

Jasart Byron WC Pocket Pastel Set 12

Jasco Pty Limited

Chemwatch Hazard Alert Code: 3

Chemwatch: 5475-02

Issue Date: 29/06/2021

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

L.GHS.AUS.EN

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

Product Identifier

Product name	Jasart Byron WC Pocket Pastel Set 12
Chemical Name	Not Applicable
Synonyms	78370
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Use according to manufacturer's directions.
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Details of the supplier of the safety data sheet

Registered company name	Jasco Pty Limited
Address	1-5 Commercial Road Kingsgrove NSW 2208 Australia
Telephone	+61 2 9807 1555
Fax	Not Available
Website	www.jasco.com.au
Email	sales@jasco.com.au

Emergency telephone number


Association / Organisation	Australian Poisons Centre
Emergency telephone numbers	13 11 26 (24/7)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Acute Aquatic Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

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Hazard statement(s)

H315	Causes skin irritation.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H401	Toxic to aquatic life.

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P273	Avoid release to the environment.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

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

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
471-34-1	>60	<u>calcium carbonate</u>
51274-00-1	<30	<u>C.I. Pigment Yellow 42</u>
13463-67-7	<30	<u>C.I. Pigment White 6</u>
57455-37-5	<30	<u>C.I. Pigment Blue 29</u>
9004-53-9	<30	<u>dextrins</u>
3520-72-7	<3	<u>C.I. Pigment Orange 13</u>
Not Available	balance	Ingredients determined not to be hazardous

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

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"> ▶ 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.
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	<ul style="list-style-type: none"> ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay.
Ingestion	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For acute or short term repeated exposures to iron and its derivatives:

- ▶ Always treat symptoms rather than history.
- ▶ In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- ▶ Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- ▶ Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- ▶ Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- ▶ Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater than 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex) are the usual means of decontamination.
- ▶ Activated charcoal does not effectively bind iron.
- ▶ Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- ▶ Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology]

Periodic medical surveillance should be carried out on persons in occupations exposed to the manufacture or bulk handling of the product and this should include hepatic function tests and urinalysis examination. [ILO Encyclopaedia]

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	<ul style="list-style-type: none"> ▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<p>For starch/ air mixtures Starch is a class St1 dust at normal moisture level: Minimum Ignition Temperature (MIE): >30 mJ at normal moisture level Pmax 9.5 Bar Kst 170 bar.m/s</p>

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Layer Ignition Temperature: >450 deg C
Autoignition Temperature: 170 deg C (above this temperature starch will self-heat)

Dust Explosion Hazard Class 1

Dusts fall into one of three Kst* classes. Class 1 dusts; Kst 1-200 m3/sec; Class 2 dusts; 201-299 m3/sec. Class 3 dusts; Kst 300 or more. Most agricultural dusts (grains, flour etc.) are Class 1; pharmaceuticals and other speciality chemicals are typically Class 1 or 2; most unoxidised metallic dusts are Class 3. The higher the Kst, the more energetically the dust will burn and the greater is the explosion risk and the greater is the speed of the explosion..

Standard test conditions, used to derive the Kst, are representative of industrial conditions, but do not represent an absolute worst case. Increased levels of turbulence increase the speed of the explosion dramatically.

* Kst - a normalised expression of the burning dust pressure rise rate over time.

Dusts with Minimum Ignition Energies (MIEs) ranging between 20 and 100 mJ may be sensitive to ignition. They require that:

- plant is grounded
- personnel might also need to be grounded
- the use of high resistivity materials (such as plastics) should be restricted or avoided during handling or in packaging

The majority of ignition accidents occur within or below this range.

The MIE of a dust/air mix depends on the particle size the water content and the temperature of the dust. The finer and the dryer the dust the lower the MIE. Higher temperatures cause lower MIE and an increased risk of dust explosion.

Quoted values for MIE generally are only representative. Characteristics may change depending upon the process and conditions of use or any changes made to the dust during use, including further grinding or mixing with other products. In order to obtain more specific data for dust, as used, it is recommended that further characterisation testing is performed.

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.
- Mists containing combustible materials may be explosive.

Combustion products include:

- carbon dioxide (CO2)
- nitrogen oxides (NOx)
- silicon dioxide (SiO2)
- hydrogen sulfide (H2S)
- metal oxides
- other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

May emit corrosive fumes.

Heating calcium carbonate at high temperatures(825 C.) causes decomposition, releases carbon dioxide gas and leaves a residue of alkaline lime

HAZCHEM	Not Applicable
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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"> ▸ Remove all ignition sources. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	<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 full body protective clothing with breathing apparatus. ▸ Prevent, by all means available, spillage from entering drains or water courses. ▸ Consider evacuation (or protect in place). ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Water spray or fog may be used to disperse / absorb vapour. ▸ Contain or absorb spill with sand, earth or vermiculite.

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- ▶ Collect recoverable product into labelled containers for recycling.
- ▶ 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. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ No smoking, naked lights or ignition sources. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<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	<ul style="list-style-type: none"> ▶ Avoid reaction with oxidising agents, bases and strong reducing agents. ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	C.I. Pigment White 6	Titanium dioxide	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
calcium carbonate	45 mg/m3	210 mg/m3	1,300 mg/m3
C.I. Pigment White 6	30 mg/m3	330 mg/m3	2,000 mg/m3

Ingredient	Original IDLH	Revised IDLH
calcium carbonate	Not Available	Not Available
C.I. Pigment Yellow 42	Not Available	Not Available

Continued...

Ingredient	Original IDLH	Revised IDLH
C.I. Pigment White 6	5,000 mg/m ³	Not Available
C.I. Pigment Blue 29	Not Available	Not Available
dextrins	Not Available	Not Available
C.I. Pigment Orange 13	Not Available	Not Available


Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
C.I. Pigment Yellow 42	E	≤ 0.01 mg/m ³
C.I. Pigment Orange 13	C	> 0.1 to ≤ milligrams per cubic meter of air (mg/m ³)

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

MATERIAL DATA

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. 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>											
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<p>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.</p>												
Personal protection												

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Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> - frequency and duration of contact, - chemical resistance of glove material, - glove thickness and - dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> - 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. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> - Excellent when breakthrough time > 480 min - Good when breakthrough time > 20 min - Fair when breakthrough time < 20 min - Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</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 Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	A-AUS	-	A-PAPR-AUS / Class 1
up to 50 x ES	-	A-AUS / Class 1	-
up to 100 x ES	-	A-2	A-PAPR-2 ^

^ - Full-face

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

- 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
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.

Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.

Filtration rate: Filters at least 99.95% of airborne particles

Suitable for:

- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS
- Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos

Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Various coloured and shaped solid containing watercolour pan set.		
Physical state	Liquid	Relative density (Water = 1)	1.5-2.0
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	7-8.5	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 Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>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.</p> <p>Symptoms of hydrogen sulfide (H₂S) exposure may include profuse salivation, nausea, vomiting, diarrhoea, giddiness, headache, vertigo, amnesia, palpitations, arrhythmia, weakness, muscle cramps, confusion, sudden collapse, unconsciousness and death due to respiratory paralysis (above 300 ppm). Inhalation of (H₂S) at low concentrations causes headache, dizziness and upset stomach. Higher concentrations cause olfactory fatigue, irritation to the respiratory tract, excitement, confusion, and exposure for a prolonged period may cause bronchitis and pulmonary oedema.</p> <p>Although hydrogen sulfide is extremely odourous, the "rotten egg" odour is not a reliable indicator for warning of exposure since odour fatigue readily occurs. Odour sensation is lost immediately at concentrations exceeding 200 ppm. Case reports suggest that toxic amounts can enter the body through a punctured ear drum, even while wearing some sorts of respiratory protection.</p> <p>Hydrogen sulfide is primarily a respiratory toxin which inhibits the cytochrome-oxidase system and is probably more potent than hydrogen cyanide. The lifetime of hydrogen sulfide in oxygenated blood is short and sulfmethaemoglobin is rapidly detoxified by red blood cells and the liver. Most fatalities due to hydrogen sulfide intoxication occur at the scene of exposure and immediate supportive care is imperative. Ensure such contingencies are addressed as part of the site emergency plan and that operators or other employees who may become accidentally exposed, are made aware of the existence of such a plan.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.</p>
Ingestion	<p>Starch has such a low oral acute toxicity that rats given 10-20% of their body weight, show only minimal effects. This may not be true of modified starches but given their use in foods as stabilisers and thickeners, there is probably little cause for concern.</p> <p>An abnormal craving for starch (amylophagia), during pregnancy, is recognised as a common form of eating disorder in certain localities. In one study the incidence was as high as 35%. Some women retain the habit for years and may ingest several kilograms of starch daily.</p> <p>Since starch, in such "addicts", accounts for the bulk of the diet, the commonly observed <i>iron-deficiency anaemia</i> is probably the result of the practice and not its cause. Less common complications include parotid gland enlargement and partial intestinal obstruction due to starch concretions (gastroliths). Withdrawal reverse these sequelae.</p> <p>Body content of titanium is presumed to be high (because titanium occupies fourth place in occurrence in the earth's surface) and is reported to be general in all organs of the body. Animal experiments have shown that dusts of titanium and several compounds exhibit only slight toxicity. Such toxic actions (limited to soluble titanium salts) may be related to an ability to inhibit the action of the enzyme tyrosinase on DOPA (3,4-dihydroxyphenylalanine). A further as yet unexplored mechanism may involve substitution by titanium for several metals (such as vanadium, iron, cobalt, nickel, and zinc) which perform essential biologic functions; all have a similar atomic radius</p>
Skin Contact	<p>The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either</p> <ul style="list-style-type: none"> ▸ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or ▸ produces significant, but moderate, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period. <p>Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, 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>When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.</p>

Chronic

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

On the basis of epidemiological data, the material is regarded as carcinogenic to humans. There is sufficient data to establish a causal association between human exposure to the material and the development of cancer.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Some workers may develop chronic occupational dermatitis (generally mild) through the handling of starch products.

When starch is used as a lubricant in surgical gloves, small amounts, released into the patient during the course of surgery, have resulted in granulomas and peritonitis.

Many azo dyes have been found to be carcinogenic in laboratory animals, affecting the liver, urinary bladder and intestines.

Specific toxicity effects in humans have not been established but some dyes are known to be mutagenic.

The simplest azo dyes, which raise concern, have an exocyclic amino-group that is the key to any carcinogenicity for it is this group which undergoes biochemical N-oxidation and further reaction to reactive electrophiles. The DNA adducts formed by covalent binding through activated nitrogen have been identified. However not all azo compounds possess this activity and delicate alterations to structure vary the potential of carcinogenicity / acid, reduces or eliminates the effect. Complex azo dyes consisting of more than one azo (N=N) linkage may be metabolised to produce complexed carcinogenic aromatic amines such as benzidine

Benzidine and its metabolic derivatives have been detected in the urine of workers exposed to Direct azo dyes. An epidemiological study of silk dyers and painters with multiple exposures to benzidine based and other dyes indicate a strong association with bladder cancer.

Most organic azo dyes are potential skin sensitizers, the most important of which are para-phenylenediamine and its analogs.

Water soluble azo dyes are more likely to cause clinical sensitisation than insoluble dyes. In addition to allergic eczematous contact dermatitis, color developing solutions have caused lichen planus like eruptions

Pure calcium carbonate does not produce pneumoconiosis probably being eliminated from the lungs slowly by solution.

As mined, unsterilised particulates can carry bacteria into the air passages and lungs, producing infection and bronchitis.

High blood concentrations of calcium ion may give rise to vasodilation and depress cardiac function leading to hypotension and syncope. Calcium ions enhance the effects of digitalis on the heart and may precipitate digitalis intoxication. Calcium salts also reduce the absorption of tetracyclines

In neonates calcification of soft-tissue has been observed following therapeutic administration.

Some studies show that large quantities of calcium intake can cause hypercalcemia, which can in turn lead to renal failure. Renal failure can occur within hours or days or, alternatively, settles gradually, evolving over several years until it reaches terminal stages. Similarly, acute renal failure can also develop into chronic forms of the disease.

Hypercalcaemia conditions can be associated with normal or reduced calcium serum levels, as the body tends to maintain a balanced metabolism of the mineral, known as the compensation phase. When there is a slight increase in the concentration of ions in the blood, calcium excretion markedly increases, while intestinal absorption decreases. After kidney damage has set in, a loss of calcium may occur, thereby decreasing the serum concentration.

Serum protein levels may decrease as a result of proteinuria in cases of renal complications. Proteinuria is an indicator of kidney disease and represents an independent risk factor for the progression of such a condition. Increased serum creatinine levels may represent an important parameter, given that kidney diseases are associated with increased serum creatinine levels. When renal pathology occurs, a progressive loss of glomerular filtration begins, resulting in increased plasma creatinine concentrations.

During the course of kidney failure, discrete, but constant, increments in plasma creatinine levels occur.

Renal disease with albuminuria may also be the cause of hypoalbuminemia in patients with liver disease. In cases of established liver damage, increased calcium urinary excretion may occur. Therefore, a similar increase may cause the decline in serum calcium levels in the current study.

When administered in the diet, 3,3'-dichlorobenzidine induced hepatomas in male mice, increased the incidences of granulocytic leukemia and Zymbal gland carcinomas in male rats and mammary adenocarcinomas in rats of both sexes, induced transitional cell carcinomas of the urinary bladder in hamsters and female dogs and hepatocellular carcinomas in female dogs.

Transplacental exposure increased the incidences of lymphoid leukemia in mice. In three retrospective epidemiological studies, no urinary bladder tumors were reported in men occupationally exposed to 3,3'-dichlorobenzidine

Chronic excessive iron exposure has been associated with haemosiderosis and consequent possible damage to the liver and pancreas. Haemosiderin is a golden-brown insoluble protein produced by phagocytic digestion of haematin (an iron-based pigment). Haemosiderin is found in most tissues, especially in the liver, in the form of granules. Other sites of haemosiderin deposition include the pancreas and skin. A related condition, haemochromatosis, which involves a disorder of metabolism of these deposits, may produce cirrhosis of the liver, diabetes, and bronze pigmentation of the skin - heart failure may eventually occur.

Such exposure may also produce conjunctivitis, choroiditis, retinitis (both inflammatory conditions involving the eye) and siderosis of tissues if iron remains in these tissues. Siderosis is a form of pneumoconiosis produced by iron dusts. Siderosis also includes discoloration of organs, excess circulating iron and degeneration of the retina, lens and uvea as a result of the deposition of intraocular iron. Siderosis might also involve the lungs - involvement rarely develops before ten years of regular exposure. Often there is an accompanying inflammatory reaction of the bronchi. Permanent scarring of the lungs does not normally occur.

High levels of iron may raise the risk of cancer. This concern stems from the theory that iron causes oxidative damage to tissues and organs by generating highly reactive chemicals, called free radicals, which subsequently react with DNA. Cells may be disrupted and may become cancerous. People whose genetic disposition prevents them from keeping tight control over iron (e.g. those with the inherited disorder, haemochromatosis) may be at increased risk.

Iron overload in men may lead to diabetes, arthritis, liver cancer, heart irregularities and problems with other organs as iron builds up.

[K. Schmidt, New Scientist, No. 1919 pp.11-12, 2nd April, 1994]

Long term exposure to the dusts of titanium and several of its compounds produces chronic lung disease (fibrosis) in animals.

Radiological evidence exists amongst titanium dioxide workers suggesting chronic lung changes which resemble a slight form of silicosis. Workers chronically exposed to titanium or titanium dioxide dusts show a high incidence of chronic bronchitis (endobronchitis and peribronchitis). Early stages of this disease are characterised by impaired pulmonary respiration and

ventilatory capacity and by reduced blood alkalinity. Cardiac changes characteristic of pulmonary disease (with hypertrophy of the right auricle) have also been observed amongst workers.

Titanium employed in implants has provoked immune responses which occur locally as metallosis and systemically as raised serum levels of activated T-lymphocytes. Some concern has been expressed about the potential for generating bone-resorbing mediators associated with titanium wear-debris.

The largest of the cohort studies was among white male production workers in the titanium dioxide industry in six European countries. The study indicated a slightly increased risk for lung cancer compared with the general population. However, there was no evidence of an exposure-response relationship within the cohort. No increase in the mortality rates for kidney cancer was found when the cohort was compared with the general population, but there was a suggestion of an exposure-response relationship in internal analyses. The other cohort studies, both of which were conducted in the USA, did not report an increased risk for lung cancer or cancer at any other site; no results for kidney cancer were reported, presumably because there were few cases.

One population-based case-control study conducted in Montreal did not indicate an increased risk for lung or kidney cancer. In summary, the studies do not suggest an association between occupational exposure to titanium dioxide as it occurred in recent decades in western Europe and North America and risk for cancer.

All the studies had methodological limitations; misclassification of exposure could not be ruled out. None of the studies was designed to assess the impact of particle size (fine or ultrafine) or the potential effect of the coating compounds on the risk for lung cancer.

An increased incidence of lung adenomas in rats of both sexes and of cystic keratinising lesions, diagnosed as squamous cell carcinomas in female rats, was seen in animals subject to high doses of inhaled titanium dioxide. Intratracheal delivery of titanium dioxide in combination with benz[a]pyrene produced an increase in benign and malignant tumours of the larynx, trachea and lungs in hamsters.

Squamous cell carcinomas developed after exposure to 250 mg/m³ for 6 hours/day, 5 days/week for 2 years in rats; the type of carcinoma that developed was considered to be a unique experimentally induced tumour and to be of questionable relevance for extrapolation of the results to humans. Given the extremely high level of dust in the lungs, the carcinomas were postulated to be the result of saturation of the normal pulmonary clearance mechanisms. At 50 mg/m³, massive accumulations of dust-laden macrophages, foamy dust cells and free particles were considered indicative of such overload.

Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections

Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray.

Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Other signs or symptoms include altered breath sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema and pneumothorax (air in lung cavity) as a rare complication.

Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities.

Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken. Dust inhalation over an extended number of years may produce pneumoconiosis.. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types.

Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible.

Jasart Byron WC Pocket Pastel Set 12	TOXICITY	IRRITATION
	Not Available	Not Available
calcium carbonate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE
	Inhalation(Rat) LC50; >3 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral(Rat) LD50; >2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24h-moderate
		Skin: no adverse effect observed (not irritating) ^[1]
C.I. Pigment Yellow 42	TOXICITY	IRRITATION
	Oral(Rat) LD50; >5000 mg/kg ^[2]	Not Available
C.I. Pigment White 6	TOXICITY	IRRITATION
	dermal (hamster) LD50: >=10000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
	Inhalation(Rat) LC50; >2.28 mg/l4h ^[1]	Skin (rabbit)
	Oral(Rat) LD50; >=2000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
C.I. Pigment Blue 29	TOXICITY	IRRITATION
	Oral(Rat) LD50; >10000 mg/kg ^[2]	Not Available
dextrins	TOXICITY	IRRITATION

	Oral(Rat) LD50; >2000 mg/kg ^[2]	Not Available
C.I. Pigment Orange 13	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Not Available
	Oral(Rat) LD50; >2100 mg/kg ^[1]	
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	
CALCIUM CARBONATE	<p>No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>	
C.I. PIGMENT WHITE 6	<p>For titanium dioxide:</p> <p>Humans can be exposed to titanium dioxide via inhalation, ingestion or dermal contact. In human lungs, the clearance kinetics of titanium dioxide is poorly characterized relative to that in experimental animals. (General particle characteristics and host factors that are considered to affect deposition and retention patterns of inhaled, poorly soluble particles such as titanium dioxide are summarized in the monograph on carbon black.) With regard to inhaled titanium dioxide, human data are mainly available from case reports that showed deposits of titanium dioxide in lung tissue as well as in lymph nodes. A single clinical study of oral ingestion of fine titanium dioxide showed particle size-dependent absorption by the gastrointestinal tract and large interindividual variations in blood levels of titanium dioxide. Studies on the application of sunscreens containing ultrafine titanium dioxide to healthy skin of human volunteers revealed that titanium dioxide particles only penetrate into the outermost layers of the stratum corneum, suggesting that healthy skin is an effective barrier to titanium dioxide. There are no studies on penetration of titanium dioxide in compromised skin.</p> <p>Respiratory effects that have been observed among groups of titanium dioxide-exposed workers include decline in lung function, pleural disease with plaques and pleural thickening, and mild fibrotic changes. However, the workers in these studies were also exposed to asbestos and/or silica.</p> <p>No data were available on genotoxic effects in titanium dioxide-exposed humans.</p> <p>Many data on deposition, retention and clearance of titanium dioxide in experimental animals are available for the inhalation route. Titanium dioxide inhalation studies showed differences — both for normalized pulmonary burden (deposited mass per dry lung, mass per body weight) and clearance kinetics — among rodent species including rats of different size, age and strain. Clearance of titanium dioxide is also affected by pre-exposure to gaseous pollutants or co-exposure to cytotoxic aerosols. Differences in dose rate or clearance kinetics and the appearance of focal areas of high particle burden have been implicated in the higher toxic and inflammatory lung responses to intratracheally instilled vs inhaled titanium dioxide particles. Experimental studies with titanium dioxide have demonstrated that rodents experience dose-dependent impairment of alveolar macrophage-mediated clearance. Hamsters have the most efficient clearance of inhaled titanium dioxide. Ultrafine primary particles of titanium dioxide are more slowly cleared than their fine counterparts.</p> <p>Titanium dioxide causes varying degrees of inflammation and associated pulmonary effects including lung epithelial cell injury, cholesterol granulomas and fibrosis. Rodents experience stronger pulmonary effects after exposure to ultrafine titanium dioxide particles compared with fine particles on a mass basis. These differences are related to lung burden in terms of particle surface area, and are considered to result from impaired phagocytosis and sequestration of ultrafine particles into the interstitium.</p> <p>Fine titanium dioxide particles show minimal cytotoxicity to and inflammatory/pro-fibrotic mediator release from primary human alveolar macrophages in vitro compared with other particles. Ultrafine titanium dioxide particles inhibit phagocytosis of alveolar macrophages in vitro at mass dose concentrations at which this effect does not occur with fine titanium dioxide. In-vitro studies with fine and ultrafine titanium dioxide and purified DNA show induction of DNA damage that is suggestive of the generation of reactive oxygen species by both particle types. This effect is stronger for ultrafine than for fine titanium oxide, and is markedly enhanced by exposure to simulated sunlight/ultraviolet light.</p> <p>Animal carcinogenicity data</p> <p>Pigmentary and ultrafine titanium dioxide were tested for carcinogenicity by oral administration in mice and rats, by inhalation in rats and female mice, by intratracheal administration in hamsters and female rats and mice, by subcutaneous injection in rats and by intraperitoneal administration in male mice and female rats.</p> <p>In one inhalation study, the incidence of benign and malignant lung tumours was increased in female rats. In another inhalation study, the incidences of lung adenomas were increased in the high-dose groups of male and female rats. Cystic keratinizing lesions that were diagnosed as squamous-cell carcinomas but re-evaluated as non-neoplastic pulmonary keratinizing cysts were also observed in the high-dose groups of female rats. Two inhalation studies in rats and one in female mice were negative. Intratracheally instilled female rats showed an increased incidence of both benign and malignant lung tumours following treatment with two types of titanium dioxide. Tumour incidence was not increased in intratracheally instilled hamsters and female mice.</p> <p>In-vivo studies have shown enhanced micronucleus formation in bone marrow and peripheral blood lymphocytes of intraperitoneally instilled mice. Increased Hprt mutations were seen in lung epithelial cells isolated from titanium dioxide-instilled rats. In another study, no enhanced oxidative DNA damage was observed in lung tissues of rats that were intratracheally instilled with titanium dioxide. The results of most in-vitro genotoxicity studies with titanium dioxide were negative.</p> <p>Substance has been investigated as a mutagen, tumorigen and primary irritant.</p>	
C.I. PIGMENT BLUE 29	NOTE: 90 day (chronic), teratological and mutagenicity tests here all provided negative results. Animal tests have also demonstrated no skin irritation or sensitization. [ICI]	

C.I. PIGMENT ORANGE 13

For diarylide (disazo) pigments (3,3'-dichlorobenzidine-containing):

The substances in this category do not present a hazard for human health due to their low hazard profile. Adequate screening-level data are available to characterise the human health hazard for the purposes of the OECD Cooperative Chemicals Assessment Programme.

Diarylide pigments are synthesized by bis-diazotizing diamino-diphenyl derivatives, mainly 3,3'-dichlorobenzidine (DCB), and coupling with acetoacetylides or arylsubstituted pyrazolones

Studies indicate that essentially there is no potential for uptake via the oral and dermal routes. However, following repeated oral exposure at high dose levels, there is some evidence that a very limited uptake of the compound (or its impurities) could occur, based on observations of staining of the mucosal surfaces of internal organs (although the possibility of contamination during necropsy cannot be excluded). In an oral reproductive developmental screening study, staining of the pups could indicate a potential for limited placental transfer, again at a high dose level. Given that the Pigment Yellows are essentially not absorbed into the body, metabolism is not relevant. However, the presence of very low levels of 3,3'-dichlorobenzidine has been demonstrated in two studies using very sensitive techniques following oral administration of some yellow pigment compounds. It seems likely that this is due to the presence of a mono-azo impurity in some of the yellow pigment parent compounds, which is absorbed and subsequently metabolised. No DCB was found in the urine of experimental animals after exposure orally or via the lungs in long term studies. Following ingestion, the vast majority of the pigments are excreted unchanged in the faeces.

Many diarylide pigments are derived from DCB. Therefore, the diarylide pigments on DCB basis have been tested toxicologically very extensively. Diarylide pigments with their LD50 values above 2 000 mg/kg show no acute toxicity according to the EU classification criteria. They are not irritating to the skin or mucous membranes.

For acute dermal toxicity a single LD50 of >3,000 mg/kg bw is available for Pigment Yellow 13. No deaths or clinical signs of toxicity were observed following oral or dermal exposure. The inhalation LC50 available is >4,448 mg/m³ for Pigment Yellow 13. Tachypnoea, dyspnoea, exophthalmos, ruffled fur and curved or ventral body position were observed, although all animals recovered and no gross abnormalities were observed at necropsy.

Based on the available data the pigments have a minimal to slight potential for eye irritation. There is no indication that they are sensitisers

No adverse effects were seen after 4-7 weeks oral administration of Pigment Yellow 12 at 1000 mg/kg/day (NOAEL), the highest dose tested in a well conducted and reported test of repeated dose toxicity study. Furthermore, in the cases of Pigment Yellow 12 and 83, no toxicologically significant effects were observed in a range of chronic toxicity studies of lesser quality (in terms of reporting) in rats and mice at doses up to 6500 mg/kg/day. Based on the kinetics of the three pigments and the chemical similarities, it can be concluded that these findings can be extrapolated to most if not all diarylide pigments.

For the inhalation route the effects seen are related to the deposition of dust particles in the lungs, leading to Pigment Yellow 13 related effects even at the lowest exposure concentration of 54 mg/m³ (local LOAEL). Systemically no effects were observed at the highest concentration tested, 410 mg/m³ (systemic NOAEL).

All three pigments are not genotoxic in bacterial tests. Pigment Yellow 12 did not induce clastogenic effects in mammalian cells. Based on the chemical similarities between the three pigments, it is predicted that all three Yellow Pigments will not induce chromosomal changes in mammalian cells. There are no in vitro data to suggest that the pigments are genotoxic in vivo.

No increased tumour incidence after treatment with Pigment Yellow 12 and 83 were observed in several long-term studies in rats and mice (NOAEL (rat) > 630 mg/kg; NOAEL (mouse) > 1,960 mg/kg). Based on chemical similarity it can be concluded that the pigments are not carcinogenic.

It can be concluded that Pigment Yellow 12 does not have any adverse effects on reproductive parameters. There was no evidence of teratogenicity. The NOAEL for maternal and reproductive toxicity is >1,000 mg/kg bw. Supporting evidence is also available from the fact that no changes on the reproductive organs were observed in the studies of repeat dose toxicity and carcinogenicity study with Pigment Yellow 83. In view of the structural similarities and similar kinetics no effects on reproduction or development are expected from pigments of this class.

In studies of the bioavailability of several representatives of this group of pigments, no carcinogenic cleavage product was released in detectable amounts after oral, inhalative or intratracheal application on rats.

One further study of the bioavailability of DCB (DCB haemoglobin adduct) has been performed with the diarylide pigments C.I. Pigment Yellow 13 and C.I. Pigment Yellow 17. In this study, no release of carcinogenic DCB from the pigments has been detected. This indicates the absence of metabolism to DCB under the test conditions.

In summary then, according to the known studies, diarylide pigments do not represent any health risk although risks might attach to contaminants introduced during synthesis.

Colourants for Food Contact Plastics - Aspects of Product Safety; Responsible Care initiative of the European Chemical Industry Council.

For 3,3'-dichlorobenzidine:

Various tumours developed after oral or subcutaneous administration of 3,3'-dichlorobenzidine to mice, rats, hamsters and dogs. Tumours have not yet been identified in persons exposed to the substance alone. The substance can be absorbed through the skin in dangerous quantities. Increases in temperature and relative humidity promote dermal absorption.

Upper respiratory infection and sore throat were listed among several principal reasons for visits to a company's medical clinic by workers handling 3,3'-dichlorobenzidine dihydrochloride. However, there is no conclusive evidence that these effects were due to inhalation of 3,3'-dichlorobenzidine dihydrochloride.

No adverse health effects were observed in male rats exposed by inhalation to 3,3'-dichlorobenzidine free base (23,700 mg/m³) 2 hours per day for 7 days. In another study, 10 rats were exposed to an unspecified concentration of 3,3'-dichlorobenzidine dihydrochloride dust particles for 1 hour and then observed for 14 days. Slight-to-moderate pulmonary congestion and one pulmonary abscess were observed upon necropsy. The effects observed in the study using the ionized (hydrochloride) form of 3,3'-dichlorobenzidine may have been due to the irritative properties of hydrochloric acid released from the salt in combination with particulate toxicity.

Gastrointestinal upset was one of the symptoms reported by employees who worked with 3,3'-dichlorobenzidine dihydrochloride. However, there is no conclusive evidence that the gastrointestinal effects, or other symptoms reported by employees, resulted specifically from inhalation of 3,3'-dichlorobenzidine dihydrochloride.

The only relevant information regarding neurological effects in humans exposed to 3,3'-dichlorobenzidine was found in an early study which reported that headache and dizziness were among several principal reasons why employees working with 3,3'-dichlorobenzidine in a chemical manufacturing plant visited the company medical clinic. However, there is no conclusive

evidence that these symptoms were caused specifically by 3,3'-dichlorobenzidine since there was exposure to other chemicals as well. In a 3,3'-dichlorobenzidine carcinogenicity study, 1 of 6 dogs exhibited convulsions after 21, 28, or 42 months of oral treatment with 10.4 mg/kg/day over a period of 3.5 years

Carcinogenicity: Several epidemiological studies have investigated cancer incidences among workers occupationally exposed to 3,3'-dichlorobenzidine. Exposure may have been by both inhalation and dermal routes. Due, in part, to structure-activity considerations, epidemiological studies of potential cancer effects of occupational exposure to 3,3'-dichlorobenzidine have been particularly concerned with bladder tumors, since 3,3'-dichlorobenzidine is structurally similar to benzidine, a chemical which is known to be a human bladder carcinogen. No bladder tumors were found in a group of 35 workers who handled only 3,3'-dichlorobenzidine; in the same dyestuff plant, bladder tumors occurred in 3 out of 14 workers exposed to both benzidine and 3,3'-dichlorobenzidine. The investigator reported a total exposure time of 68,505 hours, equivalent to nearly 140 full-time working years. No cases of bladder tumors were found in an epidemiology study of 259 workers exposed to dry and sermidry 3,3'-dichlorobenzidine base and hydrochloride. Workers were exposed to an average of less than 16 years each to 3,3'-dichlorobenzidine, which means that an adequate exposure duration and/or the latent period following exposure may not have been reached for tumor expression.

In a retrospective epidemiological study of workers employed in a dye and pigment manufacturing plant that used 3,3'-dichlorobenzidine as chemical precursor, no bladder tumors were observed in a cohort of 207 workers, most of whom had been exposed for up to 15 years. Limitations of this study included using data from a very small and incomplete sample of workers; focusing solely on the occurrence of bladder tumors; and using data that may have been misleading and, at times, apparently inaccurate.

A statistically significant increased incidence of hepatomas was observed in male ICR/JCL mice exposed to 0.1% 3,3'-dichlorobenzidine in the diet (170 mg/kg/day) at 6 months (8 of 8 treated as opposed to 0 of 5 controls) and 12 months (18 of 18 treated as opposed to 2 of 21 controls). Hepatic tumors were observed in 4/18 strain D mice exposed to 11.2-1.9 mg 3,3'-dichlorobenzidine/kg/day in the diet for 10 months

No bladder carcinomas were observed in rats exposed to 0.03% 3,3'-dichlorobenzidine in the diet (27 mg/kg/day) for 4 or 40 weeks, nor were any mammary tumors observed in rats administered approximately 49 mg 3,3'-dichlorobenzidine dihydrochloride/kg/day by gavage once every 3 days over a 30-day period and sacrificed 8 months later.

In a study in which rats were exposed to 10-20 mg 3,3'-dichlorobenzidine per day (120 mg/kg/day) in feed 6 days per week for 12 months, tumors were observed at a variety of sites, including the Zymbal gland (7 of 29 animals), mammary gland (7/29), bladder (3/29), hematopoietic system (3/29), skin (3/29), ileum (2/29), connective tissue (2/29), salivary gland (2/29), liver (1/29), and thyroid (1/29).

In another rat study, 3,3'-dichlorobenzidine was administered to 50 male (70 mg/kg/day) and 50 female (80 mg/kg/day) Sprague-Dawley rats, in a standard diet for up to 16 months. In rats fed 3,3'-dichlorobenzidine in the diet for a total of 349 days (females) and 353 days (males), histopathological evaluations revealed mammary adenocarcinoma (16% incidence), malignant lymphoma (14%), granulocytic leukemia (20%), carcinoma of the Zymbal gland (18%) in males, and mammary adenocarcinoma (59%) in females. The authors noted that most of these tumors appeared to arise in the bone marrow and hematopoietic foci in the spleen and liver with subsequent metastasis to other organs.

Haematological Effects. Although haematological effects may not be sensitive indicators for 3,3'-dichlorobenzidine toxicity, haemoglobin adducts have been detected in female Wistar rats orally administered single 127 or 253 mg/kg doses of 3,3'-dichlorobenzidine or with repeated doses between 0.3 and 5.8 mg/kg/day. It was suggested that metabolically formed nitroso derivatives and the formation of a sulfinic acid amide with cysteine residues in haemoglobin may be the mechanism of adduct formation.

Hepatic Effects. Limited animal evidence suggests that chronic-duration oral exposure to 3,3'-dichlorobenzidine results in mild-to-moderate liver injury.

Genotoxic effects: Genotoxic effects have been reported in animals treated with 3,3'-dichlorobenzidine. A single dose of 3,3'-dichlorobenzidine (1,000 mg/kg) administered to male and pregnant female mice induced micronuclei in polychromatic erythrocytes in the bone marrow of the males and in the liver of the foetuses, but not in bone marrow of the dams.

In another study, an increase in unscheduled deoxyribonucleic acid synthesis (UDS) was observed in cultured liver cells from male mice previously pretreated orally with single doses of .500 mg/kg 3,3'-dichlorobenzidine; no response was observed at a dose of .200 mg/kg. 3,3'-Dichlorobenzidine was also shown to bind extensively to tissue deoxyribonucleic acid (DNA) in rats and mice

In vitro screening test for mutagenicity: negative

<p>CALCIUM CARBONATE & C.I. PIGMENT YELLOW 42</p>	<p>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.</p>
<p>C.I. PIGMENT YELLOW 42 & DEXTRINS</p>	<p>No significant acute toxicological data identified in literature search.</p>
<p>C.I. PIGMENT YELLOW 42 & C.I. PIGMENT WHITE 6</p>	<p>The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.</p>

Acute Toxicity

✘

Carcinogenicity

✘

Continued...

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

Jasart Byron WC Pocket Pastel Set 12	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
calcium carbonate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	6h	Fish	4-320mg/l	4
	EC50	72h	Algae or other aquatic plants	>14mg/l	2
	LC50	96h	Fish	>165200mg/L	4
C.I. Pigment Yellow 42	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	504h	Fish	0.52mg/l	2
	EC50	72h	Algae or other aquatic plants	18mg/l	2
	LC50	96h	Fish	0.05mg/l	2
C.I. Pigment White 6	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	3.75-7.58mg/l	4
	BCF	1008h	Fish	<1.1-9.6	7
	EC50	48h	Crustacea	1.9mg/l	2
	LC50	96h	Fish	1.85-3.06mg/l	4
	NOEC(ECx)	504h	Crustacea	0.02mg/l	4
	EC50	96h	Algae or other aquatic plants	179.05mg/l	2
C.I. Pigment Blue 29	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	>99mg/l	2
	LC50	96h	Fish	>=90mg/l	2
	EC50	48h	Crustacea	>21mg/l	2
	EC50(ECx)	48h	Crustacea	>21mg/l	2
dextrins	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
C.I. Pigment Orange 13	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	0.75-5.6	7
	LC50	96h	Fish	>500mg/l	2
	NOEC(ECx)	72h	Algae or other aquatic plants	1mg/l	2

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

Toxic to aquatic organisms.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

Continued...

Calcium provides an important link between tectonics, climate and the carbon cycle. In the simplest terms, uplift of mountains exposes Ca-bearing rocks to chemical weathering and releases Ca²⁺ into surface water. This Ca²⁺ eventually is transported to the ocean where it reacts with dissolved CO₂ to form limestone. Some of this limestone settles to the sea floor where it is incorporated into new rocks. Dissolved CO₂, along with carbonate and bicarbonate ions, are referred to as dissolved inorganic carbon (DIC).

Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. Environmental processes (such as oxidation and the presence of acids or bases) may transform insoluble metals to more soluble ionic forms. Microbiological processes may also transform insoluble metals to more soluble forms. Such ionic species may bind to dissolved ligands or sorb to solid particles in aquatic or aqueous media. A significant proportion of dissolved/ sorbed metals will end up in sediments through the settling of suspended particles. The remaining metal ions can then be taken up by aquatic organisms.

When released to dry soil most metals will exhibit limited mobility and remain in the upper layer; some will leach locally into ground water and/ or surface water ecosystems when soaked by rain or melt ice. Environmental processes may also be important in changing solubilities.

Even though many metals show few toxic effects at physiological pHs, transformation may introduce new or magnified effects.

A metal ion is considered infinitely persistent because it cannot degrade further.

The current state of science does not allow for an unambiguous interpretation of various measures of bioaccumulation.

The counter-ion may also create health and environmental concerns once isolated from the metal. Under normal physiological conditions the counter-ion may be essentially insoluble and may not be bioavailable.

Environmental processes may enhance bioavailability.

for organic pigments:

With only a few recognised exceptions, color pigments, both organic and inorganic, are extremely insoluble in water and in the vehicles in which they are mixed.

Colour pigments are not, therefore, a threat to the environment when disposed of with solid waste in appropriate lined landfills. Colour pigments are further protected from leaching into groundwater by the plastics, paints and inks that make up the final products incorporating colour pigments.

As pigments are designed to be chemically and photolytically stable, they are highly persistent in natural environments. Many pigments are visible in water at concentrations as low as 1 mg/l. Waste waters, typically with a pigment content in the range 10- 200 mg /l, are therefore usually highly coloured and discharge in open waters presents an aesthetic problem.

The high Log Kow and Koc values indicate that these substance will likely partition to soil and sediments. Modelling results indicate that if these chemical are released equally into the three major environmental compartments (air, water and soil), they will mainly partition into soil and sediments where they will persist.

Organic Pigments generally have high estimated values of log Koc and are expected show high absorptivity to soils; they are therefore expected to be immobile. Furthermore the very low estimated vapour pressure and Henry's Law Constants indicate that volatilisation will not occur from soil surfaces, and the low water solubility indicates they will not be mobilised from the soil phase.

As a result of extreme insolubility, these compounds are non-toxic and very low in bioavailability. In the literature, there are three published summaries concerning the acute toxicity of pigments. The vast majority of these LD50 values are above 5000 mg/kg and no LD50 values for pigments are known to be below 2000 mg/kg. As such, when compared to other compounds, organic pigments are not assigned a high regulatory priority based on toxicity.

Due to their extremely low solubility, in both lipids and water, organic pigments are not bioaccumulative nor do they bioconcentrate in the food chain. This has been shown by extensive tests which have indicated that, even though log Kow values for organic pigments may be calculated at levels that would signal concern, in actual tests, organic pigments do not exhibit any potential to bioaccumulate.

The chemical processes underlying degradation and/ or destruction of organic pigments through light or atmospheric conditions are difficult to elucidate.

Atmospheric contaminants such as peroxides, which appear as the products of radiation frequently initiate the degradation process.

For the most part organic pigments do not seem to be biodegradable, neither readily nor inherently.

As an example, the azo linkage of azo dyes, but not of azo pigments, may undergo metabolic cleavage resulting in free component aromatic amines. Azo pigments are, due to their very low solubility in water, in practice, not available for metabolic activity. Consequently, metabolic cleavage to the component aromatic amines has not been found for the pigments.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
C.I. Pigment White 6	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
C.I. Pigment White 6	LOW (BCF = 10)
C.I. Pigment Orange 13	LOW (BCF = 5.6)

Mobility in soil

Ingredient	Mobility
C.I. Pigment White 6	LOW (KOC = 23.74)

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. Otherwise:
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Continued...

Jasart Byron WC Pocket Pastel Set 12

	<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 or consult manufacturer for recycling options. ▸ Consult State Land Waste Authority for disposal. ▸ Bury or incinerate residue at an approved site. ▸ Recycle containers if possible, or dispose of in an authorised landfill.
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SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

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

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

Not Applicable

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

Product name	Group
calcium carbonate	Not Available
C.I. Pigment Yellow 42	Not Available
C.I. Pigment White 6	Not Available
C.I. Pigment Blue 29	Not Available
dextrins	Not Available
C.I. Pigment Orange 13	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
calcium carbonate	Not Available
C.I. Pigment Yellow 42	Not Available
C.I. Pigment White 6	Not Available
C.I. Pigment Blue 29	Not Available
dextrins	Not Available
C.I. Pigment Orange 13	Not Available

SECTION 15 Regulatory information

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

calcium carbonate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

C.I. Pigment Yellow 42 is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2

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

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

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

Australian Inventory of Industrial Chemicals (AIIC)

C.I. Pigment White 6 is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

C.I. Pigment Blue 29 is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

dextrins is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

C.I. Pigment Orange 13 is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 7

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (C.I. Pigment Yellow 42; C.I. Pigment White 6; C.I. Pigment Blue 29; dextrins; C.I. Pigment Orange 13)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	No (C.I. Pigment Yellow 42)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	29/06/2021
Initial Date	29/06/2021

SDS Version Summary

Version	Date of Update	Sections Updated
2.1.8.7	29/06/2021	Acute Health (swallowed), Physical Properties

Version	Date of Update	Sections Updated
2.1.8.8	05/07/2021	Template Change

Other information

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

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

Definitions and abbreviations

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

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