memory ability. For oral exposures, no adverse effects on reproductive parameters were reported when rats were given site-restricted light catalytic cracked naphtha at 2000 mg/kg bodyweight on gestational day 13. Animal studies indicate that normal, branched and cyclic paraffins are absorbed from the gastrointestinal tract and that the absorption of n-paraffins is inversely proportional to the carbon chain length, with little absorption above C30. With respect to the carbon chain lengths likely to be present in mineral oil, n-paraffins may be absorbed to a greater extent than iso- or cyclo-paraffins. The major classes of hydrocarbons are well absorbed into the gastrointestinal tract in various species. In many cases, the hydrophobic hydrocarbons are ingested in association with fats in the diet. Some hydrocarbons may appear unchanged as in the lipoprotein particles in the gut lymph, but most hydrocarbons partly separate from fats and undergo metabolism in the gut cell. The gut cell may play a major role in determining the proportion of hydrocarbon that becomes available to be deposited unchanged in peripheral tissues such as in the body fat stores or the liver. For trimethylbenzenes: Absorption of 1,2,4-trimethylbenzene occurs after exposure by swallowing, inhalation, or skin contact. In the workplace, inhalation and skin contact are the most important routes of absorption; whole-body toxic effects from skin absorption are unlikely to occur as the skin irritation caused by the chemical generally leads to quick removal. The substance is fat-soluble and may accumulate in fatty tissues. It is also bound to red blood cells in the bloodstream. It is excreted from the body both by exhalation and in the urine. Acute toxicity: Direct contact with liquid 1,2,4-trimethylbenzene is irritating to the skin, and breathing the vapour is irritating to the airway, causing lung inflammation. Breathing high concentrations of the chemical vapour causes headache, fatigue and drowsiness. In humans, liquid 1,2,4-trimethylbenzene is irritating to the skin and inhalation of the vapour causes chemical pneumonitis. Direct skin contact causes dilation of blood vessels, redness and irritation. Nervous system toxicity: 1,2,4-trimethylbenzene depresses the central nervous system. Exposure to solvent mixtures in the workplace containing the chemical causes headache, fatigue, nervousness and drowsiness. Subacute/chronic toxicity: Long-term exposure to solvents containing 1,2,4-trimethylbenzene may cause nervousness, tension and inflammation of the bronchi. Painters that worked for several years with a solvent containing 50% 1,2,4-trimethylbenzene and 30% 1,3,5-trimethylbenzene showed nervousness, tension and anxiety, asthmatic bronchitis, anaemia and changes in blood clotting; blood effects may have been due to trace amounts of benzene. Animal testing showed that inhaling trimethylbenzene may alter blood counts, with reduction in lymphocytes and an increase in neutrophils. Genetic toxicity: Animal testing does not show that the C9 fraction causes mutations or chromosomal aberrations. Developmental / reproductive toxicity: Animal testing showed that the C9 fraction of 1,2,4-trimethylbenzene caused reproductive toxicity. For C9 aromatics (typically trimethylbenzenes – TMBs) Acute toxicity: Animal testing shows that semi-lethal concentrations and doses vary amongst this group. The semilethal concentrations for inhalation range from 6000 to 10000 mg/cubic metre for C9 aromatic naphtha and 18000-24000 mg/cubic metre for 1,2,4- and 1,3,5-TMB, respectively. Irritation and sensitization: Results from animal testing indicate that C9 aromatic hydrocarbon solvents are mildly to moderately irritating to the skin, minimally irritating to the eye, and have the potential to irritate the airway and cause depression of breathing rate. There is no evidence that it sensitizes skin. Repeated dose toxicity: Animal studies show that chronic inhalation toxicity for C9 aromatic hydrocarbon solvents is slight. Similarly, oral exposure does not appear to pose a high toxicity hazard for pure trimethylbenzene isomers. Mutation-causing ability: No evidence of mutation-causing ability and genetic toxicity was found in animal and laboratory testing. Reproductive and developmental toxicity: No definitive effects on reproduction were seen, although reduction in weight in developing animals may been seen at concentrations that are toxic to the mother. Petroleum contains aromatic (benzene, toluene, ethyl benzene, napthalene) and aliphatic hydrocarbons (n-hexane), which can result in many detrimental health effects, including, cancer, tumour formation, hearing loss, and nervous system toxicity. Animal testing shows breathing in petroleum causes tumours of the liver and kidney; these are however not considered to be relevant in humans. Similarly, exposure to gasoline over a lifetime can cause kidney cancer in animals, but the relevance in humans is questionable. Most studies involving gasoline have shown that gasoline does not cause genetic mutation, including all recent studies in living human subjects (such as in petrol service station attendants). Animal studies show concentrations of toluene (>0.1%) can cause developmental effects such as lower birth weight and developmental toxicity to the nervous system of the foetus. Other studies show no adverse effects on the foetus. Prolonged contact with petroleum may result in skin inflammation and make the skin more sensitive to irritation and penetration by other materials.

Acute Toxicity	✗	**Carcinogenicity**	✓

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

Legend: ✘ *– Data either not available or does not fill the criteria for classification*
✔ *– Data available to make classification*

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Tapecoat Rugged Wrap

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Not Available	Not Available	Not Available	Not Available	Not Available

silica amorphous, fumed, crystalline free

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Not Available	Not Available	Not Available	Not Available	Not Available

4,4'-diphenylmethane diisocyanate (MDI)

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
NOEC(ECx)	504h	Crustacea	>=10mg/l	2
BCF	672h	Fish	61-150	7
EC50	48h	Crustacea	>100mg/l	2
LC50	96h	Fish	>100mg/l	2

naphtha petroleum, light aromatic solvent

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
EC50	72h	Algae or other aquatic plants	19mg/l	1
EC50	48h	Crustacea	6.14mg/l	1
EC50	96h	Algae or other aquatic plants	64mg/l	2
NOEC(ECx)	72h	Algae or other aquatic plants	1mg/l	1

Legend: ***Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. US EPA, Ecotox database - Aquatic Toxicity Data 4. ECETOC Aquatic Hazard Assessment Data 5. NITE (Japan) - Bioconcentration Data 6. METI (Japan) - Bioconcentration Data 7. Vendor Data 8. User defined data***

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
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)

Bioaccumulative potential

Ingredient	Bioaccumulation
4,4'-diphenylmethane diisocyanate (MDI)	LOW (BCF = 15)

Mobility in soil

Ingredient	Mobility
4,4'-diphenylmethane diisocyanate (MDI)	LOW (KOC = 376200)

Other adverse effects

No evidence of ozone depleting properties were found in the current literature.

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal

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

Otherwise:

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

SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO

Shipping container, transport vehicle placarding, and labeling may vary from the below information. This depends on the quantity shipped, the applicability of excepted quantity requirements, limited quantity requirements, and/or special provisions according to US DOT, IATA and IMDG regulations. In case of reshipment, it is the responsibility of the shipper to determine the appropriate labels and markings in accordance with applicable transport regulations.

Land transport (DOT): 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

14.7.1. Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

14.7.2. Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
silica amorphous, fumed, crystalline free	Not Applicable
4,4'-diphenylmethane diisocyanate (MDI)	Not Applicable
naphtha petroleum, light aromatic solvent	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
silica amorphous, fumed, crystalline free	Not Applicable
4,4'-diphenylmethane diisocyanate (MDI)	Not Applicable
naphtha petroleum, light aromatic solvent	Not Applicable

SECTION 15 REGULATORY INFORMATION

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

SILICA AMORPHOUS, FUMED, CRYSTALLINE FREE IS FOUND ON THE FOLLOWING REGULATORY LISTS

- US OSHA Permissible Exposure Limits (PELs) Table Z-1
- US OSHA Permissible Exposure Limits (PELs) Table Z-3
- US NIOSH Recommended Exposure Limits (RELs)
- US DOE Temporary Emergency Exposure Limits (TEELs)
- US - Massachusetts - Right To Know Listed Chemicals
- International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)
- US - Alaska Air Quality Control - Concentrations Triggering an Air Quality Episode for Air Pollutants Other Than PM-2.5

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

- US OSHA Permissible Exposure Limits (PELs) Table Z-1
- US ACGIH Threshold Limit Values (TLV)
- US NIOSH Recommended Exposure Limits (RELs)
- US TSCA New Chemical Exposure Limits (NCEL)
- US DOE Temporary Emergency Exposure Limits (TEELs)
- US Clean Air Act - Hazardous Air Pollutants
- US EPCRA Section 313 Chemical List
- US - New Jersey Right to Know Hazardous Substances
- US EPA Integrated Risk Information System (IRIS)
- US - Massachusetts - Right To Know Listed Chemicals
- US New York City Community Right-to-Know: List of Hazardous Substances
- US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory
- US - California Hazardous Air Pollutants Identified as Toxic Air Contaminants
- International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic
- US - Pennsylvania - Hazardous Substance List

NAPHTHA PETROLEUM, LIGHT AROMATIC SOLVENT IS FOUND ON THE FOLLOWING REGULATORY LISTS

- US DOE Temporary Emergency Exposure Limits (TEELs)
- US - New Jersey Right to Know - Special Health Hazard Substance List (SHHSL): Flammables
- US - New Jersey Right to Know Hazardous Substances
- Chemical Footprint Project - Chemicals of High Concern List
- US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory
- US EPA Pesticide Chemical Search - Conventional Chemical
- US EPA Pesticide Chemical Search - Antimicrobial
- US EPA Pesticide Chemical Search - Biopesticides

Additional Regulatory Information

Not Applicable

Federal Regulations

Superfund Amendments and Reauthorization Act of 1986 (SARA)

SECTION 311/312 HAZARD CATEGORIES

Flammable (Gases, Aerosols, Liquids, or Solids)	No
Gas under pressure	No
Explosive	No
Self-heating	No
Pyrophoric (Liquid or Solid)	No
Pyrophoric Gas	No
Corrosive to metal	No
Oxidizer (Liquid, Solid or Gas)	No
Organic Peroxide	No
Self-reactive	No
In contact with water emits flammable gas	No
Combustible Dust	No
Carcinogenicity	Yes
Acute toxicity (any route of exposure)	No
Reproductive toxicity	No
Skin Corrosion or Irritation	Yes
Respiratory or Skin Sensitization	Yes
Serious eye damage or eye irritation	Yes
Specific target organ toxicity (single or repeated exposure)	Yes
Aspiration Hazard	Yes
Germ cell mutagenicity	Yes
Simple Asphyxiant	No
Hazards Not Otherwise Classified	No

US. EPA CERCLA HAZARDOUS SUBSTANCES AND REPORTABLE QUANTITIES (40 CFR 302.4)

Name	Reportable Quantity in Pounds (lb)	Reportable Quantity in kg
4,4'-diphenylmethane diisocyanate (MDI)	5000	2270

Additional Federal Regulatory Information

Not Available

US. EPCRA SECTION 313 TOXIC RELEASE INVENTORY (TRI) (40 CFR 372)

This product contains the following EPCRA section 313 chemicals subject to the reporting requirements of section 313 of the Emergency Planning and Community Right-To-Know-Act of 1986 (40 CFR 372):

CAS No	%[weight]	Name
101-68-8	<30	4,4'-diphenylmethane diisocyanate (MDI)

This information must be included in all SDSs that are copied and distributed for this material.

State Regulations

US. CALIFORNIA PROPOSITION 65

None Reported

Additional State Regulatory Information

Not Available

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (silica amorphous, fumed, crystalline free, 4,4'-diphenylmethane diisocyanate (MDI), naphtha petroleum, light aromatic solvent)
China - IECSC	Yes
Colombia - Colombia National Industrial Chemicals Inventory	No (silica amorphous, fumed, crystalline free, 4,4'-diphenylmethane diisocyanate (MDI), naphtha petroleum, light aromatic solvent)
Europe - EINEC / ELINCS / NLP	No (silica amorphous, fumed, crystalline free)
Japan - ENCS	Yes

Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	TSCA Inventory 'Active' substance(s) (4,4'-diphenylmethane diisocyanate (MDI), naphtha petroleum, light aromatic solvent); No (silica amorphous, fumed, crystalline free)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
UAE - Control List (Banned/Restricted Substances)	No (silica amorphous, fumed, crystalline free, 4,4'-diphenylmethane diisocyanate (MDI), naphtha petroleum, light aromatic solvent)
Legend:	***Yes = All CAS declared ingredients are on the inventory*** ***No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.***

SECTION 16 OTHER INFORMATION

Revision Date	23/09/2026
Initial Date	08/09/2026

SDS Version Summary

Version	Issue Date	Sections Updated
0.0	01/01/0001	

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.

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.

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