

FoamFlo Fire

Iccons

Chemwatch: 5417-75

Version No: 4.1

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Chemwatch Hazard Alert Code: 4

Initial Date: 23/07/2020

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Print Date: 24/07/2025

L.GHS.AUS.EN.E

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	FoamFlo Fire
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	AEROSOLS
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Foam.
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Details of the manufacturer or importer of the safety data sheet

Registered company name	Iccons
Address	383 Frankston Dandenong Road Dandenong South VIC 3175 Australia
Telephone	+61 3 9706 4344
Fax	Not Available
Website	www.iccons.com.au
Email	info@iccons.com.au

Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE (24/7)
Emergency telephone number(s)	+61 1800 951 288 (ID#: 5417-75)
Other emergency telephone number(s)	+61 3 9573 3188

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	S6
Classification ^[1]	Aerosols, Hazard Category 1, Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Sensitisation (Respiratory) Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Carcinogenicity Category 2, Reproductive Toxicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 1, Hazardous to the Aquatic Environment Acute Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

H222+H229	Extremely flammable aerosol. Pressurized container: may burst if heated.
H302	Harmful if swallowed.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.

H351	Suspected of causing cancer.
H361d	Suspected of damaging the unborn child.
H372	Causes damage to organs through prolonged or repeated exposure.
H402	Harmful to aquatic life.
AUH044	Risk of explosion if heated under confinement.

Precautionary statement(s) Prevention

P202	Do not handle until all safety precautions have been read and understood.
P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P211	Do not spray on an open flame or other ignition source.
P251	Do not pierce or burn, even after use.
P260	Do not breathe mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
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.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P330	Rinse mouth.

Precautionary statement(s) Storage

P405	Store locked up.
P410+P412	Protect from sunlight. Do not expose to temperatures exceeding 50 °C/122 °F.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
9016-87-9	30-~60	MDI oligomer
1244733-77-4	10-~30	tris(2-chloroisopropyl)phosphate
86675-46-9	10-~30	halogenated polyether polyols
78-40-0	<10	triethyl phosphate
115-10-6	<10	dimethyl ether
68476-85-7.	<20	hydrocarbon propellant
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If aerosols come in contact with the eyes: <ul style="list-style-type: none">▶ Immediately hold the eyelids apart and flush the eye continuously for at least 15 minutes with fresh running water.▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.▶ Transport to hospital or doctor without delay.▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If solids or aerosol mists are deposited upon the skin: <ul style="list-style-type: none">▶ Flush skin and hair with running water (and soap if available).▶ Remove any adhering solids with industrial skin cleansing cream.

	<ul style="list-style-type: none"> ▶ DO NOT use solvents. ▶ Seek medical attention in the event of irritation.
Inhalation	<p>Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.</p> <p>If aerosols, fumes or combustion products are inhaled:</p> <ul style="list-style-type: none"> ▶ Remove to fresh air. ▶ 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. ▶ If breathing is shallow or has stopped, ensure clear airway and apply resuscitation, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor.
Ingestion	<ul style="list-style-type: none"> ▶ Not considered a normal route of entry.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

All persons handling organic phosphorus ester materials regularly should undergo regular medical examination with special stress on the central nervous systems. Whilst atropine or pyridine-2-aldoxime methiodide (PAM) are beneficial antidotes for acute phosphate ester poisonings, they are of little value in reversing acute or chronic neurological damage due to phosphites and some types of aryl phosphate.

For sub-chronic and chronic exposures to isocyanates:

- ▶ This material may be a potent pulmonary sensitiser which causes bronchospasm even in patients without prior airway hyperreactivity.
- ▶ Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
- ▶ Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
- ▶ Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.
- ▶ Some cross-sensitivity occurs between different isocyanates.
- ▶ Noncardiogenic pulmonary oedema and bronchospasm are the most serious consequences of exposure. Markedly symptomatic patients should receive oxygen, ventilatory support and an intravenous line.
- ▶ Treatment for asthma includes inhaled sympathomimetics (epinephrine [adrenalin], terbutaline) and steroids.
- ▶ Activated charcoal (1 g/kg) and a cathartic (sorbitol, magnesium citrate) may be useful for ingestion.
- ▶ Mydriatics, systemic analgesics and topical antibiotics (Sulamyd) may be used for corneal abrasions.
- ▶ There is no effective therapy for sensitised workers.

[Ellenhorn and Barceloux; Medical Toxicology]

NOTE: Isocyanates cause airway restriction in naive individuals with the degree of response dependant on the concentration and duration of exposure. They induce smooth muscle contraction which leads to bronchoconstrictive episodes. Acute changes in lung function, such as decreased FEV1, may not represent sensitivity.

[Karol & Jin, Frontiers in Molecular Toxicology, pp 56-61, 1992]

Personnel who work with isocyanates, isocyanate prepolymers or polyisocyanates should have a pre-placement medical examination and periodic examinations thereafter, including a pulmonary function test. Anyone with a medical history of chronic respiratory disease, asthmatic or bronchial attacks, indications of allergic responses, recurrent eczema or sensitisation conditions of the skin should not handle or work with isocyanates. Anyone who develops chronic respiratory distress when working with isocyanates should be removed from exposure and examined by a physician. Further exposure must be avoided if a sensitivity to isocyanates or polyisocyanates has developed.

SECTION 5 Firefighting measures

Extinguishing media

- ▶ Small quantities of water in contact with hot liquid may react violently with generation of a large volume of rapidly expanding hot sticky semi-solid foam.
- ▶ Presents additional hazard when fire fighting in a confined space.
- ▶ Cooling with flooding quantities of water reduces this risk.
- ▶ Water spray or fog may cause frothing and should be used in large quantities.

SMALL FIRE:

- ▶ Water spray, dry chemical or CO2

LARGE FIRE:

- ▶ Water spray or fog.

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
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ 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. ▶ If safe, switch off electrical equipment until vapour fire hazard removed. ▶ 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	<ul style="list-style-type: none"> ▶ Liquid and vapour are highly flammable. ▶ Severe fire hazard when exposed to heat or flame. ▶ Vapour forms an explosive mixture with air. ▶ Severe explosion hazard, in the form of vapour, when exposed to flame or spark. ▶ Vapour may travel a considerable distance to source of ignition. ▶ Heating may cause expansion or decomposition with violent container rupture. ▶ Aerosol cans may explode on exposure to naked flames. ▶ Rupturing containers may rocket and scatter burning materials. ▶ Hazards may not be restricted to pressure effects. ▶ May emit acrid, poisonous or corrosive fumes. <p>Combustion products include: carbon dioxide (CO2) isocyanates and minor amounts of hydrogen cyanide hydrogen bromide hydrogen chloride phosgene nitrogen oxides (NOx) phosphorus oxides (POx)</p>

	other pyrolysis products typical of burning organic material.
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none">▶ Clean up all spills immediately.▶ Avoid breathing vapours and contact with skin and eyes.▶ Wear protective clothing, impervious gloves and safety glasses.▶ Shut off all possible sources of ignition and increase ventilation.▶ Wipe up.▶ If safe, damaged cans should be placed in a container outdoors, away from all ignition sources, until pressure has dissipated.▶ Undamaged cans should be gathered and stowed safely.
Major Spills	<ul style="list-style-type: none">▶ Avoid contamination with water, alkalies and detergent solutions.▶ Material reacts with water and generates gas, pressurises containers with even drum rupture resulting.▶ DO NOT reseal container if contamination is suspected.▶ Open all containers with care.▶ DO NOT touch the spill material▶ 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 courses▶ 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.▶ Absorb or cover spill with sand, earth, inert materials or vermiculite.▶ If safe, damaged cans should be placed in a container outdoors, away from ignition sources, until pressure has dissipated.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none">▶ Avoid all personal contact, including inhalation.▶ Wear protective clothing when risk of exposure occurs.▶ Use in a well-ventilated area.▶ Prevent concentration in hollows and sumps.▶ DO NOT enter confined spaces until atmosphere has been checked.▶ Avoid smoking, naked lights or ignition sources.▶ Avoid contact with incompatible materials.▶ When handling, DO NOT eat, drink or smoke.▶ DO NOT incinerate or puncture aerosol cans.▶ DO NOT spray directly on humans, exposed food or food utensils.
Other information	<p>Consider storage under inert gas.</p> <ul style="list-style-type: none">▶ Keep dry to avoid corrosion of cans. Corrosion may result in container perforation and internal pressure may eject contents of can▶ Store in original containers in approved flammable liquid storage area.▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped.▶ No smoking, naked lights, heat or ignition sources.▶ Keep containers securely sealed. Contents under pressure.▶ Store away from incompatible materials.▶ Store in a cool, dry, well ventilated area.▶ Avoid storage at temperatures higher than 40 deg C.▶ Store in an upright position.▶ Protect containers against physical damage.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none">▶ Aerosol dispenser.▶ Check that containers are clearly labelled.
Storage incompatibility	<ul style="list-style-type: none">· Avoid reaction with water, alcohols and detergent solutions. Isocyanates are electrophiles, and as such they are reactive toward a variety of nucleophiles including alcohols, amines, and even water. Upon treatment with an alcohol, an isocyanate forms a urethane linkage. If a di-isocyanate is treated with a compound containing two or more hydroxyl groups, such as a diol or a polyol, polymer chains are formed, which are known as polyurethanes. Reaction between a di-isocyanate and a compound containing two or more amine groups, produces long polymer chains known as polyureas.· Isocyanates and thioisocyanates are incompatible with many classes of compounds, reacting exothermically to release toxic gases. Reactions with amines, strong bases, aldehydes, alcohols, alkali metals, ketones, mercaptans, strong oxidisers, hydrides, phenols, and peroxides can cause vigorous releases of heat. Acids and bases initiate polymerisation reactions in these materials.· Isocyanates also can react with themselves. Aliphatic di-isocyanates can form trimers, which are structurally related to cyanuric acid.<ul style="list-style-type: none">▶ Avoid reaction with oxidising agents▶ Avoid strong acids, bases.

SECTION 8 Exposure controls / personal protection

Control parameters


- Occupational Exposure Limits (OEL)
- INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	MDI oligomer	Isocyanates, all (as-NCO)	0.02 mg/m3	0.07 mg/m3	Not Available	Not Available
Australia Exposure Standards	dimethyl ether	Dimethyl ether	400 ppm / 760 mg/m3	950 mg/m3 / 500 ppm	Not Available	Not Available
Australia Exposure Standards	hydrocarbon propellant	LPG (liquified petroleum gas)	1000 ppm / 1800 mg/m3	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
MDI oligomer	Not Available	Not Available
tris(2-chloroisopropyl)phosphate	Not Available	Not Available
halogenated polyether polyols	Not Available	Not Available
triethyl phosphate	Not Available	Not Available
dimethyl ether	Not Available	Not Available
hydrocarbon propellant	Not Available	Not Available

MATERIAL DATA

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>General exhaust is adequate under normal conditions. If risk of overexposure exists, wear SAA approved respirator. Correct fit is essential to obtain adequate protection.</p>
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul style="list-style-type: none">▶ No special equipment for minor exposure i.e. when handling small quantities.▶ OTHERWISE: For potentially moderate or heavy exposures:▶ Safety glasses with side shields.▶ NOTE: Contact lenses pose a special hazard; soft lenses may absorb irritants and ALL lenses concentrate them.
Skin protection	See Hand protection below
Hands/feet protection	<p>NOTE:</p> <ul style="list-style-type: none">▶ 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.▶ Isocyanate resistant materials include Teflon, Viton, nitrile rubber and some PVA gloves.▶ Protective gloves and overalls should be worn as specified in the appropriate national standard.▶ Contaminated garments should be removed promptly and should not be re-used until they have been decontaminated.▶ NOTE: Natural rubber, neoprene, PVC can be affected by isocyanates▶ No special equipment needed when handling small quantities.▶ OTHERWISE:▶ For potentially moderate exposures:▶ Wear general protective gloves, eg. light weight rubber gloves.▶ For potentially heavy exposures:▶ Wear chemical protective gloves, eg. PVC. and safety footwear.
Body protection	See Other protection below
Other protection	<p>No special equipment needed when handling small quantities.</p> <p>OTHERWISE:</p> <ul style="list-style-type: none">▶ Overalls.▶ Skin cleansing cream.▶ Eyewash unit.▶ Do not spray on hot surfaces.

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:
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Material	CPI
BUTYL	A
NEOPRENE	A

* 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. -

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	AX-AUS P2	-	AX-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AX-AUS / Class 1 P2	-
up to 100 x ES	-	AX-2 P2	AX-PAPR-2 P2 ^

^ - Full-face

* 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.

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)

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

Aerosols, in common with most vapours/ mists, should never be used in confined spaces without adequate ventilation. Aerosols, containing agents designed to enhance or mask smell, have triggered allergic reactions in predisposed individuals.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Highly flammable liquid.		
Physical state	Liquid	Relative density (Water = 1)	1.05 @20C
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	*460 (propellant)
pH (as supplied)	Not Available	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	*-12 (propellant)	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	*-83 (propellant)	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	<300 @50C	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Elevated temperatures. ▶ Presence of open flame. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur. ▶ Presence of elevated temperatures.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

a) Acute Toxicity	There is sufficient evidence to classify this material as acutely toxic.
b) Skin Irritation/Corrosion	There is sufficient evidence to classify this material as skin corrosive or irritating.
c) Serious Eye Damage/Irritation	There is sufficient evidence to classify this material as eye damaging or irritating
d) Respiratory or Skin sensitisation	There is sufficient evidence to classify this material as sensitising to skin or the respiratory system
e) Mutagenicity	Based on available data, the classification criteria are not met.

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f) Carcinogenicity	There is sufficient evidence to classify this material as carcinogenic
g) Reproductivity	There is sufficient evidence to classify this material as toxic to reproductivity
h) STOT - Single Exposure	There is sufficient evidence to classify this material as toxic to specific organs through single exposure
i) STOT - Repeated Exposure	There is sufficient evidence to classify this material as toxic to specific organs through repeated exposure
j) Aspiration Hazard	Based on available data, the classification criteria are not met.

Inhaled	<p>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.</p> <p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>The vapour/mist may be highly irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning for several hours after exposure. Sensitized people can react to very low doses, and should not be allowed to work in situations allowing exposure to this material. Continued exposure of sensitised persons may lead to possible long term respiratory impairment.</p> <p>Inhalation hazard is increased at higher temperatures.</p> <p>WARNING: Intentional misuse by concentrating/inhaling contents may be lethal.</p> <p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.</p>
Ingestion	<p>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.</p> <p>Not normally a hazard due to physical form of product.</p> <p>Considered an unlikely route of entry in commercial/industrial environments</p>
Skin Contact	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</p> <p>Spray mist may produce discomfort</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>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.</p>
Eye	<p>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.</p> <p>Repeated or prolonged eye contact may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p> <p>Direct contact with the eye may not cause irritation because of the extreme volatility of the gas; however concentrated atmospheres may produce irritation after brief exposures..</p>
Chronic	<p>On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> <p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>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.</p> <p>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.</p> <p>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.</p> <p>Substances than can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers</p> <p>Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.</p> <p>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.</p> <p>Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.</p> <p>Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Polyisocyanates still contain small amounts of monomeric isocyanate (typically <0.5 parts per weight) and both – the polyisocyanate and the monomer - have toxicological importance. In addition, solvents also contribute to the overall toxicity of these products.</p> <p>Due to the higher molecular weight and the much lower vapor pressure the polyisocyanates exhibit a significantly reduced health hazard as compared to the corresponding monomers. Nevertheless they should only be handled under controlled conditions. They are not or only slightly irritating to the skin and eyes, but might be irritating to the respiratory tract (nose, throat, lung). Polyisocyanates might act as skin sensitisers On that basis there is clear evidence from sensitive animal models that aliphatic polyisocyanates and prepolymer (HDI-based as well as IPDI-based, for example) may cause skin sensitisation. It is decided to classify all HDI-based and IPDI-based polyisocyanates and prepolymers as skin sensitisers. From animal models, however, there is no evidence that polyisocyanates are sensitising to the respiratory</p>

Continued...

tract. Results from animal tests with repeated aerosol exposures indicate that under these conditions the respiratory tract is the primary target of aliphatic polyisocyanates, other organs are not significantly affected..

Available information does not provide evidence that polyisocyanates might either be mutagenic, carcinogenic or toxic to reproduction. Fully reacted polyurethane polymer is chemically inert. No exposure limits have been established in the U.S. by OSHA (Occupational Safety and Health Administration) or ACGIH (American Conference of Governmental Industrial Hygienists). It is not regulated by OSHA for carcinogenicity.

Liquid resin blends containing residual isocyanates may contain hazardous or regulated components. Isocyanates are known skin and respiratory sensitizers. Additionally, amines, glycols, and phosphate present in spray polyurethane foams present risks.

The oral administration of polyurethane particles at 5 and 10 mg/kg/day for 10 days generated an inflammation response in mice. There was increased visceral fat accumulation in the treated mice in all groups (2, 5, 10 mg/kg/d) compared to controls. The lungs of mice in the 5 and 10 mg/kg/day groups showed inflammation, and inflammatory infiltrate was observed in all treatment groups.

Persons with a history of asthma or other respiratory problems or are known to be sensitised, should not be engaged in any work involving the handling of isocyanates.

The chemistry of reaction of isocyanates, as evidenced by MDI, in biological milieu is such that in the event of a true exposure of small MDI doses to the mouth, reactions will commence at once with biological macromolecules in the buccal region and will continue along the digestive tract prior to reaching the stomach. Reaction products will be a variety of polyureas and macromolecular conjugates with for example mucus, proteins and cell components.

This is corroborated by the results from an MDI inhalation study. Following an inhalation exposure of rats to radiolabelled MDI, 79% of the dose was excreted in faeces. The faecal excretion in these animals was considered entirely due to ingestion of radioactivity from grooming and ingestion of deposited material from the nasopharyngeal region via the mucociliary escalator, i.e. not following systemic absorption. The faecal radioactivity was tentatively identified as mixed molecular weight polyureas derived from MDI. Diamine was not present. Thus, for MDI and diisocyanates in general the oral gavage dosing route is inappropriate for toxicological studies and risk assessment.

It is expected that oral gavage dosing will result in a similar outcome to that produced by TDI or MDI, that is (1) reaction with stomach contents and (2) polymerization to solid polyureas.

Chronic poisoning from ionic bromides has historically resulted from medical use of bromides but not from exposure in the environment or workplace. In the absence of other signs of poisoning, there may be depression, hallucinations and schizophrenia-like psychosis. Bromides may also cause sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness, inability to speak, difficulty speaking, weakness, fatigue, a spinning sensation, stupor, coma, decreased appetite, nausea, vomiting, an acne-like rash on the face (bronchoderma), legs and trunk, swelling of the bronchi and a profuse discharge from the nostrils. There may also be inco-ordination and very brisk reflexes. Correlation of nervous system symptoms with blood levels of bromide is inexact. Current day usage of bromides is generally limited to antihistamines such as brompheniramine, which is a covalent compound; ionic compounds are no longer regularly used due to their toxicity.

In test animals, brominated vegetable oils (BVOs), historically used as emulsifiers in certain soda-based soft drinks, produced damage to the heart and kidneys in addition to increasing fat deposits in these organs. In extreme cases, BVOs caused testicular damage, stunted growth and produced lethargy and fatigue.

Brominism (chronic bromine poisoning) produces slurred speech, apathy, headache, decreased memory, anorexia and drowsiness, psychosis resembling paranoid schizophrenia, and personality changes.

Several cases of foetal abnormalities have been described in mothers who took large doses of bromides during pregnancy.

A 90-day inhalation study in rats with polymeric MDI (6 hours/day, 5 days/week) produced moderate to severe hyperplastic inflammatory lesions in the nasal cavities and lungs at levels of 8 mg/m3 or greater.

Rats exposed for two years to a respirable aerosol of polymeric MDI exhibited chronic pulmonary irritation at high concentrations. Only at the highest level (6 mg/m3), was there a significant incidence of a benign tumour of the lung (adenoma) and one malignant tumour (adenocarcinoma). There were no lung tumours at 1 mg/m3 and no effects at 0.2 mg/m3. Overall, the tumour incidence, both benign and malignant and the number of animals with the tumours were not different from controls. The increased incidence of lung tumours is associated with prolonged respiratory irritation and the concurrent accumulation of yellow material in the lung, which occurred throughout the study. In the absence of prolonged exposure to high concentrations leading to chronic irritation and lung damage, it is highly unlikely that tumour formation will occur.

Harmful: danger of serious damage to health by prolonged exposure through inhalation.

Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities.

Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages.

Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.

WARNING: Aerosol containers may present pressure related hazards.

FoamFlo Fire	TOXICITY	IRRITATION
	Not Available	Not Available
MDI oligomer	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >9400 mg/kg ^[2]	Eye (Rodent - rabbit): 100mg - Mild
	Inhalation (Rat) LC50: 0.49 mg/L4h ^[2]	
tris(2-chloroisopropyl)phosphate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Inhalation (Rat) LC50: >4.6 mg/14h ^[2]	Skin: no adverse effect observed (not irritating) ^[1]
halogenated polyether polyols	TOXICITY	IRRITATION
	Oral (Rat) LD50: 917 mg/kg ^[1]	Eye: adverse effect observed (irritating) ^[1]
		Skin: no adverse effect observed (not irritating) ^[1]
triethyl phosphate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >20000 mg/kg ^[1]	Eye (Rodent - rabbit): 100mg - Moderate
	Inhalation (Rat) LC50: >8.17 mg/L4h ^[1]	Eye: adverse effect observed (irritating) ^[1]
	Oral (Rat) LD50: 1165 mg/kg ^[2]	Skin: no adverse effect observed (not irritating) ^[1]

dimethyl ether	TOXICITY	IRRITATION
	Inhalation (Rat) LC50: >20000 ppm4h ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
hydrocarbon propellant	TOXICITY	IRRITATION
	Inhalation (Rat) LC50: 658 mg/l4h ^[2]	Eye: no adverse effect observed (not irritating) ^[1] Skin: no adverse effect observed (not irritating) ^[1]
Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances		

MDI OLIGOMER	<p>product</p> <p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.</p> <p>Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).</p> <p>Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.</p> <p>Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.</p> <p>Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities. Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages.</p> <p>Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.</p> <p>For diisocyanates:</p> <p>In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Diisocyanates are moderate to strong dermal sensitisers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.</p> <p>For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L.</p> <p>The substance is classified by IARC as Group 3:</p> <p>NOT classifiable as to its carcinogenicity to humans.</p> <p>Evidence of carcinogenicity may be inadequate or limited in animal testing.</p>	
	<p>TRIS(2-CHLOROISOPROPYL)PHOSPHATE</p> <p>For non-polymeric chlorinated trisphosphates (typically tris(chloroethyl)phosphate (TCEP), tris(chloropropyl)phosphate (TCPP) and tris(dichloropropyl)phosphate (TDCPP))</p> <p>Chlorinated trisphosphates do not necessarily have similar chemical, physical, toxicological or environmental properties. Blooming has been identified as a source of potential exposure (human and environmental) to trisphosphate plasticizers/ flame retardants. Blooming is defined as the migration (or more appropriately, diffusion) of an ingredient in rubber or plastic to the outer surface after curing. Thus is generally a slow process. Increased temperature may accelerate the rate of migration. For example trisphosphates are know to bloom from car interior plastics, TVs and computer VDUs</p> <p>Acute toxicity:</p> <p>In rats, oral doses of TCEP are absorbed and distributed around the body to various organs, particularly the liver and kidney, but also the brain. Metabolites in rats and mice include bis(2-chloroethyl) carboxymethyl phosphate; bis(2-chloroethyl) hydrogen phosphate; and bis(2-chloroethyl)-2-hydroxyethyl phosphate glucuronide. Excretion is rapid, nearly complete and mainly via the urine. TCEP is of low to moderate acute oral toxicity (oral LD50 in the rat = 1150 mg/kg body weight). In repeat dose studies, TCEP caused adverse effects on the brain (hippocampal lesions in rats), liver and kidneys. The NOEL was 22 mg/kg body weight per day and the LOEL 44 mg/kg body weight per day for increased weights of liver and kidneys in rats</p> <p>TCPP is of low to moderate acute toxicity by the oral (LD50 in rats = 1017-4200 mg/kg body weight), dermal (LD50 in rats and rabbits is > 5000 mg/kg body weight) and inhalation routes (LC50 in rats is > 4.6 mg/litre).</p> <p>For tris(2-chloro-1-methylethyl)phosphate (TCPP)</p> <p>The flame retardant product supplied in the EU, marketed as TCPP, is actually a reaction mixture containing four isomers. The individual isomers in this reaction mixture are not separated or marketed. The individual components are never produced as such.</p>	

FoamFlo Fire

	<p>These data are true for TCPF produced by all EU manufacturers. The other isomers in the mixture include bis(1-chloro-2-propyl)-2-chloropropyl phosphate (CAS 76025-08-6); bis(2-chloropropyl)-1-chloro-2-propyl phosphate (CAS 76649-15-5) and tris(2-chloropropyl) phosphate (CAS 6145-73-9). The assumption is made that all isomers have identical properties in respect of risk assessment. The assumption is justified in part by the fact that they exhibit very similar chromatographic properties, even under conditions optimised to separate them. Predicted physicochemical properties differ to only a small extent.</p> <p>Chlorinated alkyl phosphate esters (particularly TCPF) were identified as possible substitutes for the fire retardant pentabromodiphenyl ether. They appear to be relatively persistent substances, and there is some human health concern. Three substances in this group have been characterised to a degree and serve as a read across reference for TCPF. They include tris(2-chloroethyl)phosphate (TCEP, CAS 115-96-8), tris[2-(chloro-1-chloromethyl)ethyl]phosphate (TDCP, CAS 13674-87-8) and 2,2-bis(chloromethyl)trimethylene bis[bis(2-chloroethyl)phosphate] (V6, CAS 38051-10-4).</p>
HALOGENATED POLYETHER POLYOLS	<p>* Solvay SDS</p> <p>The primary health concerns revolve around the potential of polybrominated fire retardants (PBFRs) to act as carcinogens, endocrine disruptors and neurodevelopmental toxicants based on data for some members of this class of chemicals. In addition, their structural similarities to the polychlorinated diphenyl ethers (PCDEs), nitrofen and polychlorinated biphenyls (PCBs) lends further support to concerns for health effects exerted by these chemicals.</p> <p>Three PBFRs, the penta-, octa- and decabromodiphenyl ethers (BDPE)s, have been and remain of significant commercial interest. Nonetheless, the field of PBFRs is expanding and a diverse range of these chemicals are now available. Emphasis on the health effects of PBFRs is directed to certain chemical compounds within this class, namely decabromodiphenyl ether (DBDPE), pentabromodiphenyl ether (PeBDPE), octabromodiphenyl ether (OBDPE) and hexabromocyclododecane (HBCD). Also discussed are the polybrominated biphenyls (PCBs) and tris(2,3-dibromopropyl)phosphate (TDBPP), though no longer used, due to their significant adverse health effects.</p> <p>The PBFRs are a structurally diverse group of chemical compounds, some of which share similarities in chemical structure while others vary significantly. Pharmacokinetic studies are limited for most of the chemicals. However, the available information indicates that some brominated flame retardants such as tetrabromodiphenyl ether (TBDPE), HBCD, TDBPP and PBBs are readily absorbed via the gastrointestinal tract. Data available for the polybrominated diphenyl ethers (PBDPE)s and PBBs indicate that the degree of gastrointestinal absorption is inversely proportional to the level of bromination. Dermal absorption has also been reported for TDBPP. They are generally of low acute toxicity with no or slight and transient irritation to the skin and eyes of experimental animals. Inhalation studies in animals revealed that exposure to PBDPEs caused transient respiratory difficulties.</p> <p>Like the PBDPEs, tetrabromobisphenol A (TBBPA) and its derivatives have low acute and repeated dose toxicity. They are neither skin or eye irritants nor skin sensitisers in experimental animals.</p>
TRIETHYL PHOSPHATE	<p>For toxicological endpoints, the NOAEL is 1000 mg/kg bw for subacute toxicity, a NOEL of 625 mg/kg bw/day for teratogenicity and about 335 mg/kg bw for fertility effects. On the basis of all data on genotoxicity, a mutagenic effect of TEP is not assumed. The substance is harmful with a narcotic effect and, at high doses, shows certain neurotoxic properties (inhibition of cholinesterase) without indicating delayed neurotoxicity. The substance is not irritant to the skin. Studies on experimental animals showed no irritation properties. The most comprehensive documented, actual study (OECD Guideline 405, GLP) showed moderate irritation in 1 of 3 animals. According to the classification guideline this does not lead to a classification as irritant Triethylphosphate administered orally or i.p. to rodents is eliminated rapidly and comprehensively (90% within 16 hours). The very low acute dermal toxicity indicates a markedly lower adsorption than with oral administration. In a subchronic study (rat; oral, up to 6700 mg/kg bw) retarded weight gain, elevated liver and adrenals weight were observed (a validated NOEL or NOAEL cannot be given, the approx. NOEL based on the available data is about 670 mg/kg bw). A subacute 28-day study performed according actual guidelines after oral administration to rats determined a NOEL of 100 mg/kg bw (increased liver metabolism). An increase of liver metabolism is of no toxicological relevance, therefore a NOAEL of 1000 mg/kg bw was derived. After high doses to rats a depressive effect on the central nervous system and slight inhibition of cholinesterases are described. In mice, a NOAEL of 274 mg/kg bw was determined in an oral study (1/5 LD 50 = 274 mg/kg bw for 4 weeks). In rats a NOEL following inhalatory exposure (5h/d for 12 d) of 366 mg/m3 was determined. Conclusion: low toxicity, no serious damage in oral doses up to 6700 mg/kg bw. The NOAEL in the most relevant tests was 1000 mg/kg bw/day. Reproductive Toxicity In an early study using a small number of animals the litter size was reduced after repeated feeding to both sexes (rat) beginning at 670 mg/kg bw, although no symptoms of poisoning in the parent animals were described for the 670 mg/kg bw dose. The NOEL for effects on the litter size was 335 mg/kg bw/day. Neither testicular weights nor the histological investigation of the testes revealed remarkable findings in this study (max. dose 6700 mg/kg bw/day). A more recent 28-day study with doses up to 1000 mg/kg bw also showed no effect on the testicular weight [Bayer 1992]. A teratogenicity study in rats showed no evidence of a teratogenic potential up to the highest dose of 625 mg/kg bw/day (NOEL developmental toxicity). In the highest dose there was reduction of body weight gain, food intake and feces excretion as a sign of maternal toxicity (NOEL 125 mg/kg bw/day). Genetic Toxicity Aside from several Ames tests with negative results, triethylphosphate induces gene mutations without metabolic activation in <i>S. typhimurium</i> his C117, some bacteria, viruses and a yeast strain. For clarification of the endpoint gene mutation a HPRT test in V79 cell cultures was done. This test revealed a negative result with and without metabolic activation. In an in vitro UDS test on rat hepatocytes triethylphosphate showed no DNA-damaging effect. The results for <i>Drosophila melanogaster</i> in the limited documented recessive-lethal tests are contradictory, while in vivo studies on the mouse (cytogenetics in the bone marrow, dominant lethal test) were negative.</p> <p>Based on laboratory and animal testing, exposure to the material may result in irreversible effects and mutations in humans. For alkyl phosphates, their salts and esters.</p> <p>Acute toxicity:</p> <p>The alkyl phosphates their salts and their esters are relatively non-toxic in single-dose studies. The dermal LD50 in rats was >2 g/kg bw for C20-22 alkyl phosphate, oleyl phosphate, and 45.45% and 80% dicetyl phosphate. The oral LD50 in rats was >2 g/kg for 1-octadecanol, phosphate, potassium salt, potassium C9-15 alkyl phosphate, C20-22 alkyl phosphate, and oleyl phosphate. The oral LD50 of 25% potassium lauryl phosphate was 10.49 g/kg, and for 10% cetyl phosphate it was >4.7 g/kg. In both the mouse and rat, the oral LD50 of a 25% suspension of dicetyl phosphate was >5 g/kg.</p> <p>In an inhalation study, the LC50 of 1% aq. phosphoric acid, C16-18 alkyl esters, potassium salts was > 200 u/L.</p> <p>A single oral dose of phosphoric acid, 2-ethylhexyl ester to F344 rats was completely hydrolyzed to phosphate and 2-ethyl-hexanol. The ester was reported to be efficiently absorbed, metabolized, and excreted quantitatively by the body, and there was no indication of accumulation.</p> <p>In 14-day studies, potassium lauryl phosphate had a NOAEL of 600 mg/kg bw/day for both males and females, and oral administration of up to 1000 mg/kg bw/day sodium lauryl phosphate for 14 days did not result in any adverse effects; no remarkable effects were observed with up to 1000 mg/kg bw/day C20-22 alkyl phosphate by gavage.</p> <p>The NOELs of myristyl phosphate in a 28-day dietary study were 1564 mg/kg bw/day for males and 227 mg/kg bw/day for females, and the NOAEL was 1564 mg/kg bw/day for females. Oleyl phosphate had a NOAEL of 1000 mg/kg bw/day for male and female rats in a 28-day gavage study.</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>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.</p>
HYDROCARBON PROPELLANT	<p>No significant acute toxicological data identified in literature search.</p> <p>for Petroleum Hydrocarbon Gases:</p> <p>In many cases, there is more than one potentially toxic constituent in a refinery gas. In those cases, the constituent that is most toxic for a particular endpoint in an individual refinery stream is used to characterize the endpoint hazard for that stream. The hazard potential for each mammalian endpoint for each of the petroleum hydrocarbon gases is dependent upon each petroleum hydrocarbon gas constituent endpoint toxicity values (LC50, LOAEL, etc.) and the relative concentration of the constituent present in that gas. It should also be noted that for an individual petroleum hydrocarbon gas, the constituent characterizing toxicity may be different for different mammalian endpoints, again, being dependent upon the concentration of the different constituents in each, distinct petroleum hydrocarbon gas.</p> <p>All Hydrocarbon Gases Category members contain primarily hydrocarbons (i.e., alkanes and alkenes) and occasionally asphyxiant gases like hydrogen. The inorganic components of the petroleum hydrocarbon gases are less toxic than the C1 - C4 and C5 - C6</p>

hydrocarbon components to both mammalian and aquatic organisms. Unlike other petroleum product categories (e.g. gasoline, diesel fuel, lubricating oils, etc.), the inorganic and hydrocarbon constituents of hydrocarbon gases can be evaluated for hazard individually to then predict the screening level hazard of the Category members

Acute toxicity: No acute toxicity LC50 values have been derived for the C1 -C4 and C5- C6 hydrocarbon (HC) fractions because no mortality was observed at the highest exposure levels tested (~ 5 mg/l) for these petroleum hydrocarbon gas constituents. The order of acute toxicity of petroleum hydrocarbon gas constituents from most to least toxic is:
C5-C6 HCs (LC50 > 1063 ppm) > C1-C4 HCs (LC50 > 10,000 ppm) > benzene (LC50 = 13,700 ppm) > butadiene (LC50 = 129,000 ppm) > asphyxiant gases (hydrogen, carbon dioxide, nitrogen).

Repeat dose toxicity: With the exception of the asphyxiant gases, repeated dose toxicity has been observed in individual selected petroleum hydrocarbon gas constituents. Based upon LOAEL values, the order of order of repeated-dose toxicity of these constituents from most toxic to the least toxic is:
Benzene (LOAEL .>=10 ppm) >C1-C4 HCs (LOAEL = 5,000 ppm; assumed to be 100% 2-butene) > C5-C6 HCs (LOAEL = 6,625 ppm) > butadiene (LOAEL = 8,000 ppm) > asphyxiant gases (hydrogen, carbon dioxide, nitrogen).

Genotoxicity:
In vitro: The majority of the Petroleum Hydrocarbon Gases Category components are negative for *in vitro* genotoxicity. The exceptions are: benzene and 1,3-butadiene, which are genotoxic in bacterial and mammalian *in vitro* test systems.
In vivo: The majority of the Petroleum Hydrocarbon Gases Category components are negative for *in vivo* genotoxicity. The exceptions are benzene and 1,3-butadiene, which are genotoxic in *in vivo* test systems

Developmental toxicity: Developmental effects were induced by two of the petroleum hydrocarbon gas constituents, benzene and the C5 -C6 hydrocarbon fraction.

MDI OLIGOMER & TRIETHYL PHOSPHATE

The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

TRIS(2-CHLOROISOPROPYL)PHOSPHATE & TRIETHYL PHOSPHATE

for alkyl esters of phosphoric acid:
The chemicals in this category exhibit a low to moderate order of acute toxicity. The rat oral LD50 values ranged from 500-1000 mg/kg with 2-ethylhexyl phosphate to >36,800 mg/kg for tris(2-ethylhexyl) phosphate. The dermal LD50 values ranged from 1200 to > 2000 mg/kg (rat) with bis(2-ethylhexyl) hydrogen phosphate to > 20,000 mg/kg (rabbit) with tris(2- ethylhexyl) phosphate. The inhalation LC50 values ranged from > 0.447 mg/l (4 hr. rat) with tris(2-ethylhexyl) phosphate to > 5.14 mg/l (4 hr. rat) with triisobutyl phosphate.
Metabolism: Phosphoric acid esters are metabolized via dealkylation. Metabolism studies conducted on the tributyl phosphate indicate that dealkylation to form the alkyl alcohol is the primary route of metabolism Phosphoric acid tri-esters are rapidly metabolised to di-esters with mono-dieters also being produced. Studies of tributyl phosphate show that 40-64% of the parent compound is metabolised to dibutyl dihydrogen phosphate and that 1.1-2.1 % is metabolised to the monobutyl species. Therefore, tris(2-ethylhexyl) phosphate is expected to be metabolised to bis(2-ethylhexyl) phosphate (CAS RN: 298-07-7) and mono(2-ethylhexyl) phosphate (CAS RN 1070-03-7). Based on the evidence for dealkylation as the primary metabolic pathway, 2-ethylhexanol is the expected metabolite of tris(2-ethylhexyl) phosphate (CAS RN: 78-42-2) and 2-ethylhexyl phosphate (CAS RN: 12645-31-7). Triisobutyl phosphate is expected to be metabolised similarly as tributyl phosphate, with methoxypropanol as the alcohol metabolite
Oral repeat dose NOAEL's in rats for dibutyl hydrogen phosphate, tributyl phosphate, ethylhexanol, 2- ethylhexanoic acid, bis(2-ethylhexyl) hydrogen phosphate, tris(2-ethylhexyl) phosphate, and triisobutyl phosphate were 30 mg/kg/day (44 days), 75 mg/kg/day (90 days), 125 mg/kg/day (90 days), 100 mg/kg/day (90 days), 250 mg/kg/day (5 days), and 1000 mg/kg/day (90 days), and 68.4-84.3 mg/kg (90 days), respectively.

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

Legend: ✗ – Data either not available or does not fill the criteria for classification
✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

FoamFlo Fire	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
MDI oligomer	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
tris(2-chloroisopropyl)phosphate	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	0.8-2.8	7
	EC50	48h	Crustacea	65335mg/l	1
	EC50	72h	Algae or other aquatic plants	82mg/l	Not Available
	ErC50	72h	Algae or other aquatic plants	4mg/l	1
	EC50	96h	Algae or other aquatic plants	4mg/l	1
	EC50(ECx)	96h	Algae or other aquatic plants	4mg/l	1
	LC50	96h	Fish	56.2mg/l	Not Available
halogenated polyether polyols	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	>1000mg/l	2
	EC50	72h	Algae or other aquatic plants	>1000mg/l	Not Available
	EC50	96h	Algae or other aquatic plants	>1000mg/l	2
	NOEC(ECx)	72h	Algae or other aquatic plants	500mg/l	Not

Continued...

	LC50	96h	Fish	>1000mg/l	Available Not Available
triethyl phosphate	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	0.5-0.8	7
	EC50	72h	Algae or other aquatic plants	901mg/l	2
	NOEC(ECx)	504h	Crustacea	31.6mg/l	2
	LC50	96h	Fish	>100mg/l	2
dimethyl ether	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	>4400mg/L	2
	EC50	96h	Algae or other aquatic plants	154.917mg/l	2
	NOEC(ECx)	48h	Crustacea	>4000mg/l	1
	LC50	96h	Fish	1783.04mg/l	2
hydrocarbon propellant	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96h	Fish	24.11mg/l	2
	EC50	96h	Algae or other aquatic plants	7.71mg/l	2
	EC50(ECx)	96h	Algae or other aquatic plants	7.71mg/l	2
Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data					

Harmful to aquatic organisms.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
tris(2-chloroisopropyl)phosphate	HIGH	HIGH
triethyl phosphate	HIGH	HIGH
dimethyl ether	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
MDI oligomer	LOW (LogKOW = 10.46)
tris(2-chloroisopropyl)phosphate	LOW (BCF = 4.6)
triethyl phosphate	LOW (BCF = 1.3)
dimethyl ether	LOW (LogKOW = 0.1)
hydrocarbon propellant	LOW (LogKOW = 3.39)

Mobility in soil

Ingredient	Mobility
tris(2-chloroisopropyl)phosphate	LOW (Log KOC = 1278)
triethyl phosphate	LOW (Log KOC = 47.96)
dimethyl ether	HIGH (Log KOC = 1.292)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none">▶ 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.▶ Consult State Land Waste Management Authority for disposal.▶ Discharge contents of damaged aerosol cans at an approved site.▶ Allow small quantities to evaporate.▶ DO NOT incinerate or puncture aerosol cans.▶ Bury residues and emptied aerosol cans at an approved site.▶ Containers may still present a chemical hazard/ danger when empty.▶ Return to supplier for reuse/ recycling if possible. Otherwise: <ul style="list-style-type: none">▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.
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SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG)

14.1. UN number or ID number	1950	
14.2. UN proper shipping name	AEROSOLS	
14.3. Transport hazard class(es)	Class	2.1
	Subsidiary Hazard	Not Applicable
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	63 190 277 327 344 381
	Limited quantity	1000ml

Air transport (ICAO-IATA / DGR)

14.1. UN number	1950	
14.2. UN proper shipping name	Aerosols, flammable (engine starting fluid)	
14.3. Transport hazard class(es)	ICAO/IATA Class	2.1
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	10L
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	A1 A145 A167 A802
	Cargo Only Packing Instructions	203
	Cargo Only Maximum Qty / Pack	150 kg
	Passenger and Cargo Packing Instructions	Forbidden
	Passenger and Cargo Maximum Qty / Pack	Forbidden
	Passenger and Cargo Limited Quantity Packing Instructions	Forbidden
	Passenger and Cargo Limited Maximum Qty / Pack	Forbidden

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	1950	
14.2. UN proper shipping name	AEROSOLS	
14.3. Transport hazard class(es)	IMDG Class	2.1
	IMDG Subsidiary Hazard	Not Applicable
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	EMS Number	F-D , S-U
	Special provisions	63 190 277 327 344 381 959
	Limited Quantities	1000 ml

14.7. Maritime transport in bulk according to IMO instruments

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

Not Applicable

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

Product name	Group
MDI oligomer	Not Available
tris(2-chloroisopropyl)phosphate	Not Available
halogenated polyether polyols	Not Available
triethyl phosphate	Not Available
dimethyl ether	Not Available

Product name	Group
hydrocarbon propellant	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
MDI oligomer	Not Available
tris(2-chloroisopropyl)phosphate	Not Available
halogenated polyether polyols	Not Available
triethyl phosphate	Not Available
dimethyl ether	Not Available
hydrocarbon propellant	Not Available

SECTION 15 Regulatory information

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

MDI oligomer is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic
tris(2-chloroisopropyl)phosphate is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
halogenated polyether polyols is found on the following regulatory lists
Not Applicable
triethyl phosphate is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)
dimethyl ether is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australian Inventory of Industrial Chemicals (AIIC)
hydrocarbon propellant is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (halogenated polyether polyols)
Canada - DSL	No (halogenated polyether polyols)
Canada - NDSL	No (MDI oligomer; tris(2-chloroisopropyl)phosphate; halogenated polyether polyols; triethyl phosphate; dimethyl ether; hydrocarbon propellant)
China - IECSC	No (halogenated polyether polyols)
Europe - EINEC / ELINCS / NLP	No (MDI oligomer; halogenated polyether polyols)
Japan - ENCS	No (halogenated polyether polyols)
Korea - KECI	No (halogenated polyether polyols)
New Zealand - NZIoC	No (halogenated polyether polyols)
Philippines - PICCS	No (halogenated polyether polyols)
USA - TSCA	TSCA Inventory 'Active' substance(s) (MDI oligomer; tris(2-chloroisopropyl)phosphate; triethyl phosphate; dimethyl ether; hydrocarbon propellant); No (halogenated polyether polyols)
Taiwan - TCSI	Yes
Mexico - INSQ	No (halogenated polyether polyols; triethyl phosphate)
Vietnam - NCI	Yes
Russia - FBEPH	No (halogenated polyether polyols)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	13/09/2024
Initial Date	23/07/2020

SDS Version Summary

Version	Date of Update	Sections Updated
3.1	23/12/2022	Classification review due to GHS Revision change.
4.1	13/09/2024	Classification change due to full database hazard calculation/update.

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

- PC - TWA: Permissible Concentration-Time Weighted Average
- PC - STEL: Permissible Concentration-Short Term Exposure Limit
- IARC: International Agency for Research on Cancer
- ACGIH: American Conference of Governmental Industrial Hygienists
- STEL: Short Term Exposure Limit
- TEEL: Temporary Emergency Exposure Limit,
- IDLH: Immediately Dangerous to Life or Health Concentrations
- ES: Exposure Standard
- OSF: Odour Safety Factor
- NOAEL: No Observed Adverse Effect Level
- LOAEL: Lowest Observed Adverse Effect Level
- TLV: Threshold Limit Value
- LOD: Limit Of Detection
- OTV: Odour Threshold Value
- BCF: BioConcentration Factors
- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration
- MARPOL: International Convention for the Prevention of Pollution from Ships
- IMSBC: International Maritime Solid Bulk Cargoes Code
- IGC: International Gas Carrier Code
- IBC: International Bulk Chemical Code

- AIIC: Australian Inventory of Industrial Chemicals
- DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China
- EINECS: European INventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances
- NLP: No-Longer Polymers
- ENCS: Existing and New Chemical Substances Inventory
- KECI: Korea Existing Chemicals Inventory
- NZIoC: New Zealand Inventory of Chemicals
- PICCS: Philippine Inventory of Chemicals and Chemical Substances
- TSCA: Toxic Substances Control Act
- TCSI: Taiwan Chemical Substance Inventory
- INSQ: Inventario Nacional de Sustancias Químicas
- NCI: National Chemical Inventory
- FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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