POLY BD RESIN 5044B # 164-292

Chemwatch Independent Material Safety Data Sheet
Issue Date: 22-Dec-2008
NA317TC

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
POLY BD RESIN 5044B # 164-292

PRODUCT USE
■ Used according to manufacturer's directions.

SUPPLIER

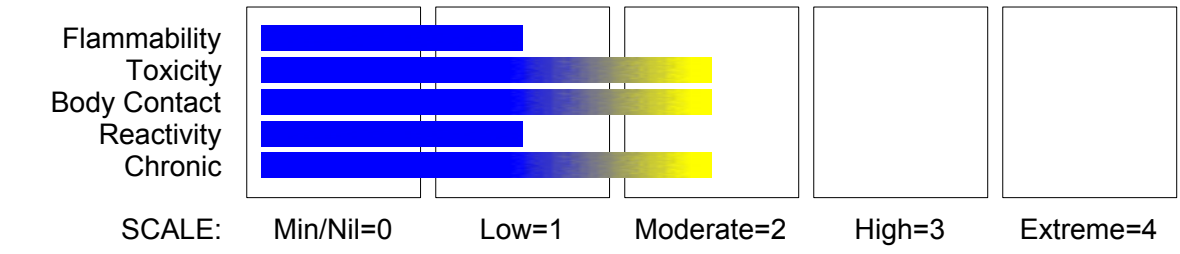
Company: RS Components
Address:
Units 30 & 31
Warehouse World
761 Great South Road
Penrose Auckland

Company: RS Components
Address:
25 Pavesi Street
Smithfield
NSW2164
AUS
Telephone: 1300 656 636
Emergency Tel: 1800 039 008
Emergency Tel: 03 9573 3112
Fax: 1300 656 696

Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE
HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.

CHEMWATCH HAZARD RATINGS





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POISONS SCHEDULE
S6

RISK
■ Irritating to eyes respiratory system and skin.
■ May cause SENSITISATION by inhalation and skin contact.
■ Harmful: danger of serious damage to health by prolonged exposure through inhalation.
■ Inhalation and/or skin contact may produce health damage*.
■ Cumulative effects may result following exposure*.
■ Limited evidence of a carcinogenic effect*.
■ May possibly affect fertility*.

* (limited evidence).

SAFETY
■ Do not breathe gas/fumes/vapour/spray.
■ Use only in well ventilated areas.
■ Keep container in a well ventilated place.
■ Avoid exposure - obtain special instructions before use.
■ To clean the floor and all objects contaminated by this material use water and detergent.
■ Keep container tightly closed.
■ Keep away from food drink and animal feeding stuffs.
■ In case of contact with eyes rinse with plenty of water and contact Doctor or Poisons Information Centre.
■ If swallowed IMMEDIATELY contact Doctor or Poisons Information Centre. (show this container or label).

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
4, 4' - diphenylmethane diisocyanate (MDI)	101-68-8	10-30
ingredients nonhazardous		>60

Section 4 - FIRST AID MEASURES

SWALLOWED
• For advice, contact a Poisons Information Centre or a doctor at once.
• Urgent hospital treatment is likely to be needed.
• 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.
• Transport to hospital or doctor without delay.

EYE
■ If this product comes in contact with the eyes:
• Wash out immediately with fresh running water.
• Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
• If pain persists or recurs seek medical attention.
• Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

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SKIN
■ If skin contact occurs:
• Immediately remove all contaminated clothing, including footwear.
• Flush skin and hair with running water (and soap if available).
• Seek medical attention in event of irritation.

INHALED
• If fumes or combustion products are inhaled remove from contaminated area.
• Lay patient down. Keep warm and rested.
• Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
• Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
• Transport to hospital, or doctor, without delay.

NOTES TO PHYSICIAN
■ 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 edema 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].

Section 5 - FIRE FIGHTING MEASURES

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

FIRE FIGHTING
• Alert Fire Brigade and tell them location and nature of hazard.
• Wear full body protective clothing with breathing apparatus.
• Prevent, by any means available, spillage from entering drains or water course.
• Use water delivered as a fine spray to control fire and cool adjacent area.
• Avoid spraying water onto liquid pools.
• DO NOT approach containers suspected to be hot.
• Cool fire exposed containers with water spray from a protected location.
• If safe to do so, remove containers from path of fire.

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FIRE/EXPLOSION HAZARD
• Combustible.
• Slight fire hazard when exposed to heat or flame.
• Heating may cause expansion or decomposition leading to violent rupture of containers.
• On combustion, may emit toxic fumes of carbon monoxide (CO).
• May emit acrid smoke.
• Mists containing combustible materials may be explosive.
Combustion products include: carbon dioxide (CO_2), isocyanates, and minor amounts of, hydrogen cyanide, nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.

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

HAZCHEM: None

Personal Protective Equipment
Gas tight chemical resistant suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS
• Remove all ignition sources.
• Clean up all spills immediately.
• Avoid breathing vapours and contact with skin and eyes.
• Control personal contact by using protective equipment.
• Contain and absorb spill with sand, earth, inert material or vermiculite.
• Wipe up.
• Place in a suitable, labelled container for waste disposal.

MAJOR SPILLS
• Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation.
• Typically, such a preparation may consist of: sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of {ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v}.
• Let stand for 24 hours.
• 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.
• Clear area of personnel and move upwind.
• Alert Fire Brigade and tell them location and nature of hazard.
• Wear breathing apparatus plus protective gloves.
• Prevent, by any means available, spillage from entering drains or water course.
• No smoking, naked lights or ignition sources.
• Increase ventilation.
• 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.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)
The maximum airborne concentration below which it is believed that nearly all individuals could be exposed

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for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:
4,4'-diphenylmethane diisocyanate (MDI) 25mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:
4,4'-diphenylmethane diisocyanate (MDI) 2mg/m³

other than mild, transient adverse effects without perceiving a clearly defined odour is:
4,4'-diphenylmethane diisocyanate (MDI) 0.2mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	>= 0.1%	Toxic (T)	>= 3.0%
R50	>= 0.25%	Corrosive (C)	>= 5.0%
R51	>= 2.5%		
else	>= 10%		

where percentage is percentage of ingredient found in the mixture

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING
• DO NOT allow clothing wet with material to stay in contact with skin.
• Avoid all personal contact, including inhalation.
• Wear protective clothing when risk of exposure occurs.
• Use in a well-ventilated area.
• Prevent concentration in hollows and sumps.
• 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 storing and handling recommendations.
• Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.

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

STORAGE INCOMPATIBILITY
• 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

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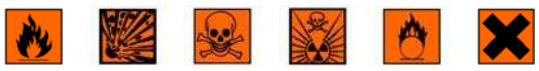
"closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g.
BRETHERICK: Handbook of Reactive Chemical Hazards, 4th Edition.
• Avoid reaction with water, alcohols and detergent solutions.
• Isocyanates and thioisocyanates are 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.

STORAGE REQUIREMENTS
■ for commercial quantities of isocyanates:
• Isocyanates should be stored in adequately bunded areas. Nothing else should be kept within the same bunding. Pre-polymers need not be segregated. Drums of isocyanates should be stored under cover, out of direct sunlight, protected from rain, protected from physical damage and well away from moisture, acids and alkalis.
• Where isocyanates are stored at elevated temperatures to prevent solidifying, adequate controls should be installed to prevent the high temperatures and precautions against fire should be taken.
• Where stored in tanks, the more reactive isocyanates should be blanketed with a non-reactive gas such as nitrogen and equipped with absorptive type breather valve (to prevent vapour emissions)..
• Transfer systems for isocyanates in bulk storage should be fully enclosed and use pump or vacuum systems. Warning signs, in appropriate languages, should be posted where necessary.
• 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.
• Store away from incompatible materials and foodstuff containers.
• Protect containers against physical damage and check regularly for leaks.
• Observe manufacturer's storing and handling recommendations.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+	X	+	X	X	+

+: May be stored together
O: May be stored together with specific preventions
X: Must not be stored together

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA mg/m³	STEL mg/m³	Notes
Australia Exposure Standards	4, 4' - diphenylmethane diisocyanate (MDI) (Isocyanates, all (as-NCO))	0.02	0.07	Sen

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
4, 4' - diphenylmethane diisocyanate (MDI)	75	

MATERIAL DATA

POLY BD RESIN 5044B # 164-292:

Not available

4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI):

■ for diphenylmethane diisocyanate (methylene bisphenyl isocyanate; MDI)

Odour Threshold Value: 0.39 ppm

IDLH Level: 10 mg/m3

Mean MDI exposures of less than 0.003 ppm appear to have no acute or chronic effect on pulmonary function.

MDI produces identical toxicological responses to those produced by TDI and the recommended TLV-TWA is identical for the two isocyanates. Exposure at or below the recommended value is thought to protect the worker against pulmonary function decrements as well as to minimise the potential for respiratory tract sensitisation. Individuals who may be hypersusceptible or otherwise unusually responsive to exposure to certain industrial chemicals may not adequately protected from adverse health effects caused by MDI at the recommended TLV-TWA. Ceiling values recommended by NIOSH and OSHA are synonymous with normal excursions allowable for exposures to the TLV-TWA (in excess of 3 x TLV-TWA for no more than a total of 30 minutes during a work day but in any case not exceeding 5 x TLV-TWA).

PERSONAL PROTECTION





EYE

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

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HANDS/FEET

■ NOTE:
• The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
• Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

Suitability and durability of glove type is dependent on usage. Factors such as:
• frequency and duration of contact,
• chemical resistance of glove material,
• glove thickness and
• dexterity,

are important in the selection of 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.

OTHER

• Overalls.
• P.V.C. apron.
• Barrier cream.
• Skin cleansing cream.
• Eye wash unit.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

• Spraying of material or material in admixture with other components must be carried out in conditions conforming to local state regulations.
• Local exhaust ventilation with full face positive-pressure air supplied breathing apparatus (hood or helmet type) is normally required.
• Spraying should be performed in a spray booth fitted with an effective exhaust system which complies with local environmental legislation.
• The spray booth area must be isolated from unprotected personnel whilst spraying is in progress and until all spraying mist has cleared

NOTE: Isocyanate vapours will not be adequately absorbed by organic vapour respirators. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1- 2.5 m/s (200- 500 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood- local control only

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Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min.) for extraction of solvents generated by spraying at a point 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.
Refer also to protective measures for the other component used with the product. Read both MSDS before using; store and attach MSDS together.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE
Black viscous liquid with musty (mouldy) odour; does not mix with water.

PHYSICAL PROPERTIES
Liquid.
Does not mix with water.
Sinks in water.

Molecular Weight: Not Available	Boiling Range (°C): Not Available	Melting Range (°C): Not Available
Specific Gravity (water=1): 1.31 @20C	Solubility in water (g/L): Immiscible	pH (as supplied): Not Available
pH (1% solution): Not Available	Vapour Pressure (kPa): Not Available	Volatile Component (%vol): Not Available
Evaporation Rate: Not Available	Relative Vapour Density (air=1): Not Available	Flash Point (°C): > 200 (CC)
Lower Explosive Limit (%): Not Available	Upper Explosive Limit (%): Not Available	Autoignition Temp (°C): Not Available
Decomposition Temp (°C): Not Available	State: Liquid	Viscosity: 4000 cSt@25°C

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY
• Presence of incompatible materials.
• Product is considered stable.
• Hazardous polymerisation will not occur.
For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED
■ The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses

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producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

EYE
■ Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

SKIN
■ Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. The material may accentuate any pre-existing dermatitis condition.
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, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

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

CHRONIC HEALTH EFFECTS
■ Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.
Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.
Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.
Practical experience shows that skin contact with the material is capable either of inducing a sensitisation

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reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.
On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.
Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.
Exposure to the material may cause concerns for human fertility, on the basis that similar materials provide some evidence of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects.
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TOXICITY AND IRRITATION
■ Not available. Refer to individual constituents.

4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI):
■ unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY
Oral (rat) LDLo: 9200 mg/kg

IRRITATION
Skin (rabbit): 500 mg /24 hours

Inhalation (rat) LC50: 178 mg/m³/4h Dermal Sensitiser *
Oral (mouse) LD50: 2200 mg/kg Respiratory Sensitiser (g.pig) *
Dermal (rabbit) LD50: >6200 mg/kg * [* = Bayer CCINFO 2133615]
Oral (Rat) LD50: 9200 mg/kg
■ for diisocyanates:
In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Diisocyanates are moderate to strong dermal sensitisers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.
For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L. The experimental animal data available on prepolymeric diisocyanates show similar adverse effects at levels that range from 0.002 mg/L to 0.026 mg/L.
There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route
Oncogenicity: Most members of the diisocyanate category have not been tested for carcinogenic potential. Commercially available Poly-MDI was tested in a 2-year inhalation study in rats. The tested material contained 47% aromatic 4,4'-methylenediphenyl diisocyanate (MDI) and 53% higher molecular weight oligomers. Interim sacrifices at one year showed that males and females in the highest dose group (6 mg/m3) had treatment related histological changes in the nasal cavity, lungs and mediastinal lymph nodes. The incidence and severity of degeneration and basal cell hyperplasia of the olfactory epithelium and Bowman's gland hyperplasia were increased in males at the mid and high doses and in females at the high dose following the two year exposure period. Pulmonary adenomas were found in 6 males and 2 females, and pulmonary adenocarcinoma in one male in the high dose group. However, aliphatic hexamethylene diisocyanate (HDI) was found not to be carcinogenic in a two year repeated dose study in rats by the inhalation route. HDI has not been tested in mice by the inhalation route.
Though the oral route is not an expected route of exposure to humans, it should be noted that in two year repeated dose studies by the oral route, aromatic toluene diisocyanate (TDI) and 3,3'-dimethoxy-benzidine-4,

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4'-diisocyanate (dianisidine diisocyanate, DADI) were found to be carcinogenic in rodents. TDI induced a statistically significant increase in the incidence of liver tumors in rats and mice as well as dose-related hemangiosarcomas of the circulatory system and has been classified by the Agency as a B2 carcinogen. DADI was found to be carcinogenic in rats, but not in mice, with a statistically increase in the incidence of pancreatic tumors observed.
Respiratory and Dermal Sensitization: Based on the available toxicity data in animals and epidemiologic studies of humans, aromatic diisocyanates such as TDI and MDI are strong respiratory sensitisers. Aliphatic diisocyanates are generally not active in animal models for respiratory sensitization. However, HDI and possibly isophorone diisocyanate (IPDI), are reported to be associated with respiratory sensitization in humans. Symptoms resulting from occupational exposure to HDI include shortness of breath, increased bronchoconstriction reaction to histamine challenges, asthmatic reactions, wheezing and coughing. Two case reports of human exposure to IPDI by inhalation suggest IPDI is a respiratory sensitiser in humans. In view of the information from case reports in humans, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Studies in both human and mice using TDI, HDI, MDI and dicyclohexylmethane-4,4'-diisocyanate (HMDI) suggest cross-reactivity with the other diisocyanates, irrespective of whether the challenge compound was an aliphatic or aromatic diisocyanate. Diisocyanates are moderate to strong dermal sensitisers in animal studies. There seems to be little or no difference in the level of reactivity between aromatic and aliphatic diisocyanates.
Dermal Irritation: Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. The level of irritation ranged from slightly to severely irritating to the skin. One chemical, hydrogenated MDI (1,1-methylenebis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.
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 which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).
Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.
Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.
Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness,

continued...

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 after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities.
Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages.
Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.
The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
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.
Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate

CARCINOGEN

4, 4' - Methylenediphenyl diisocyanate	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group	3

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

POLY BD RESIN 5044B # 164-292:
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI):
■ DO NOT discharge into sewer or waterways.

POLY BD RESIN 5044B # 164-292:

4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI):

■ Half- life Soil - High (hours):	24
■ Half- life Soil - Low (hours):	6
■ Half- life Air - High (hours):	5.8
■ Half- life Air - Low (hours):	0.58
■ Half- life Surface water - High (hours):	24
■ Half- life Surface water - Low (hours):	6
■ Half- life Ground water - High (hours):	24
■ Half- life Ground water - Low (hours):	6
■ Aqueous biodegradation - Aerobic - High (hours):	672
■ Aqueous biodegradation - Aerobic - Low (hours):	168
■ Aqueous biodegradation - Anaerobic - High (hours):	2688
■ Aqueous biodegradation - Anaerobic - Low (hours):	672
■ Photooxidation half- life air - High (hours):	5.8
■ Photooxidation half- life air - Low (hours):	0.58
■ First order hydrolysis half- life (hours):	12

■ Hydrolysis would represents the primary fate mechanism for the majority of the commercial isocyanate monomers, but, is tempered somewhat by the lack of water solubility. In the absence of hydrolysis, sorption to solids (e.g., sludge and sediments) will be the primary mechanism of removal. Biodegradation is minimal for most compounds and volatilisation is negligible. Atmospheric degradation is not expected with removal

continued...

from air occurring by washout or dry deposition. Volatilisation from surface waters (e.g., lakes and rivers) is expected to take years. In wastewater treatment this process is not expected to be significant.
Review of the estimated properties of the isocyanates suggest that sorption is the primary removal mechanism in the ambient environment and in wastewater treatment in the absence of significant hydrolysis. Sorption to solids in wastewater treatment is considered strong to very strong for most compounds. Sorption to sediments and soils in the ambient environment is very strong in most instances. Migration to groundwater and surface waters is not expected due to sorption or hydrolysis.
Hydrolysis of the N=C=O will occur in less than hours in most instances and within minutes for more than 90% of the commercial isocyanates. However, the low to very 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.
Aerobic and/or anaerobic biodegradation of the isocyanates is not expected to occur at significant levels. Most of the substances take several months to degrade.
Degradation of the hydrolysis products will occur at varying rates depending on the moiety formed.
Toxicity Fish: LC50(96)95.24-134.37mg/L

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
Poly BD Resin 5044B # 164- 292		No data		
4, 4' - diphenylmethane diisocyanate (MDI)	LOW	LOW	LOW	LOW

Section 13 - DISPOSAL CONSIDERATIONS

- 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 - TRANSPORTATION INFORMATION

HAZCHEM: None (ADG6)

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

Section 15 - REGULATORY INFORMATION

POISONS SCHEDULE: S6

REGULATIONS
Regulations for ingredients

4,4'-diphenylmethane diisocyanate (MDI) (CAS: 101-68-8,26447-40-5) is found on the following regulatory lists;
"Australia - Queensland Hazardous Materials and Prescribed Quantities for Major Hazard Facilities","Australia Hazardous Substances","Australia High Volume Industrial Chemical List (HVICL)","Australia Inventory of Chemical Substances (AICS)","Australia National Pollutant Inventory","GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships","IMO IBC Code Chapter 17: Summary of minimum requirements","IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk","International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs",

continued...

"International Air Transport Association (IATA) Dangerous Goods Regulations","OECD Representative List of High Production Volume (HPV) Chemicals"

No data for Poly BD Resin 5044B # 164-292 (CW: 18-3327)

Section 16 - OTHER INFORMATION

Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
4, 4' - diphenylmethane diisocyanate (MDI)	26447- 40- 5	R43

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
4, 4' - diphenylmethane diisocyanate (MDI)	101- 68- 8, 26447- 40- 5

■ Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.
A list of reference resources used to assist the committee may be found at:
www.chemwatch.net/references.

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

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
POLY BD RESIN 5044B #164-292

SYNONYMS
"Manufacturer's Code: 164-292"

PRODUCT USE
Resin.

SUPPLIER

Company: RS Components Pty Ltd
Address:
Units 30 & 31, 761 Great South Road
Penrose
Auckland, 1006
New Zealand
Telephone: +64 9 526 1600
Fax: +64 9 579 1700

Company: RS Components Pty Ltd
Address:
25 Pavesi Street
Smithfield
NSW, 2164
Australia
Telephone: +1 300 656 636
Emergency Tel: 1800 039 008 (24 hours)
Emergency Tel: +61 3 9573 3112
Fax: +1 300 656 696

Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE
HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.



RISK
■ Harmful by inhalation.
■ Irritating to eyes, respiratory system and skin.
■ Limited evidence of a carcinogenic effect.
■ May cause SENSITISATION by inhalation and skin contact.
■ Harmful: danger of serious damage to health by prolonged exposure through inhalation.

SAFETY
• Do not breathe gas/fumes/vapour/spray.
• Avoid contact with skin.

• Avoid contact with eyes.
• Wear suitable protective clothing.

• Wear suitable gloves.

• Wear eye/face protection.
• Use only in well ventilated areas.
• Keep container in a well ventilated place.
• To clean the floor and all objects contaminated by this material, use water and detergent.
• Keep container tightly closed.
• Keep away from food, drink and animal feeding stuffs.
• In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.
• If swallowed, IMMEDIATELY contact Doctor or Poisons Information Centre. (show this container or label).
• In case of accident by inhalation: remove casualty to fresh air and keep at rest.

continued...

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
4, 4' - diphenylmethane diisocyanate (MDI)	101-68-8	10-30

Section 4 - FIRST AID MEASURES

SWALLOWED
• IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
• 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.

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

SKIN
■ If skin contact occurs:
• Immediately remove all contaminated clothing, including footwear.
• Flush skin and hair with running water (and soap if available).
• Seek medical attention in event of irritation.

INHALED
• If fumes or combustion products are inhaled remove from contaminated area.
• Lay patient down. Keep warm and rested.
• Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
• Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed.

NOTES TO PHYSICIAN
■ For sub-chronic and chronic exposures to isocyanates:
• This material may be a potent pulmonary sensitiser which causes bronchospasm even in patients without prior airway hyperreactivity.
• Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
• Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
• Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.

Section 5 - FIRE FIGHTING MEASURES

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

FIRE FIGHTING
• Alert Fire Brigade and tell them location and nature of hazard.
• Wear full body protective clothing with breathing apparatus.
• Prevent, by any means available, spillage from entering drains or water course.
• Use water delivered as a fine spray to control fire and cool adjacent area.

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

continued...

release of flammable and highly toxic isocyanate vapour.
• Burns with acrid black smoke and poisonous fumes.
Combustion products include: carbon dioxide (CO2), isocyanates, and minor amounts of, hydrogen cyanide, nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.
May emit corrosive fumes.

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

HAZCHEM
None

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS
• Remove all ignition sources.
• Clean up all spills immediately.
• Avoid breathing vapours and contact with skin and eyes.
• Control personal contact with the substance, by using protective equipment.

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).
• 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.
• Clear area of personnel and move upwind.
• Alert Fire Brigade and tell them location and nature of hazard.
• Wear breathing apparatus plus protective gloves.
• Prevent, by any means available, spillage from entering drains or water course.

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

Section 7 - HANDLING AND STORAGE

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

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

STORAGE INCOMPATIBILITY
• 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

continued...

drums to the point of rupture.
• 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.

STORAGE REQUIREMENTS
■ for commercial quantities of isocyanates:
• Isocyanates should be stored in adequately bunded areas. Nothing else should be kept within the same bunding. Pre-polymers need not be segregated. Drums of isocyanates should be stored under cover, out of direct sunlight, protected from rain, protected from physical damage and well away from moisture, acids and alkalis.
• Where isocyanates are stored at elevated temperatures to prevent solidifying, adequate controls should be installed to prevent the high temperatures and precautions against fire should be taken.
• Where stored in tanks, the more reactive isocyanates should be blanketed with a non-reactive gas such as nitrogen and equipped with absorptive type breather valve (to prevent vapour emissions)..
• Transfer systems for isocyanates in bulk storage should be fully enclosed and use pump or vacuum systems. Warning signs, in appropriate languages, should be posted where necessary.
• Store in original containers.
• Keep containers securely sealed.
• No smoking, naked lights or ignition sources.
• Store in a cool, dry, well-ventilated area.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA mg/m³	STEL mg/m³
Australia Exposure Standards	4, 4' - diphenylmethane diisocyanate (MDI) (Isocyanates, all (as- NCO))	0.02	0.07

MATERIAL DATA
4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI):
POLY BD RESIN 5044B #164-292:
■ for diphenylmethane diisocyanate (methylene bisphenyl isocyanate; MDI)
Odour Threshold Value: 0.39 ppm
IDLH Level: 10 mg/m3
Mean MDI exposures of less than 0.003 ppm appear to have no acute or chronic effect on pulmonary function.
MDI produces identical toxicological responses to those produced by TDI and the recommended TLV-TWA is identical for the two isocyanates.

PERSONAL PROTECTION

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

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

HANDS/FEET
■ NOTE:
• The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
• Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.
The selection of the 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

continued...

not be calculated in advance and has therefore to be checked prior to the application.
The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.
Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:.
• Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves.
• Protective gloves and overalls should be worn as specified in the appropriate national standard.
• Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated.
• NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates.

OTHER
• Overalls.
• P.V.C. apron.
• Barrier cream.
• Skin cleansing cream.

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

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE
Black viscous liquid with a musty (mouldy) odour; insoluble in water.

PHYSICAL PROPERTIES
Liquid.
Does not mix with water.
Sinks in water.

State	Liquid	Molecular Weight	Not Applicable
Melting Range (°C)	<0	Viscosity	4000 cSt@ 25 deg.°C
Boiling Range (°C)	Not Available	Solubility in water (g/L)	Immiscible
Flash Point (°C)	>200 (CC)	pH (1% solution)	Not Applicable
Decomposition Temp (°C)	Not Available	pH (as supplied)	Not Applicable
Autoignition Temp (°C)	Not Available	Vapour Pressure (kPa)	Not Available
Upper Explosive Limit (%)	Not Available	Specific Gravity (water=1)	1.31 @ 20 deg.C
Lower Explosive Limit (%)	Not Available	Relative Vapour Density (air=1)	Not Available
Volatile Component (%vol)	Not Available	Evaporation Rate	Not Applicable

Section 10 - STABILITY AND REACTIVITY

CONDITIONS CONTRIBUTING TO INSTABILITY
• Presence of incompatible materials.
• Product is considered stable.
• Hazardous polymerisation will not occur.
For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED
■ 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.

continued...

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.

SKIN
■ This material can cause inflammation of the skin oncontact 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.

INHALED
■ The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.
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.

CHRONIC HEALTH EFFECTS
■ 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. This has been demonstrated via both short- and long-term experimentation.
Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational 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. Digestive effects include nausea and vomiting. Breathing difficulties may occur unpredictably after a period of tolerance and after skin contact. Allergic inflammation of the skin can occur, with rash, itching, blistering, and swelling of the hands and feet. Sensitive people can react to very low levels and should not be exposed to this material.

TOXICITY AND IRRITATION
■ 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.
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.
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.

CARCINOGEN

4, 4' - diphenylmethane diisocyanate (MDI)	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group	3

SKIN

4, 4' - diphenylmethane diisocyanate (MDI)	GESAMP/EHS Composite List - GESAMP Hazard Profiles	D1: skin irritation/corrosion	2

continued...

Section 12 - ECOLOGICAL INFORMATION

No data

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
4, 4' - diphenylmethane diisocyanate (MDI)	LOW	LOW	LOW	LOW

Section 13 - DISPOSAL CONSIDERATIONS

• 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 MSDS 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.
A Hierarchy of Controls seems to be common - the user should investigate:
• Reduction.
• 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.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM:
None (ADG7)

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: ADG7, UN, IATA, IMDG

Section 15 - REGULATORY INFORMATION

Indications of Danger:
Xn Harmful

POISONS SCHEDULE S6

REGULATIONS

Regulations for ingredients

4,4'-diphenylmethane diisocyanate (MDI) (CAS: 101-68-8,26447-40-5) is found on the following regulatory lists;
"Australia - New South Wales Hazardous Substances Requiring Health Surveillance","Australia - Queensland Hazardous Materials and Prescribed Quantities for Major Hazard Facilities","Australia - Queensland Workplace Health and Safety Regulation - Hazardous substances for which health surveillance must be supplied","Australia - Tasmania Hazardous Substances Requiring Health Surveillance","Australia - Victoria Occupational Health and Safety Regulations - Schedule 9: Materials at Major Hazard Facilities (And Their Threshold Quantity) Table 2","Australia - Western Australia Hazardous Substances Requiring Health Surveillance", "Australia Australian Safety and Compensation Council (ASCC) Draft National Code of Practice for the Control of Workplace Hazardous Chemicals - Schedule 4 Hazardous chemicals Requiring Health Surveillance","Australia Exposure Standards","Australia Hazardous Substances","Australia Hazardous Substances Requiring Health Surveillance","Australia High Volume Industrial Chemical

continued...

List (HVICL)","Australia Inventory of Chemical Substances (AICS)","Australia National Pollutant Inventory","Australia Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994 - Hazardous Substances Requiring Health Surveillance","Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix F (Part 3)","Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6","Australia Work Health and Safety Regulations 2011 - Hazardous chemicals (other than lead) requiring health monitoring","GESAMP/EHS Composite List - GESAMP Hazard Profiles","IMO IBC Code Chapter 17: Summary of minimum requirements","IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk","International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs","International Air Transport Association (IATA) Dangerous Goods Regulations","OECD List of High Production Volume (HPV) Chemicals"

No data for Poly BD Resin 5044B #164-292 (CW: 33-4725)

Section 16 - OTHER INFORMATION

Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
4, 4' - diphenylmethane diisocyanate (MDI)	26447- 40- 5	R43

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
4, 4' - diphenylmethane diisocyanate (MDI)	101- 68- 8, 26447- 40- 5

■ Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.
A list of reference resources used to assist the committee may be found at:
www.chemwatch.net/references.

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

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This is the end of the MSDS.