

ARDEX WPM 659 TPO POURABLE SEALER PART B

Chemwatch Independent Material Safety Data Sheet

Issue Date: 9-Sep-2009

NC317ECP

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

ARDEX WPM 659 TPO POURABLE SEALER PART B

PRODUCT USE

- Used according to manufacturer's directions.

SUPPLIER

Company: Ardex Australia Pty Ltd

Address:

20 Powers Road

Seven Hills

NSW, 2147

AUS

Telephone: 1800 224 070

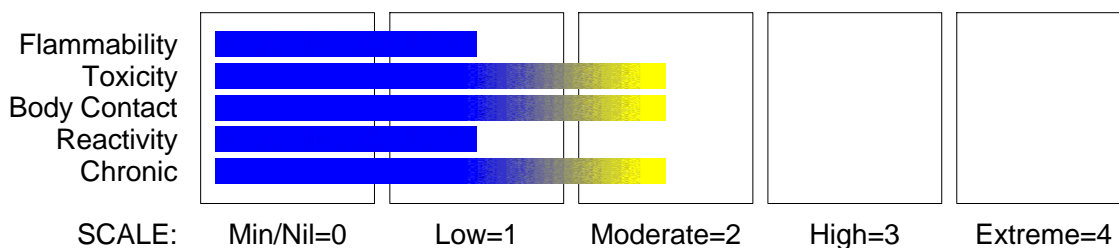
Fax: +61 2 9838 7817

Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE

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

CHEMWATCH HAZARD RATINGS



POISONS SCHEDULE

S6

RISK

- Harmful by inhalation.
- Irritating to eyes respiratory system and skin.
- May cause SENSITISATION by inhalation and skin contact.
- Harmful: danger of serious damage to health by prolonged exposure through inhalation.
- Harmful to aquatic organisms may cause long-term adverse effects in the aquatic environment.
- May cause long- term adverse effects in the environment.

SAFETY

- Use only in well ventilated areas.
- Keep container in a well ventilated place.
- Avoid exposure - obtain special instructions before use.
- To clean the floor and all objects contaminated by this material use water and detergent.
- Keep away from food drink and animal feeding stuffs.
- In case of contact with eyes rinse with plenty of water and contact Doctor or Poisons Information Centre.
- If swallowed IMMEDIATELY contact Doctor or Poisons Information Centre (show this container or label).

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Section 2 - HAZARDS IDENTIFICATION

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
polymeric diphenylmethane diisocyanate	9016-87-9	30-60
4, 4' - diphenylmethane diisocyanate (MDI)	101-68-8	30-60
diisodecyl phthalate	26761-40-0	10-20
carbon black	1333-86-4	<2

Section 4 - FIRST AID MEASURES

SWALLOWED

- 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.

EYE

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

SKIN

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

INHALED

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

NOTES TO PHYSICIAN

- For sub-chronic and chronic exposures to isocyanates:
- This material may be a potent pulmonary sensitiser which causes bronchospasm even in patients without prior airway hyperreactivity.
- Clinical symptoms of exposure involve mucosal irritation of respiratory and gastrointestinal tracts.
- Conjunctival irritation, skin inflammation (erythema, pain vesiculation) and gastrointestinal disturbances occur soon after exposure.
- Pulmonary symptoms include cough, burning, substernal pain and dyspnoea.
- Some cross-sensitivity occurs between different isocyanates.
- Noncardiogenic pulmonary edema and bronchospasm are the most serious consequences of exposure. Markedly symptomatic patients should receive oxygen, ventilatory support and an intravenous line.

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Section 4 - FIRST AID MEASURES

- Treatment for asthma includes inhaled sympathomimetics (epinephrine [adrenalin], terbutaline) and steroids.
- Activated charcoal (1 g/kg) and a cathartic (sorbitol, magnesium citrate) may be useful for ingestion.
- Mydriatics, systemic analgesics and topical antibiotics (Sulamyd) may be used for corneal abrasions.
- There is no effective therapy for sensitised workers. [Ellenhorn and Barceloux; Medical Toxicology]

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

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

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Combustible.
- Moderate fire hazard when exposed to heat or flame.
- When heated to high temperatures decomposes rapidly generating vapour which pressures and may then rupture containers with release of flammable and highly toxic isocyanate vapour.
- Burns with acrid black smoke and poisonous fumes.
- Combustion yields traces of highly toxic hydrogen cyanide HCN, plus toxic nitrogen oxides NOx and carbon monoxide.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO2), isocyanates, and minor amounts of, hydrogen cyanide, nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.

May emit corrosive fumes.

FIRE INCOMPATIBILITY

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

HAZCHEM: None

Personal Protective Equipment

Gas tight chemical resistant suit.

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Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Environmental hazard - contain spillage.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear impervious gloves and safety goggles.
- Trowel up/scrape up.
- Place spilled material in clean, dry, sealed container.
- Flush spill area with water.

MAJOR SPILLS

- Environmental hazard - contain spillage.
- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.
- Treat isocyanate spills with sufficient amounts of isocyanate decontaminant preparation.
- Typically, such a preparation may consist of: sawdust: 20 parts by weight Kieselguhr 40 parts by weight plus a mixture of {ammonia (s.g. 0.880) 8% v/v non-ionic surfactant 2% v/v water 90% v/v}.
- Let stand for 24 hours.
- Avoid contamination with water, alkalies and detergent solutions.
- Material reacts with water and generates gas, pressurises containers with even drum rupture resulting.
- DO NOT reseal container if contamination is suspected.
- Open all containers with care.
- DO NOT touch the spill material.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

4,4'-diphenylmethane diisocyanate (MDI) 25mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:

4,4'-diphenylmethane diisocyanate (MDI) 2mg/m³

other than mild, transient adverse effects without perceiving a clearly defined odour is:

4,4'-diphenylmethane diisocyanate (MDI) 0.2mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

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

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Section 6 - ACCIDENTAL RELEASE MEASURES

where percentage is percentage of ingredient found in the mixture

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
- Avoid cross contamination between the two liquid parts of product (kit).
- If two part products are mixed or allowed to mix in proportions other than manufacturer's recommendation, polymerisation with gelation and evolution of heat (exotherm) may occur.
- This excess heat may generate toxic vapour.

SUITABLE CONTAINER

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

STORAGE INCOMPATIBILITY

- Phthalates:
 - react with strong acids, strong oxidisers, permanganates and nitrates
 - attack some form of plastics.
 - Avoid cross contamination between the two liquid parts of product (kit).
 - If two part products are mixed or allowed to mix in proportions other than manufacturer's recommendation, polymerisation with gelation and evolution of heat (exotherm) may occur.
 - This excess heat may generate toxic vapour.
 - Avoid reaction with water, alcohols and detergent solutions.
- Isocyanates and thioisocyanates are incompatible with many classes of compounds, reacting exothermically to release toxic gases. Reactions with amines, strong bases, aldehydes, alcohols, alkali metals, ketones, mercaptans, strong oxidisers, hydrides, phenols, and peroxides can cause vigorous releases of heat. Acids and bases initiate polymerisation reactions in these materials.
- Isocyanates easily form adducts with carbodiimides, isothiocyanates, ketenes, or with substrates containing activated CC or CN bonds.
- Some isocyanates react with water to form amines and liberate carbon dioxide. This reaction may also generate large volumes of foam and heat. Foaming in confined spaces may produce pressure in confined spaces or containers. Gas generation may pressurise drums to the point of rupture.
- Do NOT reseal container if contamination is expected
- Open all containers with care
- Base-catalysed reactions of isocyanates with alcohols should be carried out in inert solvents. Such reactions in the absence of solvents often occur with explosive violence,
- Isocyanates will attack and embrittle some plastics and rubbers.

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Section 7 - HANDLING AND STORAGE

- A range of exothermic decomposition energies for isocyanates is given as 20-30 kJ/mol.
 - The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment.
 - For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g.
- BREThERICK: Handbook of Reactive Chemical Hazards, 4th Edition.

STORAGE REQUIREMENTS

- Rotate all stock to prevent ageing. Use on FIFO (First In-First Out) basis.
- 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 storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA mg/m ³	STEL mg/m ³	Notes
Australia Exposure Standards	polymeric diphenylmethane diisocyanate (Isocyanates, all (as- NCO))	0.02	0.07	Sen
Australia Exposure Standards	4, 4' - diphenylmethane diisocyanate (MDI) (Isocyanates, all (as- NCO))	0.02	0.07	Sen
Australia Exposure Standards	carbon black (Carbon black)	3		

The following materials had no OELs on our records

- diisodecyl phthalate: CAS:26761- 40- 0

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m ³)	Revised IDLH Value (ppm)
4, 4' - diphenylmethane diisocyanate (MDI)	75	
carbon black	1, 750	

MATERIAL DATA

ARDEX WPM 659 TPO POURABLE SEALER PART B:

- for diphenylmethane diisocyanate (methylenediphenyl isocyanate; MDI)

Odour Threshold Value: 0.39 ppm

IDLH Level: 10 mg/m³

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

MDI produces identical toxicological responses to those produced by TDI and the recommended TLV-TWA is identical for the two isocyanates. Exposure at or below the recommended value is thought to protect the worker against pulmonary function decrements as well as to minimise the potential for respiratory tract sensitisation. Individuals who may be hypersusceptible or otherwise unusually responsive to exposure to certain industrial chemicals may not adequately protected from adverse health effects caused by MDI at the recommended TLV-TWA. Ceiling values recommended by NIOSH and OSHA are synonymous with normal excursions

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

allowable for exposures to the TLV-TWA (in excess of 3 x TLV-TWA for no more than a total of 30 minutes during a work day but in any case not exceeding 5 x TLV-TWA).

POLYMERIC DIPHENYLMETHANE DIISOCYANATE:

■ Some jurisdictions require that health surveillance be conducted on occupationally exposed workers. This should emphasise:

- demography, occupational and medical history and health advice
- completion of a standardised respiratory questionnaire
- physical examination of the respiratory system and skin
- standardised respiratory function tests such as FEV1, FVC and FEV1/FVC.

4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI):

■ for diphenylmethane diisocyanate (methylene bisphenyl isocyanate; MDI)

Odour Threshold Value: 0.39 ppm

IDLH Level: 10 mg/m³

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

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

DIISODECYL PHTHALATE:

■ No exposure limits set by NOHSC or ACGIH.

OES TWA: 5 mg/m³

CARBON BLACK:

■ The TLV-TWA for carbon black is recommended to minimise complaints of excessive dirtiness and applies only to commercially produced carbon blacks or to soots derived from combustion sources containing absorbed polycyclic aromatic hydrocarbons (PAHs). When PAHs are present in carbon black (measured as the cyclohexane-extractable fraction) NIOSH has established a REL-TWA of 0.1 mg/m³ and considers the material to be an occupational carcinogen.

The NIOSH REL-TWA was "selected on the basis of professional judgement rather than on data delineating safe from unsafe concentrations of PAHs".

This limit was justified on the basis of feasibility of measurement and not on a demonstration of its safety.

PERSONAL PROTECTION

EYE

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

HANDS/FEET

■ NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- 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.
- DO NOT use skin cream unless necessary and then use only minimum amount.
- Isocyanate vapour may be absorbed into skin cream and this increases hazard.

OTHER

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

RESPIRATOR

■ Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Breathing Zone Level ppm (volume)	Maximum Protection Factor	Half- face Respirator	Full- Face Respirator
1000	10	ANO- AUS P	-
1000	50	-	ANO- AUS P
5000	50	Airline *	-
5000	100	-	ANO- 2 P
10000	100	-	ANO- 3 P
	100+		Airline**

* - Continuous Flow

** - Continuous-flow or positive pressure demand.

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

ENGINEERING CONTROLS

■ Use in a well-ventilated area.

Local exhaust ventilation may be required for safe working, i.e. to keep exposures below required standards, otherwise PPE is required.

In confined spaces where there is inadequate ventilation, wear full-face air supplied breathing apparatus.

Note: Organic vapour respirators are not protection for sensitised workers.

Spraying must be carried out in conditions conforming to local State regulations. Local exhaust ventilation and full face air supplied breathing apparatus (hood or helmet type) are required. Unprotected personnel must vacate the spraying area.

Note: Organic vapour respirators are not protection for sensitised workers. Refer to protective measures for other components used with this product. Avoid breathing dust when sanding. If dust inhalation risk exists wear S.A.A. approved dust respirator. If possible use wet sanding techniques to avoid generating dust.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Viscous black paste with a characteristic odour; does not mix with water.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Does not mix with water.

Sinks in water.

Molecular Weight: Not Applicable

Melting Range (°C): Not Applicable

Solubility in water (g/L): Immiscible

pH (1% solution): Not Available

Volatile Component (%vol): Not Available

Relative Vapour Density (air=1): Not Available

Lower Explosive Limit (%): Not Available

Autoignition Temp (°C): Not Available

State: Non Slump Paste

Boiling Range (°C): 190

Specific Gravity (water =1): 1.2

pH (as supplied): Not Available

Vapour Pressure (kPa): Not Available

Evaporation Rate: Not Available

Flash Point (°C): 133

Upper Explosive Limit (%): Not Available

Decomposition Temp (°C): Not Available

Viscosity: Not Available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of elevated temperatures.
- Presence of incompatible materials.

Product is considered stable and hazardous polymerisation will not occur.

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- Accidental ingestion of the material may be damaging to the health of the individual.

The toxicity of phthalates is not excessive due to slow oral absorption and metabolism. Absorption is affected by fat in the diet. Repeated doses can cause cumulative toxic effects, and symptoms include an enlarged liver which often reverses if exposure is maintained. Carbohydrate metabolism is disrupted, and cholesterol and triglyceride levels in the blood falls. There can also be withering of the testicles. Some phthalates can increase the effects of antibiotics, thiamine (vitamin B1) and sulfonamides.

EYE

- This material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure.

SKIN

- This material can cause inflammation of the skin on contact in some persons.

The material may accentuate any pre-existing dermatitis condition.

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

- The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

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

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Section 11 - TOXICOLOGICAL INFORMATION

exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning for several hours after exposure. Sensitized people can react to very low doses, and should not be allowed to work in situations allowing exposure to this material. Continued exposure of sensitised persons may lead to possible long term respiratory impairment. Inhalation hazard is increased at higher temperatures. Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.

CHRONIC HEALTH EFFECTS

■ Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Based on experience with similar materials, there is a possibility that exposure to the material may reduce fertility in humans at levels which do not cause other toxic effects. 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. [CCTRADE-Bayer, APMF]. Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping. Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia. Digestive effects include nausea and vomiting. Breathing difficulties may occur unpredictably after a period of tolerance and after skin contact. Allergic inflammation of the skin can occur, with rash, itching, blistering, and swelling of the hands and feet. Sensitive people can react to very low levels and should not be exposed to this material. Sensitisation may give severe responses to very low levels of exposure, i.e. hypersensitivity. Sensitised persons should not be allowed to work in situations where exposure may occur.

TOXICITY AND IRRITATION

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

■ Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely

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reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

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

for diisocyanates:

In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Diisocyanates are moderate to strong dermal sensitisers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.

For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L. The experimental animal data available on prepolymeric diisocyanates show similar adverse effects at levels that range from 0.002 mg/L to 0.026 mg/L.

There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route

Oncogenicity: Most members of the diisocyanate category have not been tested for carcinogenic potential. Commercially available Poly-MDI was tested in a 2-year inhalation study in rats. The tested material contained 47% aromatic 4,4'-methylenediphenyl diisocyanate (MDI) and 53% higher molecular weight oligomers. Interim sacrifices at one year showed that males and females in the highest dose group (6 mg/m³) had treatment related histological changes in the nasal cavity, lungs and mediastinal lymph nodes. The incidence and severity of degeneration and basal cell hyperplasia of the olfactory epithelium and Bowman's gland hyperplasia were increased in males at the mid and high doses and in females at the high dose following the two year exposure period. Pulmonary adenomas were found in 6 males and 2 females, and pulmonary adenocarcinoma in one male in the high dose group. However, aliphatic hexamethylene diisocyanate (HDI) was found not to be carcinogenic in a two year repeated dose study in rats by the inhalation route. HDI has not been tested in mice by the inhalation route.

Though the oral route is not an expected route of exposure to humans, it should be noted that in two year repeated dose studies by the oral route, aromatic toluene diisocyanate (TDI) and 3,3'-dimethoxy-benzidine-4,4'-diisocyanate (dianisidine diisocyanate, DADI) were found to be carcinogenic in rodents. TDI induced a statistically significant increase in the incidence of liver tumors in rats and mice as well as dose-related hemangiosarcomas of the circulatory system and has been classified by the Agency as a B2 carcinogen. DADI was found to be carcinogenic in rats, but not in mice, with a statistically increase in the incidence of pancreatic tumors observed.

Respiratory and Dermal Sensitization: Based on the available toxicity data in animals and epidemiologic studies of humans, aromatic diisocyanates such as TDI and MDI are strong respiratory sensitisers. Aliphatic diisocyanates are generally not active in animal models for respiratory sensitization. However, HDI and possibly isophorone diisocyanate (IPDI), are reported to be associated with respiratory sensitization in humans. Symptoms resulting from occupational exposure to HDI include shortness of breath, increased bronchoconstriction reaction to histamine challenges, asthmatic reactions, wheezing and coughing. Two case reports of human exposure to IPDI by inhalation suggest IPDI is a respiratory sensitiser in humans. In view of the information from case reports in humans, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Studies in both human and mice using TDI, HDI, MDI

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and dicyclohexylmethane-4,4'-diisocyanate (HMDI) suggest cross-reactivity with the other diisocyanates, irrespective of whether the challenge compound was an aliphatic or aromatic diisocyanate. Diisocyanates are moderate to strong dermal sensitisers in animal studies. There seems to be little or no difference in the level of reactivity between aromatic and aliphatic diisocyanates.

Dermal Irritation: Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. The level of irritation ranged from slightly to severely irritating to the skin. One chemical, hydrogenated MDI (1,1-methylenebis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.

POLYMERIC DIPHENYLMETHANE DIISOCYANATE:

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

product

Oral (rat) LD50: 43000 mg/kg

Eye (rabbit): 100 mg - mild

Dermal (rabbit) LD50: >9400 mg/kg

Inhalation (rat) LC50: 490 mg/m³/4h

■ The substance is classified by IARC as Group 3:

NOT classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI):

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

TOXICITY

Oral (rat) LDLo: 9200 mg/kg

IRRITATION

Skin (rabbit): 500 mg /24 hours

Inhalation (rat) LC50: 178 mg/m³/4h Dermal Sensitiser *

Oral (mouse) LD50: 2200 mg/kg Respiratory Sensitiser (g.pig) *

Dermal (rabbit) LD50: >6200 mg/kg * [* = Bayer CCINFO 2133615]

Oral (Rat) LD50: 9200 mg/kg

■ for diisocyanates:

In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Diisocyanates are moderate to strong dermal sensitisers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.

For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L. The experimental animal data available on prepolymeric diisocyanates show similar adverse effects at levels that range from 0.002 mg/L to 0.026 mg/L.

There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route

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Commercially available Poly-MDI was tested in a 2-year inhalation study in rats. The tested material contained 47% aromatic 4,4'-methylenediphenyl diisocyanate (MDI) and 53% higher molecular weight oligomers. Interim sacrifices at one year showed that males and females in the highest dose group (6 mg/m³) had treatment related histological changes in the nasal cavity, lungs and mediastinal lymph nodes. The incidence and severity of degeneration and basal cell hyperplasia of the olfactory epithelium and Bowman's gland hyperplasia were increased in males at the mid and high doses and in females at the high dose following the two year exposure period. Pulmonary adenomas were found in 6 males and 2 females, and pulmonary adenocarcinoma in one male in the high dose group. However, aliphatic hexamethylene diisocyanate (HDI) was

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found not to be carcinogenic in a two year repeated dose study in rats by the inhalation route. HDI has not been tested in mice by the inhalation route.

Though the oral route is not an expected route of exposure to humans, it should be noted that in two year repeated dose studies by the oral route, aromatic toluene diisocyanate (TDI) and 3,3'-dimethoxy-benzidine-4,4'-diisocyanate (dianisidine diisocyanate, DADI) were found to be carcinogenic in rodents. TDI induced a statistically significant increase in the incidence of liver tumors in rats and mice as well as dose-related hemangiosarcomas of the circulatory system and has been classified by the Agency as a B2 carcinogen. DADI was found to be carcinogenic in rats, but not in mice, with a statistically increase in the incidence of pancreatic tumors observed.

Respiratory and Dermal Sensitization: Based on the available toxicity data in animals and epidemiologic studies of humans, aromatic diisocyanates such as TDI and MDI are strong respiratory sensitizers. Aliphatic diisocyanates are generally not active in animal models for respiratory sensitization. However, HDI and possibly isophorone diisocyanate (IPDI), are reported to be associated with respiratory sensitization in humans. Symptoms resulting from occupational exposure to HDI include shortness of breath, increased bronchoconstriction reaction to histamine challenges, asthmatic reactions, wheezing and coughing. Two case reports of human exposure to IPDI by inhalation suggest IPDI is a respiratory sensitizer in humans. In view of the information from case reports in humans, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitizers. Studies in both human and mice using TDI, HDI, MDI and dicyclohexylmethane-4,4'-diisocyanate (HMDI) suggest cross-reactivity with the other diisocyanates, irrespective of whether the challenge compound was an aliphatic or aromatic diisocyanate. Diisocyanates are moderate to strong dermal sensitizers in animal studies. There seems to be little or no difference in the level of reactivity between aromatic and aliphatic diisocyanates.

Dermal Irritation: Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. The level of irritation ranged from slightly to severely irritating to the skin. One chemical, hydrogenated MDI (1,1-methylenebis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.

Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

Isocyanate vapours are irritating to the airways and can cause their inflammation, with wheezing, gasping, severe distress, even loss of consciousness and fluid in the lungs. Nervous system symptoms that may occur include headache, sleep disturbance, euphoria, inco-ordination, anxiety, depression and paranoia. Digestive effects include nausea and vomiting. Breathing difficulties may occur unpredictably after a period of

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tolerance and after skin contact. Allergic inflammation of the skin can occur, with rash, itching, blistering, and swelling of the hands and feet. Sensitive people can react to very low levels and should not be exposed to this material.

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

The substance is classified by IARC as Group 3:

NOT classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

Inhalation (human) TCLo: 0.13 ppm/30 mins Eye (rabbit): 0.10 mg moderate

DIISODECYL PHTHALATE:

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

TOXICITY

Oral (rat) LD50: 64000 mg/kg

■ The material may produce peroxisome proliferation. Peroxisomes are single, membrane limited organelles in the cytoplasm that are found in the cells of animals, plants, fungi, and protozoa. Peroxisome proliferators include certain hypolipidaemic drugs, phthalate ester plasticisers, industrial solvents, herbicides, food flavours, leukotriene D4 antagonists and hormones. Animal studies have shown that peroxisome proliferators clearly cause cancer, especially of the liver.

High Molecular Weight Phthalate Esters (HMWPEs) Category as defined by the Phthalate Esters Panel HPV Testing Group (2001) and OECD (2004). The HMWPE group includes chemically similar substances produced from alcohols having backbone carbon lengths of ≥ 7 . Due to their similar chemical structure, category members are generally similar with respect to physicochemical, biological and toxicological properties or display an expected trend. Thus, read-across for toxicity endpoints is an appropriate approach to characterise selected endpoints for members of this category.

In some cases the substances have ester side group constituents that span two subcategories (i.e., transitional and high molecular weight constituents). If the level of C4 to C6 constituents in the substance exceeded 10%, the substance was conservatively placed in the transitional subcategory.

High molecular weight phthalates are used nearly exclusively as plasticisers of PVC.

They are very poorly soluble in water, and have very low vapor pressure. The extant database demonstrates that these substances have few biological effects. A notable exception to this generalisation is that hepatocarcinogenicity has been observed for diisononyl phthalate (DINP). The hepatocarcinogenicity effects of DINP are by a mechanism (peroxisomal proliferation) to which rodents are particularly sensitive. However, it does not appear to be relevant to humans.

The high molecular weight phthalates all demonstrate minimal acute toxicity, are not genotoxic, exhibit some liver and kidney effects at high doses, and are negative for reproductive and developmental effects. Further, the available data indicate that the toxicological activity of these molecules diminishes with increasing molecular weight.

Studies on HMWPEs indicate that they are rapidly metabolised in the gastrointestinal tract to the corresponding monoester, absorbed and excreted primarily in the urine.

Acute toxicity: The available data on phthalates spanning the carbon range from C8-C13 indicate that phthalate esters in the high molecular weight subcategory are not toxic by acute oral and dermal administration; LD50 values of all substances tested exceed the maximum amounts which can be administered to the animals. There are fewer data available on inhalation toxicity; only di-iso-nonyl phthalate (DINP) and di-iso-decyl phthalate (DIDP) have been tested. However, the phthalates in the high molecular weight subcategory have extremely low vapor pressures, and exposure by inhalation at potentially hazardous levels is not anticipated.

Repeat dose toxicity. Several substances ranging from C8-C11 have been tested for repeated dose toxicity in studies ranging from 21 days to two years. Ditridecyl phthalate (CAS 119-06-2) has been studied by the Japan Ministry of Health and Welfare (unpublished report) and data for this substance is used as read-across data for DTD^{*}. In addition results from repeat dose studies examining DINP (CAS 685 15-48-0) and DIDP (CAS 68515-49-1) are used as read across for the di C9-C11 phthalates (CAS 68515-43-5). The principal effects found are those associated with peroxisomal proliferation, including liver enlargement and induction of peroxisomal enzymes. As shown for example in a comparative study of liver effects, the strongest inducers of peroxisomal proliferation were DEHP, DINP, and DIDP with substances of shorter and longer ester side chains (e.g., 610P^{*}, 711P^{*}, and diundecyl phthalate - DUP) showing less pronounced effects. Thus, it is reasonable to conclude that other members of this subcategory would show effects similar to but not more pronounced than those associated with DINP and DIDP. It should also be noted that the relevance of these findings to human

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health is, at best, questionable. It has been shown that these effects are mediated through the peroxisome proliferation-activated receptor alpha (PPAR α), and that levels of PPAR α are much higher in rodents than humans. Thus, one would expect humans to be substantially less responsive than rodents to peroxisome proliferating agents. Empirical evidence supporting this postulation is provided by studies in primates in which repeated administration of DEHP and DINP had no effects on liver, kidney or testicular parameters. In this regard it should also be noted that kidney enlargement is also commonly observed but normally without any pathological changes. There is a component of the kidney changes which is also PPAR α -related. It has also been shown that in male rats, DINP induces an alpha 2u-globulin nephropathy which is male rat- specific but without relevance to humans. Thus, as was true for the liver changes, the relevance of the kidney changes to human health is also questionable

Finally, some of the lower molecular weight phthalates can induce testicular atrophy when administered to juvenile rats at high levels. However, the higher molecular weight phthalates including di-n-octyl phthalate (DnOP), DINP, DIDP, 610P, and 71 1P do not induce testicular atrophy. Further, the testis was not a target organ for DINP in either marmosets or cynomolgus monkeys. Thus, testicular atrophy is not an effect associated with phthalates in the high molecular weight subcategory

Reproductive toxicity: Reproductive toxicity tests in rats have been carried out with DINP, DIDP C9 phthalate (CAS 68515-41-3), a linear C9-C11 phthalate, and ditridecyl phthalate (Japan Ministry of Health and Welfare, unpublished report). None of these affected fertility or profoundly affected male reproductive development. A slight decrease in offspring viability was reported for both DIDP and ditridecyl phthalate at levels associated with maternal effects. DnOP was tested for effects on fertility in a continuous breeding protocol in mice, and, like the other members of this subcategory, did not reduce fertility. Thus, it can be concluded that the subcategory of high molecular weight phthalates do not affect fertility.

Developmental toxicity: Developmental toxicity tests in rats have been carried out with DINP; DIDP; C7-9 phthalate (CAS 68515-41-3); C9-11 phthalate (CAS 68515-43-5); and ditridecyl phthalate (CAS 119-06-2). None of the substances tested affected litter size, foetal survival or bodyweight, and none produced teratogenic effects. Increased frequencies of developmental variants including dilated renal pelvis, and supernumerary lumbar and cervical ribs were found at levels associated with maternal effects. The toxicological significance of these developmental variants is unclear. DnOP was not teratogenic in mice when tested at very high levels. Thus, it can be concluded that this subcategory of high molecular weight phthalates do not produce profound developmental effects in rodents

Genotoxicity: The majority of the substances in the subcategory of high molecular weight phthalates have been tested for genetic activity in the Salmonella assay, and all were inactive. One large program covering many of these substances was carried out by the National Institute of Environmental Health Sciences. Similarly, a range of substances covering the majority of the carbon numbers in this subcategory were found to be inactive in mouse lymphoma tests

Chromosomal Aberrations. Two representative members of the subcategory of high molecular weight phthalates (DINP and DIDP) have been tested for chromosomal mutation in the mouse micronucleus test, and both were inactive. Ditridecyl phthalate (CAS 119-06-2) induced neither structural chromosomal aberrations nor polyploidy in CHL cells up to the limit concentration of 4.75 mg/ rnl, in the absence or presence of an exogenous metabolic activation system (Japan Ministry of Health and Welfare, unpublished report). Further, all of the low molecular weight and transitional phthalates that have been tested were inactive.

*610P - mixed decyl, hexyl and octyl esters (CAS Rn: 68648-93-1)

*711P - C7,C11, branched and linear esters (CAS Rn: 111381-90-9)

* DTDP - di-C11-14, C13 rich ester (CAS 68515-47-9).

CARBON BLACK:

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

TOXICITY

Inhalation (rat) TCLo: 50 mg/m³/6h/90D- I

Inhalation (rat) TCLo: 7 mg/m³

Dermal (rabbit) LD50: >3000 mg/kg

■ WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

IRRITATION

Nil Reported

CARCINOGEN

polymeric
diphenylmethane

International Agency
for Research on Cancer

Group

3

continued...

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diisocyanate 4, 4' - diphenylmethane diisocyanate (MDI)	(IARC) Carcinogens International Agency for Research on Cancer (IARC) Carcinogens International Agency for Research on Cancer (IARC) Carcinogens	Group	3
carbon black	(IARC) Carcinogens International Agency for Research on Cancer (IARC) Carcinogens	Group	2B

Section 12 - ECOLOGICAL INFORMATION

- Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
 - DO NOT discharge into sewer or waterways.
- Refer to data for ingredients, which follows:

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- Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

POLYMERIC DIPHENYLMETHANE DIISOCYANATE:

Aquatic toxicity:

Fish (Brachydanio rerio) 96h LC0: >1000 mg/l *

(Daphnia) 24h EC50: >1000 mg/l *

Bacterial toxicity (activated sludge microorganism) 3h EC50: >100 mg/l *

* [Bayer]

4,4'-DIPHENYLMETHANE DIISOCYANATE (MDI):

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

■ Hydrolysis would represents the primary fate mechanism for the majority of the commercial isocyanate monomers, but, is tempered somewhat by the lack of water solubility. In the absence of hydrolysis, sorption to solids (e.g., sludge and sediments) will be the primary mechanism of removal. Biodegradation is minimal for most compounds and volatilisation is negligible. Atmospheric degradation is not expected with removal from air occurring by washout or dry deposition. Volatilisation from surface waters (e.g., lakes and rivers) is expected to take years. In wastewater treatment this process is not expected to be significant.

Review of the estimated properties of the isocyanates suggest that sorption is the primary removal mechanism in the ambient environment and in wastewater treatment in the absence of significant hydrolysis. Sorption to solids in wastewater treatment is considered strong to very strong for most compounds. Sorption to sediments and soils in the ambient environment is very strong in most instances. Migration to groundwater and surface waters is not expected due to sorption or hydrolysis.

Hydrolysis of the N=C=O will occur in less than hours in most instances and within minutes for more than 90% of the commercial isocyanates. However, the low to very low solubility of these substances will generally lessen the effectiveness of hydrolysis as a fate pathway. But hydrolysis should be considered one of the two major fate processes for the isocyanates.

Aerobic and/or anaerobic biodegradation of the isocyanates is not expected to occur at significant levels.

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Most of the substances take several months to degrade.

Degradation of the hydrolysis products will occur at varying rates depending on the moiety formed.

Toxicity Fish: LC50(96)95.24-134.37mg/L

DIISODECYL PHTHALATE:

- On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and/or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and/or delayed, to the structure and/or functioning of natural ecosystems.

- Toxic to aquatic organisms.

- Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters. Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

- May cause long-term adverse effects in the aquatic environment.

- For high molecular weight phthalate esters:

Environmental fate:

Hydrolysis half lives and atmospheric photodegradation rates are calculated by EPI Suite (2000). Phthalate ester hydrolysis rates are quite low and not a significant fate route.

Ecotoxicity:

Ecotoxicity test data in fish, invertebrates, and algae are available for most of the members of this subcategory and reference compounds. These phthalates all contain side groups in the range of C7 to C13. All of the measured data for these higher phthalates show no effects from acute or chronic exposure to aquatic organisms. the higher molecular weight phthalates are too insoluble to exhibit acute or chronic toxicity.

- for phthalate esters:

Environmental fate;

Under aerobic and anaerobic conditions, studies reveal that many phthalate esters are degraded by a wide range of bacteria and actinomycetes. Standardized aerobic biodegradation tests with sewage sludge inocula show that within 28 days approximately 50% ultimate degradation occurs. Biodegradation is, therefore, expected to be the dominant pathway in surface soils and sediments. In the atmosphere, photodegradation via free radical attack is the anticipated dominant pathway. The half-life of many phthalate esters is ca. 1 day in the air, from < 1 day to 2 weeks in surface and marine waters, and from < 1 week to several months in soils.

Phthalates are high molecular weight chemicals, and are not expected to partition significantly to air.

However for the minor amount that may partition to air, modelled predictions indicate that they would be rapidly oxidised: with a predicted atmospheric oxidation half-life of around 0.52 days. They are expected to react appreciably with other photo oxidative species in the atmosphere, such as O₃. Therefore, it is expected that reactions with hydroxyl radicals will be the most important fate process in the atmosphere for phthalates.

Bioaccumulation of phthalate esters in the aquatic and terrestrial food chain is limited by biotransformation.

Most phthalates have experimental bioaccumulation factor (BCFs) and bioconcentration factor (BAFs) below 5000 L/kg, as they are readily metabolised by fish

A study of 18 commercial phthalate esters with alkyl chains ranging from one to 13 carbons found an eight order of magnitude increase in octanol-water coefficients (K_{ow}) and a four order of magnitude decrease in vapor pressure with increasing length. This increase in K_{ow} and decrease in vapor pressure results in increased partitioning of the phthalate esters to suspended solids, soils, sediments, and aerosols

The phthalate esters are distributed throughout the environment ubiquitously. They are found complexed with fulvic acid components of the humic substances in soil and marine and estuarine waters. Fulvic acid appears to act as a solubiliser for the otherwise insoluble ester and serves to mediate its transport and mobilisation in water or immobilisation in soil. Phthalate esters have been found in open ocean environments, in deep sea jelly fish, Atlantic herring and in mackerel. Phthalic ester plasticisers are clearly recognised as general contaminants of almost every soil and water ecosystem. In general they have low acute toxicity but the weight of evidence supporting their carcinogenicity is substantial. Other subtle chronic effects have also been reported. As little as 4 ug/ml in culture medium is lethal to chick embryo heart cells. This concentration is similar to that reached in human blood stored in vinyl plastic bags for as little as one day. As phthalates are present in drinking water and food, concerns have been raised about their long term effects on humans.

Ecotoxicity:

Some phthalates (notably di-2-ethylhexyl phthalate and dibutyl phthalate) may be detrimental to the reproduction of the water flea (*Daphnia magna*), zebra fish and guppies

While phthalates may have very low true water solubilities, they possess the ability to form suspensions

continued...

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Section 12 - ECOLOGICAL INFORMATION

which may cause adverse effects through physical contact with Daphnia at very low concentrations. Available toxicity and water solubility information suggest that the high molecular weight phthalates, form these suspensions and are able to elicit chronic toxic effects at concentrations of approximately 0.05 mg/L . Therefore, these substances are considered to have the potential to harm aquatic organisms at relatively low concentrations.

■ The material is classified as an ecotoxin* because the Daphnia EC50 (48 hours) is less than or equal to 0.1 mg/l

* Classification of Substances as Ecotoxic (Dangerous to the Environment)

Appendix 8, Table 1

Compiler's Guide for the Preparation of International Chemical Safety Cards: 1993 Commission of the European Communities.

CARBON BLACK:

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
Ardex WPM 659 TPO		No data		
Pourable Sealer				
Part B				
polymeric		No data		
diphenylmethane				
diisocyanate				
4, 4' -		No data		
diphenylmethane				
diisocyanate (MDI)				
diisodecyl		No data		
phthalate				
carbon black		No data		

Section 13 - DISPOSAL CONSIDERATIONS

- Containers may still present a chemical hazard/ danger when empty.
 - Return to supplier for reuse/ recycling if possible.
- Otherwise:
- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
 - Where possible retain label warnings and MSDS and observe all notices pertaining to the product.
 - DO NOT allow wash water from cleaning or process equipment to enter drains.
 - It may be necessary to collect all wash water for treatment before disposal.
 - In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
 - Where in doubt contact the responsible authority.
 - DO NOT recycle spilled material.
 - Consult State Land Waste Management Authority for disposal.
 - Neutralise spill material carefully and decontaminate empty containers and spill residues with 10% ammonia solution plus detergent or a proprietary decontaminant prior to disposal.
 - DO NOT seal or stopper drums being decontaminated as CO2 gas is generated and may pressurise containers.
 - Puncture containers to prevent re-use.
 - Bury or incinerate residues at an approved site.

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Section 14 - TRANSPORTATION INFORMATION

HAZCHEM: None (ADG7)

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

Section 15 - REGULATORY INFORMATION

POISONS SCHEDULE: S6

REGULATIONS

Regulations for ingredients

polymeric diphenylmethane diisocyanate (CAS: 9016-87-9) is found on the following regulatory lists;

"Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk", "International Agency for Research on Cancer (IARC) Carcinogens", "OECD Representative List of High Production Volume (HPV) Chemicals"

4,4'-diphenylmethane diisocyanate (MDI) (CAS: 101-68-8,26447-40-5) is found on the following regulatory lists;

"Australia - Queensland Hazardous Materials and Prescribed Quantities for Major Hazard Facilities", "Australia Hazardous Substances", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "Australia National Pollutant Inventory", "IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk", "International Agency for Research on Cancer (IARC) Carcinogens", "International Air Transport Association (IATA) Dangerous Goods Regulations", "OECD Representative List of High Production Volume (HPV) Chemicals"

diisodecyl phthalate (CAS: 26761-40-0) is found on the following regulatory lists;

"Australia Inventory of Chemical Substances (AICS)", "IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk", "OECD Representative List of High Production Volume (HPV) Chemicals"

carbon black (CAS: 1333-86-4) is found on the following regulatory lists;

"Australia Dangerous Goods Code (ADG Code) - Goods Too Dangerous To Be Transported", "Australia Exposure Standards", "Australia Hazardous Substances", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "International Agency for Research on Cancer (IARC) Carcinogens", "International Council of Chemical Associations (ICCA) - High Production Volume List", "OECD Representative List of High Production Volume (HPV) Chemicals"

No data for Ardex WPM 659 TPO Pourable Sealer Part B (CW: 22-0968)

Section 16 - OTHER INFORMATION

Denmark Advisory list for selfclassification of dangerous substances

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

INGREDIENTS WITH MULTIPLE CAS NUMBERS

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

EXPOSURE STANDARD FOR MIXTURES

■ "Worst Case" computer-aided prediction of spray/ mist or fume/ dust components and concentration:

■ Composite Exposure Standard for Mixture (TWA) :5 mg/m³.

■ Operations which produce a spray/mist or fume/dust, introduce particulates to the breathing zone.

If the breathing zone concentration of ANY of the components listed below is exceeded, "Worst Case"

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Section 16 - OTHER INFORMATION

considerations deem the individual to be overexposed.

Component	Breathing Zone ppm	Breathing Zone mg/m3	Mixture Conc (%)
Component	Breathing zone (ppm)	Breathing zone (mg/m3)	
Mixture Conc (%)	diisodecyl phthalate	5.0000	
20.0			

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

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net/references.

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

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This is the end of the MSDS.