

# Foaming Hand Wash Guest Fragrance

ACCO Brands Australia Pty Ltd

Version No: 1.2

Safety Data Sheet according to WHS and ADG requirements

Issue Date: 16/01/2018

Print Date: 15/03/2016

Initial Date: 09/02/2016

S.GHS.AUS.EN

## SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

### Product Identifier

Product name	Foaming Hand Wash
Synonyms	Not Available
Other means of identification	0.4ml Cartridge - 635119600

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

Relevant identified uses	Hand washing
--------------------------	--------------

### Details of the supplier of the safety data sheet

Registered company name	ACCO Brands Australia Pty Ltd
Address	17-19 Waterloo Street, Queanbeyan NSW 2620 Australia
Telephone	+61-2-96740900
Fax	+61-2-96740910
Website	www.accobrand.com.au
Email	sds.anz@acco.com

### Emergency telephone number

Association / Organisation	Poisons Information Line
Emergency telephone numbers	13 11 26
Other emergency telephone numbers	Not Available


## SECTION 2 HAZARDS IDENTIFICATION

### Classification of the substance or mixture

**HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.**

Poisons Schedule	Not Applicable
Classification <sup>[1]</sup>	Eye Irritation Category 2A, Acute Aquatic Hazard Category 3, Chronic Aquatic Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

### Label elements

GHS label elements	
--------------------	---

SIGNAL WORD	<b>WARNING</b>
-------------	----------------

### Hazard statement(s)

H319	Causes serious eye irritation.
H402	Harmful to aquatic life
H412	Harmful to aquatic life with long lasting effects.

### Precautionary statement(s) Prevention

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read label before use.
P273	Avoid release to the environment.

Continued...

## Foaming Hand Wash

P280	Wear protective gloves/protective clothing/eye protection/face protection.
------	--

### 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.
P337+P313	If eye irritation persists: Get medical advice/attention.

### Precautionary statement(s) Storage

Not Applicable

### Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
------	---

## SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

### Substances

See section below for composition of Mixtures

### Mixtures

CAS No	%[weight]	Name
7732-18-5	>60	<u>water</u>
9004-82-4	<10	<u>sodium lauryl ether sulfate</u>
61789-40-0	<10	<u>cocamidopropylbetaine</u>
56-81-5	<10	<u>glycerol</u>
26590-05-6	<10	<u>dimethyldialkylammonium chloride/ acrylamide polymer</u>
69-72-7	<10	<u>salicylic acid</u>
92879-30-6	<10	<u>(C8-10)alkyl D-glycopyranoside</u>
26542-23-4	<10	<u>4,5-dichloro-2-methyl-4-isothiazolin-3-one</u>
26172-55-4	<10	<u>5-chloro-2-methyl-4-isothiazolin-3-one</u>

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

### Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

for salicylate intoxication:

- ▶ Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. **Do not give ipecac after charcoal.**
- ▶ Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- ▶ Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- ▶ Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- ▶ In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- ▶ Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- ▶ Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- ▶ Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- ▶ Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- ▶ For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

- ▶ Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

## Foaming Hand Wash

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

HyperTox 3.0 <https://www.ozemail.com.au/-ouad/SALI0001.HTA>

for non-steroidal anti-inflammatories (NSAIDs)

- ▶ Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.
- ▶ Patients should be managed by symptomatic and supportive care following a NSAIDs overdose.
- ▶ There are no specific antidotes.
- ▶ Emesis and/or activated charcoal (60 to 100 grams in adults, 1 to 2 g/kg in children), and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose).
- ▶ Forced diuresis, alkalinisation of urine, hemodialysis, or haemoperfusion may not be useful due to high protein binding.

## SECTION 5 FIREFIGHTING MEASURES

### Extinguishing media

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

### Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	None known.
-----------------------------	-------------

### Advice for firefighters

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> <li>▶ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn. May emit poisonous fumes. May emit corrosive fumes.</li> </ul>

## SECTION 6 ACCIDENTAL RELEASE MEASURES

### Personal precautions, protective equipment and emergency procedures

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid breathing vapours and contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>▶ Wipe up.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>
<b>Major Spills</b>	<p>Moderate hazard.</p> <ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Contain spill with sand, earth or vermiculite.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> </ul>

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

## SECTION 7 HANDLING AND STORAGE

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ <b>DO NOT allow material to contact humans, exposed food or food utensils.</b></li> </ul>
----------------------	--

## Foaming Hand Wash

	<ul style="list-style-type: none"> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> </ul>
<b>Other information</b>	

### Conditions for safe storage, including any incompatibilities

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

## 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	glycerol	Glycerin mist	10 mg/m3	Not Available	Not Available	Not Available

#### EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
glycerol	Glycerine (mist); (Glycerol; Glycerin)	30 mg/m3	310 mg/m3	2500 mg/m3
dimethyldialkylammonium chloride/ acrylamide polymer	Poly(acrylamide-co-diallyldimethylammonium chloride)	30 mg/m3	330 mg/m3	2000 mg/m3
salicylic acid	Salicylic acid	0.11 mg/m3	1.2 mg/m3	180 mg/m3
5-chloro-2-methyl-4-isothiazolin-3-one	Chloro-2-methyl-4-isothiazolin-3-one, 5-	0.2 mg/m3	0.2 mg/m3	0.2 mg/m3

Ingredient	Original IDLH	Revised IDLH
water	Not Available	Not Available
sodium lauryl ether sulfate	Not Available	Not Available
cocamidopropylbetaine	Not Available	Not Available
glycerol	Not Available	Not Available
dimethyldialkylammonium chloride/ acrylamide polymer	Not Available	Not Available
salicylic acid	Not Available	Not Available
(C8-10)alkyl D-glycopyranoside	Not Available	Not Available
4,5-dichloro-2-methyl-4-isothiazolin-3-one	Not Available	Not Available
5-chloro-2-methyl-4-isothiazolin-3-one	Not Available	Not Available

### Exposure controls

<b>Appropriate engineering controls</b>	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>General exhaust is adequate under normal operating conditions.</p>
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles.</li> <li>▶ 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.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ Wear chemical protective gloves, e.g. PVC.</li> <li>▶ Wear safety footwear or safety gumboots, e.g. Rubber</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid</li> </ul>













## Foaming Hand Wash

<b>Product / Packaging disposal</b>	<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"> <li>▶ Reduction</li> <li>▶ Reuse</li> <li>▶ Recycling</li> <li>▶ Disposal (if all else fails)</li> </ul> <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"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Recycle wherever possible.</li> <li>▶ 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.</li> <li>▶ Dispose of by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or incineration in a licenced apparatus (after admixture with suitable combustible material).</li> <li>▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.</li> </ul>
-------------------------------------	--

**SECTION 14 TRANSPORT INFORMATION****Labels Required**

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	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**

Source	Product name	Pollution Category	Ship Type
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk			

**SECTION 15 REGULATORY INFORMATION****Safety, health and environmental regulations / legislation specific for the substance or mixture****WATER(7732-18-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

**SODIUM LAURYL ETHER SULFATE(9004-82-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

**COCAMIDOPROPYLBETAINE(61789-40-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

**GLYCEROL(56-81-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

**DIMETHYLDIALKYLAMMONIUM CHLORIDE/ ACRYLAMIDE POLYMER(26590-05-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

**SALICYLIC ACID(69-72-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

**(C8-10)ALKYL D-GLYCOPYRANOSIDE(92879-30-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

**4,5-DICHLORO-2-METHYL-4-ISOTHIAZOLIN-3-ONE(26542-23-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

**5-CHLORO-2-METHYL-4-ISOTHIAZOLIN-3-ONE(26172-55-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; (C8-10)alkyl D-glycopyranoside)
Canada - NDSL	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; 5-chloro-2-methyl-4-isothiazolin-3-one; glycerol; dimethyldialkylammonium chloride/ acrylamide polymer; water; (C8-10)alkyl D-glycopyranoside; salicylic acid; cocamidopropylbetaine)
China - IECSC	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one)

## Foaming Hand Wash

Europe - EINEC / ELINCS / NLP	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; dimethyldialkylammonium chloride/ acrylamide polymer)
Japan - ENCS	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; water; (C8-10)alkyl D-glycopyranoside)
Korea - KECI	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; (C8-10)alkyl D-glycopyranoside)
New Zealand - NZIoC	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one)
Philippines - PICCS	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; (C8-10)alkyl D-glycopyranoside)
USA - TSCA	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; (C8-10)alkyl D-glycopyranoside)
<b>Legend:</b>	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

### SECTION 16 OTHER INFORMATION

#### Other information

#### Ingredients with multiple cas numbers

Name	CAS No
sodium lauryl ether sulfate	11121-04-3, 113096-26-7, 115284-60-1, 116958-77-1, 12627-22-4, 12627-23-5, 1335-72-4, 1335-73-5, 3088-31-1, 32057-62-8, 37325-23-8, 39390-84-6, 39450-08-3, 42504-27-8, 51059-21-3, 51286-51-2, 53663-56-2, 56572-89-5, 57762-43-3, 57762-59-1, 66747-17-9, 68585-34-2, 68891-38-3, 73651-68-0, 74349-47-6, 76724-02-2, 9004-82-4, 91648-56-5, 95508-27-3, 98112-64-2
cocamidopropylbetaine	61789-40-0, 83138-08-3, 86438-79-1, 97862-59-4
glycerol	29796-42-7, 30049-52-6, 37228-54-9, 56-81-5, 75398-78-6, 78630-16-7, 8013-25-0
dimethyldialkylammonium chloride/ acrylamide polymer	108464-53-5, 26590-05-6
(C8-10)alkyl D-glycopyranoside	161074-97-1, 92879-30-6

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

A list of reference resources used to assist the committee may be found at:

[www.chemwatch.net](http://www.chemwatch.net)

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  
 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

This document is copyright.

Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH.

TEL (+61 3) 9572 4700.