

WATTYL FURNISEAL

ChemWatch Material Safety Data Sheet
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Section 2 - HAZARDS IDENTIFICATION ...

POISONS SCHEDULE

S5

RISK

Highly flammable.
Harmful by inhalation.
Harmful in contact with skin.
Harmful if swallowed.
Irritating to respiratory system.
Irritating to skin.
Risk of serious damage to eyes.
May impair fertility.
May cause harm to the unborn child.
Repeated exposure may cause skin dryness and cracking.
Vapours may cause drowsiness and dizziness.

SAFETY

Keep away from sources of ignition. No smoking.
Keep container in a well ventilated place.
Avoid exposure - obtain special instructions before use.
Do not empty into drains.
Keep container tightly closed.
Take off immediately all contaminated clothing.
If you feel unwell contact Doctor or Poisons Information Centre. (Show the label if possible).

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
alkyd resin - unregulated	63148-69-6	10-30
nitrocellulose	9004-70-0	1-9
n-butyl acetate	123-86-4	10-30
toluene	108-88-3	1-9
n-butanol	71-36-3	1-9
xylene	1330-20-7	1-5
talc	14807-96-6	1-9
acetone	67-64-1	5-15
urea/ formaldehyde/ ammonia resin	27967-29-9	1-9
ethyl acetate	141-78-6	5-15
naphtha petroleum, light aromatic solvent	64742-95-6.	1-9
di-sec-octyl phthalate	117-81-7	<2
additives		1-9
contains less than 0.1% benzene		

Section 4 - FIRST AID MEASURES

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Section 4 - FIRST AID MEASURES ...

SWALLOWED

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

- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- For advice, contact a Poisons Information Centre or a doctor.
- Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:
 - For advice, contact a Poisons Information Centre or a doctor.
 - Urgent hospital treatment is likely to be needed.
 - If conscious, give water to drink.
- INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.

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.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

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.

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Section 4 - FIRST AID MEASURES ...

NOTES TO PHYSICIAN

Treat symptomatically.

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

for simple esters:

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- Give activated charcoal.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

For acute or short term repeated exposures to petroleum distillates or related hydrocarbons:

- Primary threat to life, from pure petroleum distillate ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g.

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Section 4 - FIRST AID MEASURES ...

cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO₂ 50 mm Hg) should be intubated.

- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.
- Lavage is indicated in patients who require decontamination; ensure use of cuffed endotracheal tube in adult patients. [Ellenhorn and Barceloux: Medical Toxicology]

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Alcohol stable 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.
 - May be violently or explosively reactive.
 - Wear breathing apparatus plus protective gloves.
 - Prevent, by any means available, spillage from entering drains or water course.
 - Consider evacuation (or protect in place).
 - Fight fire from a safe distance, with adequate cover.
 - If safe, switch off electrical equipment until vapour fire hazard removed.
 - Use water delivered as a fine spray to control the 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.
- When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 500 metres in all directions.

FIRE/EXPLOSION HAZARD

- Liquid and vapour are highly flammable.
- Severe fire hazard when exposed to heat, flame and/or oxidisers.
- Vapour may travel a considerable distance to source of ignition.

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Section 5 - FIRE FIGHTING MEASURES ...

- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).
Combustion products include , carbon dioxide (CO₂) , nitrogen oxides (NO_x) , 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

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Personal Protective Equipment

PERSONAL PROTECTION EQUIPMENT

Breathing apparatus.

Gas tight chemical resistant suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb small quantities with vermiculite or other absorbent material.
- Wipe up.
- Collect residues in a flammable waste container.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place).
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Water spray or fog may be used to disperse /absorb vapour.
- Contain spill with sand, earth or vermiculite.
- Use only spark-free shovels and explosion proof equipment.
- Collect recoverable product into labelled containers for recycling.

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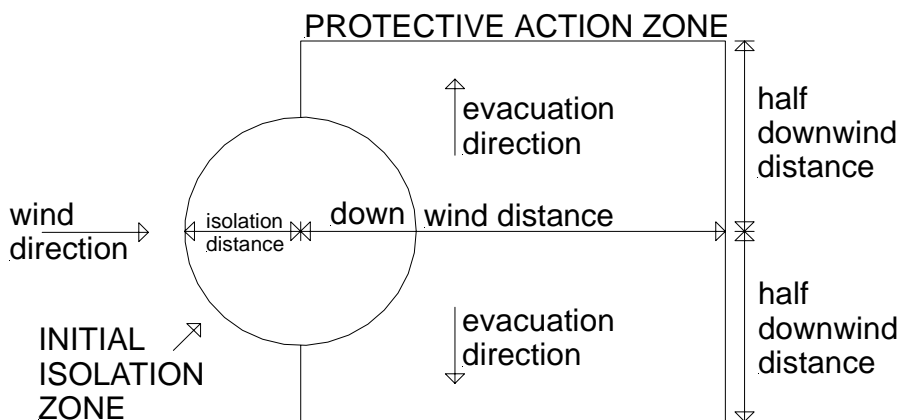
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Section 6 - ACCIDENTAL RELEASE MEASURES ...

- 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.

PROTECTIVE ACTIONS FOR SPILL



From IERG (Canada/Australia)

Isolation Distance	25 metres
Downwind Protection Distance	300 metres
IERG Number	14

FOOTNOTES

- 1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.
- 2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.
- 3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.
- 4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills".
LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.
- 5 Guide 128 is taken from the US DOT emergency response guide book.
- 6 IERG information is derived from CANUTEC - Transport Canada.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all

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Section 6 - ACCIDENTAL RELEASE MEASURES ...

individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

n-butyl acetate 3000 ppm

irreversible or other serious effects or symptoms which could

impair an individual's ability to take protective action is:

n-butyl acetate 200 ppm

other than mild, transient adverse effects

without perceiving a clearly defined odour is:

n-butyl acetate 5 ppm

American Industrial Hygiene Association (AIHA)

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
 - Wear protective clothing when risk of exposure occurs.
 - Use in a well-ventilated area.
 - Prevent concentration in hollows and sumps.
 - DO NOT enter confined spaces until atmosphere has been checked.
 - Avoid smoking, naked lights, heat or ignition sources.
 - When handling, DO NOT eat, drink or smoke.
 - Vapour may ignite on pumping or pouring due to static electricity.
 - DO NOT use plastic buckets.
 - Earth and secure metal containers when dispensing or pouring product.
 - Use spark-free tools when handling.
 - Avoid contact with incompatible materials.
 - Keep containers securely sealed.
 - 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.
- DO NOT allow clothing wet with material to stay in contact with skin

SUITABLE CONTAINER

Packing as supplied by manufacturer. Plastic containers may only be used if approved for flammable liquid. Check that containers are clearly labelled and free from leaks.

- For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : Where a can is to be used as an inner package, the can must have a screwed enclosure.
- For materials with a viscosity of at least 2680 cSt. (23 deg. C)

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Section 7 - HANDLING AND STORAGE ...

- For manufactured product having a viscosity of at least 250 cSt. (23 deg. C)
- Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C)
 - (i) : Removable head packaging;
 - (ii) : Cans with friction closures and
 - (iii) : low pressure tubes and cartridges may be used.
- Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages
- In addition, where inner packagings are glass and contain liquids of packing group I there must be sufficient inert absorbent to absorb any spillage, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents

STORAGE REQUIREMENTS

- Store in original containers in approved flame-proof area.
- No smoking, naked lights, heat or ignition sources.
- DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
- Keep containers securely sealed.
- Store away from incompatible materials in a cool, dry well ventilated area.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

REPRODUCTIVE HEALTH GUIDELINES

Established occupational exposure limits frequently do not take into consideration reproductive end points that are clearly below the thresholds for other toxic effects. Occupational reproductive guidelines (ORGs) have been suggested as an additional standard. These have been established after a literature search for reproductive no-observed-adverse effect-level (NOAEL) and the lowest-observed-adverse-effect-level (LOAEL). In addition the US EPA's procedures for risk assessment for hazard identification and dose-response assessment as applied by NIOSH were used in the creation of such limits.

Ingredient	ORG	UF	Endpoint	CR	TLV Adeq
toluene	9.6 mg/m ³	10	D	NA	-
xylene	1.5 mg/m ³	10	D	NA	-
naphtha petroleum, I	12 mg/m ³	100	D	NA	-

These exposure guidelines have been derived from a screening level of risk assessment and should not be construed as unequivocally safe limits. ORGS

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represent an 8-hour time-weighted average unless specified otherwise.

CR = Cancer Risk/10000; UF = Uncertainty factor:

TLV believed to be adequate to protect reproductive health:

LOD: Limit of detection

Toxic endpoints have also been identified as:

D = Developmental; R = Reproductive; TC = Transplacental carcinogen

Jankovic J., Drake F.: A Screening Method for Occupational Reproductive

American Industrial Hygiene Association Journal 57: 641-649 (1996)

INGREDIENT DATA

ALKYD RESIN - UNREGULATED:

No exposure limits set by NOHSC or ACGIH

NITROCELLULOSE:

TLV TWA: 10 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica, Inhalable fraction) [ACGIH]

TLV TWA: 3 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica, Respirable fraction) [ACGIH]

No exposure limits set by NOHSC or ACGIH

as dust not otherwise classified

Dusts not otherwise classified, as inspirable dust;

ES TWA: 10 mg/m³

N-BUTYL ACETATE:

TLV TWA: 150 ppm [ACGIH]

TLV STEL: 200 ppm [ACGIH]

PEL TWA: 150 ppm, 710 mg/m³ [OSHA Z1]

TLV TWA: 150 ppm, 713 mg/m³; STEL: 200 ppm, 950 mg/m³

ES TWA: 150 ppm, 713 mg/m³; STEL: 200 ppm, 950 mg/m³

OES TWA: 150 ppm, 724 mg/m³; STEL: 200 ppm, 966 mg/m³

MAK value: 100 ppm, 480 mg/m³

MAK Category I Peak Limitation: For local irritants Allows excursions of twice the MAK value for 5 minutes at a time, 8 times per shift.

MAK values, and categories and groups are those recommended within the Federal Republic of Germany

Odour Threshold Value: 0.0063 ppm (detection), 0.038-12 ppm (recognition)

IDLH Level: 1700 ppm (lower explosive limit)

Exposure at or below the recommended TLV-TWA is thought to prevent significant irritation of the eyes and respiratory passages as well as narcotic effects. In light of the lack of substantive evidence regarding teratogenicity and a review of acute oral data a STEL is considered inappropriate.

TOLUENE:

TLV TWA: 50 ppm Skin;A4;BEI [ACGIH]

PEL: 8hr TWA 200 ppm ; Ceiling Conc: 300ppm ; Max excursion: 500 ppm for 10 minutes [OSHA Z2]

ES TWA: 50 ppm, 191 mg/m³; STEL 150 ppm, 574 mg/m³ SKIN

TLV TWA: 50 ppm, 188 mg/m³ SKIN A4

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as causing Cancer in humans

OES TWA: 50 ppm, 191 mg/m³; STEL: 150 ppm, 574 mg/m³ SKIN

MAK value: 50 ppm, 190 mg/m³

MAK Category II Peak Limitation: For substances with systemic effects and with a

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half-life in humans ranging from two hours to shift-length.

Allows excursions of 5 times the MAK value, for 30 minutes (on average), twice per shift.

MAK Group C: There is no reason to fear risk of damage to the developing embryo when MAK and BAT values are observed.

MAK values, and categories and groups are those recommended within the Federal Republic of Germany

IDLH Level: 500 ppm

Odour Threshold Value: 0.16-6.7 (detection), 1.9-69 (recognition)

NOTE: Detector tubes measuring in excess of 5 ppm, are available.

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

High concentrations of toluene in the air produce depression of the central nervous system (CNS) in humans. Intentional toluene exposure (glue-sniffing) at maternally-intoxicating concentration has also produced birth defects. Foetotoxicity appears at levels associated with CNS narcosis and probably occurs only in those with chronic toluene-induced kidney failure. Exposure at or below the recommended TLV-TWA is thought to prevent transient headache and irritation, to provide a measure of safety for possible disturbances to human reproduction, the prevention of reductions in cognitive responses reported amongst humans inhaling greater than 40 ppm, and the significant risks of hepatotoxic, behavioural and nervous system effects (including impaired reaction time and incoordination). Although toluene/ethanol interactions are well recognised, the degree of protection afforded by the TLV-TWA among drinkers is not known.

N-BUTANOL:

TLV STEL: () (Skin) [ACGIH]

PEL TWA: 100 ppm, 300 mg/m³ [OSHA Z1]

TLV TWA: 20 ppm

ES Peak: 50 ppm, 150 mg/m³ (skin)

OES STEL: 50 ppm, 154 mg/m³ (skin)

MAK value: 100 ppm, 300 mg/m³

MAK Category II Peak Limitation: For substances with systemic effects and with a half-life in humans of less than two hours.

Allows excursions of 2 times the MAK value, for 30 minutes (on average), four times per shift.

MAK Group D: Classification as to the effect of the substance on the developing embryo/foetus is not yet possible because although data may indicate a trend, they are not sufficient for a final evaluation.

MAK values, and categories and groups are those recommended within the Federal Republic of Germany

Odour Threshold Value: 0.12-3.4 ppm (detection), 1.0-3.5 ppm (recognition)

IDLH Level: 1400 ppm (lower explosive limit)

NOTE: Detector tubes for n-butanol, measuring in excess of 5 ppm are commercially available.

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to

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overall exposure and may also invalidate the exposure standard.

Exposure at or below the TLV-TWA is thought to provide protection against hearing loss due to vestibular and auditory nerve damage in younger workers and to protect against the significant risk of headache and irritation.

25 ppm may produce mild irritation of the respiratory tract

50 ppm may produce headache and vertigo.

Higher concentrations may produce marked irritation, sore throat, coughing, nausea, shortness of breath, pulmonary injury and central nervous system depression characterised by headache, dizziness, dullness and drowsiness.

6000 ppm may produce giddiness, prostration, narcosis, ataxia, and death.

XYLENE:

TLV TWA: 100 ppm A4;BEI [ACGIH]

TLV STEL: 150 ppm A4;BEI [ACGIH]

PEL TWA: 100 ppm, 435 mg/m³ [OSHA Z1]

TLV TWA: 100 ppm, 434 mg/m³; STEL: 150 ppm, 651 mg/m³ A4

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as causing Cancer in humans

ES TWA: 80 ppm, 350 mg/m³; STEL: 150 ppm, 655 mg/m³ (Under review)

OES TWA: 100 ppm, 441 mg/m³; STEL: 150 ppm, 662 mg/m³ skin

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

IDLH Level: 900 ppm

Odour Threshold Value: 20 ppm (detection), 40 ppm (recognition)

NOTE: Detector tubes for o-xylene, measuring in excess of 10 ppm, are available commercially. (m-xylene and p-xylene give almost the same response)

Xylene vapour is an irritant to the eyes, mucous membranes and skin and causes narcosis at high concentrations. Exposure to doses sufficiently high to produce intoxication and unconsciousness also produces transient liver and kidney toxicity. Neurologic impairment is NOT evident amongst volunteers inhaling up to 400 ppm though complaints of ocular and upper respiratory tract irritation occur at 200 ppm for 3 to 5 minutes.

Exposure to xylene at or below the recommended TLV-TWA and STEL is thought to minimise the risk of irritant effects and to produce neither significant narcosis or chronic injury. An earlier skin notation was deleted because percutaneous absorption is gradual and protracted and does not substantially contribute to the dose received by inhalation.

TALC:

TLV TWA: 6 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica) [ACGIH]

TLV TWA: 3 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica, Respirable fraction) [ACGIH]

TLV TWA: Use asbestos TLV (Should not exceed 2 mg/m³ respirable particulate) A1 [ACGIH]

TLV TWA: 2 mg/m³ (E, R) no asbestos fibre A4 [ACGIH]

PEL: (Talc (not containing asbestos)) [OSHA Z3]20 mppcf

Footnote (c): Containing less than 1% quartz; if 1% quartz or more, use quartz limit.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION ...

talc containing no asbestos fibre and <1% crystalline silica

TLV TWA: 2 mg/m³ (respirable dust) A4

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as causing Cancer in humans.

The concentration of respirable dust for application of this limit is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative lognormal function with a median aerodynamic diameter of 4.0 µm (+-) 0.3 µm and with a geometric standard deviation of 1.5 µm (+-) 0.1 µm, i.e. generally less than 5 µm.

ES TWA: 2.5 mg/m³ (Under review)

OES TWA: 1 mg/m³ (respirable dust)

IDLH Level: 1000 mg/m³

Most health problems associated with occupational exposure to talcs appear to evolve mostly from the nonplatform content of the talc being mined or milled (being the asbestos-like amphiboles, serpentines (asbestiformes) and other minerals in the form of acicular, prismatic and fibrous crystals including, possibly, asbestos).

Because of severe health effects associated with exposures to asbestos, regulatory agencies tend to regard all elongate mineral crystal particles, whether prismatic, acicular, fibrous, as asbestos - the only provision is the particles have an aspect ratio (length to diameter) of 3:1 or greater. Consideration is also given to their respirability, their width being less than or equal to 3 µm. Only limited data, however, exists on the health effects of elongate mineral particles having prismatic, acicular or fibrous (non-asbestos) forms. Experimental evidence indicates that the carcinogen potential of mineral fibres is related to the size class with diameter of <0.25 µm and length >8 µm with shorter, thicker particles having little biological activity.

Dust of nonfibrous talc, consisting entirely of platform talc crystals and containing no asbestos poses a relatively small respiratory hazard.

Difficulties exist, however, in the determination of asbestos as cleavage fragments of prismatic or acicular crystals, nonasbestos fibres and asbestos fibres are very similar. Subject to an accurate determination of asbestos and crystalline silica, exposure at or below the recommended TLV-TWA is thought to protect workers from the significant risk of nonmalignant respiratory effects associated with talc dusts.

ACETONE:

TLV TWA: 500 ppm A4; BEI [ACGIH]

TLV STEL: 750 ppm A4; BEI [ACGIH]

PEL TWA: 1000 ppm, 2400 mg/m³ [OSHA Z1]

TLV TWA: 500 ppm, 1188 mg/m³; STEL: 750 ppm, 1782 mg/m³ A4

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as causing Cancer in humans

ES TWA: 500 ppm, 1185 mg/m³; STEL: 1000 ppm, 2375 mg/m³

OES TWA: 750 ppm, 1810 mg/m³; STEL: 1500 ppm, 3620 mg/m³

NIOSH REL TWA: 250 ppm

MAK Value: 500 ppm, 1200 mg/m³

IDLH Level: 2500 ppm (lower explosive limit)

MAK Category I Peak Limitation: For local irritants Allows excursions of twice the MAK value for 5 minutes at a time, 8 times per shift.

MAK Group IIc: Substances with MAK Values but no pregnancy risk group classification. These are substances which have been investigated but for which no information regarding possible damage to the foetus/embryo was found. Mention calls attention to the absence of adequate data.

continued...

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MAK values, and categories and groups are those recommended within the Federal Republic of Germany

Odour Threshold Value: 3.6 ppm (detection), 699 ppm (recognition)

Saturation vapour concentration: 237000 ppm @ 20 C

NOTE: Detector tubes measuring in excess of 40 ppm, are available.

Exposure at or below the recommended TLV-TWA is thought to protect the worker against mild irritation associated with brief exposures and the bioaccumulation, chronic irritation of the respiratory tract and headaches associated with long-term acetone exposures. The NIOSH REL-TWA is substantially lower and has taken into account slight irritation experienced by volunteer subjects at 300 ppm. Mild irritation to acclimatised workers begins at about 750 ppm - unacclimatised subjects will experience irritation at about 350-500 ppm but acclimatisation can occur rapidly. Disagreement between the peak bodies is based largely on the view by ACGIH that widespread use of acetone, without evidence of significant adverse health effects at higher concentrations, allows acceptance of a higher limit.

Half-life of acetone in blood is 3 hours which means that no adjustment for shift-length has to be made with reference to the standard 8 hour/day, 40 hours per week because body clearance occurs within any shift with low potential for accumulation.

A STEL has been established to prevent excursions of acetone vapours that could cause depression of the central nervous system.

UREA/ FORMALDEHYDE/ AMMONIA RESIN:

TLV TWA: 10 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica, Inhalable fraction) [ACGIH]

TLV TWA: 3 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica, Respirable fraction) [ACGIH]

Dusts not otherwise classified, as inspirable dust;

ES TWA: 10 mg/m³.

Particulate (insoluble or poorly soluble *) Not Otherwise Specified (P.N.O.C)

TLV TWA: 10 mg/m³ Inhalable particulate

TLV TWA: 3 mg/m³ Respirable particulate

OEL-Sweden, United Kingdom: 10 mg/m³ total dust, 5 mg/m³ respirable dust

These "dusts" have little adverse effect on the lungs and do not produce toxic effects or organic disease. Although there is no dust which does not evoke some cellular response at sufficiently high concentrations, the cellular response caused by P.N.O.C.s has the following characteristics:

- the architecture of the air spaces remain intact,
- scar tissue (collagen) is not synthesised to any degree,
- tissue reaction is potentially reversible.

Extensive concentrations of P.N.O.C.s may:

- seriously reduce visibility,
- cause unpleasant deposits in the eyes, ears and nasal passages,
- contribute to skin or mucous membrane injury by chemical or mechanical action, per se, or by the rigorous skin cleansing procedures necessary for their removal. [ACGIH]

This limit does not apply:

- to brief exposures to higher concentrations
- nor does it apply to those substances that may cause physiological impairment

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at lower concentrations but for which a TLV has as yet to be determined.

This exposure standard applies to particles which

- are insoluble or poorly soluble* in water or, preferably, in aqueous lung fluid (if data is available) and
- have a low toxicity (i.e.. are not cytotoxic, genotoxic, or otherwise chemically reactive with lung tissue, and do not emit ionizing radiation, cause immune sensitization, or cause toxic effects other than by inflammation or by a mechanism of lung overload)

* Notice of intended change

ETHYL ACETATE:

TLV TWA: 400 ppm [ACGIH]

PEL TWA: 400 ppm, 1400 mg/m³ (SKIN) [OSHA Z1]

ES TWA: 200 ppm; STEL 400 ppm

TLV TWA: 400 ppm, 1440 mg/m³

OES TWA: 400 ppm, 1460 mg/m³

MAK value: 400 ppm, 1500 mg/m³

MAK Category I Peak Limitation: For local irritants Allows excursions of twice the MAK value for 5 minutes at a time, 8 times per shift.

MAK Group C: There is no reason to fear risk of damage to the developing embryo when MAK and BAT values are observed.

MAK values, and categories and groups are those recommended within the Federal Republic of Germany

IDLH Level: 2000 ppm (lower explosive limit)

Odour Threshold Value: 6.4-50 ppm (detection), 13.3-75 ppm (recognition)

The TLV-TWA provides a significant margin of safety from the standpoint of adverse health effects. Unacclimated subjects found the odour objectionably strong at 200 ppm. Mild nose, eye and throat irritation was experienced at 400 ppm. Workers exposed regularly at concentrations ranging from 375 ppm to 1500 ppm for several months showed no unusual signs or symptoms.

NAPHTHA PETROLEUM, LIGHT AROMATIC SOLVENT:

No exposure limits set by NOHSC or ACGIH

REL TWA: 25-100 ppm*, 125 mg/m³* [Various Manufacturers]

CEL TWA: 50 ppm, 125 mg/m³

DI-SEC-OCTYL PHTHALATE:

TLV TWA: 5 mg/m³ A3 [ACGIH]

TLV TWA: 5mg/m³ [ACGIH]

PEL TWA: 5 ppm [OSHA Z1]

ES TWA: 5 mg/m³; STEL: 10 mg/m³

TLV TWA: 5 mg/m³ A3

OES TWA: 5 mg/m³; STEL: 10 mg/m³

CAUTION: This substance has been classified by the ACGIH as A3 Animal Carcinogen (at relatively high doses)

IDLH Level: 5000 mg/m³

PERSONAL PROTECTION

continued...

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION ...

EYE

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them. DO NOT wear contact lenses.

HANDS/FEET

Wear chemical protective gloves, eg. PVC.
Wear safety footwear or safety gumboots, eg. Rubber

OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

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:

Substance

n-butyl acetate

toluene

n-butanol

xylene

acetone

ethyl acetate

di-sec-octyl phthalate

P	VC	C
---	----	---

NITRI	LE	C
-------	----	---

* 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.

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.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION ...

ENGINEERING CONTROLS

For flammable liquids and flammable gases, local exhaust ventilation or a process enclosure ventilation system may be required. Ventilation equipment should be explosion-resistant.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Milky highly flammable liquid with a strong solvent odour; does not mix with water.

PHYSICAL PROPERTIES

Liquid.
Does not mix with water.
Floats on water.

Molecular Weight: Not Available
Melting Range (°C): Not Available
Solubility in water (g/L): Immiscible
pH (1% solution): Not Applicable
Volatile Component (%vol): 70-80
Relative Vapour Density (air=1): >1
Lower Explosive Limit (%): Not Available
Autoignition Temp (°C): Not Available
State: Liquid

Boiling Range (°C): 78-200
Specific Gravity (water=1): 0.94-0.98
pH (as supplied): Not Applicable
Vapour Pressure (kPa): Not Available
Evaporation Rate: Not Available
Flash Point (°C): -17
Upper Explosive Limit (%): Not Available
Decomposition Temp (°C): Not Available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

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Considered an unlikely route of entry in commercial/industrial environments. The liquid may produce gastrointestinal discomfort and may be harmful if swallowed. Ingestion may result in nausea, pain and vomiting. Vomit entering the lungs by aspiration may cause potentially lethal chemical pneumonitis. Central nervous system (CNS) depression may include nonspecific discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal. Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury. Those possessing lower viscosity elicit a greater response. The result is a high blood level and prompt death at doses otherwise tolerated by ingestion without aspiration. As a general observation, alcohols are more powerful central nervous system depressants than their aliphatic analogues. In sequence of decreasing depressant potential, tertiary alcohols with multiple substituent OH groups are more potent than secondary alcohols, which, in turn, are more potent than primary alcohols. The potential for overall systemic toxicity increases with molecular weight, principally because the water solubility is diminished and lipophilicity is increased.

EYE

When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The liquid produces a high level of eye discomfort and is capable of causing pain and severe conjunctivitis. Corneal injury may develop, with possible permanent impairment of vision, if not promptly and adequately treated. Petroleum hydrocarbons may produce pain after direct contact with the eyes. Slight, but transient disturbances of the corneal epithelium may also result. The aromatic fraction may produce irritation and lachrymation.

SKIN

Skin contact with the material may be harmful; systemic effects may result following absorption. The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either

- produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or
- produces significant, but moderate, 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

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Section 11 - TOXICOLOGICAL INFORMATION ...

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.

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.

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 the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

Aromatic hydrocarbons may produce skin irritation, vasodilation with erythema and changes in endothelial cell permeability. Systemic intoxication, resulting from contact with the light aromatics, is unlikely due to the slow rate of permeation. Branching of the side chain appears to increase percutaneous absorption.

INHALED

Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.

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 vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, drowsiness, reduced alertness, loss of reflexes, lack of coordination and vertigo.

The main effects of simple aliphatic esters are narcosis and irritation and anaesthesia at higher concentrations. These effects become greater as the molecular weights and boiling points increase. Central nervous system depression, headache, drowsiness, dizziness, coma and neurobehavioral changes may also be symptomatic of overexposure. Respiratory tract involvement may produce mucous membrane irritation, dyspnea, and tachypnea, pharyngitis, bronchitis, pneumonitis and, in massive exposures, pulmonary oedema (which may be delayed). Gastrointestinal effects include nausea, vomiting, diarrhoea and abdominal cramps. Liver and kidney damage may result from massive exposures. Prolonged exposure may cause headache, nausea and ultimately loss of consciousness.

If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.

CHRONIC HEALTH EFFECTS

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic

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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 mucous production. Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant 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. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis). Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS]. Chronic toluene habituation occurs following intentional abuse (glue sniffing) or from occupational exposure. Ataxia, incoordination and tremors of the hands and feet (as a consequence of diffuse cerebral atrophy), headache, abnormal speech, transient memory loss, convulsions, coma, drowsiness, reduced colour perception, frank blindness, nystagmus (rapid, involuntary eye-movements), hearing loss leading to deafness and mild dementia have all been associated with chronic abuse. Peripheral nerve damage, encephalopathy, giant axonopathy electrolyte disturbances in the cerebrospinal fluid and abnormal computer tomographic (CT scans) are common amongst toluene addicts. Although toluene abuse has been linked with kidney disease, this does not commonly appear in cases of occupational toluene exposures. Cardiac and haematological toxicity are however associated with chronic toluene exposures. Cardiac arrhythmia, multifocal and premature ventricular contractions and supraventricular tachycardia are present in 20% of patients who abused toluene-containing paints. Previous suggestions that chronic toluene inhalation produced human peripheral neuropathy have been discounted. However central nervous system (CNS) depression is well documented where blood toluene exceeds 2.2 mg%. Toluene abusers can achieve transient circulating concentrations of 6.5 mg%. Amongst workers exposed for a median time of 29 years, to toluene, no subacute effects on neurasthenic complaints and psychometric test results could be established. The prenatal toxicity of very high toluene concentrations has been documented for several animal species and man. Malformations indicative of specific teratogenicity have not generally been found. Neonatal toxicity, described in the literature, takes the form of embryo death or delayed foetal growth and delayed skeletal system development. Permanent damage of children has been seen only when mothers have suffered from chronic intoxication as a result of "sniffing".

Wattyl Furniseal

Not available. Refer to individual constituents.
unless otherwise specified data extracted from RTECS - Register of Toxic Effects
of Chemical Substances

ALKYD RESIN - UNREGULATED:

"alkyd resin" describes a generic insoluble polymer which has no residual

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Section 11 - TOXICOLOGICAL INFORMATION ...

hazardous reactants and is not absorbed in the gastro-intestinal tract. No acute or chronic human exposure / toxicity data available. Almost always in solvent solution - the hazard is from the solvent.

NITROCELLULOSE:

No significant acute toxicological data identified in literature search.

N-BUTYL ACETATE:

TOXICITY

Oral (rat) LD50: 13100 mg/kg

Dermal (rabbit) LD50: 3200 mg/kg*

Inhalation (human) TClO: 200 ppm

Inhalation (rat) LC50: 2000 ppm/4H

IRRITATION

Skin (rabbit): 500 mg/24h-moderate

Eye (rabbit): 20 mg (open)-SEVERE

Eye (rabbit): 20 mg/24h - moderate

Eye (human): 300 mg

* [PPG]

TOLUENE:

TOXICITY

Oral (human) LDLo: 50 mg/kg

Oral (rat) LD50: 636 mg/kg

Inhalation (human) TClO: 100 ppm

Inhalation (man) TClO: 200 ppm

Inhalation (rat) LC50: > 26700 ppm/1h

Dermal (rabbit) LD50: 12124 mg/kg

Reproductive effector in rats

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.

IRRITATION

Skin (rabbit): 20 mg/24h-moderate

Skin (rabbit): 500 mg - moderate

Eye (rabbit): 0.87 mg - mild

Eye (rabbit): 2 mg/24h - SEVERE

Eye (rabbit): 100 mg/30sec - mild

N-BUTANOL:

TOXICITY

Oral (rat) LD50: 790 mg/kg

Inhalation (human) TClO: 25 ppm

Inhalation (rat) LC50: 8000 ppm/4h

Dermal (rabbit) LD50: 3400 mg/kg

IRRITATION

Skin (rabbit): 405 mg/24h-moderate

Eye (human): 50 ppm - irritant

Eye (rabbit): 1.6 mg-SEVERE

Eye (rabbit): 24 mg/24h-SEVERE

XYLENE:

TOXICITY

Oral (human) LDLo: 50 mg/kg

Oral (rat) LD50: 4300 mg/kg

Inhalation (human) TClO: 200 ppm

Inhalation (man) LClO: 10000 ppm/6h

Inhalation (rat) LC50: 5000 ppm/4h

Reproductive effector in rats

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.

IRRITATION

Skin (rabbit): 500 mg/24h moderate

Eye (human): 200 ppm irritant

Eye (rabbit): 87 mg mild

Eye (rabbit): 5 mg/24h SEVERE

TALC:

TOXICITY

Nil reported

IRRITATION

Skin (human): 0.3 mg/3d-I mild

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.

ACETONE:

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Section 11 - TOXICOLOGICAL INFORMATION ...

TOXICITY

Oral (man) TDLo: 2857 mg/kg

Oral (rat) LD50: 5800 mg/kg

Inhalation (human) TCLo: 500 ppm

Inhalation (man) TCLo: 12000 ppm/4 hr

Inhalation (man) TCLo: 10 mg/m³/6 hr

Inhalation (rat) LC50: 50100 mg/m³/8 hr

LD50: 20000 mg/kg

IRRITATION

Eye (human): 500 ppm - irritant

Eye (rabbit): 3.95 mg - SEVERE

Eye (rabbit): 20mg/24hr -moderate

Skin (rabbit):395mg (open) - mild

Skin (rabbit): 500 mg/24hr - mild

Dermal (rabbit)

UREA/ FORMALDEHYDE/ AMMONIA RESIN:

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

TOXICITY

IRRITATION

ETHYL ACETATE:

No significant acute toxicological data identified in literature search.

NAPHTHA PETROLEUM, LIGHT AROMATIC SOLVENT:

TOXICITY

IRRITATION

Oral (rat) LD50: >5000 mg/kg *

Nil reported

Inhalation (rat) LC50: >3670 ppm/8 h *

Inhalation (rat) TCLo: 1320 ppm/6h/90D-I

* [Devoe]

DI-SEC-OCTYL PHTHALATE:

TOXICITY

IRRITATION

Skin (rabbit): 500 mg/24h mild

Oral (rat) LD50: 30000 mg/kg

Eye (rabbit): 500 mg/24h mild

Oral (human) TDLo: 143 mg/kg

Oral (mouse) LD50: 1500 mg/kg

Oral (rabbit) LD50: 34000 mg/kg

Dermal (rabbit) LD50: 25000 mg/kg

Intraperitoneal (rabbit) LD50: >31ml/kg

Oral (guinea pig) LD50: 26000 mg/kg

Dermal (g.pig) LD50: 10000 mg/kg

Oral (rat) NOAEL: 28.9-36.1 mg/kg/day

Gastrointestinal changes, respiratory system changes, somnolence, haemorrhage, necrotic changes in GI tract, lowered blood pressure, liver, endocrine tumours, foetotoxicity, paternal effects, maternal effects, specific developmental abnormalities (hepatobiliary system, musculoskeletal system, cardiovascular system, urogenital system, central nervous system, eye/ear), foetolethality recorded.

NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.

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.

Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen

[National Toxicology Program: U.S. Dep. of Health & Human Services 2002]

Section 12 - ECOLOGICAL INFORMATION

Drinking Water Standards:

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Section 12 - ECOLOGICAL INFORMATION ...

hydrocarbon total: 10 ug/l (UK max.).
DO NOT discharge into sewer or waterways.

Section 13 - DISPOSAL CONSIDERATIONS

- Consult manufacturer for recycling options and recycle where possible .
 - Consult State Land Waste Management Authority for disposal.
 - Incinerate residue at an approved site.
 - Recycle containers if possible, or dispose of in an authorised landfill.
- Puncture containers to prevent re-use and bury at an authorised landfill.
-

Section 14 - TRANSPORTATION INFORMATION

Shipping Name:
PAINT
Dangerous Goods Class: 3
UN/NA Number: 1263
ADR Number: 33
Packing Group: II
Labels Required: flammable liquid
Additional Shipping Information:
International Transport Regulations:
IMO: 1263

HAZCHEM

3[Y]E

Section 15 - REGULATORY INFORMATION

POISONS SCHEDULE

S5

REGULATIONS

No data available for alkyd resin - unregulated as (CAS: 63148-69-6).
(CAS: 9004-70-0). (CAS: 123-86-4). (CAS: 108-88-3). (CAS:
71-36-3). (CAS: 1330-20-7). (CAS: 14807-96-6). (CAS: 67-64-1).
(CAS: 27967-29-9). (CAS: 141-78-6). (CAS: 64742-95-6). (CAS:
117-81-7).

Section 16 - OTHER INFORMATION

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Section 16 - OTHER INFORMATION ...

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