



METHYL SALICYLATE

ALPHA CHEMICALS PTY LTD

Chemwatch Hazard Alert Code: 2

Chemwatch: 2810-10

Version No: 13.1.8.7

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: 15/04/2021

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S.GHS.AUS.EN

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

Product Identifier

Product name	METHYL SALICYLATE
Chemical Name	methyl salicylate
Synonyms	C8-H8-O3; betula oil; Gaultheria oil, artificial; oil of wintergreen; methyl o-hydroxybenzoate; natural wintergreen oil; sweet birch oil; synthetic wintergreen oil; teaberry oil; wintergreen oil, synthetic; salicyclic acid, methyl ester; wintergreen oil; natural wintergreen oil (CAS 9041-28-5); o-hydroxybenzoic acid, methyl ester; 2-hydroxybenzoic acid, methyl ester; FEMA 2745; ENVIRONMENTALLY HAZARDOUS SUBSTANCE,; LIQUID, N.O.S.; UN No.: 3082
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains methyl salicylate)
Chemical formula	C8-H8-O3
Other means of identification	Not Available
CAS number	119-36-8

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

Relevant identified uses	Flavour in foods, beverages, pharmaceuticals, odourant, perfumery. UV absorber in sunburn lotions. In perfumery/ flavouring.
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Details of the supplier of the safety data sheet

Registered company name	ALPHA CHEMICALS PTY LTD
Address	4 ALLEN PLACE WETHERILL PARK NSW 2099 Australia
Telephone	61 (0)2 9982 4622
Fax	Not Available
Website	~
Email	shane@alphachem.com.au

Emergency telephone number

Association / Organisation	ALPHA CHEMICALS PTY LTD
Emergency telephone numbers	61 (0)418 237 771
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

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

ChemWatch Hazard Ratings

	Min	Max
Flammability	1	2
Toxicity	2	3
Body Contact	2	3
Reactivity	1	2
Chronic	2	3

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	S6
Classification [1]	Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Skin Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Chronic Aquatic Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

METHYL SALICYLATE

Hazard pictogram(s)	
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Signal word	Warning
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Hazard statement(s)

H302	Harmful if swallowed.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H317	May cause an allergic skin reaction.
H335	May cause respiratory irritation.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P302+P352	IF ON SKIN: Wash with plenty of water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients

Substances

CAS No	%[weight]	Name
119-36-8	>95	<u>methy salicylate</u>
Not Available		slow hydrolysis yields
67-56-1		<u>Methanol 99%</u>

Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L;
* EU IOELVs available

Mixtures

See section above for composition of Substances

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.
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METHYL SALICYLATE

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, without delay.
Ingestion	<ul style="list-style-type: none"> ▶ IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. ▶ For advice, contact a Poisons Information Centre or a doctor. ▶ Urgent hospital treatment is likely to be needed. ▶ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. ▶ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. ▶ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. <p>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</p> <ul style="list-style-type: none"> ▶ INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. <p>NOTE: Wear a protective glove when inducing vomiting by mechanical means.</p>

Indication of any immediate medical attention and special treatment needed

for salicylate intoxication:

- Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. **Do not give ipecac after charcoal.**
- Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

- Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[GOSSELIN, et.al.: *Clinical Toxicology of Commercial Products*]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

HyperTox 3.0 <http://www.ozemail.com.au/-ouad/SALI0001.HTA>

For acute and short term repeated exposures to methanol:

- ▶ Toxicity results from accumulation of formaldehyde/formic acid.
- ▶ Clinical signs are usually limited to CNS, eyes and GI tract Severe metabolic acidosis may produce dyspnea and profound systemic effects which may become intractable. All symptomatic patients should have arterial pH measured. Evaluate airway, breathing and circulation.
- ▶ Stabilise obtunded patients by giving naloxone, glucose and thiamine.
- ▶ Decontaminate with Ipecac or lavage for patients presenting 2 hours post-ingestion. Charcoal does not absorb well; the usefulness of cathartic is not established.
- ▶ Forced diuresis is not effective; haemodialysis is recommended where peak methanol levels exceed 50 mg/dL (this correlates with serum bicarbonate levels below 18 meq/L).
- ▶ Ethanol, maintained at levels between 100 and 150 mg/dL, inhibits formation of toxic metabolites and may be indicated when peak methanol levels exceed 20 mg/dL. An intravenous solution of ethanol in D5W is optimal.
- ▶ Folate, as leucovorin, may increase the oxidative removal of formic acid. 4-methylpyrazole may be an effective adjunct in the treatment. 8-Phenytoin may be preferable to diazepam for controlling seizure.

[Ellenhorn Barceloux: Medical Toxicology]

BIOLOGICAL EXPOSURE INDEX - BEI

Determinant	Index	Sampling Time	Comment
1. Methanol in urine	15 mg/l	End of shift	B, NS
2. Formic acid in urine	80 mg/gm creatinine	Before the shift at end of workweek	B, NS

METHYL SALICYLATE

B: Background levels occur in specimens collected from subjects **NOT** exposed.

NS: Non-specific determinant - observed following exposure to other materials.

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) other pyrolysis products typical of burning organic material.</p>
HAZCHEM	*3Z

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<p>Environmental hazard - contain spillage.</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>Environmental hazard - contain spillage. Moderate hazard.</p> <ul style="list-style-type: none"> ▶ 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. ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke.
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METHYL SALICYLATE

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 SDS.
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Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Glass container is suitable for laboratory quantities ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▶ Avoid reaction with oxidising agents

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	Methanol 99%	Methyl alcohol	200 ppm / 262 mg/m3	328 mg/m3 / 250 ppm	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
methyl salicylate	2.3 ppm	25 ppm	150 ppm
Methanol 99%	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
methyl salicylate	Not Available	Not Available
Methanol 99%	6,000 ppm	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
methyl salicylate	E	≤ 0.1 ppm

Notes: Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>Local exhaust ventilation usually required.</p>
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 lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be</p>

METHYL SALICYLATE

	washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage.
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.

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:

METHYL SALICYLATE

Material	CPI
BUTYL	A
BUTYL/NEOPRENE	A
PE/EVAL/PE	A
PVDC/PE/PVDC	A
SARANEX-23 2-PLY	A
SARANEX-23	A
TEFLON	A
VITON/NEOPRENE	A
NEOPRENE	B
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
PVA	C
PVC	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

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

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.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AX-AUS / Class1 P2	-
up to 50	1000	-	AX-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	AX-2 P2
up to 100	10000	-	AX-3 P2
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Colourless, yellowish or reddish oily liquid with an odour and taste of wintergreen; partly miscible with water (0.7 g/l, 30 C). Soluble in chloroform, ether, alcohol, glacial acetic acid.		
Physical state	Liquid	Relative density (Water = 1)	1.184 @ 25C
Odour	Not Available	Partition coefficient n-octanol / water	2.5
Odour threshold	Not Available	Auto-ignition temperature (°C)	454
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	-8.6	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	220-224	Molecular weight (g/mol)	152.14
Flash point (°C)	99	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	0.13 @ 54C	Gas group	Not Available
Solubility in water	Partly miscible	pH as a solution (%)	Not Available

METHYL SALICYLATE

Vapour density (Air = 1) 5.24

VOC g/L Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo.</p> <p>Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Minor but regular methanol exposures may effect the central nervous system, optic nerves and retinae. Symptoms may be delayed, with headache, fatigue, nausea, blurring of vision and double vision. Continued or severe exposures may cause damage to optic nerves, which may become severe with permanent visual impairment even blindness resulting.</p> <p>WARNING: Methanol is only slowly eliminated from the body and should be regarded as a cumulative poison which cannot be made non-harmful [CCIN/FO]</p>
Ingestion	<p>Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>High oral doses of salicylates, such as aspirin, may cause a mild burning pain in the throat and stomach, causing vomiting. This is followed (within hours) by deep, rapid breathing, tiredness, nausea and further vomiting, thirst and diarrhoea.</p> <p>A dose of 6mL methyl salicylate has caused death in an adult.</p>
Skin Contact	<p>The material may cause severe inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p> <p>Methyl salicylate can cause systemic poisoning by penetrating uninjured skin. There have been a number of deaths and non-fatal poisonings due to skin contact after using methyl salicylate to treat skin disorders, mostly in children. Death of skin and muscle tissue, inflammation of the kidneys, liver damage and acid-base disturbances can occur. Methyl salicylate can cause an itchy rash and allergic or irritating skin reactions. Severe reactions have occurred in people who were previously allergic to aspirin.</p>
Eye	<p>There is evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Severe inflammation may be expected with pain.</p>
Chronic	<p>Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk.</p> <p>Long-term exposure to methanol vapour, at concentrations exceeding 3000 ppm, may produce cumulative effects characterised by gastrointestinal disturbances (nausea, vomiting), headache, ringing in the ears, insomnia, trembling, unsteady gait, vertigo, conjunctivitis and clouded or double vision. Liver and/or kidney injury may also result.</p>

	TOXICITY	IRRITATION
methyl salicylate	dermal (guinea pig) LD50: ~700 mg/kg ^[2]	Eye (rabbit): 500 mg/24 h - mild
	Inhalation(Rat) LC50; >0.225 mg/4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral(Mouse) LD50; 580 mg/kg ^[1]	Skin (rabbit): 500 mg/24 h - moderate Skin: no adverse effect observed (not irritating) ^[1]
Methanol 99%	Dermal (rabbit) LD50: 15800 mg/kg ^[2]	Eye (rabbit): 100 mg/24h-moderate
	Inhalation(Rat) LC50; 83.2 mg/4h ^[2]	Eye (rabbit): 40 mg-moderate
	Oral(Rat) LD50; >1187-2769 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1] Skin (rabbit): 20 mg/24 h-moderate
		Skin: no adverse effect observed (not irritating) ^[1]

Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

METHYL SALICYLATE

METHYL SALICYLATE

Not irritating to human skin at concentrations of 8% in mineral oil* Not sensitising to human skin at concentrations of 8% in mineral oil* Not sensitising to guinea pig (Magnusson and Kligman method) * Not irritating to rabbits on ocular application * Ames test: negative* * Rhodia MSDS Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.

The following information refers to contact allergens as a group and may not be specific to this product.

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

Adverse reactions to fragrances in perfumes and fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, sensitivity to light, immediate contact reactions, and pigmented contact dermatitis. Airborne and connubial contact dermatitis occurs. Contact allergy is a lifelong condition, so symptoms may occur on re-exposure. Allergic contact dermatitis can be severe and widespread, with significant impairment of quality of life and potential consequences for fitness for work.

If the perfume contains a sensitizing component, intolerance to perfumes by inhalation may occur. Symptoms may include general unwellness, coughing, phlegm, wheezing, chest tightness, headache, shortness of breath with exertion, acute respiratory illness, hayfever, asthma and other respiratory diseases. Perfumes can induce excess reactivity of the airway without producing allergy or airway obstruction. Breathing through a carbon filter mask had no protective effect.

Occupational asthma caused by perfume substances, such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms, even though the exposure is below occupational exposure limits. Prevention of contact sensitization to fragrances is an important objective of public health risk management.

Hands: Contact sensitization may be the primary cause of hand eczema or a complication of irritant or atopic hand eczema.

Fragrance allergens act as haptens, low molecular weight chemicals that cause an immune response only when attached to a carrier protein.

However, not all sensitizing fragrance chemicals are directly reactive, but require previous activation. A prehapten is a chemical that itself causes little or no sensitization, but is transformed into a hapten in the skin (bioactivation), usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prehapten or a prohaptent, or both.

Prohaptens: Compounds that are bioactivated in the skin and thereby form haptens are referred to as prohaptens. The possibility of a prohaptent being activated cannot be avoided by outside measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Various enzymes play roles in both activating and deactivating prohaptens.

For certain benzyl derivatives:

The members of this group are rapidly absorbed through the gastrointestinal tract, metabolised primarily in the liver, and excreted primarily in the urine either unchanged or as conjugates of benzoic acid derivatives. At high dose levels, gut micro-organisms may act to produce minor amounts of breakdown products. However, no adverse effects have been reported even at repeated high doses. Similarly, no effects were observed on reproduction, foetal development and tumour potential.

A member or analogue of a group of hydroxy and alkoxy-substituted benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances.

All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The structural features common to all members of the group is a primary oxygenated functional group bonded directly to a benzene ring. The ring also contains hydroxy or alkoxy substituents.

The hydroxy- and alkoxy- substituted benzyl derivatives are readily absorbed by the gastrointestinal tract, metabolised in the liver to yield benzoic acid derivatives and excreted primarily in the urine either unchanged or conjugated.

It is expected that aromatic esters and acetals will be hydrolysed in vivo through the catalytic activity of carboxylesterases, (A-esterases),

Acetals hydrolyse uncatalysed in gastric juices and intestinal fluids to yield acetaldehydes. Substituted benzyl esters and benzaldehyde acetals are hydrolysed to the corresponding alcoholic alcohols and carboxylic acid.

In general hydroxy- and alkoxy- derivatives of benzaldehyde and benzyl alcohol are oxidised to the corresponding benzoic acid derivatives and, to a lesser extent reduced to corresponding benzyl alcohol derivatives. Following conjugation these are excreted in the urine. Benzyl alcohol derivatives may also be reduced in gut microflora to toluene derivatives.

Flavor and Extract Manufacturers Association (FEMA)

The salicylates are well absorbed by mouth, and oral bioavailability is assumed to be total. In humans, absorption through skin is more limited.

The salicylates are expected to be broken down to salicylic acid, mostly in the liver, and then conjugated with glycine or glucuronide and excreted in the urine. The expected metabolism of the salicylates do not present toxicological concerns. Animal testing shows that acute toxicity by skin contact is very low, while acute toxicity by mouth is moderate. Salicylates do not possess genetic toxicity, and generally do not have the potential to cause cancer. The reproductive and developmental toxicity data on methyl salicylate shows that high doses which are toxic to the mother may cause toxicity to the embryo and birth defects. At concentrations likely to be encountered through their use as fragrance ingredients, salicylates are considered to be non-irritating to the skin.

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

The material may cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration.

METHANOL 99%

The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

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

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

METHYL SALICYLATE

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
methyl salicylate	EC50	72h	Algae or other aquatic plants	1.1mg/l	2
	EC50	48h	Crustacea	28mg/l	2
	LC50	96h	Fish	19.8mg/l	2
	NOEC(ECx)	72h	Algae or other aquatic plants	0.79mg/l	2
Methanol 99%	EC50(ECx)	96h	Algae or other aquatic plants	<0.001mg/L	4
	LC50	96h	Fish	>100mg/l	4
	EC50	48h	Crustacea	>10000mg/l	2
	EC50	96h	Algae or other aquatic plants	<0.001mg/L	4
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

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.

Methyl salicylate, a common ingredient in many consumer products, may be released to the environment in effluent and emission as a result of its production, transport, disposal, and use. Some plants are also able to release methyl salicylate into the environment.

Environmental Fate:

Terrestrial Fate: When released on land, methyl salicylate will readily leach from soil into ground water. It may also volatilize from dry soil and will undergo photolysis on the soil surface. Hydrolysis of methyl salicylate may also occur under alkaline soil condition. Screening tests results demonstrate that methyl salicylate may readily undergo biodegradation.

Aquatic Fate: Methyl salicylate will readily undergo biodegradation on surface waters and is expected to hydrolyze in water, where the rate of hydrolysis increases with pH. Methyl salicylate absorbs UV radiation >290nm thus may have the potential to undergo direct photolysis under environmental conditions.

For Benzyl Derivatives:

Environmental Fate: All members of this group (benzyl, benzoate and 2-hydroxybenzoate (salicylate) esters) contain a benzene ring bonded directly to an oxygenated functional group (aldehyde or ester) that is hydrolysed and/or oxidised to a benzoic acid derivative.

Photodegradation: Benzyl derivatives may undergo photodegradation if exposed to sunlight. The calculated half lives for hydroxyl radical reactions range from 4.7 to 64.5 hours. The calculated photodegradation half-lives for three benzaldehyde derivatives in this chemical category are in the narrow range from 4.7 hours for m-methoxy-p-hydroxybenzaldehyde to 7.2 hours for the less substituted derivative benzaldehyde. The calculated photodegradation half-lives for three benzaldehyde derivatives in this chemical category are in the narrow range from 4.7 hours for m-methoxy-phydroxybenzaldehyde to 7.2 hours for the less substituted derivative benzaldehyde. The relative half-lives reflect the increased reactivity of a phenolic OH group. The methyl, pentyl and benzyl esters of 2-hydroxybenzoic acid have calculated half-lives of 11.6, 7.6, and 7.4 hours, respectively.

Aquatic Fate: Benzaldehydes in this group cannot hydrolyse.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
methyl salicylate	LOW	LOW
Methanol 99%	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
methyl salicylate	LOW (LogKOW = 2.55)
Methanol 99%	LOW (BCF = 10)

Mobility in soil

Ingredient	Mobility
methyl salicylate	LOW (KOC = 128.2)
Methanol 99%	HIGH (KOC = 1)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be</p>
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METHYL SALICYLATE

	<p>applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal. ▶ Bury or incinerate residue at an approved site. ▶ Recycle containers if possible, or dispose of in an authorised landfill.
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SECTION 14 Transport information

Labels Required

	
Marine Pollutant	
HAZCHEM	*3Z

Land transport (ADG)

UN number	3082	
UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains methyl salicylate)	
Transport hazard class(es)	Class	9
	Subrisk	Not Applicable
Packing group	III	
Environmental hazard	Environmentally hazardous	
Special precautions for user	Special provisions	274 331 335 375 AU01
	Limited quantity	5 L

Environmentally Hazardous Substances meeting the descriptions of UN 3077 or UN 3082 are not subject to this Code when transported by road or rail in;

(a) packagings;

(b) IBCs; or

(c) any other receptacle not exceeding 500 kg(L).

- Australian Special Provisions (SP AU01) - ADG Code 7th Ed.

Air transport (ICAO-IATA / DGR)

UN number	3082	
UN proper shipping name	Environmentally hazardous substance, liquid, n.o.s. * (contains methyl salicylate)	
Transport hazard class(es)	ICAO/IATA Class	9
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	9L
Packing group	III	
Environmental hazard	Environmentally hazardous	
Special precautions for user	Special provisions	A97 A158 A197 A215
	Cargo Only Packing Instructions	964
	Cargo Only Maximum Qty / Pack	450 L
	Passenger and Cargo Packing Instructions	964
	Passenger and Cargo Maximum Qty / Pack	450 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y964
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G

Sea transport (IMDG-Code / GGVSee)

UN number	3082	
UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains methyl salicylate)	
Transport hazard class(es)	IMDG Class	9
	IMDG Subrisk	Not Applicable

METHYL SALICYLATE

Packing group	III	
Environmental hazard	Marine Pollutant	
Special precautions for user	EMS Number	F-A , S-F
	Special provisions	274 335 969
	Limited Quantities	5 L

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

Not Applicable

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

Product name	Group
methyl salicylate	Not Available
Methanol 99%	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
methyl salicylate	Not Available
Methanol 99%	Not Available

SECTION 15 Regulatory information

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

methyl salicylate is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 3

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

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

Australian Inventory of Industrial Chemicals (AIIC)

Methanol 99% is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (methyl salicylate; Methanol 99%)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes

Legend:

Yes = All CAS declared ingredients are on the inventory

No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing (see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	15/04/2021
Initial Date	12/05/2005

SDS Version Summary

Version	Date of Update	Sections Updated
12.1.1.1	28/09/2016	Toxicity and Irritation (Other)
13.1.1.1	15/04/2021	Expiration. Review and Update
13.1.2.1	26/04/2021	Regulation Change

Version	Date of Update	Sections Updated
13.1.3.1	03/05/2021	Regulation Change
13.1.4.1	06/05/2021	Regulation Change
13.1.5.1	10/05/2021	Regulation Change
13.1.5.2	30/05/2021	Template Change
13.1.5.3	04/06/2021	Template Change
13.1.5.4	05/06/2021	Template Change
13.1.6.4	07/06/2021	Regulation Change
13.1.6.5	09/06/2021	Template Change
13.1.6.6	11/06/2021	Template Change
13.1.6.7	15/06/2021	Template Change
13.1.7.7	17/06/2021	Regulation Change
13.1.8.7	21/06/2021	Regulation Change

Other information

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

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
 PC—STEL: Permissible Concentration-Short Term Exposure Limit
 IARC: International Agency for Research on Cancer
 ACGIH: American Conference of Governmental Industrial Hygienists
 STEL: Short Term Exposure Limit
 TEEL: Temporary Emergency Exposure Limit.
 IDLH: Immediately Dangerous to Life or Health Concentrations
 ES: Exposure Standard
 OSF: Odour Safety Factor
 NOAEL :No Observed Adverse Effect Level
 LOAEL: Lowest Observed Adverse Effect Level
 TLV: Threshold Limit Value
 LOD: Limit Of Detection
 OTV: Odour Threshold Value
 BCF: BioConcentration Factors
 BEI: Biological Exposure Index
 AIIC: Australian Inventory of Industrial Chemicals
 DSL: Domestic Substances List
 NDSL: Non-Domestic Substances List
 IECSC: Inventory of Existing Chemical Substance in China
 EINECS: European INventory of Existing Commercial chemical Substances
 ELINCS: European List of Notified Chemical Substances
 NLP: No-Longer Polymers
 ENCS: Existing and New Chemical Substances Inventory
 KECI: Korea Existing Chemicals Inventory
 NZIoC: New Zealand Inventory of Chemicals
 PICCS: Philippine Inventory of Chemicals and Chemical Substances
 TSCA: Toxic Substances Control Act
 TCSI: Taiwan Chemical Substance Inventory
 INSQ: Inventario Nacional de Sustancias Químicas
 NCI: National Chemical Inventory
 FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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