

100 PLUS RED Long Life Coolant RTU 50% Concentrate

ITW AAMTech

Chemwatch: 4885-03

Version No: 2.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Issue Date: 10/12/2013

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S.GHS.AUS.EN

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

Product Identifier

Product name	100 PLUS RED Long Life Coolant RTU 50% Concentrate
Chemical Name	Not Applicable
Synonyms	Product Code: TER1005L
Proper shipping name	Not Applicable
Chemical formula	Not Applicable
Other means of identification	Not Available
CAS number	Not Applicable

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

Relevant identified uses	Ready to use automotive anti freeze radiator coolant (premixed).
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Details of the supplier of the safety data sheet

Registered company name	ITW AAMTech
Address	100 Hassall Street, Wetherill Park 2164 NSW Australia
Telephone	+61 2 9828 0900
Fax	+61 2 9725 4698
Website	Not Available
Email	Not Available

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	1800 039 008 (24 hours)
Other emergency telephone numbers	+61 3 9573 3112 (24 hours)


SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the Model WHS Regulations and the ADG Code.

Poisons Schedule	S5
GHS Classification ^[1]	Acute Toxicity (Oral) Category 4
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from EC Regolamentoo 1272/2008 - Annex VI

Label elements

GHS label elements	
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SIGNAL WORD

WARNING

Hazard statement(s)

H302	Harmful if swallowed
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Precautionary statement(s) Prevention

P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.

Precautionary statement(s) Response

P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider/ff you feel unwell.
P330	Rinse mouth.

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Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised chemical landfill or if organic to high temperature incineration
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
107-21-1	30-60	ethylene glycol
Not Available	1-9	corrosion inhibitor
Not Available	<1	bittering agent
7732-18-5	30-60	water

SECTION 4 FIRST AID MEASURES**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ 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	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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.
Ingestion	<ul style="list-style-type: none"> ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ 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. ▶ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

	<p>Treat symptomatically.</p> <p>For acute or short term repeated exposures to ethylene glycol:</p> <ul style="list-style-type: none"> ▶ Early treatment of ingestion is important. Ensure emesis is satisfactory. ▶ Test and correct for metabolic acidosis and hypocalcaemia. ▶ Apply sustained diuresis when possible with hypertonic mannitol. ▶ Evaluate renal status and begin haemodialysis if indicated. [I.L.O] ▶ Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective. ▶ Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution. ▶ Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites. ▶ Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days. ▶ Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis. <p>[Ellenhorn and Barceloux: Medical Toxicology]</p> <p>It has been suggested that there is a need for establishing a new biological exposure limit before a workshift that is clearly below 100 mmol ethoxy-acetic acids per mole creatinine in morning urine of people occupationally exposed to ethylene glycol ethers. This arises from the finding that an increase in urinary stones may be associated with such exposures.</p> <p><i>Laitinen J., et al: Occupational & Environmental Medicine 1996; 53, 595-600</i></p>
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SECTION 5 FIREFIGHTING MEASURES**Extinguishing media**

	<ul style="list-style-type: none"> ▶ Water spray or fog. ▶ Foam. ▶ Dry chemical powder. ▶ BCF (where regulations permit). ▶ Carbon dioxide.
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Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ 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	<ul style="list-style-type: none"> ▸ 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. <p>Decomposition may produce toxic fumes of:</p> <ul style="list-style-type: none"> · carbon dioxide (CO₂) · nitrogen oxides (NO_x) · ammonia · other pyrolysis products typical of burning organic material

SECTION 6 ACCIDENTAL RELEASE MEASURES**Personal precautions, protective equipment and emergency procedures**

Minor Spills	<p>Slippery when spilt.</p> <ul style="list-style-type: none"> ▸ 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	<p>Slippery when spilt. Minor hazard.</p> <ul style="list-style-type: none"> ▸ 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 MSDS.

SECTION 7 HANDLING AND STORAGE**Precautions for safe handling**

Safe handling	<ul style="list-style-type: none"> ▸ Limit all unnecessary personal contact. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ 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. ▸ Use good occupational work practice. ▸ Observe manufacturer's storage and handling recommendations contained within this MSDS. ▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	<ul style="list-style-type: none"> ▸ 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 MSDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▸ DO NOT use aluminium or galvanised containers ▸ Polyethylene or polypropylene container. ▸ Packing as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
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Storage incompatibility

Ethylene glycol:

- reacts violently with oxidisers and oxidising acids, sulfuric acid, chlorosulfonic acid, chromyl chloride, perchloric acid
- forms explosive mixtures with sodium perchlorate
- is incompatible with strong acids, caustics, aliphatic amines, isocyanates, chlorosulfonic acid, oleum, potassium bichromate, phosphorus pentasulfide, sodium chlorite
- Avoid strong acids, bases.

PACKAGE MATERIAL INCOMPATIBILITIES

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	ethylene glycol	Ethylene glycol (particulate) / Ethylene glycol (vapour)	10 (mgm3) / 52 (mgm3) / 20 (ppm)	104 (mgm3) / 40 (ppm)	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	TEEL-0	TEEL-1	TEEL-2	TEEL-3
ethylene glycol	10(ppm)	39.4(ppm)	40(ppm)	60(ppm)
water	500(ppm)	500(ppm)	500(ppm)	500(ppm)

Ingredient	Original IDLH	Revised IDLH
100 PLUS RED Long Life Coolant RTU 50% Concentrate	Not Available	Not Available

Exposure controls

Appropriate engineering controls	Use in a well-ventilated area General exhaust is adequate under normal operating conditions.
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▸ 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], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hand protection	<ul style="list-style-type: none"> ▸ Wear chemical protective gloves, e.g. PVC. ▸ Wear safety footwear or safety gumboots, e.g. Rubber
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▸ Overalls. ▸ P.V.C. apron. ▸ Barrier cream. ▸ Skin cleansing cream. ▸ Eye wash unit.
Thermal hazards	

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

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Material	CPI
NEOPRENE	A
NATURAL RUBBER	B
PVA	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

Respiratory protection

Type A-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

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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.

up to 5 x ES	A-AUS / Class 1 P2	-	A-PAPR-AUS / Class 1 P2
up to 25 x ES	Air-line*	A-2 P2	A-PAPR-2 P2
up to 50 x ES	-	A-3 P2	-
50+ x ES	-	Air-line**	-

^ - 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)

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Bright red 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)	8.0	Decomposition temperature	Not available.
Melting point / freezing point (°C)	-37 approx.	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	106 approx.	Molecular weight (g/mol)	Not applicable.
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	as for water	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	>60
Vapour pressure (kPa)	2	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution(1%)	Not available.
Vapour density (Air = 1)	Not Available		

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▸ 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	The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of vapours, fumes or aerosols, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. Inhalation of vapour is more likely at higher than normal temperatures.
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. The toxic effects of glycols (dihydric alcohols), following ingestion are similar to those of alcohol, with depression of the central nervous system (CNS), nausea, vomiting and degenerative changes in liver and kidney.
Skin Contact	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. Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

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Chronic	Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.	
	Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).	
100 PLUS RED Long Life Coolant RTU 50% Concentrate	TOXICITY	IRRITATION
	Not Available	Not Available
ethylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 9530 mg/kg	Eye (rabbit): 100 mg/1h - mild
	Inhalation (rat) LC50: 50100 mg/m ³ /8 hr	Eye (rabbit): 12 mg/m ³ /3D
	Oral (rat) LD50: 4700 mg/kg	Eye (rabbit): 1440mg/6h-moderate
		Eye (rabbit): 500 mg/24h - mild
		Skin (rabbit): 555 mg(open)-mild
	Not Available	Not Available
water	TOXICITY	IRRITATION
	Not Available	Not Available

Not available. Refer to individual constituents.

ETHYLENE GLYCOL	<p>For ethylene glycol:</p> <p>Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glyoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO₂, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO₂, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. Elimination of ethylene glycol from the plasma in both humans and laboratory animals is rapid after oral exposure; elimination half-lives are in the range of 1-4 hours in most species tested.</p> <p>Respiratory Effects. Respiratory system involvement occurs 12-24 hours after ingestion of sufficient amounts of ethylene glycol and is considered to be part of a second stage in ethylene glycol poisoning. The symptoms include hyperventilation, shallow rapid breathing, and generalized pulmonary edema with calcium oxalate crystals occasionally present in the lung parenchyma. Respiratory system involvement appears to be dose-dependent and occurs concomitantly with cardiovascular changes. Pulmonary infiltrates and other changes compatible with adult respiratory distress syndrome (ARDS) may characterise the second stage of ethylene glycol poisoning. Pulmonary oedema can be secondary to cardiac failure, ARDS, or aspiration of gastric contents. Symptoms related to acidosis such as hyperpnea and tachypnea are frequently observed; however, major respiratory morbidities such as pulmonary edema and bronchopneumonia are relatively rare and usually only observed with extreme poisoning (e.g., in only 5 of 36 severely poisoned cases).</p> <p>Cardiovascular Effects. Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12- 24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol. Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned cases. Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in humans. The effects of a long-term, low-dose exposure are unknown.</p> <p>Gastrointestinal Effects. Nausea, vomiting with or without blood, pyrosis, and abdominal cramping and pain are common early effects of acute ethylene glycol ingestion. Acute effects of ethylene glycol ingestion in one patient included intermittent diarrhea and abdominal pain, which were attributed to mild colonic ischaemia; severe abdominal pain secondary to colonic stricture and perforation developed 3 months after ingestion, and histology of the resected colon showed birefringent crystals highly suggestive of oxalate deposition.</p> <p>Musculoskeletal Effects. Reported musculoskeletal effects in cases of acute ethylene glycol poisoning have included diffuse muscle tenderness and myalgias associated with elevated serum creatinine phosphokinase levels, and myoclonic jerks and tetanic contractions associated with hypocalcaemia.</p> <p>Hepatic Effects. Central hydropic or fatty degeneration, parenchymal necrosis, and calcium oxalate crystals in the liver have been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol.</p> <p>Renal Effects. Adverse renal effects after ethylene glycol ingestion in humans can be observed during the third stage of ethylene glycol toxicity 24-72 hours after acute exposure. The hallmark of renal toxicity is the presence of birefringent calcium oxalate monohydrate crystals deposited in renal tubules and their presence in urine after ingestion of relatively high amounts of ethylene glycol. Other signs of nephrotoxicity can include tubular cell degeneration and necrosis and tubular interstitial inflammation. If untreated, the degree of renal damage caused by high doses of ethylene glycol progresses and leads to haematuria, proteinuria, decreased renal function, oliguria, anuria, and ultimately renal failure. These changes in the kidney are linked to acute tubular necrosis but normal or near normal renal function can return with adequate supportive therapy.</p> <p>Metabolic Effects. One of the major adverse effects following acute oral exposure of humans to ethylene glycol involves metabolic changes. These changes occur as early as 12 hours after ethylene glycol exposure. Ethylene glycol intoxication is accompanied by metabolic acidosis which is manifested by decreased pH and bicarbonate content of serum and other bodily fluids caused by accumulation of excess glycolic acid. Other characteristic metabolic effects of ethylene glycol poisoning are increased serum anion gap, increased osmolal gap, and hypocalcaemia. Serum anion gap is calculated from concentrations of sodium, chloride, and bicarbonate, is normally 12-16 mM, and is typically elevated after ethylene glycol ingestion due to increases in unmeasured metabolite anions (mainly glycolate).</p> <p>Neurological Effects: Adverse neurological reactions are among the first symptoms to appear in humans after ethylene glycol ingestion. These early neurotoxic effects are also the only symptoms attributed to unmetabolised ethylene glycol. Together with metabolic changes, they occur during the period of 30 minutes to 12 hours after exposure and are considered to be part of the first stage in ethylene glycol intoxication. In cases of acute intoxication, in which a large amount of ethylene glycol is ingested over a very short time period, there is a progression of neurological manifestations which, if not treated, may lead to generalized seizures and coma. Ataxia, slurred speech, confusion, and somnolence are common during the initial phase of ethylene glycol intoxication as are irritation, restlessness, and disorientation. Cerebral edema and crystalline deposits of calcium oxalate in the walls of small blood vessels in the brain were found at</p>
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	<p>autopsy in people who died after acute ethylene glycol ingestion. Effects on cranial nerves appear late (generally 5-20 days post-ingestion), are relatively rare, and according to some investigators constitute a fourth, late cerebral phase in ethylene glycol intoxication. Clinical manifestations of the cranial neuropathy commonly involve lower motor neurons of the facial and bulbar nerves and are reversible over many months.</p> <p>Reproductive Effects: Reproductive function after intermediate-duration oral exposure to ethylene glycol has been tested in three multi-generation studies (one in rats and two in mice) and several shorter studies (15-20 days in rats and mice). In these studies, effects on fertility, foetal viability, and male reproductive organs were observed in mice, while the only effect in rats was an increase in gestational duration.</p> <p>Developmental Effects: The developmental toxicity of ethylene glycol has been assessed in several acute-duration studies using mice, rats, and rabbits. Available studies indicate that malformations, especially skeletal malformations occur in both mice and rats exposed during gestation; mice are apparently more sensitive to the developmental effects of ethylene glycol. Other evidence of embryotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight.</p> <p>Cancer: No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol.</p> <p>Genotoxic Effects: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available <i>in vivo</i> and <i>in vitro</i> laboratory studies provide consistently negative genotoxicity results for ethylene glycol.</p> <p>[Estimated Lethal Dose (human) 100 ml; RTECS quoted by Orica] Substance is reproductive effector in rats (birth defects). Mutagenic to rat cells.</p>
WATER	No significant acute toxicological data identified in literature search.

Acute Toxicity	Acute Toxicity (Oral) Category 4	Carcinogenicity	Not Applicable
Skin Irritation/Corrosion	Not Applicable	Reproductivity	Not Applicable
Serious Eye Damage/Irritation	Not Applicable	STOT - Single Exposure	Not Applicable
Respiratory or Skin sensitisation	Not Applicable	STOT - Repeated Exposure	Not Applicable
Mutagenicity	Not Applicable	Aspiration Hazard	Not Applicable

CMR STATUS

SKIN	ethylene glycol	Australia Exposure Standards - Skin	Sk
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SECTION 12 ECOLOGICAL INFORMATION

Toxicity

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
Not Available	Not Available	Not Available

Bioaccumulative potential

Ingredient	Bioaccumulation
Not Available	Not Available

Mobility in soil

Ingredient	Mobility
Not Available	Not Available

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▸ 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.
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SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant: NO	
HAZCHEM	None

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 73 / 78 and the IBC code

Source	Ingredient	Pollution Category	Residual Concentration - Outside Special Area (% w/w)	Residual Concentration
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IMO MARPOL 73/78 (Annex II) - List of Other Liquid Substances	ethylene glycol	Not Available	Not Available	Not Available
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SECTION 15 REGULATORY INFORMATION

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

ethylene glycol(107-21-1) is found on the following regulatory lists	"International Fragrance Association (IFRA) Survey: Transparency List", "Australia Inventory of Chemical Substances (AICS)", "International Council of Chemical Associations (ICCA) - High Production Volume List", "OECD List of High Production Volume (HPV) Chemicals", "Australia High Volume Industrial Chemical List (HVICL)", "GESAMP/EHS Composite List - GESAMP Hazard Profiles", "IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk", "IMO Provisional Categorization of Liquid Substances - List 2: Pollutant only mixtures containing at least 99% by weight of components already assessed by IMO", "Sigma-AldrichTransport Information", "FisherTransport Information", "IMO IBC Code Chapter 17: Summary of minimum requirements", "Australia Hazardous Substances Information System - Consolidated Lists", "Australia National Pollutant Inventory", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix C", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)", "Australia Exposure Standards", "Australia FAISD Handbook - First Aid Instructions, Warning Statements, and General Safety Precautions", "IMO MARPOL 73/78 (Annex II) - List of Other Liquid Substances", "Australia - Victoria Occupational Health and Safety Regulations - Schedule 9: Materials at Major Hazard Facilities (And Their Threshold Quantity) Table 2", "OSPAR National List of Candidates for Substitution – Norway", "International Numbering System for Food Additives"
water(7732-18-5) is found on the following regulatory lists	"International Fragrance Association (IFRA) Survey: Transparency List", "Australia Inventory of Chemical Substances (AICS)", "OECD List of High Production Volume (HPV) Chemicals", "Australia High Volume Industrial Chemical List (HVICL)", "IMO IBC Code Chapter 18: List of products to which the Code does not apply", "Sigma-AldrichTransport Information", "OSPAR National List of Candidates for Substitution – Norway"

SECTION 16 OTHER INFORMATION

Other information

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

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

www.chemwatch.net/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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