

Puma Energy Ltd

Chemwatch: 13-05443 Version No: 2.1.1.1 Safety Data Sheet according to WHS and ADG requirements Chemwatch Hazard Alert Code: 2

Issue Date: 13/08/2018 Print Date: 27/08/2018 L.GHS.AUS.EN

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

Product Identifier

Product name	Puma Metal Cutting Fluid
Synonyms	Not Available
Other means of identification	Not Available

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

g to manufacturer's directions.

Details of the supplier of the safety data sheet

Registered company name	Puma Energy Ltd	Puma Energy Papua New Guinea
Address	365 Macarthur Avenue, Hamilton QLD 4006 Australia	PO Box 1971 Port Moresby, NCD Papua New Guinea
Telephone	1300 723 706	+67 5 309 9100 (Office hours)
Fax	1300 723 321	+67 5 321 1842
Website	www.pumaenergy.com.au	http://www.pumaenergy.com/
Email	PumaAu-Safety@pumaenergy.com.au	orderspng@pumaenergy.com

Emergency telephone number

Association / Organisation	Chemwatch 24hr	Not Available
Emergency telephone numbers	1800 039 008	+67 5 309 9136 (24 hours)
Other emergency telephone numbers	1800 24 88 66	+67 5 7190 3024

CHEMWATCH EMERGENCY RESPONSE

Primary Number	Alternative Number 1	Alternative Number 2
1800 039 008	+61 2 9186 1132	Not Available

Once connected and if the message is not in your prefered language then please dial 01

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	Not Applicable	
Classification ^[1]	Eye Irritation Category 2A, Carcinogenicity Category 2, Acute Aquatic Hazard Category 3	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI	

Label elements

Hazard pictogram(s)	
SIGNAL WORD	WARNING

Hazard statement(s)

H319	Causes serious eye irritation.
H351	Suspected of causing cancer.
H402	Harmful to aquatic life.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.	
P281	Use personal protective equipment as required.	
P273	Avoid release to the environment.	
P280	P280 Wear protective gloves/protective clothing/eye protection/face protection.	

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P337+P313	If eye irritation persists: Get medical advice/attention.	

Precautionary statement(s) Storage

P405	Store locked up.
------	------------------

Precautionary statement(s) Disposal

P501 Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
68155-20-4	<3	tall oil fatty acids diethanolamide
5625-90-1	<1.5	4.4'-methylenedimorpholine
111-42-2	<1.5	diethanolamine
7732-18-5	>50	water

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	 If this product comes in contact with the eyes: Wash out immediately with fresh running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	 If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation.
Inhalation	 If fumes, aerosols or combustion products are inhaled remove from contaminated area. Other measures are usually unnecessary.

Ingestion	 If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Seek medical advice.
-----------	---

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.

Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.

In such an event consider:

- In foam.
- dry chemical powder.
- carbon dioxide.

Special hazards arising from the substrate or mixture

None known.			
 Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses. Use fire fighting procedures suitable for surrounding area. DO NOT approach containers suspected to be hot. Cool fire exposed containers with water spray from a protected location. If safe to do so, remove containers from path of fire. Equipment should be thoroughly decontaminated after use. 			
 The material is not readily combustible under normal conditions. However, it will break down under fire conditions and the organic component may burn. Not considered to be a significant fire risk. Heat may cause expansion or decomposition with violent rupture of containers. Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). May emit acrid smoke. Decomposes on heating and produces toxic fumes of: carbon dioxide (CO2) nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. 			
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	 Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Contain and absorb spill with sand, earth, inert material or vermiculite. Wipe up.
--------------	---

	 Place in a suitable, labelled container for waste disposal.
Major Spills	 Minor hazard. Clear area of personnel. Alert Fire Brigade and tell them location and nature of hazard. Control personal contact with the substance, by using protective equipment as required. Prevent spillage from entering drains or water ways. Contain spill with sand, earth or vermiculite. Collect recoverable product into labelled containers for recycling. Absorb remaining product with sand, earth or vermiculite and place in appropriate containers for disposal. Wash area and prevent runoff into drains or waterways. If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	 DO NOT allow clothing wet with material to stay in contact with skin Limit all unnecessary personal contact. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. When handling DO NOT eat, drink or smoke. Always wash hands with soap and water after handling. Avoid physical damage to containers. Use good occupational work practice. Observe manufacturer's storage and handling recommendations contained within this SDS.
Other information	 Store in original containers. Keep containers securely sealed. Store in a cool, dry, well-ventilated area. Store away from incompatible materials and foodstuff containers. Protect containers against physical damage and check regularly for leaks. Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	 Polyethylene or polypropylene container. Packing as recommended by manufacturer. Check all containers are clearly labelled and free from leaks.
Storage incompatibility Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. Avoid contact with copper, aluminium and their alloys. 	

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	diethanolamine	Diethanolamine	3 ppm / 13 mg/m3	Not Available	Not A	vailable	Not Available
EMERGENCY LIMITS							
Ingredient	Material name TEEL-1		TEEL-1	TEEL-2		TEEL-3	
diethanolamine	Diethanolamine 3 mg/m3		3 mg/m3	28 mg/m3 130 n		130 mg/m	13
Ingredient	Original IDLH			Revised IDLH			
tall oil fatty acids diethanolamide	Not Available			Not Available			
4,4'-methylenedimorpholine	Not Available			Not Available			
diethanolamine	Not Available			Not Available			
water	Not Available			Not Available			

None assigned. Refer to individual constituents.

Exposure controls

Appropriate engineering controls	General exhaust is adequate under normal operating conditions.		
Personal protection			
Eye and face protection	 Safety glasses with side shields. Chemical goggles. Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent] 		
Skin protection	See Hand protection below		
Hands/feet protection	 Wear chemical protective gloves, e.g. PVC. Wear safety footwear or safety gumboots, e.g. Rubber 		
Body protection	See Other protection below		
Other protection	 Overalls. P.V.C. apron. Barrier cream. Skin cleansing cream. Eye wash unit. 		

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:

Puma Metal Cutting Fluid

Material	СРІ
BUTYL	A
NEOPRENE	A
VITON	А
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NITRILE	С
PVA	С
PVC	С
TEFLON	С

* 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.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Respiratory protection

Type AK-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	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-PAPR-2 P2 ^

^ - Full-face

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.

Appearance	Pale brown liquid; mixes with water.			
Physical state	Liquid	Relative density (Water = 1)	Not Available	
Odour	Not Available	Partition coefficient n-octanol / water	Not Available	
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available	
pH (as supplied)	Not Available	Decomposition temperature	Not Available	
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available	
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable	
Flash point (°C)	Not Applicable	Taste	Not Available	
Evaporation rate	Not Available	Explosive properties	Not Available	
Flammability	Not Applicable	Oxidising properties	Not Available	
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available	
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available	
Vapour pressure (kPa)	Not Available	Gas group	Not Available	
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Not Available	
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available	

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	Not normally a hazard due to non-volatile nature of product
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Ingestion may result in nausea, abdominal irritation, pain and vomiting
Skin Contact	 The material produces mild skin irritation; evidence exists, or practical experience predicts, that the material either produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant, but mild, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. Open cuts, abraded or irritated skin should not be exposed to this material
Eye	Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.

	тохісітү	IRRITATION
Puma Metal Cutting Fluid	Not Available	Not Available
tall oil fatty acids	ΤΟΧΙΟΙΤΥ	IRRITATION
diethanolamide	Not Available	Not Available
	ΤΟΧΙΟΙΤΥ	IRRITATION
A dimensional and a line and a line	Oral (rat) LD50: 550 mg/kg ^[2]	Eye(-): irritating *
4,4'-methylenedimorpholine		Respiratory: irritating*
		Skin(-): irritating *
	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 12200 mg/kg ^[2]	Eye (rabbit): 5500 mg - SEVERE
diethanolamine	Oral (rat) LD50: 710 mg/kg ^[2]	Eye (rabbit):0.75 mg/24 hr SEVERE
		Skin (rabbit): 50 mg (open)-mild
		Skin (rabbit): 500 mg/24 hr-mild
	ΤΟΧΙCΙΤΥ	Skin (raddit): 500 mg/24 nr-mild
water	TOXICITY Not Available	1 ` `

exposure to irritants may produce conjunctivitis. Fatty acid amides (FAA) are ubiquitous in household and commercial environments. The most common of these are based on coconut oil fatty acids alkanolamides. These are the most widely studied in terms of human exposure. Fatty acid diethanolamides (C8-C18) are classified by Comite Europeen des Agents de Surface et de leurs Intermediaires Organiques (CESIO) as Irritating (Xi) with the risk phrases R38 (Irritating to skin) and R41 (Risk of serious damage to eyes). Fatty acid monoethanolamides are classified as Irritant (Xi) with the risk phrases R41 Several studies of the sensitization potential of cocoamide diethanolamide (DEA) indicate that this FAA induces occupational allergic contact dermatitis and a number of reports on skin allergy patch testing of cocoamide DEA have been published. These tests indicate that allergy to cocoamide DEA is becoming more common. Alkanolamides are manufactured by condensation of diethanolamine and the methylester of long chain fatty acids. Several alkanolamides (especially secondary alkanolamides) are susceptible to nitrosamine formation which constitutes a potential health problem. Nitrosamine contamination is possible either from pre-existing contamination of the diethanolamine used to manufacture cocoamide DEA, or from nitrosamine formation by nitrosating agents in formulations containing cocoamide DEA. According to the Cosmetic Directive (2000) cocoamide DEA must not be TALL OIL FATTY ACIDS used in products with nitrosating agents because of the risk of formation of N-nitrosamines. The maximum content DIETHANOLAMIDE allowed in cosmetics is 5% fatty acid dialkanolamides, and the maximum content of N-nitrosodialkanolamines is 50 mg/kg. The preservative 2-bromo-2-nitropropane-1,3-diol is a known nitrosating agent for secondary and tertiary amines or amides. Model assays have indicated that 2-bromo-2-nitropropane-1,3-diol may lead to the N-nitrosation of diethanolamine forming the carcinogenic compound, N-nitrosodiethanolamine which is a potent liver carcinogen in rats (IARC 1978). Several FAAs have been tested in short-term genotoxicity assays. No indication of any potential to cause genetic damage was seen Lauramide DEA was tested in mutagenicity assays and did not show mutagenic activity in Salmonella typhimurium strains or in hamster embryo cells. Cocoamide DEA was not mutagenic in strains of Salmonella typhimurium when tested with or without metabolic activation

Environmental and Health Assessment of Substances in Household Detergents and Cosmetic Detergent Products, Environment Project, 615, 2001. Miljoministeriet (Danish Environmental Protection Agency)

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged

For Fatty Nitrogen Derived (FND) Amides (including several high molecular weight alkyl amino acid amides) The chemicals in the Fatty Nitrogen Derived (FND) Amides of surfactants are similar to the class in general as to physical/chemical properties, environmental fate and toxicity. Human exposure to these chemicals is substantially documented.

The Fatty nitrogen-derived amides (FND amides) comprise four categories:

	Subcategory I: Substituted Amides Subcategory II: Fatty Acid Reaction Products with Amino Compounds (Note: Subcategory II chemicals, in many cases, contain Subcategory I chemicals as major components) Subcategory IV: FND Amphoterics Acute Toxicity: FND Amphoterics Acute Toxicity: The low acute oral toxicity of the FND Amides is well established across all Subcategories by the available data. The limited acute toxicity of these chemicals is also confirmed by four acute dermal and two acute inhalation studies. Repeated Dose and Reproductive Toxicity: Two subchronic toxicity studies demonstrating low toxicity are available for Subcategory I chemicals. In addition, a 5-day repeated dose study for a third chemical confirmed the minimal toxicity of these chemicals. Since the Subcategory I chemicals are major components of many Subcategory II chemicals, and based on the low repeat-dose toxicity of the amino compounds (e.g. diethanolamine, triethanolamine) used for producing the Subcategory II derivatives, the Subcategory I repeat-dose toxicity studies adequately support Subcategory II. Two subchronic toxicity studies in Subcategory IV, two subchronic toxicity studies for one of the chemicals indicated a low order of repeat-dose toxicity for the FND amphoteric salts similar to that seen in the other categories. Genetic Toxicity in vitro: Based on the lack of effect of one or more chemicals in each subcategory, adequate data for mutagenic activity as measured by the Salmonella reverse mutation assay exist for all of the subcategories. Developmental Toxicity: A developmental toxicity study in Subcategory I and in Subcategory IV and a third study for a chemical in Subcategory III are available. The studies indicate these chemicals are not developmental toxicants, as expected based on their structures, molecular weights, physical properties and knowledge of similar chemicals. As above for repeat-dose toxicity, the data for Subcategory I and a third study for a chemical in Subcategory III are available. The studies indicate
	apparent organ specific toxicity. Similarly, repeated dose toxicity studies (approximately 35 studies for 15 chemicals) provide NOAELs between 10 and 100 mg/kg/day for rats and slightly lower for dogs. More than 60 genetic toxicity studies (in vitro bacterial and mammalian cells as well as in vivo studies) indicated no mutagenic activity among more than 30 chemicals tested. For reproductive evaluations, 14 studies evaluated reproductive endpoints and/or reproductive or gans for 11 chemicals, and 15 studies evaluated developmental toxicity for 13 chemicals indicating no reproductive or developmental effects for the FND group as a whole.
	Some typical applications of FND Amides are: masonry cement additive; curing agent for epoxy resins; closed hydrocarbon systems in oil field production, refineries and chemical plants; and slip and antiblocking additives for polymers. The safety of the FND Amides to humans is recognised by the U.S. FDA, which has approved stearamide, oleamide and/or erucamide for adhesives; coatings for articles in food contact; coatings for polyolefin films; defoaming agents for manufacture of paper and paperboard; animal glue (defoamer in food packaging); in EVA copolymers for food packaging; lubricants for manufacture of metallic food packaging; irradiation of prepared foods; release agents in manufacture of food packaging materials, food contact surface of paper and paperboard; cellophane in food packaging; closure sealing gaskets; and release agents in polymeric resins and petroleum wax. The low order of toxicity indicates that the use of FND Amides does not pose a significant hazard to human health. The differences in chain length, degree of saturation of the carbon chains, source of the natural oils, or addition of an amino group in the chain would not be expected to have an impact on the toxicity profile. This conclusion is supported by a number of studies in the FND family of chemicals (amines, cationics, and amides as separate categories) that show no differences in the length or degree of saturation of the alkyl substituents and is also supported by the limited toxicity of these long-chain substituted chemicals.
4,4'-METHYLENEDIMORPHOLINE	Formaldehyde generators (releasers) are often used as preservatives (antimicrobials, biocides, microbiocides). Formaldehyde may be generated following hydrolysis. The most widely used antimicrobial compounds function by releasing formaldehyde once inside the microbe cell. Some release detectable levels of formaldehyde into the air space, above working solutions, especially when pH has dropped. Many countries are placing regulatory pressure on suppliers and users to replace formaldehyde generators. Formaldehyde generators are a diverse group of chemicals that can be recognised by a small, easily detachable formaldehyde moiety, prepared by reacting an amino alcohol with formaldehyde ("formaldehyde-condensates"), There is concern that when formaldehyde-releasing preservatives are present in a formulation that also includes amines, such as triethanolamine (TEA), diethanolamine (DEA), or monoethanolamine (MEA), nitrosamines can be formed,; nitrosamines are carcinogenic substances that can potentially penetrate skin. One widely-discussed hypothesis states that formaldehyde-condensate biocides, such as triazines and oxazolidines, may cause an imbalance in the microbial flora of in-use metalworking fluids (MWFs).The hypothesis further asserts that this putative microbial imbalance favours the proliferation of certain nontuberculosis
	mycobacteria (NTM) in MWFs and that the subsequent inhalation of NTM-containing aerosols can cause hypersensitivity pneumonitis (HP), also known as extrinsic allergic alveolitis, in a small percentage of susceptible workers. Symptoms of HP include flu-like illness accompanied by chronic dyspnea, i.e., difficult or laboured respiration According to Annex VI of the Cosmetic Directive 76/768/EC, the maximum authorised concentration of free formaldehyde is 0.2% (2000 ppm). In addition, the provisions of Annex VI state that, <i>All finished products containing formaldehyde or substances in this Annex and which release formaldehyde must be labelled with the warning "contains formaldehyde" where the concentration of formaldehyde in the finished product exceeds 0.05%.</i> Formaldehyde-releasing preservatives have the ability to release formaldehyde in very small amounts over time.

The use of formaldehyde-releasing preservatives ensures that the actual level of free formaldehyde in the products is always very low but at the same time sufficient to ensure absence of microbial growth. The formaldehyde reacts most rapidly with organic and inorganic anions, amino and sulfide groups and electron-rich groups to disrupt metabolic processes, eventually causing death of the organism.

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

The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation.

Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence).

The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.

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.

7 patients reacted positively to the formaldehyde releaser 4,4-methylenebismorpholine, and 6 of these patients also reacted to formaldehyde and/or other formaldehyde releasers. 4 patients reacted positively to myristyl alcohol tested at 10% petrolatum (pet.). Additionally, 20 doubtful or irritant reactions occurred. 1 patient each reacted positively to oleyl alcohol, MIPA, and AEPD. None of the other test substances mentioned above elicited any clear-cut positive reaction. Patch testing with well-known MWF allergens showed proportions of positive reactions, which were comparable to those from other studies, e.g. 11% to monoethanolamine, 8% to colophonium and 3%?5% to various preservatives. Conclusions: 4,4-methylenebis morpholine may be an important MWF allergen, although clinical relevance could not be stated definitely in every case. Convulsions, tumours at sites of application, peripheral nerve tumours recorded. Equivocal tumourigen by RTECS criteria. * Fuchs

While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects.

- Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis.
- Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling).
 Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient.

Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion.

Inhalation:

Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs.

Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure.

Higher concentrations of certain amines can produce severe respiratory irritation, characterised by nasal discharge, coughing, difficulty in breathing, and chest pains.

Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat,

DIETHANOLAMINE bronchopneumonia, and possible lung damage. Also, repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice, and liver enlargement. Some amines have been shown to cause kidney, blood, and central nervous system disorders in laboratory animal studies.

While most polyurethane amine catalysts are not sensitisers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitised, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease.

Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema.

Skin Contact:

Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis.

Skin contact with some amines may result in allergic sensitisation. Sensitised persons should avoid all contact with amine catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient.

Eye Contact:

	Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations. Direct contact with the liquid amine may cause severe irritation and tissue injury, and the "burning" may lead to blindness. (Contact with solid products may result in mechanical irritation, pain, and corneal injury.) Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling. The corneal swelling may manifest itself in visual disturbances such as blurred or "foggy" vision with a blue tint ("blue haze") and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases. Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation. Ingestion:
	The oral toxicity of amine catalysts varies from moderately to very toxic. Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus,and gastrointestinal tract. Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs. Affected persons also may experience pain in the chest or abdomen, nausea, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death. Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000 Alliance for Polyurethanes Industry WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.
TALL OIL FATTY ACIDS DIETHANOLAMIDE & 4,4'-METHYLENEDIMORPHOLINE	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.
TALL OIL FATTY ACIDS DIETHANOLAMIDE & 4,4'-METHYLENEDIMORPHOLINE & DIETHANOLAMINE	Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.
TALL OIL FATTY ACIDS DIETHANOLAMIDE & DIETHANOLAMINE	The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. for diethanolamine (DEA): In animal studies, DEA has low acute toxicity via the oral and dermal routes with moderate skin irritation and severe eye irritation. In subchronic toxicity testing conducted via the oral route in rats and mice, the main effects observed were increased organ weights and histopathology of the kidney and/or liver, with the majority of other tissue effects noted only at relatively high dosages. In subchronic studies conducted via the dermal route, skin irritation was noted as well as systemic effects similar to those observed in the oral studies. DEA has not been shown to be mutagenic or carcinogenic in rats; however, there is evidence of its carcinogenicity in mice. Subchronic toxicity : The subchronic toxicity of DEA has been studied in F344 rats and B6C3F1 mice by exposure through drinking water or dermal administration, in 2 week and 13 week studies. Target organs for toxicity included blood, kidney, brain and spinal cord, seminiferous tubules and dermal application site in rats and liver, kidney, heart, salivary gland and dermal application site in mice. Effects on seminiferous tubules were accompanied by reductions in sperm count and reduced sperm motility Hematological evaluations indicated normochromic, microcytic anemia in the dermal study in male rats (NOEL =32 mg/g) and females (LOEL = 32 mg/kg). Anemia was also observed in rats in the drinking water study with a LOEL of 14 mg/kg/d in females and a LOEL of 48 mg/kg/d in males for altered hematological parameters. These findings were similar to those observed only in the presence of maternal toxicity study conducted via the oral route, effects of concern were observed only in the pre

In addition kidney tumours occurred in male mice exposed to DEA and one of the condensates. Compelling

evidence suggested that the toxicity observed in mice and rats treated with the DEA condensates was associated with free DEA and not with other components of the condensates. A weight of evidence analysis of data relevant to the assessment of the liver and kidney tumours in mice resulted in the conclusion that these tumours are not relevant to humans under the expected conditions of exposure and that liver and kidney toxicity should be evaluated on a threshold basis. This conclusion is based on the following:

- DEA is not genotoxic
- + tumour development occurred at doses also associated with chronic hyperplasia
- + there was no dose-related increase in malignancy, multiplicity of tumours or decrease in latency period
- + tumours occurred late in life
- + tumour response was species-specific (only mice were affected, not rats)
- + tumour response was sex-specific (only male mice were affected, not females)
- + tumour development was site-specific, with only liver and kidney affected, both sites of DEA accumulation;
- + there was no tumour response in skin, despite evidence of chronic dermal toxicity
- + there is a plausible mechanism, supported by various data, to explain the renal toxicity of DEA
- + data support threshold mechanisms of renal carcinogenesis for a number of non-genotoxic chemicals
- the exposure regime used in the mouse study (*i.e.*, lifetime continuous exposure to DEA in ethanol vehicle at doses causing chronic dermal toxicity) is not relevant to human exposure (exposure through cosmetic vehicles with daily removal, under non-irritating conditions).

In considering the aggregate data on a DEA basis from the four studies using DEA and related condensates, the NOEL for kidney toxicity was 19 mg/kg/d, which resulted from a dose of 100 mg/kg/d of cocamide DEA containing 19% free DEA.

Anaemia: Rats exposed to DEA condensates developed anaemia. This was considered to be of to be relevant for humans since anaemia in rodents and humans share common etiologies. The proposed mechanism by which DEA could cause anemia involves disruption of phospholipid metabolism leading to membrane perturbation and functional change to erythrocytes. Some doubt about the relevance of the findings arises because ethanol was used as the vehicle in the dermal studies, and ethanol is known to cause anaemia in rodents through a mechanism involving membrane disruption. The possibility of a synergistic or additive role for DEA and ethanol in combination cannot be ruled out.

In considering the aggregate data on a DEA basis from the four 13-week dermal studies using DEA and related condensates, the NOEL for microcytic anemia was 9.5 mg/kg/d, which resulted from a dose of 50 mg/kg/d of cocamide DEA containing 19% free DEA.

The NOELs for mice and rats derived in this hazard assessment were as follows:

Anaemia in rats: 9.5 mg/kg/d (based on microcytic anemia)

Organ toxicity in mice: 2.2 mg/kg/d (based on liver toxicity)

In extrapolating among species for the purposes of risk assessment, the prime consideration with respect to dermally applied DEA was differential dermal absorption. Evidence indicates that dermal penetration of DEA is greatest in mice and lower in rats and humans. Interspecies extrapolation was accomplished in this assessment by converting applied doses to bioavailable doses (*i.e.*, internal doses) using dermal bioavailability determined in studies with rats and mice *in vivo*, so as to be able to compare these with internal doses expected to be experienced by humans through use of personal care products.

Based on measured bioavailability in mice and rats, the bioavailable NOELs corresponding to the foregoing were: Anaemia in rats: 0.8 mg/kg/d (based on microcytic anemia)

Organ toxicity in mice: 0.55 mg/kg/d (based on liver toxicity)

Kidney toxicity: Effects on the kidney were observed in rats treated with DEA in drinking water or by dermal exposure after as little as 2 weeks of exposure. Effects included renal tubule hyperplasia, renal tubular epithelial necrosis, renal tubule mineralization and increased relative organ weight. Similar changes were observed after 13 weeks of exposure of rats to DEA in drinking water and by dermal administration. The NOEL in male rats was 250 mg/kg/d in the dermal study, while in female rats renal tubule mineralisation was observed at the lowest dose of 32 mg/kg/d. After 2 years of dermal exposure there were no histopathological changes in the kidneys of male rats given doses of up to 64 mg/kg/d. In females, there were no significant increases in the incidences of renal tubule epithelial necrosis, hyperplasia or mineralisation as was observed after 13 weeks of exposure, however, there was an increase in the severity and incidence of nephropathy. This was the result of a treatment-related exacerbation of a previously existing lesion, since the incidence in controls was 80%, increasing to 94-96% in treated groups. There was no significant increase in the incidence of kidney tumours in rats treated with DEA or any of the condensates in 2-year dermal studies.

Liver toxicity: Effects on liver, including increases in relative organ weight and histopathological changes were observed in male and female mice in the 2 week drinking water study with DEA. Increases in liver weight were observed in the two week dermal study, but were not associated with histopathological changes. After 13 weeks of exposure, relative liver weights were increased compared to controls in male and female rats, with no associated histopathology. There is some doubt about whether these changes in liver weights were of toxicological significance, since there was no associated histopathology, the dose-response was not consistent and there were no effects on liver in the 2 year study in rats.

In the study with coconut diethanolamide (CDEA) (100 and 200 mg/kg/d) in which 19% of the applied dose was DEA, there were no liver effects in rats after 13 weeks or 2 years of dermal exposure. No liver toxicity in rats was observed in the 2 year dermal studies of lauramide or oleamide DEA

 TALL OIL FATTY ACIDS
 No significant acute toxicological data identified in literature search.

 DIETHANOLAMIDE & WATER
 No significant acute toxicological data identified in literature search.

Acute Toxicity	\otimes	Carcinogenicity	×
Skin Irritation/Corrosion	\otimes	Reproductivity	\otimes

Serious Eye Damage/Irritation	*	STOT - Single Exposure	0
Respiratory or Skin sensitisation	0	STOT - Repeated Exposure	0
Mutagenicity	\odot	Aspiration Hazard	0
		•	le but does not fill the criteria for classification le to make classification

🚫 – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Puma Metal Cutting Fluid	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
tall oil fatty acids diethanolamide	Not Available	Not Available	Not Available	Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
4,4'-methylenedimorpholine	Not Available	Not Available	Not Available	Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	100mg/L	4
	EC50	48	Crustacea	=28.8mg/L	1
diethanolamine	EC50	96	Algae or other aquatic plants	=2.1-2.3mg/L	1
	EC10	72	Algae or other aquatic plants	=2.5mg/L	1
	NOEC	504	Crustacea	=0.78mg/L	1
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
water	Not Available	Not Available	Not Available	Not Available	Not Available
•		, ,	e ECHA Registered Substances - Ecotoxic ic Toxicity Data (Estimated) 4. US EPA, Ec	0	

Bioconcentration Data 8. Vendor Data

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
diethanolamine	LOW (Half-life = 14 days)	LOW (Half-life = 0.3 days)
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
diethanolamine	LOW (BCF = 1)
water	LOW (LogKOW = -1.38)

Mobility in soil

Ingredient	Mobility
diethanolamine	HIGH (KOC = 1)
water	LOW (KOC = 14.3)

SECTION 13 DISPOSAL CONSIDERATIONS

aste treatment methods	
Product / Packaging disposal	 Recycle wherever possible or consult manufacturer for recycling options. Consult State Land Waste Management Authority for disposal. Bury residue in an authorised landfill. Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

TALL OIL FATTY ACIDS DIETHANOLAMIDE(68155-20-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

4,4'-METHYLENEDIMORPHOLINE(5625-90-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

DIETHANOLAMINE(111-42-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards Australia Hazardous Chemical Information System (HCIS) - Hazardous	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix F (Part 3)
Chemicals	Australia Standard for the Uniform Scheduling of Medicines and Poisons
Australia Inventory of Chemical Substances (AICS)	(SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

WATER(7732-18-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

National Inventory Status

National Inventory	Status
Australia - AICS	Υ
Canada - DSL	N (4,4'-methylenedimorpholine)
Canada - NDSL	N (4,4'-methylenedimorpholine; diethanolamine; water; tall oil fatty acids diethanolamide)
China - IECSC	Υ
Europe - EINEC / ELINCS / NLP	Υ
Japan - ENCS	N (tall oil fatty acids diethanolamide)
Korea - KECI	Υ
New Zealand - NZIoC	Υ
Philippines - PICCS	N (4,4'-methylenedimorpholine)
USA - TSCA	N (4,4'-methylenedimorpholine)

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

SECTION 16 OTHER INFORMATION

Revision Date	13/08/2018
Initial Date	13/08/2018

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 **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 This document is copyright.

Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH. TEL (+61 3) 9572 4700.

