BENZOCAINE

THINQ Pharma- CRO Ltd

Chemwatch: **16627**
Version No: **8.1.1.1**
Safety Data Sheet

Chemwatch Hazard Alert Code: **2**

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Initial Date: **Not Available**
L.GHS.IND.EN

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

Product Identifier

Product name	BENZOCAINE
Chemical Name	benzocaine
Synonyms	4-aminobenzoic acid, ethyl ester, Aethoform Americaine Anaesthesin Anesthesin Anesthone Keloform, C9-H11-N-O2, NH2C6H4CO2C2H5, Norcain Orthesin Parathesin Topcain, Topcaine, benzoic acid, p-amino-, ethyl ester, ethyl 4-aminobenzoate, ethyl p-aminobenzoate, p-aminobenzoic acid, ethyl ester, topical anaesthetic/ anesthetic
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains benzocaine)
Chemical formula	C9H11NO2
Other means of identification	Not Available
CAS number	94-09-7

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

Relevant identified uses	Reagent. Local anaesthetic (lozenges, ointments, creams, suppositories).

Details of the manufacturer/importer

Registered company name	THINQ Pharma- CRO Ltd
Address	THINQ House, Ground floor, G-1, Plot No. A-30, Road No. 10, MIDC, Wagle Estate, Thane (W)-400604. India
Telephone	+91-22-25816800
Fax	+91-22-25833325
Website	www.thinqcro.com
Email	enquiry@thinqcro.com

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	+91-22-25816800
Other emergency telephone numbers	Not Available

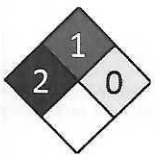
SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	1	
Toxicity	0	
Body Contact	2	
Reactivity	1	
Chronic	2	

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



CANADIAN WHMIS SYMBOLS

GHS Classification	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Skin Sensitizer Category 1, Germ Cell Mutagen Category 2, STOT - SE (Resp. Irr.) Category

Continued...

3, Acute Aquatic Hazard Category 1

Label elements

GHS label elements

SIGNAL WORD	WARNING

Hazard statement(s)

H315	Causes skin irritation
H319	Causes serious eye irritation
H317	May cause an allergic skin reaction
H341	Suspected of causing genetic defects
H335	May cause respiratory irritation
H400	Very toxic to aquatic life

Supplementary statement(s)

Not Applicable

CLP classification (additional)

Not Applicable

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.
P302+P352	IF ON SKIN: Wash with plenty of water and soap
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P391	Collect spillage.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.

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 chemical landfill or if organic to high temperature incineration

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

CAS No	%[weight]	Name	GHS Classification
94-09-7	>98	benzocaine	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Skin Sensitizer Category 1, Germ Cell Mutagen Category 2, STOT - SE (Resp. Irr.) Category 3, Acute Aquatic Hazard Category 1; H315, H319, H317, H341, H335, H400

Mixtures

See section above for composition of Substances

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Wash out immediately with fresh running water.

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	▸ 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. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	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.
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.
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.

Indication of any immediate medical attention and special treatment needed

When systemic reaction to local anaesthetic occurs, steps should be taken to maintain circulation and respiration and control convulsions. A clear airway should be established and oxygen given together with assisted ventilation if necessary. Circulation should be maintained with plasma infusion (or suitable electrolytes). Vasopressors such as ephedrine, metaraminol and methoxamine have been suggested in marked hypotension although their use is accompanied by the risk of CNS excitement. (Vasopressors should not be given in patients receiving oxytocic drugs.) Convulsions may be controlled by the use of diazepam or short acting barbiturates such as thiopentone sodium. It should be remembered that anticonvulsant treatment may also depress respiration. A short-acting neuromuscular blocking agent, together with endotracheal intubation and artificial respiration has been used when convulsions persist.

Methaemoglobinaemia may be treated by intravenous administration of a 1% solution of methylene blue.

MARTINDALE; The Extra Pharmacopoeia, 29th Edition

Local anaesthetics produce vasodilation by blocking sympathetic nerves. Elevating the patient's legs and positioning the patient on the left side will help decrease blood pressure. Metabolism of amide-type anaesthetics occurs in the liver and in some cases in the kidney. Because these undergo extensive and rapid hepatic metabolism, only about 1/3 of an oral dose reaches the systemic circulation.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

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

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	▸ 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 courses. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ **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. ▸ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▸ Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions. ▸ 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). ▸ 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 - particles exceeding this limit will generally not form flammable dust clouds; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion. ▸ In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC). ▸ When processed with flammable liquids/vapors/mists,ignitable (hybrid) mixtures may be formed with combustible dusts. Ignitable mixtures will increase the rate of explosion pressure rise and the Minimum Ignition Energy (the minimum amount of energy required to ignite dust clouds - MIE) will be lower than the pure dust in air mixture. The Lower Explosive Limit (LEL) of the vapour/dust mixture will be lower than the individual LELs for the vapors/mists or dusts. ▸ A dust explosion may release of 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. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type. ▸ Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport. ▸ Build-up of electrostatic charge may be prevented by bonding and grounding. ▸ Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting. ▸ All movable parts coming in contact with this material should have a speed of less than 1-meter/sec. ▸ A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or pressure, may result in

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- ignition especially in the absence of an apparent ignition source.
- One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapours).
- Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases.

Combustion products include; carbon monoxide (CO) carbon dioxide (CO_2) nitrogen oxides (NOx) other pyrolysis products typical of burning organic material

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Minor Spills

Environmental hazard - contain spillage.
- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Vacuum up or sweep up. **NOTE:** Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
- Dampen with water to prevent dusting before sweeping.
- Place in suitable containers for disposal.

Major Spills

Environmental hazard - contain spillage.
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.
- **IF DRY:** Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. **IF WET:** Vacuum/shovel up and place in labelled containers for disposal.
- **ALWAYS:** Wash area down with large amounts of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise Emergency Services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- **DO NOT** enter confined spaces until atmosphere has been checked.
- **DO NOT** allow material to contact humans, exposed food or food utensils.
- 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. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storage and handling recommendations contained within this MSDS.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
- 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. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area.
- Do not use air hoses for cleaning.
- Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used.
- Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition.
- Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance.
- Do not empty directly into flammable solvents or in the presence of flammable vapors.
- The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges.

Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.
- Do NOT cut, drill, grind or weld such containers.
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

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 MSDS.

For major quantities:
- Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and

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- streams).
- Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Glass container is suitable for laboratory quantities ▸ Polyethylene or polypropylene container. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▸ Avoid reaction with oxidising agents

PACKAGE MATERIAL INCOMPATIBILITIES

Not Available

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
BENZOCAINE	Not Available	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
benzocaine	Not Available	Not Available

MATERIAL DATA

It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.
At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.
NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.
Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.
OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

Exposure controls

Appropriate engineering controls

Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.

HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.

When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.

Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.

Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required.

Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. 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:
solvent, vapours, etc. evaporating from tank (in still air)	0.25-0.5 m/s (50-100 f/min.)

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aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, 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

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 (in simple cases). Therefore the air speed at 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 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 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.

The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.

The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:

10; high efficiency particulate (HEPA) filters or cartridges

10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.

25-50; a full face-piece negative pressure respirator with HEPA filters

50-100; tight-fitting, full face-piece HEPA PAPR

100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.

Personal protection

Eye and face protection

When handling very small quantities of the material eye protection may not be required.
For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:

- Chemical goggles.
- Face shield. Full face shield may be required for supplementary but never for primary protection of eyes.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

Skin protection

See Hand protection below

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.
Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

- Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Change gloves frequently and when contaminated, punctured or torn.
- Wash hands immediately after removing gloves.
- Protective shoe covers. [AS/NZS 2210]
- Head covering.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

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	▸ polychloroprene. ▸ nitrile rubber. ▸ butyl rubber. ▸ fluorocaoutchouc. ▸ polyvinyl chloride. Gloves should be examined for wear and/ or degradation constantly.
Body protection	See Other protection below
Other protection	▸ For quantities up to 500 grams a laboratory coat may be suitable. ▸ For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs. ▸ For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers. ▸ For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection. ▸ Eye wash unit. ▸ Ensure there is ready access to an emergency shower. ▸ For Emergencies: Vinyl suit
Thermal hazards	Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:
"Forsberg Clothing Performance Index".
The effect(s) of the following substance(s) are taken into account in the ***computer-generated*** selection:
BENZOCAINE Not Available

Material	CPI

* CPI - Chemwatch Performance Index
A: Best Selection
B: Satisfactory; may degrade after 4 hours continuous immersion
C: Poor to Dangerous Choice for other than short term immersion
NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -
* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:000 & 149:001, ANSI Z88 or national equivalent)

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	- -	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Odourless white crystalline powder with a slightly bitter numbing taste; insoluble in water. Soluble in alcohol, ether, chloroform and dilute acids.

Physical state	Divided 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**	Not Available
Melting point / freezing point (°C)	88	**Viscosity (cSt)**	Not Applicable
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	165.21
Flash point (°C)	Not Available	**Taste**	Not Available
Evaporation rate	Not Applicable	**Explosive properties**	Not Available
Flammability	Not Available	**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)**	Negligible
Vapour pressure (kPa)	Negligible	**Gas group**	Not Available
Solubility in water (g/L)	Immiscible	**pH as a solution (1%)**	Not Applicable
Vapour density (Air = 1)	Not Applicable	**VOC g/L**	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7

Continued...

Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

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 local anaesthetics may result in upper respiratory tract effects including burning sensation, stinging, tenderness, swelling, sloughing, tissue necrosis and irritation. Systemic poisoning is characterised by lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred or double vision, vomiting and sensations of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness and respiratory depression and arrest. Cardiac arrest may result from cardiovascular collapse. Bradycardia and hypotension may also be produced. Excessive application to mucous membranes has been associated with methaemoglobinaemia producing a cyanosis. 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. |Overexposure may result in headache, nausea, dizziness, fatigue and weakness in arms and legs.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Local anaesthetics may produce systemic effects following excessive dosage by any route, Systemic toxicity mainly involves the central nervous system and the cardiovascular system. Central nervous system excitation may be manifested by yawning, restlessness, excitement, tinnitus, nausea and vomiting. Numbness of the tongue and perioral region is an early sign of systemic toxicity. Simultaneous effects on the cardiovascular system may result in myocardial depression and peripheral vasodilation resulting in hypotension and bradycardia. The substance and/or its metabolites may bind to haemoglobin inhibiting normal uptake of oxygen. This condition, known as "methaemoglobinemia", is a form of oxygen starvation (anoxia). Symptoms include cyanosis (a bluish discolouration skin and mucous membranes) and breathing difficulties. Symptoms may not be evident until several hours after exposure. At about 15% concentration of blood methaemoglobin there is observable cyanosis of the lips, nose and earlobes. Symptoms may be absent although euphoria, flushed face and headache are commonly experienced. At 25-40%, cyanosis is marked but little disability occurs other than that produced on physical exertion. At 40-60%, symptoms include weakness, dizziness, lightheadedness, increasingly severe headache, ataxia, rapid shallow respiration, drowsiness, nausea, vomiting, confusion, lethargy and stupor. Above 60% symptoms include dyspnea, respiratory depression, tachycardia or bradycardia, and convulsions. Levels exceeding 70% may be fatal.
Skin Contact	The material produces mild skin irritation; evidence exists, or practical experience predicts, that the material either ▸ produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or ▸ produces significant, but mild, 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. 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. Topical application of local anaesthetics may produce burning, stinging, tenderness, erythema, excoriation, vesiculation, sloughing and tissue necrosis. Photosensitivity reactions may produce skin eruptions. 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. |Benzocaine produces methaemoglobin in the blood of infants exposed to the substance following topical application.|Between 3 and 6% of patients receiving topical application of the substance (in soft paraffin wax carrier) exhibit allergic dermatitis or eczema.
Eye	Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur. Direct eye contact with local anaesthetics may produce anaesthesia of the eyes and increase the risk of mechanical injury due to foreign bodies, because of loss of sensation. There may also be abnormal drying of the cornea, temporary burning sensations, lachrymation, photophobia, chemosis, increased blinking and conjunctival redness. Systemic exposure may produce atrophy of the optic nerve.
Chronic	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Repeated or prolonged exposure with local anaesthetics may result in hypersensitivity reactions including cutaneous lesions, urticaria, oedema and potentially fatal anaphylactoid reactions. Permanent corneal opacification with visual loss, severe keratitis, scarring or corneal perforation may result from prolonged eye contact. Repeated doses of local anaesthetics may cause significant increases in plasma levels due to the slow accumulation of the drug or its metabolites or to slow metabolic degradation. Tolerance to elevated blood levels varies with the physical condition of the patient.

	TOXICITY	IRRITATION
benzocaine	Oral (rat) LD50: 3042 mg/kg[2]	Skin (g.pig): 2% (48h) : mild
Legend:	*1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's msds. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*	

BENZOCAINE	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

Continued...

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.
for p-aminobenzoates (PABA and its derivatives):
PABA (p-aminobenzoic acid; syn: 4-aminobenzoic acid) is a chemical found in the folic acid vitamin and also in several foods including grains, eggs, milk, and meat.
PABA is taken by mouth for skin conditions including vitiligo, pemphigus, dermatomyositis, morphea, lymphoblastoma cutis, Peyronie's disease, and scleroderma. PABA is also used to treat infertility in women, arthritis, anaemia), rheumatic fever, constipation, systemic lupus erythematosus (SLE), and headache. It is also used to darken gray hair, prevent hair loss, make skin look younger, and prevent sunburn. PABA and its derivatives is best known as a sunscreen that is applied to the skin. Local anesthetics used in temporary pain relief are often derivatives of PABA (e.g. benzocaine).
PABA reportedly enhances the effects of cortisone, oestrogen, and other hormones It prevents accumulation of abnormal fibrous tissue. PABA enables intestinal bacteria to produce folic acid. It functions in the breakdown and utilisation of proteins and in the formation of blood cells.
Human overdose data on PABA or its esters are rare. Most toxicology data are derived from animal experimentation or chronic, large dose therapeutic use. Nausea, vomiting, and abdominal cramps as well as metallic taste are often seen with oral therapy. Ingestions of more than 10 grams per day for days have been necessary to induce symptoms other than local gastrointestinal irritation. Clinical use of PABA at doses of 10 grams per day or more have produced nausea, vomiting, acidosis, pruritus, rash, fever, methaemoglobinaemia and, possibly, hepatitis.
This regime tended to produce a decrease in white cell count (leucopenia) while higher doses produced delirium.
Chronic feeding studies indicate rats are resistant to p-aminobenzoic acid with acute gastroenteritis and haemorrhage of the small intestine capillaries being involved in any toxic effect. Acute necrosis of the liver occurred in some dogs during feeding trials.
PABA is an essential nutrient for some bacteria and is sometimes called Vitamin B x . However, PABA is not essential for humans and it varies in its activity from other B vitamins. Although humans lack the ability to synthesise folate from PABA, it is often sold, misleadingly, as an essential nutrient. PABA is sometimes included in multi-vitamin preparations; adverse effects from oral doses have not been reported at lower doses.
Derivatives of PABA, have been associated with acute allergic reactions. As sunscreens PABA derivatives have reportedly produced allergic contact dermatitis; although transient this effect may be severe compounding the phototoxicity for which it is applied. PABA or other related substances are also capable of inducing photoallergic reactions or systemic lupus erythematous. In the past, PABA has been widely used as UV filter in sunscreen formulations. However, it has been determined that it increases the risk of DNA damage and risk of skin cancer. Other derivatives of PABA, such as octyl dimethyl PABA (padimate(s) A and O) are more commonly used so their safety has been brought into question as well.
In bioassays designed to examine the potential for PABA contact sensitisation there have been mixed results. One researcher was not able to produce delayed contact hypersensitivities in guinea pigs in the Magnussen Kligman maximisation test, in a modified Draize test or in a single injection adjuvant test. Another, however, produced sensitisation responses in 33% of animals in the maximisation test (5 responders in 15 test animals).
Mixed results have been produced in bioassays for photoallergic potential. One study with guinea pigs could not produce evidence supporting this proposition whilst another showed photoallergic and persistent light reactions
Aminobenzoic acid is chemically similar to other drugs that cause photosensitivity reactions in susceptible individuals including thiazides, sulfonamides, sulfonylureas, furosemide, and carbonic anhydrase inhibitors. Cross-reactivity may also occur with benzocaine and p-phenylenediamine. Individuals who have had photosensitivity reactions while taking any of these drugs should not use a sunscreen containing aminobenzoic acid or one of its derivatives (aminobenzoate, menthyl anthranilate, or padimate A or O).
A nitrosamine known as NPABAO (2-ethylhexyl-4-(N-methyl-N-nitrosoamino)benzoate has been found in certain sunscreens containing padimate-O as the active ingredient. Nitrosamines themselves can be carcinogenic; however, at this time it is uncertain whether this nitrosamine is present in sufficient quantities in sunscreens to be of concern.
Padimate O absorbs ultraviolet rays, thereby preventing direct DNA damage by UV-B. However, the thus excited padimate O molecule can then react with DNA and produce indirect DNA damage, similar to the effects of ionizing radiation. A study in 1993 demonstrated the sunlight-induced mutagenicity of Padimate O The photobiological properties of padimate O resemble those of Michler's ketone which is considered photocarcinogenic in rats and mice. These findings suggest that padimate O might also be photocarcinogenic
Sulfonamides (sulfa drugs) are chemically similar to PABA, and their antibacterial activity is due to their ability to interfere with PABA utilization by bacteria. The chemically related 4-aminosalicylic acid, used as as an antibacterial has produced, allergic reactions are recorded in over 5% of adults treated with the sodium salt. Fever, athralgia, lymphadenopathy, and more rarely a syndrome resembling mononucleosis may also occur. Other (apparently) allergic reactions to aminosalicylate include jaundice, liver necrosis, pancreatitis, pulmonary infiltration, encephalitis, nephritis, and renal failure. Skin rashes often occurs after treatment Exfoliative dermatitis is common. The p-aminophenyl group formed during metabolism of aminosalicylate may provoke reaction in hypersensitive individuals (cross-sensitive) to sulfonamides, phenacetin, sulfones and to certain hair-dyes containing related compounds
The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.
Dyspnea, cyanosis recorded.

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 required to make classification available*
✘ – *Data available but does not fill the criteria for classification*
⊘ – *Data Not Available to make classification*

CMR STATUS

Not Applicable

SECTION 12 ECOLOGICAL INFORMATION

Continued...

Toxicity

NOT AVAILABLE

Ingredient	Endpoint	Test Duration	Effect	Value	Species	BCF
benzocaine	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Very toxic to aquatic organisms.
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.
|Nitrif. inhib. : 30% inhib at 100mg/L

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
benzocaine	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
benzocaine	LOW (LogKOW = 1.86)

Mobility in soil

Ingredient	Mobility
benzocaine	LOW (KOC = 38.7)

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 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. In some areas, certain wastes must be tracked.
A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted.

- **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

Land transport (UN)

UN number	3077
Packing group	III
UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains benzocaine)
Environmental hazard	No relevant data
Transport hazard class(es)	Class: 9 Subrisk: Not Applicable

Continued...

Special precautions for user	Special provisions	274;331;335;375
	Limited quantity	5 kg

Air transport (ICAO-IATA / DGR)

UN number	3077	
Packing group	III	
UN proper shipping name	Environmentally hazardous substance, solid, n.o.s. * (contains benzocaine)	
Environmental hazard	No relevant data	
Transport hazard class(es)	ICAO/IATA Class	9
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	9L
Special precautions for user	Special provisions	A97 A158 A179 A197
	Cargo Only Packing Instructions	956
	Cargo Only Maximum Qty / Pack	400 kg
	Passenger and Cargo Packing Instructions	956
	Passenger and Cargo Maximum Qty / Pack	400 kg
	Passenger and Cargo Limited Quantity Packing Instructions	Y956
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G

Sea transport (IMDG-Code / GGVSee)

UN number	3077	
Packing group	III	
UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains benzocaine)	
Environmental hazard	Not Applicable	
Transport hazard class(es)	IMDG Class	9
	IMDG Subrisk	Not Applicable
Special precautions for user	EMS Number	F-A , S-F
	Special provisions	274 335 966 967
	Limited Quantities	5 kg

SECTION 15 REGULATORY INFORMATION

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

benzocaine(94-09-7) is found on the following regulatory lists	"International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs"

ECHA SUMMARY

Ingredient	CAS number	Index No	ECHA Dossier
benzocaine	94-09-7	Not Available	Not Available

Harmonisation (C&L Inventory)	Hazard Class and Category Code(s)	Pictograms Signal Word Code(s)	Hazard Statement Code(s)
1	Skin Sens. 1	GHS07, Wng	H317
2	Skin Sens. 1, Acute Tox. 4, Eye Irrit. 2, Aquatic Chronic 2, Skin Irrit. 2, STOT SE 3	GHS07, Wng, GHS09	H317, H312, H332, H319, H411, H315, H335, H302

Harmonisation Code 1 = The most prevalent classification. Harmonisation Code 2 = The most severe classification.

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y

Continued...

Legend:	*Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 OTHER INFORMATION

Other information

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

The (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.