

API Pond PimaFix

Mars Fishcare North America, Inc.

Chemwatch Hazard Alert Code: 3

Chemwatch: 4656-50

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Safety Data Sheet according to OSHA HazCom Standard (2012) requirements

L.GHS.USA.EN

SECTION 1 IDENTIFICATION

Product Identifier

Product name	API Pond PimaFix
Synonyms	Solution ID# 3512
Other means of identification	Not Available

Recommended use of the chemical and restrictions on use

Relevant identified uses	Use according to manufacturer's directions. For product 178..
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Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	Mars Fishcare North America, Inc.
Address	50 E. Hamilton Street, Chalfont PA 18914 United States
Telephone	215 822 8181
Fax	215 997 1290
Website	Not Available
Email	Not Available

Emergency phone number

Association / Organisation	Mars Fishcare North America, Inc.
Emergency telephone numbers	ChemTel: 1-800-255-3924
Other emergency telephone numbers	ChemTel: 1-813-248-0585

SECTION 2 HAZARD(S) IDENTIFICATION

Classification of the substance or mixture

NFPA 704 diamond



Note: The hazard category numbers found in GHS classification in section 2 of this SDSs are NOT to be used to fill in the NFPA 704 diamond. Blue = Health Red = Fire Yellow = Reactivity White = Special (Oxidizer or water reactive substances)

Classification	Eye Irritation Category 2B, Skin Sensitizer Category 1, Respiratory Sensitizer Category 1, Germ cell mutagenicity Category 2, Carcinogenicity Category 1B, Chronic Aquatic Hazard Category 2
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Label elements

Hazard pictogram(s)	
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SIGNAL WORD DANGER

Continued...

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Hazard statement(s)

H320	Causes eye irritation.
H317	May cause an allergic skin reaction.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H341	Suspected of causing genetic defects.
H350	May cause cancer.
H411	Toxic to aquatic life with long lasting effects.

Hazard(s) not otherwise classified

Not Applicable

Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read label before use.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P261	Avoid breathing mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.
P285	In case of inadequate ventilation wear respiratory protection.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.
P363	Wash contaminated clothing before reuse.
P302+P352	IF ON SKIN: Wash with plenty of soap and 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.
P391	Collect spillage.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
8006-78-8	<3	<u>WEST INDIAN BAY OIL</u>
Not Available		non hazardous ingredients, including
7732-18-5	>60	<u>DI METERED WATER</u>

Continued...

The specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret.

SECTION 4 FIRST-AID MEASURES

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▶ Other measures are usually unnecessary.
Ingestion	<ul style="list-style-type: none"> ▶ Immediately give a glass of water. ▶ First aid is not generally required. In doubt, contact a Poisons Information Centre or a doctor.

Most important symptoms and effects, both acute and delayed

See Section 11

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 FIRE-FIGHTING MEASURES

Extinguishing media

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

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

In such an event consider:

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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Special protective equipment and precautions for fire-fighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ The material is not readily combustible under normal conditions. ▶ However, it will break down under fire conditions and the organic component may burn. ▶ Not considered to be a significant fire risk. ▶ Heat may cause expansion or decomposition with violent rupture of containers. ▶ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. <p>Decomposes on heating and produces toxic fumes of: carbon dioxide (CO₂) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p>

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	<ul style="list-style-type: none"> ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	<p>Moderate hazard.</p> <ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Neutralise/decontaminate residue (see Section 13 for specific agent). ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ 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.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Polyethylene or polypropylene container. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	None known



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- X** — Must not be stored together
0 — May be stored together with specific preventions
+ — May be stored together

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
API Pond PimaFix	Not Available	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
WEST INDIAN BAY OIL	Not Available	Not Available
DI METERED WATER	Not Available	Not Available

MATERIAL DATA

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- ▶ cause inflammation
- ▶ cause increased susceptibility to other irritants and infectious agents
- ▶ lead to permanent injury or dysfunction
- ▶ permit greater absorption of hazardous substances and
- ▶ acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.</p> <p>An approved self contained breathing apparatus (SCBA) may be required in some situations.</p> <p>Provide adequate ventilation in warehouse or closed storage area. 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.</p>								
	<table border="1"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>solvent, vapours, degreasing etc., evaporating from tank (in still air).</td> <td>0.25-0.5 m/s (50-100 f/min.)</td> </tr> <tr> <td>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)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> </tbody> </table>	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.)
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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.

Personal protection



Eye and face protection

- ▶ Safety glasses with side shields.
- ▶ Chemical goggles.
- ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

Skin protection

See Hand protection below

Hands/feet protection

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

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

	<p>times.</p> <p>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.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> - 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 <p>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.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Respiratory protection

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

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Hazy dark tan coloured liquid; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	1.005
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	5.5	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	<p>The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.</p> <p>Not normally a hazard due to non-volatile nature of product</p>
Ingestion	<p>The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.</p>
Skin Contact	<p>The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.</p> <p>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.</p>
Eye	<p>Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>
Chronic	<p>Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population. Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.</p> <p>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.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p>

API Pond PimaFix	TOXICITY	IRRITATION
	Not Available	Not Available
WEST INDIAN BAY OIL	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >5000 mg/kg ^[2]	Not Available
	Oral (rat) LD50: 1800 mg/kg ^[2]	
DI METERED WATER	TOXICITY	IRRITATION
	Oral (rat) LD50: >90000 mg/kg ^[2]	Not Available

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

API Pond PimaFix	<p>Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy.</p>
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They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

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

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 conjugal 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.

WEST INDIAN BAY OIL

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 **prehapten** 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.

In the case of prehapten, it is possible to prevent activation outside the body to a certain extent by different measures, e.g. prevention of air exposure during handling and storage of the ingredients and the final product, and by the addition of suitable antioxidants. When antioxidants are used, care should be taken that they will not be activated themselves and thereby form new sensitisers.

Prehapten

Most terpenes with oxidisable allylic positions can be expected to autoxidise on air exposure due to their inherent properties. Depending on the stability of the oxidation products that are formed, a difference in the sensitisation potency of the oxidised terpenes can be seen.

Autoxidation is a free radical chain reaction in which hydrogen atom abstraction in combination with addition of oxygen forms peroxy radicals. The reaction shows selectivity for positions where stable radicals can be formed. So far, all fragrance substances that have been investigated with regard to the influence of autoxidation on the allergenic potential, including identification of formed oxidation products, have oxidisable allylic positions that are able to form hydroperoxides and/or hydrogen peroxide as primary oxidation products upon air exposure. Once the hydroperoxides have been formed outside the skin they form specific antigens and act as skin sensitisers. Secondary oxidation products such as aldehydes and epoxides can also be allergenic, thus further increasing the sensitisation potency of the autoxidation mixture. The process of photoactivation may also play a role, but further research is required to establish whether this activation route is currently underestimated in importance due to insufficient knowledge of the true haptens in this context.

It should be noted that activation of substances via air oxidation results in various haptens that might be the same or cross-reacting with other haptens (allergens). The main allergens after air oxidation of linalool and linalyl acetate are the hydroperoxides. If linalyl acetate is chemically hydrolysed outside the skin it can thereafter be oxidised to the same haptens as seen for linalool. A corresponding example is citronellol and citronellyl acetate. In clinical studies, concomitant reactions to oxidised linalool and oxidised linalyl acetate have been observed. Whether these reactions depend on cross-reactivity or are due to exposure to both fragrance substances cannot be elucidated as both have an allergenic effect themselves. Linalool and linalyl acetate are the main components of lavender oil. They autoxidise on air exposure also when present in the essential oil, and form the same oxidation products found in previous studies of the pure synthetic terpenes. Experimental sensitisation studies showed that air exposure of lavender oil increased the sensitisation potency. Patch test results in dermatitis patients showed a connection between positive reactions to oxidised linalool, linalyl acetate and lavender oil.

Prohapten

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

In the case of prohapten, 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 (citral) 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 sensitizers 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.

For monoterpenes:

The chemical category designated terpenoid hydrocarbons includes three simple C10 isomeric monocyclic terpene hydrocarbons (*d*-limonene, *dl*-limonene, and terpinolene) two simple C10 acyclic terpene hydrocarbons (*beta*-myrcene and dihydromyrcene) and mixtures composed primarily of *d*-limonene, *dl*-limonene (dipentene), terpinolene, myrcene, and *alpha* and *beta*-pinene

Monoterpene hydrocarbons are mainly released by coniferous woodland such as pine trees, cedars, redwood and firs. To a lesser extent, they are also produced and released by deciduous plants. They are common components of traditional foods occurring in essentially all fruits and vegetables.

Members of this chemical category are of very low acute toxicity

Studies of terpene hydrocarbons indicate that they are rapidly absorbed, distributed, metabolised and excreted. The principal metabolic pathway involves side chain oxidation to yield monocyclic terpene alcohols and carboxylic acids.

These metabolites are mainly conjugated with glucuronic acid and excreted in the urine, or to a lesser extent in the feces. A secondary pathway involves epoxidation of either the exocyclic or endocyclic double bond yielding an epoxide that is subsequently detoxicated *via* formation of the corresponding diol or conjugation with glutathione. Although some species- and sex-specific differences exist, studies for *d*-limonene and *beta*-myrcene indicate that the monoterpene hydrocarbons in this chemical category will participate in common pathways of absorption, distribution, metabolism and excretion.

Genotoxicity: Based on the results of this *in vivo* genotoxicity assay and the numerous *in vitro* genotoxicity assays, it is unlikely that any of these materials would exhibit a significant genotoxic potential *in vivo*.

Carcinogenicity: Under the conditions of 2-year gavage studies, conducted by NTP, there was clear evidence of carcinogenic activity of *d*-limonene for male F344/N rats as shown by increased incidences in tubular cell hyperplasia, adenomas, and adenocarcinomas of the kidney. There was no evidence of carcinogenic activity of *d*-limonene for female rats receiving 300 or 600 mg/kg bw/d. It has been demonstrated that renal lesions, which were observed in the NTP study, resulted from the accumulation of aggregates of *alpha*-2 microglobulin (a low molecular-weight protein synthesised in the liver) and limonene-1,2-epoxide in the P2 segment of the renal proximal tubule. While humans produce low molecular weight serum proteins, which are reabsorbed by the kidney, there is no evidence that a similar *alpha*-2 microglobulin is produced.

The kidney changes seen in male rats administered limonene have been well characterized, and are known to be specific to the male rat and of no significance in human risk assessment.

Reproductive toxicity: Substances within this chemical category exhibit low reproductive toxicity potential. This is based on the results of three reproductive toxicity assays. using sweet orange peel oil predominantly composed of *d*-limonene and *beta*-myrcene.

Developmental toxicity: Given the results of six developmental toxicity assays using limonene, sweet orange oil and *beta*-myrcene, it may be concluded that the substances within this chemical category exhibit low developmental toxicity potential

Epoxidation of double bonds is a common bioactivation pathway for alkenes. The allylic epoxides, so formed, were found to possess sensitising capacity *in vivo* and *in vitro* and to be chemically reactive towards a common hexapeptide containing the most common nucleophilic amino acids. Further-more, a SAR study of potentially prohaptenic alkenes demonstrated that conjugated dienes in or in conjunction with a six-membered ring are prohaptenes, whereas related alkenes containing isolated double bonds or an acyclic conjugated diene were weak or nonsensitizing compounds. This difference in sensitizing capacity of conjugated dienes as compared to alkenes with isolated double bonds was found to be due to the high reactivity and sensitizing capacity of the allylic epoxides metabolically formed from conjugated dienes. Allergic Contact Dermatitis—Formation, Structural Requirements, and Reactivity of Skin Sensitizers.

Ann-Therese Karlberg et al: Chem. Res. Toxicol. 2008, 21, pp 53–69

http://ftp.cdc.gov/pub/Documents/OEL/06.%20Dotson/References/Karlberg_2008.pdf

Estragole or its metabolites administered to adult or newborn mice of different strains, through different routes of administration, produced malignant liver tumours.

Several studies have clearly established that the profiles of metabolism, metabolic activation, and covalent binding are dose dependent and that the relative importance diminishes markedly at low levels of exposure (i.e. these events are not linear with respect to dose). In particular, rodent studies show that these events are minimal probably in the dose range of 1-10 mg/kg body weight, which is approximately 100-1000 times the anticipated human exposure to this substance. For these reasons it is concluded that the present exposure to estragole resulting from consumption of herbal medicinal products (short time use in adults at recommended doses) does not pose a significant cancer risk. In the meantime exposure of estragole to sensitive groups such as young children, pregnant and breastfeeding women should be

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minimized.

The Scientific Committee on Food from the Health & Consumer Protection Directorate-General took a more concerned position and concluded that "Estragole has been demonstrated to be genotoxic and carcinogenic. Therefore the existence of a threshold cannot be assumed and the Committee could not establish a safe exposure limit. Consequently, reductions in exposure and restrictions in use levels are indicated.

Carcinogenicity of estragole has not been adequately studied in the rat. One subcutaneous injection study of derivatives of estragole in adult male rats did not observe any treatment-related increase in tumours. Regarding other relevant data, estragole produced genotoxic effects in *Salmonella typhimurium*, yeast, and mammalian cells.

Several DNA adducts have been characterized. Further strong supporting evidence of carcinogenicity comes from comparisons of compounds structurally similar to estragole (e.g., safrole, methyleugenol) which produce liver tumours and tumors at other sites in rodents.

The mode of action for estragole carcinogenicity has been well characterized and proceeds through a genotoxic mechanism. Estragole is metabolized by the liver to 1'-hydroxyestragole and several epoxide compounds.

1'-Hydroxyestragole is further

conjugated with sulfate to form a sulfuric acid ester compound that readily binds to DNA and is responsible for most, if not all, of estragole's hepatocellular carcinogenicity in mice. Metabolism of estragole through this pathway appears to be quantitatively consistent among humans and rodents.

For eugenol:

Acute toxicity: The acute oral, dermal and inhalation toxicity in mammals of eugenol is low .

Acute toxic effects at high doses include destruction of the gastric mucosa, capillary hemorrhaging in dogs, gastric inflammation and depression of secretory capacity, liver discoloration and mottling in rats, and liver congestion in dogs. Single-dose studies in rats were used to determine the level at which no toxic effects were observed, and 250 mg/kg was selected as the NOAEL-equivalent by WHO. This dose was used to develop the acceptable daily intake (ADI) of 2.5 mg/kg-day for humans, dividing the NOAEL by the intra- and inter-species factors of 10.

Eugenol has been found to produce reversible, dose-dependent anaesthetic effects in rats at moderate doses (5-60 mg/kg)

Eugenol is readily absorbed through the skin. Products containing eugenol or clove oil may cause irritation to the skin and eyes.

The vapour pressure of eugenol is moderately high (0.0226 mm Hg at 25 C), indicating that inhalation may contribute substantially to exposure, especially for workers.

Eugenol produces cardiovascular effects; it possesses vasorelaxant properties. The relaxant effects of eugenol at 300 micromoles per liter (uM) were comparable to those induced by nifedipine, a selective Ca²⁺ channel blocker, at 0.01 uM, producing similar relaxant effects. The authors of this study concluded that eugenol produces smooth muscle relaxation resulting from the blockade of both voltagesensitive and receptor-operated channels that are modulated by endothelial-generated nitric oxide.

A second study evaluated the effects of injections of 1-10 mg eugenol/kg on vascular relaxation. Dose-dependent hypotension and bradycardia were observed. The authors indicate that "The bradycardia appears dependent upon the presence of an intact and functional parasympathetic nerve drive to the heart while the hypotension is due to an active vascular relaxation rather than withdrawal of sympathetic tone." These authors concluded that nitric oxide from vascular endothelial cells was *not* involved in the mediation of eugenol-induced hypotension.

Repeat dose toxicity: The subchronic toxicity of eugenol is low, with most studies showing no effects until a very high dose regime is entered. Up to 1.0% eugenol in the diet did not cause adverse effects. At intermediate doses by gavage, reduced weight gains, erosion of the epithelium in the stomach, and liver damage were observed. At the highest doses (10–12% of the diet), most of the test animals died.

Genotoxicity: The mutagenic and chromosomal effects of eugenol have also been investigated in *in vitro* studies.

Findings are contradictory, reflecting the results of the *in vivo* studies. Mutagenesis assays using *Salmonella* both with and without activation with the S9 fraction of the liver were negative.

An assay using Syrian hamster embryo (SHE) cells found that eugenol induces chromosome aberrations.⁷⁵ Similar results were observed in V79 cells at higher doses The S9 fraction of the liver increased the induction of chromosome aberrations in a dose-dependent manner. The results confirm that eugenol is genotoxic and raises the possibility of it having topoisomerase II inhibiting activity. Topoisomerases are involved in the unwinding of the DNA helix during the replication process.

Eugenol has been found to inhibit the inducible cyclooxygenase (COX2) enzyme that has been implicated in the processes of inflammation and carcinogenesis. Potential COX2 inhibitors have been considered as anti-inflammatory or cancer chemopreventive agents.

Eugenol produced a positive recombinagenic response in the somatic mutation and recombination test (SMART) assay using *Drosophila*, which is related to a high cytochrome P450-dependent activation capacity. The authors suggest that this family of enzymes is involved in the activation of eugenol rather than in its detoxification

Carcinogenicity: Eugenol was not carcinogenic to rats; in mice, significant increases in liver tumors were observed.

Eugenol gave both positive and negative results in mutagenesis tests, induced chromosomal aberrations and increased sister chromatid exchanges in *in vitro* tests. Based on the limited and conflicting evidence of carcinogenicity, neither IARC nor NTP listed eugenol as a carcinogen.

Eugenol was reported to inhibit the carcinogenicity of benzo(a)pyrene when the compounds were applied together in a carcinogenic skin-painting study. In a limited study in mice, eugenol did not potentiate the tumourigenic effects of methylcholanthrene

Monomethyltin chloride, thioglycolate esters, and tall oil ester reaction product:

Monomethyltin trichloride (MMTC, CAS RN: 993-16-8), monomethyltin tris[2-ethylhexylmercaptoacetate (MMT (EHTG); MMT (2-EHMA), CAS RN: 57583-34-3), monomethyltin tris[isooctylmercaptoacetate (MMT(IOTG), CAS RN: 54849-38-6) and methyltin reverse ester tallate reaction product (TERP, CAS RNs: 201687-58-3, 201687-57-2, 68442-12-6, 151436-98-5) are considered one category of compounds for mammalian studies via the oral route. The justification for this category is based on structural similarities and the demonstrated rapid conversion of all of the esters to the MMTC when placed in simulated mammalian gastric contents [0.07M HCl] under physiological conditions. For the MMT(EHTG)

>90% conversion to MMTC occurred within 0.5 hours. For TERP, 68% of the monomethyltin portion of the compound was converted to MMTC within 1 hour. Thus, MMTC is the appropriate surrogate for mammalian toxicology studies via the oral route.

TERP is a reaction product of MMTC and dimethyltin dichloride (DMTC), Na₂S, and tall oil fatty acid [a mixture of carboxylic acids, predominantly C-18]. The reaction product is a mixture of carboxylic esters and includes short oligomers of mono/dimethyltins bridged by sulfide groups. Although the tall oil component of TERP is not structurally similar to EHTG, TERP's conversion to MMTC justifies its inclusion. While the contribution of the various ligands to the overall toxicity may vary, the contribution is expected to be small relative to that of the MMTC. Further, the EHTG ligand from MMT(EHTG) is likely to be more toxic than the oleic or linoleic acid from TERP so inclusion of TERP in the category is a rather conservative approach. The other possible degradate of tall oil and EHTG is 2-mercaptoethanol (2-ME), and it is common to both ligands.

Data for MMT(EHTG) and MMT(IOTG) are used interchangeably because they are isomers differing only slightly in the structure of the C-8 alcohol of the mercaptoester ligand. In addition, the breakdown products of MMT(EHTG) and MMT(IOTG) are the thioglycolate esters (EHTG and IOTG), which have the common degradates, thioglycolic acid and C-8 alcohols (either 2-ethylhexanol or isooctanol). EHTG and IOTG also have similar physicochemical and toxicological properties.

The chemistry of the alkyl organotins has been well studied. For organotins, like MMT(EHTG), the alkyl groups are strongly bound to tin and remain bound to tin under most reaction conditions. However, other ligands, such as carboxylates or sulfur based ligands (EHTG), are more labile and are readily replaced under mild reaction conditions. To assess the reactivity of MMT(EHTG) under physiological conditions simulating the mammalian stomach, an in-vitro hydrolysis test was performed. This in vitro test provides chemical information that strongly suggests both the probable in vivo metabolic pathway and the toxicokinetics of the MMT(EHTG) substance. This result verifies that under physiological conditions MMT(EHTG) is rapidly and essentially completely converted to the corresponding monomethyltin chloride, MMTC.

Acute toxicity:

The majority of toxicology studies were conducted with commercial mixtures having high monoalkyltin to dialkyltin ratios. Gastric hydrolysis studies were conducted with TERP and MMT(EHTG) in which simulated gastric fluid [0.07M HCl under physiological conditions] converted these substances to methyltin chloride and the respective organic acids. Based on data for DMTC and DMT esters the dermal penetration of MMTC and its esters is expected to be low.

Oral:

Acute oral LD₅₀ values for MMTC, MMT(EHTG), MMT(IOTG), and TERP indicated low to moderate toxicity; the most reliable data place the LD₅₀s in the range of 1000 mg/kg.

The acute oral LD₅₀ of MMT(2-EHMA) was 880 mg/kg in rats. Clinical observations included depression, comatose, piloerection, eye squinting, hunched posture, laboured breathing, ataxia, faecal/urine stains, and masticatory movement. No gross pathological changes were reported in surviving animals.

Dermal

Acute dermal LD₅₀ values were =1000 mg/kg bw, and inhalation LC₅₀ was >200 mg/L. MMTC was corrosive to skin and assumed corrosive to eyes.

The acute dermal LD₅₀ of MMT(2-EHMA) in rabbits was 1000 (460 to 2020) mg/kg for females and 2150 (1000 to 4620) mg/kg for males. There were no deaths at 215 and 464 mg/kg, 0/2 males and 1/2 females died at 1000 mg/kg and 1/2 males and 2/2 females died at 2150 mg/kg. All animals died at 4640 and 10 000 mg/kg. A variety of clinical abnormalities were observed and disappeared in surviving animals by the end of the exposure period. Clinical signs included death, uncoordinated movements, shaking, and hypersensitivity to external stimuli.

Gross necropsy results for animals that died during the study included irritated intestines; blanched stomach; reddened lungs; pale or congested kidneys; and oral, ocular and/or nasal discharges

Inhalation:

The acute inhalation LC₅₀ of MMT(2-EHMA) was 240 mg/L.

The study reported an acute inhalation LC₅₀ of 240 (212 to 271) mg/L in a 1-hr aerosol exposure to male and female rats. The mortality rate was 2/10, 6/10, 9/10 and 10/10 animals at dose levels of 200, 250, 300 and 250 mg/L/hr, respectively.

Gross findings included blood in lungs, dark spleen, pale kidneys, fluid in the chest cavity, and heart failure. The slope of the dose-response curve was 1.22 (1.04 to 1.43).

Irritation:

MMT(IOTG)/(EHTG) are irritating to skin, but not to eyes.

Sensitisation:

No data on sensitization are available on MMT(EHTG)/(IOTG), but the hydrolysis products EHTG or IOTG are sensitizers.

No primary irritation data were available for TERP, but it was a sensitizer in the mouse Local Lymph Node Assay.

Topical application with 5, 25 and 50 % v/v MMT(2-EHMA) elicited a stimulation index (SI) of 2.13, 7.25 and 9.05, respectively in a local lymph node assay (OECD 429), thus the material is a sensitizer.

Repeat dose toxicity:

There are no repeated-dose studies for the category members via the dermal or inhalation routes.

In a 90-day repeated dose oral study of MMTC, treatment-related changes were limited to the high dose group (750 ppm in diet; 50 mg/kg bw/d with some gender-related variation). Organ weight changes (adrenal, kidney, thymus, spleen, brain, epididymides), haematology, clinical chemistry, and urinalysis changes were noted, but histopathology only confirmed effects in the thymus and brain. The critical toxic effects were neurotoxicity and thymic atrophy. Both sexes had decreased cortex/medulla ratios in the thymus. In the brain there was loss of perikarya of neuronal cells in the pyramidal layer of the Hippocampus CA1/2 in both sexes, and in males there was loss of perikarya in the piriform cortex. The NOAEL was 150 ppm (10 mg/kg bw/d). Another 90-day dietary study using MMTC showed increased relative kidney weights and slight to moderate epithelial hyperplasia of the bladder in females at the lowest dose (NOAEL <20 ppm in diet [$<1-3.6$ mg/kg bw/d]) and additional effects including increased relative thymus weights in females and urinalysis results in both sexes at higher doses.

A 90-day dietary study with dose levels of 30, 100, 300, and 1000 ppm TERP in the diet resulted in slightly decreased food intake, body and organ weight changes, and decreased specific gravity of the urine at the highest dose. The NOAEL was 300 ppm in diet (equivalent to 15 mg/kg bw/d). A 28-day gavage study using TERP showed changes in clinical

chemistry and slight differences in haematology at 150 mg/kg bw/d and higher. The NOAEL was 50 mg/kg bw/d. The effects of MMT(IOTG) were evaluated in a 90-day dietary study using doses of 100, 500, and 1500 ppm (decreased from 2500 ppm) in the diet. Based on clinical chemistry effects at 500 ppm and other effects at higher doses, the NOAEL was 100 ppm in diet (approximately 6-21 mg/kg bw/d).

Neurotoxicity:

In a guideline 90-day subchronic dietary study conducted in Wistar rats, effects occurred at the high dose of 750 ppm MMT(2-EHMA, (equivalent to 49.7 mg/kg bw/day in males and 53.6 mg/kg bw/day in females), which consisted of changes in neurobehavioral parameters and associated brain histopathology. The NOAEL was the next lower dose of 150 ppm (equivalent to 9.8 mg/kg bw/day in males and 10.2 mg/kg bw/day in females)

Immunotoxicity:

Immune function was assessed in male Sprague-Dawley rats exposed to the mixture of organotins used in PVC pipe production.

Adult male rats were given drinking water for 28 d containing a mixture of dibutyltin dichloride (DBTC), dimethyltin dichloride (DMTC), monobutyltin trichloride (MBT), and monomethyltin trichloride (MMT) in a 2:2:1:1 ratio, respectively, at 3 different concentrations (5:5:2.5:2.5, 10:10:5:5, or 20:20:10:10 mg organotin/L). Rats were also exposed to MMT alone (20 or 40 mg MMT/L) or plain water as a control. Delayed-type hypersensitivity, antibody synthesis, and natural killer cell cytotoxicity were evaluated in separate endpoint groups immediately after exposure ended.

The evaluated immune functions were not affected by the mixture or by MMT alone. The data suggest that immunotoxicity is unlikely to result from the concentration of organotins present in drinking water delivered via PVC pipes, as the concentrations used were several orders of magnitude higher than those expected to leach from PVC pipes

Genotoxicity:

In a guideline 90-day subchronic dietary study in rats, with MMT(2-EHMA), based on the changes in neurobehavioral parameters and associated brain histopathology that occurred at the high dose of 750 ppm (equivalent to 49.7 mg/kg bw/day in males and 53.6 mg/kg bw/day in females), as well as changes in haematology, clinical chemistry, urinalysis, organ weights, and pathology of the thymus at the same dose, the NOAEL was the next lower dose of 150 ppm (equivalent to 9.8 mg/kg bw/day in males and 10.2 mg/kg bw/day in females).

The monomethyltin compounds as a class are not mutagenic in the Ames test. TERP was positive in a human lymphocyte assay. MMTC was equivocal for induction of micronucleated polychromatic erythrocytes (MPEs) in an *in vivo* rat micronucleus test (OECD 474). In this study a statistically significant increase in MPE was observed only at 24 h and not at 48 h after treatment and there was no dose-response. Based on these observations the overall conclusion is that MMTC does not have genotoxic potential.

From the results obtained in a micronucleus test with MMT(2-EHMA), it was demonstrated that the substance was weakly genotoxic to bone marrow cells of rats and that the substance has the potential to induce damage to the mitotic spindle apparatus of the bone marrow target cells.

Carcinogenicity:

In a limited carcinogenicity study, MMT(EHTG) produced no compound-related macroscopic or microscopic changes in rats fed 100 ppm in the diet for two years.

Toxicity to reproduction:

In the reproductive satellite portion of the 90-day study using MMTC (with dose levels of 30, 150, and 750 ppm in the diet), post-implantation loss, decreased litter size and increased neonatal mortality occurred at 750 ppm (26-46 mg/kg bw/d for females). Maternal gestational body weights were transiently suppressed and other maternal toxicity was inferred from the repeated dose results at this dose. There were no malformations observed at any dose. The NOAEL for maternal toxicity, and reproductive, and foetotoxic effects was 150 ppm in the diet (6-12 mg/kg bw/d).

SIDS Initial Assessment Profile (SIAM 23 2006)

ECHA Registration Dossier for MMT(2-EHMA) (ethylhexyl 10-ethyl-4-[[2-[(2-ethylhexyl)oxy]-2-oxoethyl]thio]-4-methyl-7-oxo-8-oxa-3,5-dithia-4-stannatetradecanoate)

For linalool:

Linalool gradually breaks down when in contact with oxygen, forming an oxidized by-product that may cause allergic reactions such as eczema in susceptible individuals. Between 5 and 7% of patients undergoing patch testing in Sweden were found to be allergic to the oxidized form of linalool.[

Linalool has an acute oral mammalian LD50 close to 3,000 mg/kg bw; the acute dermal toxicity is ~ 2,000 mg/kg bw. After inhalation exposure of mice and man, slight sedative effects were observed; however a dose response characteristic could not be determined. Linalool is irritating to the skin, based on animal studies, and is a mild irritant from human experience. It may be moderately irritant to the eyes at the same concentration where it produces nasal pungency. Linalool is considered not to be a sensitizer. The incidence of dermal reaction to linalool is below 1% in naïve probands (not knowingly pre-sensitized) while in subjects pre-sensitized to fragrances it is up to 10%.

In a 28-day oral rat study (72.9% linalool) findings were increased liver and kidney weight, thickened liver lobes and pale areas on the kidneys and in females only hepatocellular cytoplasmic vacuolisation. Other findings were related to local irritation of the gastro-intestinal tract. Based on the effects on liver and kidney a NOAEL of 160 mg/kg bw/d (equivalent to 117 mg/kg bw/d linalool) was derived. In this study no effects on male and female gonads were found.

Linalool was not mutagenic in seven out of eight bacterial tests nor in two (one *in vitro* and one *in vivo*) mammalian tests; the one positive bacterial result is estimated to be a chance event.

Linalool (72.9%) was tested in a reproduction screening test (non-OECD). The NOAEL for maternal toxicity based on clinical signs and effects on body weight and food consumption was 500 mg/kg bw/d (equivalent to 365 mg/kg bw/d linalool). The NOAEL on reproduction toxicity and developmental toxicity is 500 mg/kg bw/d (equivalent to 365 mg/kg bw linalool), based on the decreased litter size at birth and pup morbidity/mortality thereafter.

Linalool seems not to be an immunotoxicant according to one animal study.

For terpenoid tertiary alcohols and their related esters:

Substances assigned to this category, as part of the HPV Challenge Program, possess close structural relationships, similar physicochemical properties and participate in the same pathways of metabolic detoxification and have similar toxicologic potential.

Acute Toxicity: Oral and dermal LD50 values for members of this chemical category indicate a low order of both oral and

dermal toxicity. All rabbit dermal, and mouse and rat oral LD50 values exceed 2000 mg/kg with the majority of values greater than 5000 mg/kg

Repeat dose toxicity: In a safety evaluation study, a 50/50 mixture of linalool and citronellol was fed to male and female rats (number and strain not specified) in the diet. The daily intake was calculated to be 50 mg/kg bw of each. Measurements of haematology, clinical chemistry, and urinalysis at weeks 6 and 12 showed no statistically significant differences between test and control groups. Histopathology revealed no dose-related lesions. A slight retardation of growth was observed in males only, but was concluded by the authors to be biologically insignificant

Reproductive toxicity: Four groups of 10 virgin Crl CD rats were administered 0, 250, 500, or 1000 mg/kg bw of an essential oil (coriander oil) known to contain 73% linalool by mass. The test material was given by gavage once daily, 7 days prior to cohabitation, through cohabitation (maximum of 7 days), gestation, delivery, and a 4-day post-parturition period. The duration of the study was 39 days. Maternal effects reported included increased body weight and increased food consumption at 250 mg/kg/d, a non-statistically significant decrease in body weight and food consumption and decreased gestation index and decreased length of gestation at 500 mg/kg/d, and a statistically significant decrease in body weight and food consumption, statistically significant decrease in gestation index, length of gestation, and litter size at 1000 mg/kg/d. The only effect on pups was a decrease in viability of pups at the highest dose level. The authors concluded that there were no effects observed in the dams at the low dose of 250 mg/kg bw/d or in the offspring at the 250 and 500 mg/kg bw/d levels. The authors concluded that the maternal NOAEL was 250 mg/kg/d and the developmental NOAEL was 500 mg/kg/d.

Four groups of 10 virgin Crl CD rats were administered 0, 375, 750, or 1500 mg/kg bw of an essential oil (cardamom oil) known to contain greater than 65 % tertiary terpenoid alcohols with 5 % alpha-terpineol acetate by mass. Maternal observations included a non-statistically significant decrease in body weight gain and food consumption at 375 mg/kg/d. Mortality, clinical signs, a statistically significant decrease in body weight gain and food consumption, and gross lesions at necropsy were seen at 750 and 1500 mg/kg/d. The only effects on pups were a reduced body weight gain in pups at 750 and 1500 mg/kg/d and increased mortality at 1500 mg/kg/d. The authors concluded that there were no significant adverse effects in the dams or offspring at the 375 mg/kg/d dose. A maternal NOEL was reported to be less than 375 mg/kg/d based on reduced body weight gain and food consumption at 375 mg/kg/d and a developmental NOAEL was reported to be 375 mg/kg/d

Developmental toxicity: A range finding study and follow-up teratology study was performed with pine oil. Pregnant Crl:CD(SD) BR rats were given 0, 50, 100, 500, 750, or 1000 mg/kg/d by gavage in corn oil on days 6 to 20 of gestation. Laparotomies were performed, corpora lutea were counted, and the uterus of each rat was removed, weighed and then examined for number, placement and viability of implantations. Live foetuses were weighed, sexed and gross external alternations were identified. There were no deaths or abortions during the course of this study. Necropsy revealed no gross lesions. Maternal effects included local alopecia, decreased body weight gain and food consumption for the 3 highest dose levels. At 750 and 1000 mg/kg, average gravid uterine weight was reduced. In foetuses, decreased body weight was observed at dose levels of 100 mg/kg and above, and at dose levels of 500 and above there was a slight increase in average number of resorptions/litter.

In the follow-up teratology study, pregnant Crl:CD(SD) BR rats were given 0, 50, 600, or 1200 mg/kg/d by gavage in corn oil on days 6 to 20 of gestation. Six of the 25 rats in 1200 mg/kg dose group died and necropsies revealed that adrenal weights were significantly increased in these rats. At 1200 mg/kg/d, foetuses exhibited increased incidences of delayed ossification, delayed brain development, decreased weights, increased embryo-foetal mortality, and sunken eye bulge with associated soft and hard tissue findings, a dose that also resulted in maternal death and a low incidence of embryo-foetal death (resorption). The maternal and developmental NOEL for pine oil was greater than 50 mg/kg/d but less than 600 mg/kg/d

Genotoxicity: Mutagenicity/genotoxicity testing has been performed on six members of this chemical category, including a complete battery of in vitro genotoxicity tests using linalool. In nineteen separate in vitro tests on the mutagenicity and genotoxicity of terpenoid tertiary alcohols and related esters, all but two were negative. One of the positive results for linalool was observed in a rec assay using differences in growth rates in two strains of *Bacillus subtilis* as a measure of DNA changes. In contrast, no evidence of mutagenicity was observed in the same test at a higher concentrations nor was DNA damage observed in a rat hepatocyte UDS assay. The authors of the mouse lymphoma assay which gave a weak positive result for linalool, emphasized that positive results in this assay are commonly observed for polar substances in the absence of S-9 and may be associated with changes in physiologic culture conditions (pH and osmolality).

Based on a weight of evidence evaluation of the available in vitro and in vivo mutagenicity and genotoxicity assays on terpenoid tertiary alcohols and related esters, this group of flavouring substances would not be expected to exhibit a low genotoxic potential in vivo

Metabolic fate: Based on the results of hydrolysis, the reactivity of linalool in aqueous media, and data on metabolism it is concluded that members of this chemical category exhibit similar chemical and biochemical fate. The esters are readily hydrolyzed to the corresponding alcohols, linalool and alpha-terpineol. Linalool is then partially converted to alpha-terpineol mainly under acidic conditions. Alicyclic and aliphatic tertiary alcohols are efficiently detoxicated by two principal pathways: conjugation primarily with glucuronic acid and excretion primarily in urine, and omega-oxidation to eventually yield diacids and their reduced or hydrated analogs. These polar metabolites will be efficiently excreted primarily in the urine either unchanged or as the glucuronic acid conjugates. The physicochemical and toxicological properties of these substances are consistent with their known reactivity and common metabolic fate.

Esters belonging to this category can be hydrolysed to their corresponding terpenoid alcohol and organic acid. Hydrolysis can also be catalysed by a class of esters known as carboxylesterases or B-type esterases that predominated in hepatocytes.

Esters of tertiary terpenoid alcohols are readily hydrolyzed in animals, including fish. Once hydrolysed, the resulting alcohols undergo excretion unchanged or as the glucuronic acid conjugate. To a minor extent, CYP-450 mediated oxidation at the omega or omega-1 position yields polar oxidized metabolites capable of excretion primarily in the urine. Terpenoid alcohols formed in the gastrointestinal tract are readily absorbed. During hydrolysis under acidic condition cyclisation may occur.

In humans and animals, terpenoid tertiary alcohols primarily conjugate with glucuronic acid and are excreted in the urine

and feces. Terpenoid alcohols with unsaturation may also undergo allylic oxidation to form polar diol metabolites that may be excreted either free or conjugated. If the diol contains a primary alcohol function, it may undergo further oxidation to the corresponding carboxylic acid. In a minor pathway, the endocyclic alkene of alpha-terpineol is epoxidised and then hydrolyzed to yield a triol metabolite 1,2,8-trihydroxy--p-menthane which also has been reported in humans following inadvertent oral ingestion of a pine oil disinfectant containing alpha-terpineol.

Bicyclic tertiary alcohols are conjugated with glucuronic acid and excreted primarily in the urine. In rabbits the structurally related bicyclic tertiary alcohols thujyl alcohol (4-methyl-1-(1-methylethyl)bicyclo[3.1.0]-hexan-3-ol) and beta-santenol (2,3,7-

trimethylbicyclo[2.2.1]-heptan-2-ol) are conjugated with glucuronic acid. In a metabolism study using the terpenoid tertiary alcohol trans-sobrerol, in humans, dogs, and rats, ten metabolites were isolated in urine, eight of which were characterised in humans. Two principle modes of metabolism were observed, allylic oxidation of the ring positions and alkyl substituents, and conjugation of the tertiary alcohol fractions with glucuronic acid. These metabolic patterns are common modes of converting tertiary and secondary terpenoid alcohols to polar metabolites, which are easily excreted in the urine and faeces. Menthol forms similar conjugation products in rats

The material may produce severe 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) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

d-Limonene is readily absorbed by inhalation and ingestion. Dermal absorption is reported to be lower than by the inhalation route. d-Limonene is rapidly distributed to different tissues in the body, readily metabolised and eliminated primarily through the urine.

Limonene exhibits low acute toxicity by all three routes in animals. Limonene is a skin irritant in both experimental animals and humans. Limited data are available on the potential to cause eye and respiratory irritation. Autooxidised products of d-limonene have the potential to be skin sensitisers. Limited data are available in humans on the potential to cause respiratory sensitisation. Autooxidation of limonene occurs readily in the presence of light and air forming a variety of oxygenated monocyclic terpenes. Risk of skin sensitisation is high in situations where contact with oxidation products of limonene occurs.

Renal tumours induced by limonene in male rats is thought to be sex and species specific and are not considered relevant to humans. Repeated exposure affects the amount and activity of liver enzymes, liver weight, blood cholesterol levels and bile flow in animals. Increase in liver weight is considered a physiological adaptation as no toxic effects on the liver have been reported. From available data it is not possible to identify an NOAEL for these effects. Limonene is neither genotoxic or teratogenic nor toxic to the reproductive system.

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.

No significant acute toxicological data identified in literature search.

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

API Pond PimaFix	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

WEST INDIAN BAY OIL	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

Continued...

API Pond PimaFix

	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
DI METERED WATER	LC50	96	Fish	897.520mg/L	3
	EC50	96	Algae or other aquatic plants	8768.874mg/L	3
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
DI METERED WATER	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
DI METERED WATER	LOW (LogKOW = -1.38)

Mobility in soil

Ingredient	Mobility
DI METERED WATER	LOW (KOC = 14.3)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible. ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or incineration in a licensed apparatus (after admixture with suitable combustible material). ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
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SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	
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Land transport (DOT): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

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

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

WEST INDIAN BAY OIL(8006-78-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

International Air Transport Association (IATA) Dangerous Goods Regulations	US List of Active Substances Exempt from the TSCA Inventory Notifications (Active-Inactive) Rule
International Maritime Dangerous Goods Requirements (IMDG Code)	US Postal Service (USPS) Hazardous Materials Table: Postal Service Mailability Guide
United Nations Recommendations on the Transport of Dangerous Goods Model Regulations	US Postal Service (USPS) Numerical Listing of Proper Shipping Names by Identification (ID) Number
US Department of Transportation (DOT), Hazardous Material Table	US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

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

IMO IBC Code Chapter 18: List of products to which the Code does not apply	US TSCA Chemical Substance Inventory - Interim List of Active Substances
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory	

Federal Regulations

Superfund Amendments and Reauthorization Act of 1986 (SARA)

SECTION 311/312 HAZARD CATEGORIES

Flammable (Gases, Aerosols, Liquids, or Solids)	No
Gas under pressure	No
Explosive	No
Self-heating	No
Pyrophoric (Liquid or Solid)	No
Pyrophoric Gas	No
Corrosive to metal	No
Oxidizer (Liquid, Solid or Gas)	No
Organic Peroxide	No
Self-reactive	No
In contact with water emits flammable gas	No
Combustible Dust	No
Carcinogenicity	Yes
Acute toxicity (any route of exposure)	No
Reproductive toxicity	No
Skin Corrosion or Irritation	No
Respiratory or Skin Sensitization	Yes
Serious eye damage or eye irritation	No
Specific target organ toxicity (single or repeated exposure)	No
Aspiration Hazard	No
Germ cell mutagenicity	Yes
Simple Asphyxiant	No
Hazards Not Otherwise Classified	No

US. EPA CERCLA HAZARDOUS SUBSTANCES AND REPORTABLE QUANTITIES (40 CFR 302.4)

None Reported

State Regulations

API Pond PimaFix

US. CALIFORNIA PROPOSITION 65

None Reported

National Inventory Status

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (WEST INDIAN BAY OIL; DI METERED WATER)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (WEST INDIAN BAY OIL)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (WEST INDIAN BAY OIL)
Vietnam - NCI	Yes
Russia - ARIPS	No (WEST INDIAN BAY OIL)
Thailand - TECI	No (WEST INDIAN BAY OIL)
Legend:	Yes = All CAS declared ingredients are on the inventory No = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Revision Date	11/12/2018
Initial Date	11/09/2005

SDS Version Summary

Version	Issue Date	Sections Updated
5.1.1.1	06/27/2017	Classification
6.1.1.1	11/12/2018	Name

Other information

Ingredients with multiple cas numbers

Name	CAS No
WEST INDIAN BAY OIL	8006-78-8, 85085-61-6, 91721-75-4

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.

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