



Diggers Graffiti Remover

Recochem Inc.

Part Number: 81500

Version No: 1.4

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

Chemwatch Hazard Alert Code: 4

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L.GHS.AUS.EN

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

Product Identifier

Product name: Diggers Graffiti Remover

Synonyms:

Not Available

Other means of identification: Not Available

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

Relevant identified uses:

Graffiti remover

Details of the manufacturer or supplier of the safety data sheet

Registered company name	Recochem Inc.
Address	1809 Lytton Road QLD 4178 Australia
Telephone	+61 7 3308 5200
Fax	+61 7 3308 5201
Website	www.recochem.com.au
Email	recoast@recochem.com

Emergency telephone number

Association / Organisation	Poisons Information
Emergency telephone numbers	Australia: 13 11 26
Other emergency telephone numbers	New Zealand: 0800 764 766

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	5
Classification [1]	Acute Toxicity (Oral) Category 4, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)



Signal word: Warning

Hazard statement(s)

H302: Harmful if swallowed.

H317: May cause an allergic skin reaction.

H319: Causes serious eye irritation.

H336: May cause drowsiness or dizziness.

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.

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.

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- P362+P364:** Take off contaminated clothing and wash it before reuse.
P301+P312: IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P304+P340: IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330: Rinse mouth.

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.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
112-34-5	30-60	diethylene glycol monobutyl ether
100-51-6	10-30	benzyl alcohol
111-76-2*	<10	ethylene glycol monobutyl ether
Not Available	Balance	Ingredients determined to be non-hazardous

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

SECTION 4 First aid measures

Description of first aid measures

Eye Contact

- If this product comes in contact with the eyes:
- Wash out immediately with fresh running water.
 - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
 - Seek medical attention without delay; if pain persists or recurs seek medical attention.
 - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

Skin Contact

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

Inhalation

- If fumes, aerosols or combustion products are inhaled remove from contaminated area.
- Other measures are usually unnecessary.

Ingestion

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

Clinical experience of benzyl alcohol poisoning is generally confined to premature neonates in receipt of preserved intravenous salines.

- Metabolic acidosis, bradycardia, skin breakdown, hypotonia, hepatorenal failure, hypotension and cardiovascular collapse are characteristic.
- High urine benzoate and hippuric acid as well as elevated serum benzoic acid levels are found.
- The so-called 'gaspings syndrome' describes the progressive neurological deterioration of poisoned neonates.
- Management is essentially supportive.

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema.
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.
- **DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.

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- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

SECTION 5 Firefighting measures

Extinguishing media

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

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

Advice for firefighters

Fire Fighting

- 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

- 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.

Combustion products include:

carbon dioxide (CO₂)

aldehydes

other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

May emit corrosive fumes.

WARNING: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.

HAZCHEM

Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills

- Slippery when spilt.
- Remove all ignition sources.
 - 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

- Slippery when spilt.
Moderate hazard.
- 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.
 - Contain spill with sand, earth or vermiculite.
 - Collect recoverable product into labelled containers for recycling.

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- Absorb remaining product with sand, earth or vermiculite.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling

The tendency of many ethers to form explosive peroxides is well documented. Ethers lacking non-methyl hydrogen atoms adjacent to the ether link are thought to be relatively safe

- **DO NOT concentrate by evaporation, or evaporate extracts to dryness, as residues may contain explosive peroxides with DETONATION potential.**
- Any static discharge is also a source of hazard.
- Before any distillation process remove trace peroxides by shaking with excess 5% aqueous ferrous sulfate solution or by percolation through a column of activated alumina.
- Distillation results in uninhibited ether distillate with considerably increased hazard because of risk of peroxide formation on storage.
- Add inhibitor to any distillate as required.
- When solvents have been freed from peroxides by percolation through columns of activated alumina, the absorbed peroxides must promptly be desorbed by treatment with polar solvents such as methanol or water, which should then be disposed of safely.

The substance accumulates peroxides which may become hazardous only if it evaporates or is distilled or otherwise treated to concentrate the peroxides. The substance may concentrate around the container opening for example.

Purchases of peroxidisable chemicals should be restricted to ensure that the chemical is used completely before it can become peroxidised.

- A responsible person should maintain an inventory of peroxidisable chemicals or annotate the general chemical inventory to indicate which chemicals are subject to peroxidation. An expiration date should be determined. The chemical should either be treated to remove peroxides or disposed of before this date.
- The person or laboratory receiving the chemical should record a receipt date on the bottle. The individual opening the container should add an opening date.
- Unopened containers received from the supplier should be safe to store for 18 months.
- Opened containers should not be stored for more than 12 months.
- 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 storage and handling recommendations contained within this SDS.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
- **DO NOT allow clothing wet with material to stay in contact with skin**

Other information

- Store in original containers.
- Keep containers securely sealed.
- No smoking, naked lights or ignition sources.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container

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

Storage incompatibility

Benzyl alcohol:

- may froth in contact with water
- slowly oxidises in air, oxygen forming benzaldehyde
- is incompatible with mineral acids, caustics, aliphatic amines, isocyanates
- reacts violently with strong oxidisers, and explosively with sulfuric acid at elevated temperatures
- corrodes aluminium at high temperatures
- is incompatible with aluminum, iron, steel
- attacks some nonfluorinated plastics; may attack, extract and dissolve polypropylene

Benzyl alcohol contaminated with 1.4% hydrogen bromide and 1.2% of dissolved iron(II) polymerises exothermically above 100 deg. C.

- Glycol ethers may form peroxides under certain conditions; the potential for peroxide formation is enhanced when these substances are used in processes such as distillation where they are concentrated or even evaporated to near-dryness or dryness; storage under a nitrogen atmosphere is recommended to minimise the possible formation of highly reactive peroxides
- Nitrogen blanketing is recommended if transported in containers at temperatures within 15 deg C of the flash-point and at or above the flash-point - large containers may first need to be purged and inerted with nitrogen prior to loading
- In the presence of strong bases or the salts of strong bases, at elevated temperatures, the potential exists for runaway reactions.
- Contact with aluminium should be avoided; release of hydrogen gas may result- glycol ethers will corrode scratched aluminium surfaces.
- May discolour in mild steel/ copper; lined containers, glass or stainless steel is preferred
- Glycols and their ethers undergo violent decomposition in contact with 70% perchloric acid. This seems likely to involve formation of the glycol perchlorate esters (after scission of ethers) which are explosive, those of ethylene glycol and 3-chloro-1,2-propanediol being more powerful than glyceryl nitrate, and the former so sensitive that it explodes on addition of water. Investigation of the hazards associated with use of 2-butoxyethanol for alloy electropolishing showed that mixtures with 50-95% of acid at 20 deg C, or 40-90% at 75 C, were explosive and initiatable by sparks. Sparking caused mixtures with 40-50% of acid to become explosive, but 30% solutions appeared safe under static conditions of temperature

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and concentration.

- 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	ethylene glycol monobutyl ether	2-Butoxyethanol	20 ppm / 96.9 mg/m ³	242 mg/m ³ / 50 ppm	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
diethylene glycol monobutyl ether	E	≤ 0.1 ppm
benzyl alcohol	E	≤ 0.1 ppm
Notes:	<i>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.</i>	

MATERIAL DATA

Fragrance substance with is an established contact allergen in humans.

Scientific Committee on Consumer Safety SCCS OPINION on Fragrance allergens in cosmetic products 2012

IFRA Restricted Fragrance Substance

The International Fragrance Association (IFRA) Standards form the basis for the globally accepted and recognized risk management system for the safe use of fragrance ingredients and are part of the IFRA Code of Practice. This is the self-regulating system of the industry, based on risk assessments carried out by an independent Expert Panel.

For diethylene glycol monobutyl ether:

CEL TWA: 15.5 ppm, 100 mg/m³

(CEL = Chemwatch Exposure Limit)

In studies involving the inhalation toxicity of diethylene glycol monobutyl ether, exposure for 6 hours daily at 100 mg/m³ had no effect. This concentration is in the range of the saturated vapour concentration.

Local damage was produced following inhalation of concentrations higher than the saturated vapour concentrations, that is, during inhalation of the aerosol (350 mg/m³). Since the only potential effects of inhalation are restricted to local discomfort (in the aerosol concentration range) the substance is classified in category I for the limitation of exposure peaks. Teratogenicity studies have not revealed prenatal toxic effects at high oral doses and this ether is classified in pregnancy risk group C.

Exposure controls

Appropriate engineering controls

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:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

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.

Employers may need to use multiple types of controls to prevent employee overexposure.

General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying 'escape' velocities which, in turn, determine the 'capture velocities' of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Individual protection measures, such as personal protective equipment

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Eye and face protection

- Safety glasses with side shields.
- Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

Skin protection

See Hand protection below

Hands/feet protection

- Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, e.g. Rubber

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.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

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.

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.

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.

· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.

· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.

· Contaminated gloves should be replaced.

As defined in ASTM F-739-96 in any application, gloves are rated as:

- Excellent when breakthrough time > 480 min
- Good when breakthrough time > 20 min
- Fair when breakthrough time < 20 min
- Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.

Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

· Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.

· Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

Body protection

See Other protection below

Other protection

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance

:

Light orange coloured liquid

Physical state	Liquid	Relative density (Water = 1)	0.96
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	6-8	Decomposition temperature (°C)	Not Available

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Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	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)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Applicable

SECTION 10 Stability and reactivity

Reactivity:

See section 7

Chemical stability:

- Unstable in the presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

Possibility of hazardous reactions:

See section 7

Conditions to avoid:

See section 7

Incompatible materials:

See section 7

Hazardous decomposition products:

See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled

The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

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 hazard is increased at higher temperatures.

One case report describes kidney and liver damage in two people working in a closed room with paint containing diethylene glycol monobutyl ether and at the same time consuming large quantities of alcoholic beverages.

It has as yet not been established whether the glycol ether and alcohol have synergistic effects but it is possible that oxidation and elimination of both substances probably involves alcohol dehydrogenases; competitive inhibition would be the result.

Inhalation of benzyl alcohol may affect respiration (paralysis of the respiratory center, respiratory depression, gasping respirations), cardiovascular system (hypotension

Ingestion

The material is not thought to produce adverse health effects following ingestion (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum.

At sufficiently high doses the material may be nephrotoxic (i.e. poisonous to the kidney).

Cyanosis, rapid breathing and heart beat, low blood pressure, muscle tenderness and unconsciousness may follow ingestion of diethylene glycol monobutyl ether. Swallowing large or repeated doses may affect kidney function.

Ingestion of large doses of benzyl alcohol may cause abdominal pain, nausea, vomiting, diarrhea. It may affect behavior/central nervous system and cause headache, somnolence, excitement, dizziness, ataxia, coma, convulsions, and other symptoms of central nervous system depression.

Exposure to excessive amounts of benzyl alcohol has been associated with toxicity (hypotension, metabolic acidosis), particularly in neonates, and an increased incidence of kernicterus (a neurological condition that occurs in severe jaundice), particularly in small preterm infants. There have been rare reports of deaths, primarily in preterm infants, associated with exposure to excessive amounts of benzyl alcohol. The amount of benzyl alcohol from medications is usually considered negligible compared to that received in flush solutions containing benzyl alcohol. Administration of high dosages of medications containing this preservative must take into account the total amount of benzyl alcohol administered. The amount of benzyl alcohol at which toxicity may occur is not known. If the patient requires more than the recommended dosages or other medications containing this preservative, the practitioner must consider the daily metabolic load of benzyl alcohol from these combined sources.

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

Skin Contact

Skin contact with the material may be harmful; systemic effects may result following absorption.

Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

Continued...

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Open cuts, abraded or irritated skin should not be exposed to this material

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.

There are indications that diethylene glycol monobutyl ether is absorbed through intact skin. Toxic effects only occur at very high doses.

Eye

Evidence exists, or practical experience predicts, that the material may cause severe eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

Chronic

Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.

Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers

Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.

Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.

Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed.

Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.

Prolonged or repeated exposure to benzyl alcohol may cause allergic contact dermatitis.

Prolonged or repeated ingestion may affect behavior/central nervous system with symptoms similar to acute ingestion. It may also affect the liver, kidneys, cardiovascular system, and metabolism (weight loss).

Animal studies have shown this compound to cause lung, liver, kidney and CNS disorders. Studies in animals have shown evidence of teratogenicity in the chick embryo. The significance of the information for humans is unknown.

Benzyl alcohol showed no evidence of carcinogenic activity in long-term toxicology and carcinogenesis study.

Diggers Graffiti Remover	TOXICITY	IRRITATION
	Not Available	Not Available
diethylene glycol monobutyl ether	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 4120 mg/kg ^[2]	Eye (rabbit): 20 mg/24h moderate
	Oral (Rat) LD50: 5660 mg/kg ^[2]	Eye (rabbit): 5 mg - SEVERE
benzyl alcohol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 2000 mg/kg ^[2]	Eye (rabbit): 0.75 mg open SEVERE
	Inhalation (Rat) LC50: >4.178 mg/L4h ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Oral (Rat) LD50: 1230 mg/kg ^[2]	Skin (man): 16 mg/48h-mild
		Skin (rabbit):10 mg/24h open-mild
	Skin: no adverse effect observed (not irritating) ^[1]	
ethylene glycol monobutyl ether	TOXICITY	IRRITATION
	dermal (guinea pig) LD50: 210 mg/kg ^{**[2]}	Eye (rabbit): 100 mg SEVERE
	Dermal (rabbit) LD50: 220 mg/kg ^[2]	Eye (rabbit): 100 mg/24h-moderate
	Inhalation (Human) TCLo: 100 ppm ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Inhalation (Human) TCLo: 195 ppm/8h ^[2]	Skin (rabbit): 500 mg, open; mild
	Inhalation (Rat) LC50: 2210 mg/m ³ ^{**[2]}	Skin: adverse effect observed (irritating) ^[1]
	Inhalation (Rat) LC50: 450 ppm ^{*[2]}	Skin: no adverse effect observed (not irritating) ^[1]
	Oral (Rat) LD50: 300 mg/kg ^{**[2]}	
Oral (Rat) LD50: 470 mg/kg ^[2]		

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

DIETHYLENE GLYCOL MONOBUTYL ETHER

For diethylene glycol monoalkyl ethers and their acetates:

This category includes diethylene glycol ethyl ether (DGEE), diethylene glycol propyl ether (DGPE) diethylene glycol butyl ether (DGBE) and diethylene glycol hexyl ether (DGHE) and their acetates.

Acute toxicity: There are adequate oral, inhalation and/or dermal toxicity studies on the category members. Oral LD50 values in rats for all category members are all > 3000 mg/kg bw, with values generally decreasing with increasing molecular weight. Four to eight hour acute inhalation toxicity studies were conducted for all category members except DGPE in rats at the highest vapour concentrations achievable. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 2000

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mg/kg bw (DGHE) to 15000 mg/kg bw (DGEEA). Signs of acute toxicity in rodents are consistent with non-specific CNS depression typical of organic solvents in general. All category members are slightly irritating to skin and slightly to moderately irritating to eyes (with the exception of DGHE, which is highly irritating to eyes). Sensitisation tests with DGEE, DGEEA, DGPE, DGBE and DGBEA in animals and/or humans were negative.

Repeat dose toxicity: Valid oral studies conducted using DGEE, DGPE, DGBEA, DGHE and the supporting chemical DGBE ranged in duration from 30 days to 2 years. Effects predominantly included kidney and liver toxicity, absolute and/or relative changes in organ weights, and some changes in haematological parameters. All effects were seen at doses greater than 800-1000 mg/kg bw/day from oral or dermal studies; no systemic effects were observed in inhalation studies with less than continuous exposure regimens.

Mutagenicity: DGEE, DGEEA, DGBE, DGBEA and DGHE generally tested negative for mutagenicity in *S. typhimurium* strains TA98, TA100, TA1535, TA1537 and TA1538 and DGBEA tested negative in *E. coli* WP2uvrA, with and without metabolic activation. *In vitro* cytogenetic and sister chromatid exchange assays with DGBE and DGHE in Chinese Hamster Ovary Cells with and without metabolic activation and *in vivo* micronucleus or cytogenetic tests with DGEE, DGBE and DGHE in rats and mice were negative, indicating that these diethylene glycol ethers are not likely to be genotoxic.

Reproductive and developmental toxicity: Reliable reproductive toxicity studies on DGEE, DGBE and DGHE show no effect on fertility at the highest oral doses tested (4,400 mg/kg/day for DGEE in the mouse and 1,000 mg/kg/day for DGBE and DGHE in the rat). The dermal NOAEL for reproductive toxicity in rats administered DGBE also was the highest dose tested (2,000 mg/kg/day). Although decreased sperm motility was noted in F1 mice treated with 4,400 mg/kg/day DGEE in drinking water for 14 weeks, sperm concentrations and morphology, histopathology of the testes and fertility were not affected. Results of the majority of adequate repeated dose toxicity studies in which reproductive organs were examined indicate that DGPE and DGBEA do not cause toxicity to reproductive organs (including the testes). Test material-related testicular toxicity was not noted in the majority of the studies with DGEE or DGEEA.

Results of the developmental toxicity studies conducted with DGEE, DGBE and DGHE are almost exclusively negative. In these studies, effects on the foetus are generally not observed (even at concentrations that produced maternal toxicity). Exposure to 102 ppm (560 mg/m³) DGEE by inhalation (maximal achievable vapour concentration) or 1385 mg/kg/day DGEE by the dermal route during gestation did not cause maternal or developmental toxicity in the rat. Maternal toxicity and teratogenesis were not observed in rabbits receiving up to 1000 mg/kg/day DGBE by the dermal route during gestation; however a transient decrease in body weight was observed, which reversed by Day 21. In the mouse, the only concentration of DGEE tested (3500 mg/kg/day by gavage) caused maternal, but no foetal toxicity. Also, whereas oral administration of 2050 mg/kg/day DGBE (gavage) to the mouse and 1000 mg/kg/day DGHE (dietary) caused maternal toxicity, these doses had no effect on the developing foetus.

BENZYL ALCOHOL

For benzyl alkyl alcohols:

Unlike benzylic alcohols, the beta-hydroxyl group of the members of this cluster is unlikely to undergo phase II metabolic activation. Instead, the beta-hydroxyl group is expected to contribute to detoxification via oxidation to hydrophilic acid. Despite structural similarity to carcinogenic ethyl benzene, only a marginal concern has been assigned to phenethyl alcohol due to limited mechanistic analogy.

For benzoates:

Acute toxicity: Benzyl alcohol, benzoic acid and its sodium and potassium salt can be considered as a single category regarding human health, as they are all rapidly metabolised and excreted via a common pathway within 24 hrs. Systemic toxic effects of similar nature (e.g. liver, kidney) were observed. However with benzoic acid and its salts toxic effects are seen at higher doses than with benzyl alcohol.

The compounds exhibit low acute toxicity as for the oral and dermal route. The LD₅₀ values are > 2000 mg/kg bw except for benzyl alcohol which needs to be considered as harmful by the oral route in view of an oral LD₅₀ of 1610 mg/kg bw. The 4 hrs inhalation exposure of benzyl alcohol or benzoic acid at 4 and 12 mg/l as aerosol/dust respectively gave no mortality, showing low acute toxicity by inhalation for these compounds.

Benzoic acid and benzyl alcohol are slightly irritating to the skin, while sodium benzoate was not skin irritating. No data are available for potassium benzoate but it is also expected not to be skin irritating. Benzoic acid and benzyl alcohol are irritating to the eye and sodium benzoate was only slightly irritating to the eye. No data are available for potassium benzoate but it is expected also to be only slightly irritating to the eye.

Sensitisation: The available studies for benzoic acid gave no indication for a sensitising effect in animals, however occasionally very low positive reactions were recorded with humans (dermatological patients) in patch tests. The same occurs for sodium benzoate. It has been suggested that the very low positive reactions are non-immunologic contact urticaria. Benzyl alcohol gave positive and negative results in animals. Benzyl alcohol also demonstrated a maximum incidence of sensitization of only 1% in human patch testing. Over several decades no sensitization with these compounds has been seen among workers.

Repeat dose toxicity: For benzoic acid repeated dose oral toxicity studies give a NOAEL of 800 mg/kg/day. For the salts values > 1000 mg/kg/day are obtained. At higher doses increased mortality, reduced weight gain, liver and kidney effects were observed.

For benzyl alcohol the long-term studies indicate a NOAEL > 400 mg/kg bw/d for rats and > 200 mg/kg bw/d for mice. At higher doses effects on bodyweights, lesions in the brains, thymus, skeletal muscle and kidney were observed. It should be taken into account that administration in these studies was by gavage route, at which saturation of metabolic pathways is likely to occur.

Mutagenicity: All chemicals showed no mutagenic activity in *in vitro* Ames tests. Various results were obtained with other *in vitro* genotoxicity assays. Sodium benzoate and benzyl alcohol showed no genotoxicity *in vivo*. While some mixed and/or equivocal *in vitro* chromosomal/chromatid responses have been observed, no genotoxicity was observed in the *in vivo* cytogenetic, micronucleus, or other assays. The weight of the evidence of the *in vitro* and *in vivo* genotoxicity data indicates that these chemicals are not mutagenic or clastogenic. They also are not carcinogenic in long-term carcinogenicity studies.

In a 4-generation study with benzoic acid no effects on reproduction were seen (NOAEL: 750 mg/kg). No compound related effects on reproductive organs (gross and histopathology examination) could be found in the (sub) chronic studies in rats and mice with benzyl acetate, benzyl alcohol, benzaldehyde, sodium benzoate and supports a non-reprotoxic potential of these compounds. In addition, data from reprotoxicity studies on benzyl acetate (NOAEL >2000 mg/kg bw/d; rats and mice) and benzaldehyde (tested only up to 5 mg/kg bw; rats) support the non-reprotoxicity of benzyl alcohol and benzoic acid and its salts.

Developmental toxicity: In rats for sodium benzoate dosed via food during the entire gestation developmental effects occurred only in the presence of marked maternal toxicity (reduced food intake and decreased body weight) (NOAEL = 1400 mg/kg bw). For hamster (NOEL: 300 mg/kg bw), rabbit (NOEL: 250 mg/kg bw) and mice (CD-1 mice, NOEL: 175 mg/kg bw) no higher doses (all by gavage) were tested and no maternal toxicity was observed. For benzyl alcohol: NOAEL= 550 mg/kg bw (gavage; CD-1 mice). LOAEL = 750 mg/kg bw (gavage mice). In this study maternal toxicity was observed e.g. increased mortality, reduced body weight and clinical toxicology. Benzyl acetate: NOEL = 500 mg/kg bw (gavage rats). No maternal toxicity was observed.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

A member or analogue of a group of 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 substances in this group:

- contain a benzene ring substituted with a reactive primary oxygenated functional group or can be hydrolysed to such a functional group
- the major pathway of metabolic detoxification involves hydrolysis and oxidation to yield the corresponding benzoic acid derivative which is excreted either as the free acid or the glycine conjugate
- they show a consistent pattern of toxicity in both short- and long- term studies and
- they exhibit no evidence of genotoxicity in standardised batteries of *in vitro* and *in vivo* assays.

The benzyl derivatives are rapidly absorbed through the gut, metabolised primarily in the liver, and excreted in the urine as glycine conjugates of benzoic acid derivatives.

In general, aromatic esters are hydrolysed *in vivo* through the catalytic activity of carboxylesterases, the most important of which are the A-esterases. Hydrolysis of benzyl and benzoate esters to yield corresponding alcohols and carboxylic acids and hydrolysis of acetals to yield benzaldehyde and simple alcohols have been reported in several experiments.

The alcohols and aldehydes are rapidly oxidised to benzoic acid while benzoate esters are hydrolysed to benzoic acid.

Flavor and Extract Manufacturers Association (FEMA)

The aryl alkyl alcohol (AAA) fragrance ingredients are a diverse group of chemical structures with similar metabolic and toxicity profiles.

The AAA fragrances demonstrate low acute and subchronic dermal and oral toxicity.

At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin.

The potential for eye irritation is minimal.

With the exception of benzyl alcohol and to a lesser extent phenethyl and 2-phenoxyethyl AAA alcohols, human sensitization studies, diagnostic patch tests and human induction studies, indicate that AAA fragrance ingredients generally have no or low sensitization potential. Available data indicate that the potential for photosensitization is low.

NOAELs for maternal and developmental toxicity are far in excess of current human exposure levels.

No carcinogenicity in rats or mice was observed in 2-year chronic testing of benzyl alcohol or *o*-methylbenzyl alcohol; the latter did induce species and gender-specific renal adenomas in male rats at the high dose. There was no little genotoxicity, mutagenicity, or clastogenicity in the mutagenicity *in vitro* bacterial assays, and *in vitro* mammalian cell assays. All *in vivo* micronucleus assays were negative.

It is concluded that these materials would not present a safety concern at current levels of use as fragrance ingredients

The Research Institute for Fragrance Materials (RIFM) Expert Panel

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ethylene glycol monobutyl ether

NOTE: Changes in kidney, liver, spleen and lungs are observed in animals exposed to high concentrations of this substance by all routes. ** ASCC (NZ) SDS

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

For ethylene glycol monoalkyl ethers and their acetates (EGMAEs):

Typical members of this category are ethylene glycol propylene ether (EGPE), ethylene glycol butyl ether (EGBE) and ethylene glycol hexyl ether (EGHE) and their acetates.

EGMAEs are substrates for alcohol dehydrogenase isozyme ADH-3, which catalyzes the conversion of their terminal alcohols to aldehydes (which are transient metabolites). Further, rapid conversion of the aldehydes by aldehyde dehydrogenase produces alkoxyacetic acids, which are the predominant urinary metabolites of mono substituted glycol ethers.

Acute Toxicity: Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m³) for EGHE, LC50 > 400ppm (2620 mg/m³) for EGBEA to LC50 > 2132 ppm (9061 mg/m³) for EGPE. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 435 mg/kg bw (EGBE) to 1500 mg/kg bw (EGBEA). Overall these category members can be considered to be of low to moderate acute toxicity. All category members cause reversible irritation to skin and eyes, with EGBEA less irritating and EGHE more irritating than the other category members.

EGPE and EGBE are not sensitizers in experimental animals or humans. Signs of acute toxicity in rats, mice and rabbits are consistent with haemolysis (with the exception of EGHE) and non-specific CNS depression typical of organic solvents in general. Alkoxyacetic acid metabolites, propoxyacetic acid (PAA) and butoxyacetic acid (BAA), are responsible for the red blood cell hemolysis. Signs of toxicity in humans deliberately ingesting cleaning fluids containing 9-22% EGBE are similar to those of rats, with the exception of haemolysis.

Although decreased blood haemoglobin and/or haemoglobinuria were observed in some of the human cases, it is not clear if this was due to haemolysis or haemodilution as a result of administration of large volumes of fluid. Red blood cells of humans are many-fold more resistant to toxicity from EGPE and EGBE *in vitro* than those of rats.

Repeat dose toxicity: The fact that the NOAEL for repeated dose toxicity of EGBE is less than that of EGPE is consistent with red blood cells being more sensitive to EGBE than EGPE. Blood from mice, rats, hamsters, rabbits and baboons were sensitive to the effects of BAA *in vitro* and displayed similar responses, which included erythrocyte swelling (increased haematocrit and mean corpuscular hemoglobin), followed by hemolysis. Blood from humans, pigs, dogs, cats, and guinea pigs was less sensitive to haemolysis by BAA *in vitro*.

Mutagenicity: In the absence and presence of metabolic activation, EGBE tested negative for mutagenicity in Ames tests conducted in *S. typhimurium* strains TA97, TA98, TA100, TA1535 and TA1537 and EGHE tested negative in strains TA98, TA100, TA1535, TA1537 and TA1538. *In vitro* cytogenetic and sister chromatid exchange assays with EGBE and EGHE in Chinese Hamster Ovary Cells with and without metabolic activation and *in vivo* micronucleus tests with EGBE in rats and mice were negative, indicating that these glycol ethers are not genotoxic.

Carcinogenicity: In a 2-year inhalation chronic toxicity and carcinogenicity study with EGBE in rats and mice a significant increase in the incidence of liver haemangiosarcomas was seen in male mice and forestomach tumours in female mice. It was decided that based on the mode of action data available, there was no significant hazard for human carcinogenicity

Reproductive and developmental toxicity. The results of reproductive and developmental toxicity studies indicate that the glycol ethers in this category are not selectively toxic to the reproductive system or developing fetus, developmental toxicity is secondary to maternal toxicity. The repeated dose toxicity studies in which reproductive organs were examined indicate that the members of this category are not associated with toxicity to reproductive organs (including the testes).

Results of the developmental toxicity studies conducted via inhalation exposures during gestation periods on EGPE (rabbits -125, 250, 500 ppm or 531, 1062, or 2125 mg/m³ and rats - 100, 200, 300, 400 ppm or 425, 850, 1275, or 1700 mg/m³), EGBE (rat and rabbit - 25, 50, 100, 200 ppm or 121, 241, 483, or 966 mg/m³), and EGHE (rat and rabbit - 20.8, 41.4, 79.2 ppm or 124, 248, or 474 mg/m³) indicate that the members of the category are not teratogenic.

The NOAELs for developmental toxicity are greater than 500 ppm or 2125 mg/m³ (rabbit-EGPE), 100 ppm or 425 mg/m³ (rat-EGPE), 50 ppm or 241 mg/m³ (rat EGBE) and 100 ppm or 483 mg/m³ (rabbit EGBE) and greater than 79.2 ppm or 474 mg/m³ (rat and rabbit-EGHE).

Exposure of pregnant rats to ethylene glycol monobutyl ether (2-butoxyethanol) at 100 ppm or rabbits at 200 ppm during organogenesis resulted in maternal toxicity and embryotoxicity including a decreased number of viable implantations per litter. Slight foetotoxicity in the form of poorly ossified or unossified skeletal elements was also apparent in rats. Teratogenic effects were not observed in other species.

At least one researcher has stated that the reproductive effects were less than that of other monoalkyl ethers of ethylene glycol.

Chronic exposure may cause anaemia, macrocytosis, abnormally large red cells and abnormal red cell fragility.

Exposure of male and female rats and mice for 14 weeks to 2 years produced a regenerative haemolytic anaemia and subsequent effects on the haemopoietic system in rats and mice.

In addition, 2-butoxyethanol exposures caused increases in the incidence of neoplasms and nonneoplastic lesions (1). The occurrence of the anaemia was concentration-dependent and more pronounced in rats and females. In this study it was proposed that 2-butoxyethanol at concentrations of 500 ppm and greater produced an acute disseminated thrombosis and bone infarction in male and female rats as a result of severe acute haemolysis and reduced deformability of erythrocytes or through anoxic damage to endothelial cells that compromise blood flow. In two-year studies, 2-butoxyethanol continued to affect circulating erythroid mass, inducing a responsive anaemia. Rats showed a marginal increase in the incidence of benign or malignant pheochromocytomas (combined) of the adrenal gland. In mice, 2-butoxyethanol exposure resulted in a concentration dependent increase in the incidence of squamous cell papilloma or carcinoma of the forestomach. It was hypothesised that exposure-induced irritation produced inflammatory and hyperplastic effects in the forestomach and that the neoplasia were associated with a continuation of the injury/ degeneration process. Exposure also produced a concentration -dependent increase in the incidence of haemangiosarcoma of the liver of male mice and hepatocellular carcinoma.

1: NTP Toxicology Program Technical report Series 484, March 2000.

For ethylene glycol:

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.

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).

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.

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.

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.

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.

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.

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).

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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 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.

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.

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.

Cancer: No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol.

Genotoxic Effects: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available *in vivo* and *in vitro* laboratory studies provide consistently negative genotoxicity results for ethylene glycol.

Diggers Graffiti Remover & BENZYL ALCOHOL

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 in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and conubial contact dermatitis occur.

Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. This was shown by placebo-controlled challenges of nine patients to 'perfume mix'. The same patients were also subject to perfume provocation, with or without a carbon filter mask, to ascertain whether breathing through a filter with active carbon would prevent symptoms. The patients breathed through the mouth, during the provocations, as a nose clamp was used to prevent nasal inhalation. The patient's earlier symptoms were verified; breathing through the carbon filter had no protective effect. The symptoms were not transmitted via the olfactory nerve but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes.

Cases of occupational asthma induced 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.

Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water.

Contact allergy to fragrances is relatively common, affecting 1 to 3% of the general population, based on limited testing with eight common fragrance allergens and about 16 % of patients patch tested for suspected allergic contact dermatitis.

Contact allergy to fragrance ingredients occurs when an individual has been exposed, on the skin, to a sufficient degree of fragrance contact allergens. Contact allergy is a life-long, specifically altered reactivity in the immune system. This means that once contact allergy is developed, cells in the immune system will be present which can recognise and react towards the allergen. As a consequence, symptoms, i.e. allergic contact dermatitis, may occur upon re-exposure to the fragrance allergen(s) in question. Allergic contact dermatitis is an inflammatory skin disease characterised by erythema, swelling and vesicles in the acute phase. If exposure continues it may develop into a chronic condition with scaling and painful fissures of the skin. Allergic contact dermatitis to fragrance ingredients is most often caused by cosmetic products and usually involves the face and/or hands. It may affect fitness for work and the quality of life of the individual. Fragrance contact allergy has long been recognised as a frequent and potentially disabling problem. Prevention is possible as it is an environmental disease and if the environment is modified (e.g. by reduced use concentrations of allergens), the disease frequency and severity will decrease. Fragrance contact allergy is mostly non-occupational and related to the personal use of cosmetic products. Allergic contact dermatitis can be severe and widespread, with a significant impairment of quality of life and potential consequences for fitness for work. Thus, prevention of contact sensitisation to fragrances, both in terms of primary prevention (avoiding sensitisation) and secondary prevention (avoiding relapses of allergic contact dermatitis in those already sensitised), is an important objective of public health risk management measure.

Hands: Contact sensitisation may be the primary cause of hand eczema, or may be a complication of irritant or atopic hand eczema. The number of positive patch tests has been reported to correlate with the duration of hand eczema, indicating that long-standing hand eczema may often be complicated by sensitisation. Fragrance allergy may be a relevant problem in patients with hand eczema; perfumes are present in consumer products to which their hands are exposed. A significant relationship between hand eczema and fragrance contact allergy has been found in some studies based on patients investigated for contact allergy. However, hand eczema is a multi-factorial disease and the clinical significance of fragrance contact allergy in (severe) chronic hand eczema may not be clear.

Axillae Bilateral axillary (underarm) dermatitis may be caused by perfume in deodorants and, if the reaction is severe, it may spread down the arms and to other areas of the body. In individuals who consulted a dermatologist, a history of such first-time symptoms was significantly related to the later diagnosis of perfume allergy.

Face Facial eczema is an important manifestation of fragrance allergy from the use of cosmetic products (16). In men, after-shave products can cause an eczematous eruption of the beard area and the adjacent part of the neck and men using wet shaving as opposed to dry have been shown to have an increased risk of being fragrance allergic.

Irritant reactions (including contact urticaria): Irritant effects of some individual fragrance ingredients, e.g. citral are known. Irritant contact dermatitis from perfumes is believed to be common, but there are no existing investigations to substantiate this. Many more people complain about intolerance or rashes to perfumes/perfumed products than are shown to be allergic by testing. This may be due to irritant effects or inadequate diagnostic procedures. Fragrances may cause a dose-related contact urticaria of the non-immunological type (irritant contact urticaria). Cinnamal, cinnamic alcohol, and Myroxylon pereirae are well recognised causes of contact urticaria, but others, including menthol, vanillin and benzaldehyde have also been reported. The reactions to Myroxylon pereirae may be due to cinnamates. A relationship to delayed contact hypersensitivity was suggested, but no significant difference was found between a fragrance-allergic group and a control group in the frequency of immediate reactions to fragrance ingredients in keeping with a nonimmunological basis for the reactions seen.

Pigmentary anomalies: The term "pigmented cosmetic dermatitis" was introduced in 1973 for what had previously been known as melanosis faciei feminae when the mechanism (type IV allergy) and causative allergens were clarified. It refers to increased pigmentation, usually on the face/neck, often following sub-clinical contact dermatitis. Many cosmetic ingredients were patch tested at non-irritant concentrations and statistical evaluation showed that a number of fragrance ingredients were associated: jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol, geranium oil.

Photo-reactions Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon. Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products. Phototoxic reactions still occur but are rare.

General/respiratory: Fragrances are volatile and therefore, in addition to skin exposure, a perfume also exposes the eyes and naso-respiratory tract. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma. Asthma-like symptoms can be provoked by sensory mechanisms. In an epidemiological investigation, a significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients, in addition to hand eczema, which were independent risk factors in a multivariate analysis.

Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A prohaptens is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems. A prohaptens is a chemical that itself is non- or low-sensitising but that 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 prehaptens or as a prohaptens, or both, because air oxidation and bioactivation can often give the same product (geraniol is an example). Some chemicals might act by all three pathways.

Prohaptens

Compounds that are bioactivated in the skin and thereby form haptens are referred to as prohaptens.

In the case of prohaptens, the possibility to become activated is inherent to the molecule and activation cannot be avoided by extrinsic measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Crossreactivity has been shown for certain alcohols and their corresponding aldehydes, i.e. between geraniol and geranial

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(cital) and between cinnamyl alcohol and cinnamal.

The human skin expresses enzyme systems that are able to metabolise xenobiotics, modifying their chemical structure to increase hydrophilicity and allow elimination from the body. Xenobiotic metabolism can be divided into two phases: phase I and phase II. Phase I transformations are known as activation or functionalisation reactions, which normally introduce or unmask hydrophilic functional groups. If the metabolites are sufficiently polar at this point they will be eliminated. However, many phase I products have to undergo subsequent phase II transformations, i.e. conjugation to make them sufficiently water soluble to be eliminated. Although the purpose of xenobiotic metabolism is detoxification, it can also convert relatively harmless compounds into reactive species. Cutaneous enzymes that catalyse phase I transformations include the cytochrome P450 mixed-function oxidase system, alcohol and aldehyde dehydrogenases, monoamine oxidases, flavin-containing monooxygenases and hydrolytic enzymes. Acyltransferases, glutathione S-transferases, UDP-glucuronosyltransferases and sulfotransferases are examples of phase II enzymes that have been shown to be present in human skin. These enzymes are known to catalyse both activating and deactivating biotransformations, but the influence of the reactions on the allergenic activity of skin sensitisers has not been studied in detail. Skin sensitising prohaptenes can be recognised and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or in vivo and in vitro studies of sensitisation potential and chemical reactivity.

QSAR prediction: The relationships between molecular structure and reactivity that form the basis for structural alerts are based on well established principles of mechanistic organic chemistry. Examples of structural alerts are aliphatic aldehydes (alerting to the possibility of sensitisation via a Schiff base reaction with protein amino groups), and alpha,beta-unsaturated carbonyl groups, C=C-CO- (alerting to the possibility of sensitisation via Michael addition of protein thiol groups). Prediction of the sensitisation potential of compounds that can act via abiotic or metabolic activation (pre- or prohaptenes) is more complex compared to that of compounds that act as direct haptens without any activation. The autoxidation patterns can differ due to differences in the stability of the intermediates formed, e.g. it has been shown that autoxidation of the structural isomers linalool and geraniol results in different major haptens/allergens. Moreover, the complexity of the prediction increases further for those compounds that can act both as pre- and prohaptenes. In such cases, the impact on the sensitisation potency depends on the degree of abiotic activation (e.g. autoxidation) in relation to the metabolic activation

DIETHYLENE GLYCOL MONOBUTYL ETHER & ethylene glycol monobutyl ether

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

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

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

SECTION 12 Ecological information**Toxicity**

Diggers Graffiti Remover	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

diethylene glycol monobutyl ether	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	96h	Algae or other aquatic plants	>100mg/l	1
	EC50	48h	Crustacea	>100mg/l	1
	EC50	72h	Algae or other aquatic plants	1101mg/l	2
	NOEC(ECx)	96h	Algae or other aquatic plants	>=100mg/l	1
	LC50	96h	Fish	1300mg/l	2

benzyl alcohol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	96h	Algae or other aquatic plants	76.828mg/l	2
	EC50	48h	Crustacea	230mg/l	2
	EC50	72h	Algae or other aquatic plants	500mg/l	2
	NOEC(ECx)	336h	Fish	5.1mg/l	2
LC50	96h	Fish	10mg/l	4	

ethylene glycol monobutyl ether	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	96h	Algae or other aquatic plants	720mg/l	2
	EC50	48h	Crustacea	164mg/l	2
	EC50	72h	Algae or other aquatic plants	623mg/l	2
	EC10(ECx)	48h	Crustacea	7.2mg/l	2
LC50	96h	Fish	1700mg/l	Not Available	

Legend: 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

Harmful to aquatic organisms.

For Glycol Ethers:

Environmental Fate: Several glycol ethers have been shown to biodegrade however; biodegradation slows as molecular weight increases. No glycol ethers that have been tested demonstrate marked resistance to biodegradative processes. No glycol ethers that have been tested demonstrate marked resistance to biodegradative processes.

Atmospheric Fate: Upon release to the atmosphere by evaporation, high boiling glycol ethers are estimated to undergo photo-degradation (atmospheric half lives = 2.4-2.5 hr). Aquatic Fate: In water, glycol ethers undergo biodegradation (typically 47-92% after 8-21 days) and have a low potential for bioaccumulation (log Kow ranges from -1.73 to +0.51).

Ecotoxicity: Tri- and tetra ethylene glycol ethers are 'practically non-toxic' to aquatic species. No major differences are observed in the order of toxicity going from the methyl- to the butyl ethers. Glycols exert a high oxygen demand for decomposition and once released to the environment death of aquatic organisms occurs if dissolved oxygen is depleted.

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For benzyl alcohol:

log Kow : 1.1

Koc : <5

Henry's atm m³/mol: 3.91E-07

BOD 5: 1.55-1.6,33-62%

COD : 96%

ThOD : 2.519

BCF : 4

Bioaccumulation : not significant

Anaerobic effects : significant degradation

Effects on algae and plankton: inhibits degradation of glucose

Degradation Biological: significant

processes Abiotic: RxnOH*,no photochem

Ecotoxicity

Fish LC50 (48 h): fathead minnow 770 mg/l; (72 h): 480 mg/l; (96 h) 460 mg/l

Fish LC50 (96 h) fathead minnow 10 ppm, bluegill sunfish 15 ppm; tidewater silverside fish 15 ppm

Products of Biodegradation: Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

Toxicity of the Products of Biodegradation: The products of degradation are less toxic than the product itself.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
diethylene glycol monobutyl ether	LOW	LOW
benzyl alcohol	LOW	LOW
ethylene glycol monobutyl ether	LOW (Half-life = 56 days)	LOW (Half-life = 1.37 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
diethylene glycol monobutyl ether	LOW (BCF = 0.46)
benzyl alcohol	LOW (LogKOW = 1.1)
ethylene glycol monobutyl ether	LOW (BCF = 2.51)

Mobility in soil

Ingredient	Mobility
diethylene glycol monobutyl ether	LOW (Log KOC = 10)
benzyl alcohol	LOW (Log KOC = 15.66)
ethylene glycol monobutyl ether	HIGH (Log KOC = 1)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal

- 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 SDS and observe all notices pertaining to the product.

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.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

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 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.

- **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.

SECTION 14 Transport information

Labels Required

Marine Pollutant

NO

HAZCHEM

Not Applicable

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	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
UN number: Not Applicable			
UN proper shipping name: Not Applicable			
Transport hazard class(es): Not Applicable			
Subsidiary Hazard: Not Applicable			
Packing group: Not Applicable			

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

Product name	Group
diethylene glycol monobutyl ether	Not Available
benzyl alcohol	Not Available
ethylene glycol monobutyl ether	Not Available
Ingredients determined to be non-hazardous	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
diethylene glycol monobutyl ether	Not Available
benzyl alcohol	Not Available
ethylene glycol monobutyl ether	Not Available
Ingredients determined to be non-hazardous	Not Available

SECTION 15 Regulatory information

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

diethylene glycol monobutyl ether is found on the following regulatory lists

— Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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

— Australian Inventory of Industrial Chemicals (AIIC)

benzyl alcohol is found on the following regulatory lists

— Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

— Australian Inventory of Industrial Chemicals (AIIC)

ethylene glycol monobutyl ether is found on the following regulatory lists

— Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

— Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

— Australian Inventory of Industrial Chemicals (AIIC)

— International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (diethylene glycol monobutyl ether; benzyl alcohol; ethylene glycol monobutyl ether; Ingredients determined to be non-hazardous)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes

Continued...

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National Inventory	Status
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. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date: 13/03/2024

Initial Date: 13/03/2024

CONTACT POINT

IMMEDIATELY contact the local POISON CONTROL center for your area (24 hours): Alberta 1-800-332-1414 British Columbia 1-800-567-8911 Manitoba 1-855-776-4766 New Brunswick 911 Newfoundland and Labrador 1-866-727-1110 Northwest Territories 1-800-332-1414 Nova Scotia and Prince Edward Island 1-800-565-8161, 1-800-332-1414 or 911 Nunavut 1-800-268-9017 Ontario 1-800-268-9017 Quebec 1-800-463-5060 Saskatchewan 1-866-454-1212 Yukon Territory 867-393-8700 United States 1-800-222-1222 Contactez IMMÉDIATEMENT le centre ANTIPOISON de votre région (24 heures): Alberta 1-800-332-1414 Colombie-Britannique 1-800-567-8911 Manitoba 1-855-776-4766 Nouveau-Brunswick 911 Terre-Neuve-et-Labrador 1-866-727-1110 Territoires du Nord-Ouest 1-800-332-1414 Nouvelle-Écosse et Île-du-Prince-Édouard 1-800-565-8161, 1-800-332-1414 ou 911 Nunavut 1-800-268-9017 Ontario 1-800-268-9017 Québec 1-800-463-5060 Saskatchewan 1-866-454-1212 Territoire du Yukon 867-393-8700 États-Unis: 1-800-222-1222

Other information

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

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

Definitions and abbreviations

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

- AIC: 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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