

# 315 Antimould

Chemwatch Material Safety Data Sheet  
Issue Date: 10-Jan-2010  
X9317SP

Hazard Alert Code: **EXTREME**

CHEMWATCH 1044641  
Version No:5  
Page 1 of 8

## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

315 Antimould

### PRODUCT USE

■ Used according to manufacturer's directions.  
Used in printing industry only.

### SUPPLIER

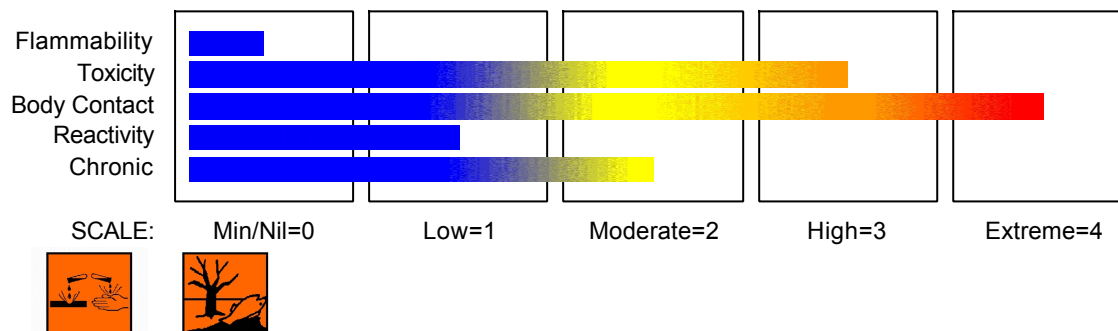
Company: Hurst Australia Pty Ltd  
Address:  
10 Bellona Avenue  
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## Section 2 - HAZARDS IDENTIFICATION

### STATEMENT OF HAZARDOUS NATURE

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

### CHEMWATCH HAZARD RATINGS



### RISK

- Toxic by inhalation, in contact with skin and if swallowed.
  - Causes burns.
  - Risk of serious damage to eyes.
  - May cause SENSITISATION by skin contact.
  - Very toxic to aquatic organisms.
  - Cumulative effects may result following exposure\*.
- \* (limited evidence).

### SAFETY

- Keep locked up.
- Do not breathe gas/fumes/vapour/spray.
- Avoid contact with skin.
- Avoid contact with eyes.
- Wear suitable protective clothing.
- In case of insufficient ventilation, wear suitable respiratory equipment.
- Wear suitable gloves.
- Wear eye/face protection.
- Use only in well ventilated areas.
- Keep container in a well ventilated place.
- Do not empty into drains.

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## Section 2 - HAZARDS IDENTIFICATION

- To clean the floor and all objects contaminated by this material, use water.
- Keep container tightly closed.
- This material and its container must be disposed of in a safe way.
- Keep away from food, drink and animal feeding stuffs.
- Take off immediately all contaminated clothing.
- In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.
- In case of accident or if you feel unwell IMMEDIATELY contact Doctor or Poisons Information Centre (show label if possible).
- Use appropriate container to avoid environmental contamination.
- Avoid release to the environment. Refer to special instructions/Safety data sheets.
- In case of accident by inhalation: remove casualty to fresh air and keep at rest.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
5- chloro- 2- methyl- 4- isothiazolin- 3- one	26172-55-4	10-<30

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

### EYE

- If this product comes in contact with the eyes:
  - Immediately hold eyelids apart and flush the eye continuously with 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.
  - Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
  - Transport to hospital or doctor without delay.

### SKIN

- If skin or hair contact occurs:
  - Immediately flush body and clothes with large amounts of water, using safety shower if available.
  - Quickly remove all contaminated clothing, including footwear.
  - Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
  - Transport to hospital, or doctor.

### INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.

### NOTES TO PHYSICIAN

- Treat symptomatically.
- For acute or short-term repeated exposures to highly alkaline materials:
- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
  - Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.

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Section 4 - FIRST AID MEASURES

- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.

## Section 5 - FIRE FIGHTING MEASURES

### EXTINGUISHING MEDIA

- There is no restriction on the type of extinguisher which may be used.
- Use extinguishing media suitable for surrounding area.

### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves for fire only.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use fire fighting procedures suitable for surrounding area.

### FIRE/EXPLOSION HAZARD

- nitrogen oxides (NOx), sulfur oxides (SOx), other pyrolysis products typical of burning organic material.
- May emit poisonous fumes.  
May emit corrosive fumes.
- Non combustible.
  - Not considered a significant fire risk, however containers may burn.

### FIRE INCOMPATIBILITY

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

### HAZCHEM

None

## Section 6 - ACCIDENTAL RELEASE MEASURES

### MINOR SPILLS

- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with sand, earth, inert material or vermiculite.

### MAJOR SPILLS

- Absorb or contain isothiazolinone liquid spills with sand, earth, inert material or vermiculite.
- The absorbent (and surface soil to a depth sufficient to remove all of the biocide) should be shovelled into a drum and treated with an 11% solution of sodium metabisulfite (Na<sub>2</sub>S<sub>2</sub>O<sub>5</sub>) or sodium bisulfite (NaHSO<sub>3</sub>), or 12% sodium sulfite (Na<sub>2</sub>SO<sub>3</sub>) and 8% hydrochloric acid (HCl).
- Glutathione has also been used to inactivate the isothiazolinones.
- Use 20 volumes of decontaminating solution for each volume of biocide, and let containers stand for at least 30 minutes to deactivate microbicide before disposal.

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

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

- 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.
- Avoid contact with moisture.

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Section 7 - HANDLING AND STORAGE

### SUITABLE CONTAINER

- Polyethylene or polypropylene container.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

### STORAGE INCOMPATIBILITY

- Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
- Avoid contact with copper, aluminium and their alloys.
- Avoid reaction with oxidising agents.

strong alkalis.

Avoid reaction with.

amines.

### STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

The following materials had no OELs on our records

- 5- chloro- 2- methyl- 4- isothiazolin- 3- one:

CAS:26172- 55- 4

### PERSONAL PROTECTION



### RESPIRATOR

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

### EYE

- Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure
- Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted
- Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.
- Alternatively a gas mask may replace splash goggles and face shields.

### HANDS/FEET

- Elbow length PVC gloves.
- When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

#### 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.

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.
- Butyl rubber gloves.
- Nitrile rubber gloves.

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.

### ENGINEERING CONTROLS

■ Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.

The basic types of engineering controls are:

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

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### APPEARANCE

Clear pink liquid with a faint characteristic odour; miscible with water.

### PHYSICAL PROPERTIES

Liquid.  
Mixes with water.  
Alkaline.  
Toxic or noxious vapours/gas.

State	Liquid	Molecular Weight	Not Applicable
Melting Range (°C)	Not Available	Viscosity	Not Available
Boiling Range (°C)	100	Solubility in water (g/L)	Miscible
Flash Point (°C)	Not Applicable	pH (1% solution)	Not Available
Decomposition Temp (°C)	Not Available	pH (as supplied)	Not Available
Autoignition Temp (°C)	Not Applicable	Vapour Pressure (kPa)	Not Available
Upper Explosive Limit (%)	Not Applicable	Specific Gravity (water=1)	1.03
Lower Explosive Limit (%)	Not Applicable	Relative Vapour Density (air=1)	>1
Volatile Component (%vol)	Not Available	Evaporation Rate	0.3 BuAC = 1

## Section 10 - STABILITY AND REACTIVITY

### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

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

## Section 11 - TOXICOLOGICAL INFORMATION

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

■ Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow. Epiglottal swelling may result in respiratory distress and asphyxia; shock can occur. Narrowing of the oesophagus, stomach or stomach valve may occur immediately or after a long delay (weeks to years). Severe exposure can perforate the oesophagus or stomach leading to infections of the chest or abdominal cavity, with low chest pain, abdominal stiffness and fever. All of the above can cause death.

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Accidental ingestion of the material may be damaging to the health of the individual. Taken by mouth, isothiazolinones have moderate to high toxicity. The major signs of toxicity are severe stomach irritation, lethargy, and inco-ordination.

## EYE

■ If applied to the eyes, this material causes severe eye damage.

Direct eye contact with corrosive bases can cause pain and burns. There may be swelling, epithelium destruction, clouding of the cornea and inflammation of the iris. Mild cases often resolve; severe cases can be prolonged with complications such as persistent swelling, scarring, permanent cloudiness, bulging of the eye, cataracts, eyelids glued to the eyeball and blindness. Solutions containing isothiazolinones may damage the mucous membranes and cornea. Animal testing showed very low concentrations (under 0.1%) did not cause irritation, while higher levels (3-5.5%) produced severe irritation and damage to the eye. Symptoms included clouding of the cornea and eye swelling.

## SKIN

■ The material can produce severe chemical burns following direct contact with the skin.

There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons. Solutions of isothiazolinones may be irritating or even damaging to the skin, depending on concentration. A concentration of over 0.1% can irritate, and over 0.5% can cause severe irritation.

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

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects.

Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

## INHALED

■ Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane. In severe cases, lung swelling may develop, sometimes after a delay of hours to days. There may be low blood pressure, a weak and rapid pulse, and crackling sounds.

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.

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

## CHRONIC HEALTH EFFECTS

■ Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

The isothiazolinones are known contact sensitisers. Sensitisation is more likely with the chlorinated species as opposed to the non-chlorinated species. Risk of sensitization depends on how contact occurs – it is higher when the skin has been damaged. Skin specialist studies have shown sensitisation has occurred with concentrations of 0.02% or less, and allergic reactions can occur in sensitized people with even lower concentrations. There is immune cross reaction between chlorinated isothiazolinones, but not between the non-chlorinated species or between non-chlorinated and chlorinated species. More experience is needed before conclusion of the safety of non-chlorinated species can be made.

There are conflicting reports in the literature, but isothiazolinones have been reported to cause mutations in certain bacteria.

This effect has not been shown to occur in mammal cells. Animal testing showed no reproductive or tumour-inducing effects.

## TOXICITY AND IRRITATION

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

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound.

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## Section 12 - ECOLOGICAL INFORMATION

Very toxic to aquatic organisms.  
Avoid release to the environment.  
Refer to special instructions/ safety data sheets.

### Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
5- chloro- 2- methyl- 4- isothiazolin- 3- one	HIGH	No Data Available	LOW	HIGH

## Section 13 - DISPOSAL CONSIDERATIONS

- Containers may still present a chemical hazard/ danger when empty.
  - Return to supplier for reuse/ recycling if possible.
- Otherwise:
- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
  - Where possible retain label warnings and MSDS and observe all notices pertaining to the product.
- Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area.
- A Hierarchy of Controls seems to be common - the user should investigate:
- Reduction.
  - 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 licenced to accept chemical and / or pharmaceutical wastes or incineration in a licenced apparatus (after admixture with suitable combustible material).
  - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

## Section 14 - TRANSPORTATION INFORMATION



### HAZCHEM:

None (ADG7)

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

## Section 15 - REGULATORY INFORMATION

### POISONS SCHEDULE

S6

### REGULATIONS

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Section 15 - REGULATORY INFORMATION

## Regulations for ingredients

5-chloro-2-methyl-4-isothiazolin-3-one (CAS: 26172-55-4) is found on the following regulatory lists;

"Australia Inventory of Chemical Substances (AICS)", "International Fragrance Association (IFRA) Survey: Transparency List"

No data for 315 Antimould (CW: 1044641)

## Section 16 - OTHER INFORMATION

### Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
5- chloro- 2- methyl- 4- isothiazolin- 3- one	26172- 55- 4	R43

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

A list of reference resources used to assist the committee may be found at:  
[www.chemwatch.net/references](http://www.chemwatch.net/references).

■ The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings.

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*This is the end of the MSDS.*