

Offshoot (NZ) Ltd 75% Alcohol BIODEGRADABLE & COMPOSTABLE Wet Wipes

Offshoot (NZ) Ltd.

Chemwatch Hazard Alert Code: 3

Chemwatch: 5596-65

Version No: 2.1

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

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

Product Identifier

Product name	Offshoot (NZ) Ltd 75% Alcohol BIODEGRADABLE & COMPOSTABLE Wet Wipes
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S. (contains ethanol)
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	NOTES: Hazard statements relates to the solution used to impregnate the cloth wipe. Use according to manufacturer's directions.
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	Offshoot (NZ) Ltd.
Address	13c Vogler Drive Wiri Auckland 2104 New Zealand
Telephone	09 280 4297 021 190 1223
Fax	Not Available
Website	www.offshootwipes.co.nz
Email	info@offshootwipes.co.nz

Emergency telephone number


Association / Organisation	National Poisons Center
Emergency telephone numbers	0800 764 766 (0800 POISON)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Flammable Solids Category 1, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Sensitisation (Respiratory) Category 1
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)	
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Signal word	Danger
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Hazard statement(s)

H228	Flammable solid.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.

Precautionary statement(s) Prevention

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P261	Avoid breathing dust/fumes.
P280	Wear protective gloves, protective clothing, eye protection and face protection.

P284	[In case of inadequate ventilation] wear respiratory protection.
P240	Ground and bond container and receiving equipment.
P241	Use explosion-proof electrical/ventilating/lighting/intrinsically safe equipment.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P370+P378	In case of fire: Use water jets to extinguish.
P302+P352	IF ON SKIN: Wash with plenty of water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

Not Applicable

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
Not Available		cloth wipe impregnated with
64-17-5	75	ethanol
56-81-5	<1	glycerol
57-55-6	<1	propylene glycol
81-13-0	<1	d-panthenol
84082-60-0	<1	Chamomile recutita oil
68424-85-1	<1	benzyltrimethyldecylammonium chloride
58-95-7	<1	D-alpha-tocopherol acetate
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"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes 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

For acute or short term repeated exposures to ethanol:

- ▶ Acute ingestion in non-tolerant patients usually responds to supportive care with special attention to prevention of aspiration, replacement of fluid and correction of nutritional deficiencies (magnesium, thiamine pyridoxine, Vitamins C and K).
- ▶ Give 50% dextrose (50-100 ml) IV to obtunded patients following blood draw for glucose determination.
- ▶ Comatose patients should be treated with initial attention to airway, breathing, circulation and drugs of immediate importance (glucose, thiamine).
- ▶ Decontamination is probably unnecessary more than 1 hour after a single observed ingestion. Cathartics and charcoal may be given but are probably not effective in single ingestions.
- ▶ Fructose administration is contra-indicated due to side effects.

SECTION 5 Firefighting measures

Extinguishing media

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

For SMALL FIRES:

Dry chemical, CO₂, water spray or foam.

For LARGE FIRES:

Water-spray, fog or foam.

Special hazards arising from the substrate or mixture

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

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Fight fire from a safe distance, with adequate cover. ▶ If safe, switch off electrical equipment until vapour fire hazard removed. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) other pyrolysis products typical of burning organic material.</p>
HAZCHEM	1Z

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. ▶ DO NOT touch or walk through spilled material. ▶ Clean up all spills immediately. ▶ Avoid contact with skin and eyes. ▶ Prevent dust cloud. ▶ With clean shovel (preferably non-sparking) place material into clean, dry container and cover loosely. ▶ Move containers from spill area. ▶ Control personal contact with the substance, by using protective equipment.
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. ▶ DO NOT touch or walk through spilled material. ▶ Control personal contact with the substance, by using protective equipment. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Contain or cover with sand, earth or vermiculite. ▶ Use only spark-free shovels and explosion proof equipment. ▶ Collect recoverable product into labelled containers for recycling. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area with water and dike for later disposal; 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 overexposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ DO NOT allow material to contact humans, exposed food or food utensils. ▶ Avoid smoking, naked lights or ignition sources. ▶ When handling, DO NOT eat, drink or smoke. ▶ Avoid contact with incompatible materials. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Working clothes should be laundered separately. Launder contaminated clothing before re-use. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	<p>FOR MINOR QUANTITIES:</p> <ul style="list-style-type: none"> ▶ Store in an indoor fireproof cabinet or in a room of noncombustible construction. ▶ Provide adequate portable fire-extinguishers in or near the storage area. <p>FOR PACKAGE STORAGE:</p> <ul style="list-style-type: none"> ▶ Store in original containers in approved flame-proof area. ▶ No smoking, naked lights, heat or ignition sources. ▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped. ▶ Keep containers securely sealed. ▶ Store away from incompatible materials in a cool, dry, well ventilated area. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Protect containers from exposure to weather and from direct sunlight unless: (a) the packages are of metal or plastic construction; (b) the packages are securely closed are not opened for any purpose while in the area where they are stored and (c) adequate precautions are taken to ensure that rain water, which might become contaminated by the dangerous goods, is collected and disposed of safely. ▶ Ensure proper stock-control measures are maintained to prevent prolonged storage of dangerous goods. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<p>For low viscosity materials and solids: Drums and jerricans must be of the non-removable head type. Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt. (23 deg. C):</p> <ul style="list-style-type: none"> ▶ Removable head packaging and ▶ cans with friction closures may be used. <p>-</p> <p>Where combination packages are used, there must be sufficient inert absorbent material to absorb completely any leakage that may occur, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic. All combination packages for Packing group I and II must contain cushioning material.</p>
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid strong bases. ▶ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	ethanol	Ethyl alcohol	1000 ppm / 1880 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	glycerol	Glycerin mist	10 mg/m ³	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	propylene glycol	Propane-1,2-diol total: (vapour & particulates)	150 ppm / 474 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	propylene glycol	Propane-1,2-diol: particulates only	10 mg/m ³	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
ethanol	Not Available	Not Available	15000* ppm
glycerol	45 mg/m ³	180 mg/m ³	1,100 mg/m ³
propylene glycol	30 mg/m ³	1,300 mg/m ³	7,900 mg/m ³
benzyltrimethyldecylammonium chloride	1.3 mg/m ³	14 mg/m ³	84 mg/m ³

Ingredient	Original IDLH	Revised IDLH
ethanol	3,300 ppm	Not Available
glycerol	Not Available	Not Available

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Ingredient	Original IDLH	Revised IDLH
propylene glycol	Not Available	Not Available
d-panthenol	Not Available	Not Available
Chamomile recutica oil	Not Available	Not Available
benzyltrimethyldecylammonium chloride	Not Available	Not Available
D-alpha-tocopherol acetate	Not Available	Not Available


Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
Chamomile recutica oil	D	> 0.1 to ≤ 1 ppm
benzyltrimethyldecylammonium chloride	C	> 0.1 to ≤ milligrams per cubic meter of air (mg/m ³)
D-alpha-tocopherol acetate	E	≤ 0.1 ppm

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

MATERIAL DATA

Exposure controls

Appropriate engineering controls	<p>For large scale or continuous use:</p> <ul style="list-style-type: none"> ▶ Spark-free, earthed ventilation system, venting directly to the outside and separate from usual ventilation systems ▶ Provide dust collectors with explosion vents
Individual protection measures, such as personal protective equipment	
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	<p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be 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>

	<ul style="list-style-type: none"> Wear physical protective gloves, e.g. leather. Wear safety footwear.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity. For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets). Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds. Electrical resistance must range between 0 to 500,000 ohms. Conductive shoes should be stored in lockers close to the room in which they are worn. Personnel who have been issued conductive footwear should not wear them from their place of work to their homes and return.

Recommended material(s)**GLOVE SELECTION INDEX**

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

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Material	CPI
BUTYL	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NITRILE	C
NITRILE+PVC	C
PE/EVAL/PE	C
PVA	C
PVC	C
VITON	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

Respiratory protection

Type A-P 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 P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-PAPR-2 P2 ^

^ - 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

SECTION 9 Physical and chemical properties**Information on basic physical and chemical properties**

Appearance	Clear solid with alcohol like odour; soluble in water.		
Physical state	Manufactured	Relative density (Water = 1)	~0.872
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	5-7	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	~21	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	~75	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	~21	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>The most common signs of inhalation overexposure to ethanol, in animals, include ataxia, incoordination and drowsiness for those surviving narcosis. The narcotic dose for rats, after 2 hours of exposure, is 19260 ppm.</p> <p>Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination</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>								
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Ingestion of ethanol (ethyl alcohol, "alcohol") may produce nausea, vomiting, bleeding from the digestive tract, abdominal pain, and diarrhoea.</p> <p>Effects on the body:</p> <table border="1"> <thead> <tr> <th>Blood concentration</th> <th>Effects</th> </tr> </thead> <tbody> <tr> <td><1.5 g/L</td> <td>Mild: impaired vision, co-ordination and reaction time; emotional instability</td> </tr> <tr> <td>1.5-3.0 g/L</td> <td>Moderate: Slurred speech, confusion, inco-ordination, emotional instability, disturbances in perception and senses, possible blackouts, and impaired objective performance in standardized tests. Possible double vision, flushing, fast heart rate, sweating and incontinence. Slow breathing may occur rarely and fast breathing may develop in cases of metabolic acidosis, low blood sugar and low blood potassium. Central nervous system depression may progress to coma.</td> </tr> <tr> <td>3-5 g/L</td> <td>Severe: cold clammy skin, low body temperature and low blood pressure. Atrial fibrillation and heart block have been reported. Depression of breathing may occur, respiratory failure may follow serious poisoning, choking on vomit may result in lung inflammation and swelling. Convulsions due to severe low blood sugar may also occur. Acute liver inflammation may develop.</td> </tr> </tbody> </table>	Blood concentration	Effects	<1.5 g/L	Mild: impaired vision, co-ordination and reaction time; emotional instability	1.5-3.0 g/L	Moderate: Slurred speech, confusion, inco-ordination, emotional instability, disturbances in perception and senses, possible blackouts, and impaired objective performance in standardized tests. Possible double vision, flushing, fast heart rate, sweating and incontinence. Slow breathing may occur rarely and fast breathing may develop in cases of metabolic acidosis, low blood sugar and low blood potassium. Central nervous system depression may progress to coma.	3-5 g/L	Severe: cold clammy skin, low body temperature and low blood pressure. Atrial fibrillation and heart block have been reported. Depression of breathing may occur, respiratory failure may follow serious poisoning, choking on vomit may result in lung inflammation and swelling. Convulsions due to severe low blood sugar may also occur. Acute liver inflammation may develop.
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3-5 g/L	Severe: cold clammy skin, low body temperature and low blood pressure. Atrial fibrillation and heart block have been reported. Depression of breathing may occur, respiratory failure may follow serious poisoning, choking on vomit may result in lung inflammation and swelling. Convulsions due to severe low blood sugar may also occur. Acute liver inflammation may develop.								
Skin Contact	<p>The material may produce moderate skin irritation; limited evidence or practical experience suggests, 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>Direct contact of the eye with ethanol may cause immediate stinging and burning with reflex closure of the lid and tearing, transient injury of the corneal epithelium and hyperaemia of the conjunctiva. Foreign-body type discomfort may persist for up to 2 days but healing is usually spontaneous and complete.</p> <p>Evidence exists, or practical experience predicts, that the material may cause severe eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>								
Chronic	<p>Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.</p> <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.</p> <p>Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people</p>								

Offshoot (NZ) Ltd 75% Alcohol BIODEGRADABLE & COMPOSTABLE Wet Wipes

with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers. Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Long-term exposure to ethanol may result in progressive liver damage with fibrosis or may exacerbate liver injury caused by other agents. Repeated ingestion of ethanol by pregnant women may adversely affect the central nervous system of the developing foetus, producing effects collectively described as foetal alcohol syndrome. These include mental and physical retardation, learning disturbances, motor and language deficiency, behavioural disorders and reduced head size.

Consumption of ethanol (in alcoholic beverages) may be linked to the development of Type I hypersensitivities in a small number of individuals. Symptoms, which may appear immediately after consumption, include conjunctivitis, angioedema, dyspnoea, and urticarial rashes. The causative agent may be acetic acid, a metabolite (1).

(1) Boehncke W.H., & H.Gall, Clinical & Experimental Allergy, 26, 1089-1091, 1996

Offshoot (NZ) Ltd 75% Alcohol BIODEGRADABLE & COMPOSTABLE Wet Wipes	TOXICITY	IRRITATION
		Not Available
ethanol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 17100 mg/kg ^[1]	Eye (rabbit): 500 mg SEVERE
	Inhalation(Rat) LC50: 64000 ppm/4h ^[2]	Eye (rabbit):100mg/24hr-moderate
	Oral (Rat) LD50: 7060 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
		Skin (rabbit):20 mg/24hr-moderate
	Skin (rabbit):400 mg (open)-mild	
	Skin: no adverse effect observed (not irritating) ^[1]	
glycerol	TOXICITY	IRRITATION
	dermal (guinea pig) LD50: 58500 mg/kg ^[1]	Not Available
	Inhalation(Rat) LC50: >5.85 mg/L4h ^[1]	
	Oral (Mouse) LD50; 4090 mg/kg ^[2]	
propylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 11890 mg/kg ^[2]	Eye (rabbit): 100 mg - mild
	Inhalation(Rat) LC50: >44.9 mg/4h ^[1]	Eye (rabbit): 500 mg/24h - mild
	Oral (Rat) LD50: 20000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin(human):104 mg/3d Intermit Mod
	Skin(human):500 mg/7days mild	
	Skin: no adverse effect observed (not irritating) ^[1]	
d-panthenol	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.5 mg - mild
	Oral (Mouse) LD50; 15000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
	Skin (rabbit): 500 mg/4h - mild	
	Skin: no adverse effect observed (not irritating) ^[1]	
Chamomile recutica oil	TOXICITY	IRRITATION
	Oral (Rat) LD50: >5000 mg/kg ^[1]	Eye: adverse effect observed (irritating) ^[1]
		Skin: adverse effect observed (irritating) ^[1]
benzyltrimethyldecylammonium chloride	TOXICITY	IRRITATION
	dermal (rat) LD50: 1420 mg/kg ^[2]	Not Available
	Oral (Mouse) LD50; 150 mg/kg ^[2]	
D-alpha-tocopherol acetate	TOXICITY	IRRITATION
	Oral (Mouse) LD50; 5000 mg/kg ^[2]	Eye (rabbit): non-irritating *
		Skin (rabbit): non-irritating ** [ROCHE]

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

GLYCEROL

For glycerol:
Acute toxicity: Glycerol is of a low order of acute oral and dermal toxicity with LD50 values in excess of 4000 mg/kg bw. At very high dose levels, the signs of toxicity include tremor and hyperaemia of the gastro-intestinal -tract. Skin and eye irritation studies indicate that glycerol has low potential to irritate the skin and the eye. The available human and animal data, together with the very widespread potential for exposure and the absence of case reports of sensitisation, indicate that glycerol is not a skin sensitiser.

	<p>Repeat dose toxicity: Repeated oral exposure to glycerol does not induce adverse effects other than local irritation of the gastrointestinal tract. The overall NOEL after prolonged treatment with glycerol is 10,000 mg/kg bw/day (20% in diet). At this dose level no systemic or local effects were observed. For inhalation exposure to aerosols, the NOAEC for local irritant effects to the upper respiratory tract is 165 mg/m³ and 662 mg/m³ for systemic effects.</p> <p>Genotoxicity: Glycerol is free from structural alerts, which raise concern for mutagenicity. Glycerol does not induce gene mutations in bacterial strains, chromosomal effects in mammalian cells or primary DNA damage <i>in vitro</i>. Results of a limited gene mutation test in mammalian cells were of uncertain biological relevance. <i>In vivo</i>, glycerol produced no statistically significant effect in a chromosome aberrations and dominant lethal study. However, the limited details provided and the absence of a positive control, prevent any reliable conclusions to be drawn from the <i>in vivo</i> data. Overall, glycerol is not considered to possess genotoxic potential.</p> <p>Carcinogenicity: The experimental data from a limited 2 year dietary study in the rat does not provide any basis for concerns in relation to carcinogenicity. Data from non-guideline studies designed to investigate tumour promotion activity in male mice suggest that oral administration of glycerol up to 20 weeks had a weak promotion effect on the incidence of tumour formation.</p> <p>Reproductive and developmental toxicity: No effects on fertility and reproductive performance were observed in a two generation study with glycerol administered by gavage (NOAEL 2000 mg/kg bw/day). No maternal toxicity or teratogenic effects were seen in the rat, mouse or rabbit at the highest dose levels tested in a guideline comparable teratogenicity study (NOEL 1180 mg/kg bw/day).</p>
<p style="text-align: center;">PROPYLENE GLYCOL</p>	<p>The acute oral toxicity of propylene glycol is very low, and large quantities are required to cause perceptible health damage in humans. Serious toxicity generally occurs only at plasma concentrations over 1 g/L, which requires extremely high intake over a relatively short period of time. It would be nearly impossible to reach toxic levels by consuming foods or supplements, which contain at most 1 g/kg of PG. Cases of propylene glycol poisoning are usually related to either inappropriate intravenous administration or accidental ingestion of large quantities by children. The potential for long-term oral toxicity is also low. Because of its low chronic oral toxicity, propylene glycol was classified by the U. S. Food and Drug Administration as "generally recognized as safe" (GRAS) for use as a direct food additive. Prolonged contact with propylene glycol is essentially non-irritating to the skin. Undiluted propylene glycol is minimally irritating to the eye, and can produce slight transient conjunctivitis (the eye recovers after the exposure is removed). Exposure to mists may cause eye irritation, as well as upper respiratory tract irritation. Inhalation of the propylene glycol vapours appears to present no significant hazard in ordinary applications. However, limited human experience indicates that inhalation of propylene glycol mists could be irritating to some individuals. It is therefore recommended that propylene glycol not be used in applications where inhalation exposure or human eye contact with the spray mists of these materials is likely, such as fogs for theatrical productions or antifreeze solutions for emergency eye wash stations.</p> <p>Propylene glycol is metabolised in the human body into pyruvic acid (a normal part of the glucose-metabolism process, readily converted to energy), acetic acid (handled by ethanol-metabolism), lactic acid (a normal acid generally abundant during digestion), and propionaldehyde (a potentially hazardous substance).</p> <p>Propylene glycol shows no evidence of being a carcinogen or of being genotoxic.</p> <p>Research has suggested that individuals who cannot tolerate propylene glycol probably experience a special form of irritation, but that they only rarely develop allergic contact dermatitis. Other investigators believe that the incidence of allergic contact dermatitis to propylene glycol may be greater than 2% in patients with eczema.</p> <p>One study strongly suggests a connection between airborne concentrations of propylene glycol in houses and development of asthma and allergic reactions, such as rhinitis or hives in children</p> <p>Another study suggested that the concentrations of PGEs (counted as the sum of propylene glycol and glycol ethers) in indoor air, particularly bedroom air, is linked to increased risk of developing numerous respiratory and immune disorders in children, including asthma, hay fever, eczema, and allergies, with increased risk ranging from 50% to 180%. This concentration has been linked to use of water-based paints and water-based system cleansers.</p> <p>Patients with vulvodynia and interstitial cystitis may be especially sensitive to propylene glycol. Women suffering with yeast infections may also notice that some over the counter creams can cause intense burning. Post menopausal women who require the use of an estrogen cream may notice that brand name creams made with propylene glycol often create extreme, uncomfortable burning along the vulva and perianal area. Additionally, some electronic cigarette users who inhale propylene glycol vapor may experience dryness of the throat or shortness of breath. As an alternative, some suppliers will put Vegetable Glycerin in the "e-liquid" for those who are allergic (or have had reactions) to propylene glycol.</p> <p>Adverse responses to intravenous administration of drugs which use PG as an excipient have been seen in a number of people, particularly with large dosages thereof. Responses may include "hypotension, bradycardia... QRS and T abnormalities on the ECG, arrhythmia, cardiac arrest, serum hyperosmolality, lactic acidosis, and haemolysis". A high percentage (12% to 42%) of directly-injected propylene glycol is eliminated/secreted in urine unaltered depending on dosage, with the remainder appearing in its glucuronide-form. The speed of renal filtration decreases as dosage increases, which may be due to propylene glycol's mild anesthetic / CNS-depressant -properties as an alcohol. In one case, intravenous administration of propylene glycol-suspended nitroglycerin to an elderly man may have induced coma and acidosis.</p> <p>Propylene glycol is an approved food additive for dog food under the category of animal feed and is generally recognized as safe for dogs with an LD50 of 9 mL/kg. The LD50 is higher for most laboratory animals (20 mL/kg)</p> <p>Similarly, propylene glycol is an approved food additive for human food as well. The exception is that it is prohibited for use in food for cats due to links to Heinz body anemia.</p>
<p style="text-align: center;">D-PANTHENOL</p>	<p>The material may be irritating to the eye, with prolonged contact causing 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 epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>
<p style="text-align: center;">CHAMOMILE RECUTICA OIL</p>	<p>* Botanical Specialities MSDS</p> <p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>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.</p> <p>Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).</p> <p>Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.</p> <p>Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.</p> <p>No significant acute toxicological data identified in literature search.</p> <p>Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and connubial contact dermatitis occur.</p>

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

Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits.

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

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

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

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

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

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

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

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

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

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

Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A **prehapten** is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems.

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

Prehapten

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

It should be noted that activation of substances via air oxidation results in various haptens that might be the same or cross-reacting with other haptens (allergens). The main allergens after air oxidation of linalool and linalyl acetate are the hydroperoxides. If linalyl acetate is

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

Prohaptens

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

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

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

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

For alkyldimethylbenzylammonium chlorides (ADMBAC):

Alkyldimethylbenzylammonium chlorides (ADMBAC) are included in Annex 1 of list of dangerous substances of Council Directive 67/548/EEC with the following classification: C8-18 ADMBAC are classified as Harmful (Xn) with the risk phrases R21/22 (Harmful in contact with skin and if swallowed) and Corrosive (C) with R34 (Causes burns) and (N) with R50 (Very toxic to aquatic organisms).

Acute toxicity: Absorption of these alkyldimethylbenzylammonium (ADMBAC) cationic surfactants through the skin is anticipated to be low. Different homologues of ADMBAC showed a moderate acute toxicity in experiments with rats and mice.

The relationship between alkyl chain length and the acute toxicity of various ADMBAC homologues (C8 to C19) has been studied in mice. The studies indicated that chain lengths above C16 had a markedly lower acute toxicity and that even-numbered alkyl chain homologues appeared to be less toxic than odd-numbered carbon chains. It was suggested that the decrease in toxicity above C16 was due to a decreased water-solubility.

Irritation studies: ADMBAC is a skin irritant in animals at concentrations above 0.1% . A nonspecified ADMBAC caused skin irritation and minor to moderate eye irritation at 0.625 and 1.25% concentrations. Inflammation of the eye and deterioration of vision occurred 3 days after change of soaking solution for a soft contact lens to a solution containing C8-18 ADMBAC.

Sensitisation: The sensitisation potential of ADMBAC has been examined in an experiment including 2,295 patients with suspected allergic contact dermatitis. Some of the patients (5.5%) showed positive reactions after exposure to 0.1% ADMBAC. These results were surprising as ADMBAC was not suspected to be a sensitizer. The high irritating potential of ADMBAC, even at low concentrations, could be an explanation of the observed results as the patch test reactions may have been false positives. However, another group of 2,806 patients with eczema was patch tested with 0.1% ADMBAC, and 2.13% of these patients appeared to be sensitised. Skin sensitisation was noted in patients patch tested with ADMBAC in aqueous solutions at 0.07 to 0.1% surfactant. However, there was no incidence of skin sensitisation in a population of normal individuals tested with 0.1% ADMBAC. This indicates that individuals with diseased skin may be at risk for sensitisation to ADMBAC.

Genetic toxicity: C16 ADMBAC did not induce transformation of the cells in an in vitro bioassay for carcinogenesis by using cultures of Syrian golden hamster embryo cells. The mutagenic potential of this surfactant was also examined by using Salmonella typhimurium strains - no mutagenic effects were seen). In other short-term genotoxicity assays (Salmonella/microsome assay) and rec-assay (bacterial DNA repair test) C16 ADMBAC was tested for ability to cause DNA damage in bacteria. None of the data indicated any mutagenic effects.

Carcinogenicity: Lifetime studies of ADMBAC were conducted in mice and rabbits that were treated with 8.5 to 17% surfactant dissolved in acetone or methanol. ADMBAC was applied repeatedly to the skin and ADMBAC caused ulceration, inflammations and scars in many animals, but no tumours.

Developmental toxicity: No embryotoxic activity was detected when C18 ADMBAC was applied topically to pregnant rats during the period of major organogenesis (day 6-15) at doses up to 6.6%, which was sufficient to cause adverse maternal reactions. Intravaginal instillation of ADMBAC (single doses up to 200 mg/kg) to pregnant rats on day one of the gestation caused abnormal foetal development and embryotoxicity

Environmental and Health Assessment of Substances in Household Detergents and Cosmetic Detergent Products, Environment Project, 615, 2001. Torben Madsen et al: Miljøministeriet (Danish Environmental Protection Agency)

For quaternary ammonium compounds (QACs):

Quaternary ammonium compounds (QACs) are cationic surfactants. They are synthetic organically tetra-substituted ammonium compounds, where the R substituents are alkyl or heterocyclic radicals. A common characteristic of these synthetic compounds is that one of the R's is a long-chain hydrophobic aliphatic residue

The cationic surface active compounds are in general more toxic than the anionic and non-ionic surfactants. The positively-charged cationic portion is the functional part of the molecule and the local irritation effects of QACs appear to result from the quaternary ammonium cation.

Due to their relative ability to solubilise phospholipids and cholesterol in lipid membranes, QACs affect cell permeability which may lead to cell death. Further QACs denature proteins as cationic materials precipitate protein and are accompanied by generalised tissue irritation.

It has been suggested that the experimentally determined decrease in acute toxicity of QACs with chain lengths above C16 is due to decreased water solubility.

In general it appears that QACs with a single long-chain alkyl groups are more toxic and irritating than those with two such substitutions, The straight chain aliphatic QACs have been shown to release histamine from minced guinea pig lung tissue However, studies with benzalkonium chloride have shown that the effect on histamine release depends on the concentration of the solution. When cell suspensions (11% mast cells) from rats were exposed to low concentrations, a decrease in histamine release was seen. When exposed to high concentrations the opposite result was obtained.

BENZYLDIMETHYLDECYLAMMONIUM CHLORIDE

	<p>In addition, QACs may show curare-like properties (specifically benzalkonium and cetylpyridinium derivatives, a muscular paralysis with no involvement of the central nervous system. This is most often associated with lethal doses Parenteral injections in rats, rabbits and dogs have resulted in prompt but transient limb paralysis and sometimes fatal paresis of the respiratory muscles. This effect seems to be transient.</p> <p>From human testing of different QACs the generalised conclusion is obtained that all the compounds investigated to date exhibit similar toxicological properties.</p> <p>Long term/repeated exposure:</p> <p>Inhalation: A group of 196 farmers (with or without respiratory symptoms) were evaluated for the relationship between exposure to QACs (unspecified, exposure levels not given) and respiratory disorders by testing for lung function and bronchial responsiveness to histamine. After histamine provocation statistically significant associations were found between the prevalence of mild bronchial responsiveness (including asthma-like symptoms) and the use of QACs as disinfectant. The association seems even stronger in people without respiratory symptoms.</p> <p>In light of potential adverse effects, and to ensure a harmonised risk assessment and management, the EU regulatory framework for biocides has been established with the objective of ensuring a high level of protection of human and animal health and the environment. To this aim, it is required that risk assessment of biocidal products is carried out before they can be placed on the market. A central element in the risk assessment of the biocidal products are the utilization instructions that defines the dosage, application method and amount of applications and thus the exposure of humans and the environment to the biocidal substance.</p> <p>Humans may be exposed to biocidal products in different ways in both occupational and domestic settings. Many biocidal products are intended for industrial sectors or professional uses only, whereas other biocidal products are commonly available for private use by non-professional users. In addition, potential exposure of non-users of biocidal products (i.e. the general public) may occur indirectly via the environment, for example through drinking water, the food chain, as well as through atmospheric and residential exposure. Particular attention should be paid to the exposure of vulnerable sub-populations, such as the elderly, pregnant women, and children. Also pets and other domestic animals can be exposed indirectly following the application of biocidal products. Furthermore, exposure to biocides may vary in terms of route (inhalation, dermal contact, and ingestion) and pathway (food, drinking water, residential, occupational) of exposure, level, frequency and duration.</p> <p>for acid mists, aerosols, vapours</p> <p>Data from assays for genotoxic activity <i>in vitro</i> suggest that eukaryotic cells are susceptible to genetic damage when the pH falls to about 6.5. Cells from the respiratory tract have not been examined in this respect. Mucous secretion may protect the cells of the airways from direct exposure to inhaled acidic mists, just as mucous plays an important role in protecting the gastric epithelium from its auto-secreted hydrochloric acid. In considering whether pH itself induces genotoxic events <i>in vivo</i> in the respiratory system, comparison should be made with the human stomach, in which gastric juice may be at pH 1-2 under fasting or nocturnal conditions, and with the human urinary bladder, in which the pH of urine can range from <5 to > 7 and normally averages 6.2. Furthermore, exposures to low pH <i>in vivo</i> differ from exposures <i>in vitro</i> in that, <i>in vivo</i>, only a portion of the cell surface is subjected to the adverse conditions, so that perturbation of intracellular homeostasis may be maintained more readily than <i>in vitro</i>.</p>
D-ALPHA-TOCOPHEROL ACETATE	<p>for DL-form</p> <p>alpha-Tocopherol was non-mutagenic and non-carcinogenic, and the results of reproduction/ teratology studies did not indicate that alpha-tocopherol had adverse effects on reproductive function. However, in a long-term study in rats, a no-effect level could not be established with respect to effects on blood clotting and liver histology, and there was evidence from human studies that excessive intakes of alpha-tocopherol could cause haemorrhage. Other adverse effects noted in clinical studies at doses of > 720 mg alpha-tocopherol/day included weakness, fatigue, creatinuria and effects on steroid hormone metabolism.</p> <p>Clinical studies indicate that, generally, intakes of below about 720 mg/day are without adverse effects in man, but one investigation in elderly patients showed an increase in serum cholesterol at doses of 300 mg alpha-tocopherol daily. Incidences of allergic reactions seem to be very rare.</p> <p>alpha-Tocopherol may be an essential nutrient. The U.S. National Academy of Sciences/National Research Council has recommended a dietary allowance of 0.15 mg/kg b.w./day. However, excessive intakes of alpha-tocopherol produce adverse clinical and biochemical effects, and self-medication with large doses of vitamin E preparations could present a hazard.</p> <p>The previously-allocated ADI was amended to include a lower value, which reflects the fact that alpha-tocopherol may be an essential nutrient. The upper value, which represents the maximum value for the AID, is based on clinical experience in man.</p> <p>IPCS Inchem: http://www.inchem.org/documents/jecfa/jecmono/v21je05.htm</p>
ETHANOL & PROPYLENE GLYCOL	<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 of the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>
GLYCEROL & BENZYLDIMETHYLDECYLAMMONIUM CHLORIDE	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.</p>

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

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

SECTION 12 Ecological information

Toxicity

Offshoot (NZ) Ltd 75% Alcohol BIODEGRADABLE & COMPOSTABLE Wet Wipes	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
ethanol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	96h	Algae or other aquatic plants	<0.001mg/L	4

Continued...

Offshoot (NZ) Ltd 75% Alcohol BIODEGRADABLE & COMPOSTABLE Wet Wipes

	EC50	72h	Algae or other aquatic plants	275mg/l	2
	LC50	96h	Fish	42mg/l	4
	EC50	96h	Algae or other aquatic plants	<0.001mg/L	4
	EC50	48h	Crustacea	2mg/l	4
glycerol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC0(ECx)	24h	Crustacea	>500mg/l	1
	LC50	96h	Fish	>11mg/l	2
propylene glycol	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	336h	Algae or other aquatic plants	<5300mg/l	1
	EC50	72h	Algae or other aquatic plants	19300mg/l	2
	EC50	96h	Algae or other aquatic plants	19000mg/l	2
	LC50	96h	Fish	710mg/l	4
d-panthenol	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	48h	Crustacea	100mg/l	2
	EC50	72h	Algae or other aquatic plants	>100mg/l	2
	LC50	96h	Fish	>1000mg/l	2
Chamomile recutita oil	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
	EC50	72h	Algae or other aquatic plants	>100mg/l	2
	LC50	96h	Fish	>1000mg/l	2
benzyltrimethyldecylammonium chloride	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Fish	9.6mg/L	4
	LC50	96h	Fish	0.31mg/l	4
D-alpha-tocopherol acetate	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethanol	LOW (Half-life = 2.17 days)	LOW (Half-life = 5.08 days)
glycerol	LOW	LOW
propylene glycol	LOW	LOW
d-panthenol	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
ethanol	LOW (LogKOW = -0.31)
glycerol	LOW (LogKOW = -1.76)
propylene glycol	LOW (BCF = 1)
d-panthenol	LOW (LogKOW = -1.9222)

Mobility in soil

Ingredient	Mobility
ethanol	HIGH (KOC = 1)
glycerol	HIGH (KOC = 1)
propylene glycol	HIGH (KOC = 1)
d-panthenol	LOW (KOC = 10)

SECTION 13 Disposal considerations

Waste treatment methods

Continued...

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible. ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material) ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
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SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	1Z

Land transport (ADG)

UN number or ID number	3175	
UN proper shipping name	SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S. (contains ethanol)	
Transport hazard class(es)	Class	4.1
	Subsidiary risk	Not Applicable
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	216 274
	Limited quantity	1 kg

Air transport (ICAO-IATA / DGR)

UN number	3175	
UN proper shipping name	Solids containing flammable liquid, n.o.s. * (contains ethanol)	
Transport hazard class(es)	ICAO/IATA Class	4.1
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	3L
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	A46
	Cargo Only Packing Instructions	448
	Cargo Only Maximum Qty / Pack	50 kg
	Passenger and Cargo Packing Instructions	445
	Passenger and Cargo Maximum Qty / Pack	15 kg
	Passenger and Cargo Limited Quantity Packing Instructions	Y441
	Passenger and Cargo Limited Maximum Qty / Pack	5 kg

Sea transport (IMDG-Code / GGVSee)

UN number	3175	
UN proper shipping name	SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S. (contains ethanol)	
Transport hazard class(es)	IMDG Class	4.1
	IMDG Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	EMS Number	F-A, S-I
	Special provisions	216 274
	Limited Quantities	1 kg

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

Continued...

Not Applicable

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

Product name	Group
ethanol	Not Available
glycerol	Not Available
propylene glycol	Not Available
d-panthenol	Not Available
Chamomile recutica oil	Not Available
benzyltrimethyldecylammonium chloride	Not Available
D-alpha-tocopherol acetate	Not Available

Transport in bulk in accordance with the IGC Code

Product name	Ship Type
ethanol	Not Available
glycerol	Not Available
propylene glycol	Not Available
d-panthenol	Not Available
Chamomile recutica oil	Not Available
benzyltrimethyldecylammonium chloride	Not Available
D-alpha-tocopherol acetate	Not Available

SECTION 15 Regulatory information**Safety, health and environmental regulations / legislation specific for the substance or mixture****ethanol is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

glycerol is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

propylene glycol is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

d-panthenol is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Chamomile recutica oil is found on the following regulatory lists

Australia Industrial Chemicals Introduction Scheme Comparable Chemicals Table

benzyltrimethyldecylammonium chloride is found on the following regulatory lists

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)

D-alpha-tocopherol acetate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (Chamomile recutica oil)
Canada - NDSL	No (ethanol; glycerol; propylene glycol; d-panthenol; Chamomile recutica oil; benzyltrimethyldecylammonium chloride; D-alpha-tocopherol acetate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (Chamomile recutica oil)
Korea - KECI	No (Chamomile recutica oil)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (Chamomile recutica oil)
USA - TSCA	No (Chamomile recutica oil)
Taiwan - TCSI	Yes
Mexico - INSQ	No (Chamomile recutica oil)
Vietnam - NCI	Yes

Continued...

National Inventory	Status
Russia - FBEPH	No (Chamomile recutica oil)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	14/04/2023
Initial Date	06/04/2023

Other information

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

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

Definitions and abbreviations

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

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