

GECA Orange Hand Cleaner

- ▶ Reacts vigorously with vinyl acetate.
- Silicas:
- ▶ react with hydrofluoric acid to produce silicon tetrafluoride gas
 - ▶ react with xenon hexafluoride to produce explosive xenon trioxide
 - ▶ reacts exothermically with oxygen difluoride, and explosively with chlorine trifluoride (these halogenated materials are not commonplace industrial materials) and other fluorine-containing compounds
 - ▶ may react with fluorine, chlorates
 - ▶ are incompatible with strong oxidisers, manganese trioxide, chlorine trioxide, strong alkalis, metal oxides, concentrated orthophosphoric acid, vinyl acetate
 - ▶ may react vigorously when heated with alkali carbonates.
- 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	stearic acid	Stearates	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	glycerol	Glycerin mist	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	triethanolamine	Triethanolamine	5 mg/m3	Not Available	Not Available	Sen

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
Carbomer	Acrylic acid polymers; (Acrylic polymer or resin)	7.5 mg/m3	83 mg/m3	500 mg/m3
stearic acid	Octadecanoic acid, n-; (Stearic acid)	0.13 mg/m3	1.4 mg/m3	8.5 mg/m3
glycerol	Glycerine (mist); (Glycerol; Glycerin)	30 mg/m3	310 mg/m3	2500 mg/m3
triethanolamine	Triethanolamine; (Trihydroxytriethylamine)	15 mg/m3	51 mg/m3	1100 mg/m3

Ingredient	Original IDLH	Revised IDLH
water	Not Available	Not Available
tetrasodium N,N-bis(carboxymethyl)-L-glutamate	Not Available	Not Available
Carbomer	Not Available	Not Available
methyl cocoate	Not Available	Not Available
isodecanol propoxylated	Not Available	Not Available
stearic acid	Not Available	Not Available
jojoba oil	Not Available	Not Available
D-alpha-tocopherol acetate	Not Available	Not Available
lanolin, ethoxylated	Not Available	Not Available
diphenyl phenol	Not Available	Not Available
glycerol	Not Available	Not Available
4,5-dichloro-2-methyl-4-isothiazolin-3-one	Not Available	Not Available
1,2-benzisothiazoline-3-one	Not Available	Not Available
triethanolamine	Not Available	Not Available
pumice	Not Available	Not Available

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>General exhaust is adequate under normal operating conditions.</p>
Personal protection	
Eye and face protection	<p>No special equipment required due to the physical form of the product.</p> <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

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	<ul style="list-style-type: none"> ▶ 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.
Skin protection	See Hand protection below
Hands/feet protection	Wear general protective gloves, eg. light weight rubber gloves. <ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber NOTE: <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. No special equipment required due to the physical form of the product.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.
Thermal hazards	Not Available

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
NEOPRENE/NATURAL	C
NITRILE	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 AK-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	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-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)

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Not Available		
Physical state	article	Relative density (Water = 1)	0.98-1.02
Odour	Citrus	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	6-8	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available

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Solubility in water (g/L)	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
Chemical stability	Product is considered stable and hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	<p>The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.</p> <p>Not normally a hazard due to non-volatile nature of product</p> <p>Workers exposed to terphenyl and its isomers are associated with ocular and respiratory tract irritation. Higher concentrations were lethal and produced both respiratory diseases and damaging effect on the system.</p>
Ingestion	<p>Acute toxic responses to aluminium are confined to the more soluble forms.</p> <p>The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence.</p> <p>In a 14-day dietary study, young rats fed 0.2% of the various isomers of terphenyl showed increased plasma cholesterol, low body weight (o-, and m- isomers), liver hypertrophy (m-isomer) and adrenal hypertrophy (o-isomer).</p> <p>Nonionic surfactants may produce localised irritation of the oral or gastrointestinal lining and induce vomiting and mild diarrhoea.</p>
Skin Contact	<p>The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.</p> <p>Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Thus it may cause itching and skin reaction and inflammation.</p> <p>Topical application of terphenyl and its may produce a damaging effect on the skin (irritation, sensitisation, scaring and skin death) depending on the animal involved.</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 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>Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).</p> <p>Application of terphenyl to rabbit's eye can cause extreme conjunctival irritation.</p> <p>Non-ionic surfactants can cause numbing of the cornea, which masks discomfort normally caused by other agents and leads to corneal injury. Irritation varies depending on the duration of contact, the nature and concentration of the surfactant.</p>
Chronic	<p>Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle. The smaller the size, the greater the tendencies of causing harm.</p> <p>Exposure to large doses of aluminium has been connected with the degenerative brain disease Alzheimer's Disease.</p> <p>Workers repeatedly exposed to terphenyl developed non-specific readily reversible skin rash. Feeding trials in rats with un-irradiated mixtures of the isomers of terphenyl showed low body weight, reduced haemoglobin and damaging effect on the kidney.</p> <p>Amorphous silicas generally are less hazardous than crystalline silicas, but the former can be converted to the latter on heating and subsequent cooling.</p> <p>Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling lung disease that may take years to develop.</p>

GECA Orange Hand Cleaner	TOXICITY	IRRITATION
	Not Available	Not Available
water	TOXICITY	IRRITATION
	Oral (rat) LD50: >90000 mg/kg ^[2]	Not Available
tetrasodium N,N-bis(carboxymethyl)-L-glutamate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1] Oral (rat) LD50: >2000 mg/kg* ^[2]	Eye : Mild * Skin : Not irritating *
Carbomer	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >3000 mg/kg* ^[2]	Not Available
	Oral (rat) LD50: >1000 mg/kg ^[2]	
	Oral (rat) LD50: >2500 mg/kg* ^[2]	
	Oral (rat) LD50: 2500 mg/kg ^[2] Oral (rat) LD50: 4100 mg/kg ^[2]	

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methyl cocoate	TOXICITY	IRRITATION
	Not Available	Not Available
isodecanol propoxylated	TOXICITY	IRRITATION
	Oral (rat) LD50: >2000 mg/kg**[2]	Eye: moderate to SEVERE*
		Skin (rabbit): irritant (OECD 404)* Skin : Moderate
stearic acid	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Skin (human): 75 mg/3d-I-mild
	Oral (rat) LD50: >2000 mg/kg ^[1]	Skin (rabbit):500 mg/24h-moderate
jojoba oil	TOXICITY	IRRITATION
	Not Available	Not Available
D-alpha-tocopherol acetate	TOXICITY	IRRITATION
	Oral (rat) LD50: >16000 mg/kg ^[2]	* [ROCHE]
		Eye (rabbit): non-irritating * Skin (rabbit): non-irritating *
lanolin, ethoxylated	TOXICITY	IRRITATION
	Oral (rat) LD50: >21300 mg/kg**[2]	Eye (rabbit): non-irritating *
		Skin (rabbit): non-irritating *
diphenyl phenol	TOXICITY	IRRITATION
	Not Available	Not Available
glycerol	TOXICITY	IRRITATION
	dermal (guinea pig) LD50: 54000 mg/kg ^[1]	Not Available
	Oral (rat) LD50: >20-<39800 mg/kg ^[1]	
4,5-dichloro-2-methyl-4-isothiazolin-3-one	TOXICITY	IRRITATION
	Not Available	Not Available
1,2-benzisothiazoline-3-one	TOXICITY	IRRITATION
	Oral (rat) LD50: 670 mg/kg(male)*n ^[2]	*MAK Documentation
		Nil reported
triethanolamine	TOXICITY	IRRITATION
	dermal (rat) LD50: >18080 mg/kg ^[2]	Eye (rabbit): 0.1 ml -
	Oral (rat) LD50: 5559.6 mg/kg(female) * ^[2]	Eye (rabbit): 10 mg - mild
		Eye (rabbit): 5.62 mg - SEVERE
		minor conjunctival irritation
		minor iritis,
		no corneal injury *
		no irritation *
pumice	TOXICITY	IRRITATION
	Not Available	Not Available
		Skin (human): 15 mg/3d (int)-mild Skin (rabbit): 4 h occluded Skin (rabbit): 560 mg/24 hr- mild with significant discharge;
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	

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The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are

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	<p>noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p> <p>The effects of similar substances have been characterised.</p> <p>Both laboratory and animal testing has shown that there is no evidence for alcohol ethoxylates (AEs) causing genetic damage, mutations or cancer. No adverse reproductive or developmental effects were observed.</p> <p>No significant acute toxicological data identified in literature search.</p> <p>Human beings have regular contact with alcohol ethoxylates through a variety of industrial and consumer products such as soaps, detergents, and other cleaning products. Exposure to these chemicals can occur through ingestion, inhalation, or contact with the skin or eyes. Studies of acute toxicity show that volumes well above a reasonable intake level would have to occur to produce any toxic response. Moreover, no fatal case of poisoning with alcohol ethoxylates has ever been reported. Multiple studies investigating the acute toxicity of alcohol ethoxylates have shown that the use of these compounds is of low concern in terms of oral and dermal toxicity.</p> <p>Clinical animal studies indicate these chemicals may produce gastrointestinal irritation such as ulcerations of the stomach, pilo-erection, diarrhea, and lethargy. Similarly, slight to severe irritation of the skin or eye was generated when undiluted alcohol ethoxylates were applied to the skin and eyes of rabbits and rats. The chemical shows no indication of being a genotoxin, carcinogen, or mutagen (HERA 2007).</p> <p>For silica amorphous:</p> <p>When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals.</p> <p>After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data.</p>
TETRASODIUM N,N-BIS(CARBOXYMETHYL)-L-GLUTAMATE	<p>for a similar product containing 71% GLDA-Na4 Not irritating to rabbit skin after a 4 hour exposure to 0.5 ml (164 mg). The Primary Irritation Index was 0.0 Minimally irritating to rabbit eyes following the installation of 0.1 ml (31 mg). The maximum irritation score was 3.3 Not sensitising to guinea pig skin (75% GLDA-Na4) Negative in the Ames CHO HGPRT forward mutation and micronucleus test. Weakly clastogenic to CHL cells in vitro - In a 90-day oral gavage study, GLDA induced reversible changes in some blood and urine parameters without concomitant microscopic changes in kidneys or other organs, The NOAEL is 300 mg/kg/day * Akzo Nobel SDS</p>
CARBOMER	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>No significant acute toxicological data identified in literature search.</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.</p>
ISODECANOL PROPOXYLATED	<p>The effects of similar substances have been characterised.</p> <p>Both laboratory and animal testing has shown that there is no evidence for alcohol ethoxylates (AEs) causing genetic damage, mutations or cancer. No adverse reproductive or developmental effects were observed.</p> <p>Human beings have regular contact with alcohol ethoxylates through a variety of industrial and consumer products such as soaps, detergents, and other cleaning products. Exposure to these chemicals can occur through ingestion, inhalation, or contact with the skin or eyes. Studies of acute toxicity show that volumes well above a reasonable intake level would have to occur to produce any toxic response. Moreover, no fatal case of poisoning with alcohol ethoxylates has ever been reported. Multiple studies investigating the acute toxicity of alcohol ethoxylates have shown that the use of these compounds is of low concern in terms of oral and dermal toxicity.</p> <p>Clinical animal studies indicate these chemicals may produce gastrointestinal irritation such as ulcerations of the stomach, pilo-erection, diarrhea, and lethargy. Similarly, slight to severe irritation of the skin or eye was generated when undiluted alcohol ethoxylates were applied to the skin and eyes of rabbits and rats. The chemical shows no indication of being a genotoxin, carcinogen, or mutagen (HERA 2007).</p>
STEARIC ACID	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.</p> <p>Equivocal tumorigen by RTEC criteria</p>
JOJOBA OIL	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>No significant acute toxicological data identified in literature search.</p> <p>Group A aliphatic monoesters (fatty acid esters) cause very little or no injury and are considered safe for use in cosmetics.</p>
D-ALPHA-TOCOPHEROL ACETATE	<p>for DL-form</p>
LANOLIN, ETHOXYLATED	<p>Human beings have regular contact with alcohol ethoxylates through a variety of industrial and consumer products such as soaps, detergents, and other cleaning products. Exposure to these chemicals can occur through ingestion, inhalation, or contact with the skin or eyes. Studies of acute toxicity show that volumes well above a reasonable intake level would have to occur to produce any toxic response. Moreover, no fatal case of poisoning with alcohol ethoxylates has ever been reported. Multiple studies investigating the acute toxicity of alcohol ethoxylates have shown that the use of these compounds is of low concern in terms of oral and dermal toxicity.</p> <p>Clinical animal studies indicate these chemicals may produce gastrointestinal irritation such as ulcerations of the stomach, pilo-erection, diarrhea, and</p>

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	<p>lethargy. Similarly, slight to severe irritation of the skin or eye was generated when undiluted alcohol ethoxylates were applied to the skin and eyes of rabbits and rats. The chemical shows no indication of being a genotoxin, carcinogen, or mutagen (HERA 2007). Both laboratory and animal testing has shown that there is no evidence for alcohol ethoxylates (AEs) causing genetic damage, mutations or cancer. No adverse reproductive or developmental effects were observed. * [Emery Chemical Co.]</p>
<p style="text-align: center;">DIPHENYL PHENOL</p>	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>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>No significant acute toxicological data identified in literature search.</p>
<p style="text-align: center;">GLYCEROL</p>	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>At very high concentrations, evidence predicts that glycerol may cause tremor, irritation of the skin, eyes, digestive tract and airway. Otherwise it is of low toxicity. There is no significant evidence to suggest that it causes cancer, genetic, reproductive or developmental toxicity.</p>
<p style="text-align: center;">4,5-DICHLORO-2-METHYL-4-ISOTHIAZOLIN-3-ONE</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>No significant acute toxicological data identified in literature search.</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 on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p>
<p style="text-align: center;">1,2-BENZISOTHIAZOLINE-3-ONE</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>Acute toxicity data show that 1,2-benzisothiazoline-3-one (BIT) is moderately toxic by the oral and dermal routes but that this chemical is a severe eye irritant. Irritation to the skin from acute data show only mild skin irritation, but repeated dermal application indicated a more significant skin irritation response.</p> <p>The neurotoxicity observed in the rat acute oral toxicity study (piloerection and upward curvature of the spine at 300 mg/kg and above; decreased activity, prostration, decreased abdominal muscle tone, reduced righting reflex, and decreased rate and depth of breathing at 900 mg/kg) and the acute dermal toxicity study (upward curvature of the spine was observed in increased incidence, but this was absent after day 5 post-dose at a dose of 2000 mg/kg) were felt to be at exposures in excess of those expected from the use pattern of this pesticide and that such effects would not be observed at estimated exposure doses.</p> <p>Subchronic oral toxicity studies showed systemic effects after repeated oral administration including decreased body weight, increased incidence of forestomach hyperplasia, and non-glandular stomach lesions in rats. In dogs, the effects occurred at lower doses than in rats, and included alterations in blood chemistry (decreased plasma albumin, total protein, and alanine aminotransferase) and increased absolute liver weight.</p> <p>Developmental toxicity studies were conducted in rats with maternal effects including decreased body weight gain, decreased food consumption, and clinical toxicity signs (audible breathing, haircoat staining of the anogenital region, dry brown material around the nasal area) as well as increased mortality. Developmental effects consisted of increases in skeletal abnormalities (extra sites of ossification of skull bones, unossified sternbrae) but not external or visceral abnormalities.</p> <p>Reproductive toxicity: In a two-generation reproduction study, parental toxicity was observed at 500 ppm and was characterized by lesions in the stomach.</p>
<p style="text-align: center;">TRIEHANOLAMINE</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</p>

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	<p>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>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects.</p> <ul style="list-style-type: none"> ▶ Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis. ▶ Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient. <p>Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion.</p> <p>Inhalation: Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs. Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Studies done show that triethanolamine is of low toxicity following high dose exposure by swallowing, skin contact or inhalation. It has not been shown to cause cancer, genetic defects, reproductive or developmental toxicity. The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing. NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA. Lachrymation, diarrhoea, convulsions, urinary tract changes, changes in bladder weight, changes in testicular weight, changes in thymus weight, changes in liver weight, dermatitis after systemic exposure, kidney, ureter, bladder tumours recorded. Equivocal tumourigen by RTECS criteria. Dermal rabbit value quoted above is for occluded patch in male or female animals * Union Carbide</p>
PUMICE	<p>For silica amorphous: When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. No significant acute toxicological data identified in literature search. The most dangerous operations involving exposure to pumice are kiln drying and sifting because of the large amount of dust produced. Apart from the characteristic signs of silicosis observed in the lungs and sclerosis of the hilar lymphatic glands, the study of some fatal cases have revealed respiratory disorders (emphysema and sometimes pleural damage), cardiovascular disorders (cor pulmonale) and renal disorders (albuminuria, haematuria, cylindruria), as well as signs of adrenal deficiency. Radiological evidence of aortitis is more common and serious than in the case of silicosis. A typical radiological appearance of lungs in liparitis is the presence of linear thickening due to laminar atelactosis. Pneumoconiosis was found in pumice stone workers, in Italy, within a few years to decades of initial exposure.</p>
WATER & METHYL COCOATE	No significant acute toxicological data identified in literature search.

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

Legend: ✘ – Data available but does not fill the criteria for classification
✔ – Data required to make classification available
☉ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
water	EC50	384	Crustacea	199.179mg/L	3
water	EC50	96	Algae or other aquatic plants	8768.874mg/L	3
water	LC50	96	Fish	897.520mg/L	3
tetrasodium N,N-bis(carboxymethyl)-L-glutamate	LC50	96	Fish	>100mg/L	2
tetrasodium N,N-bis(carboxymethyl)-L-glutamate	EC50	48	Crustacea	>100mg/L	2

Continued...

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tetrasodium N,N-bis(carboxymethyl)-L-glutamate	NOEC	72	Algae or other aquatic plants	>=100mg/L	2
Carbomer	EC50	384	Crustacea	389.869mg/L	3
Carbomer	EC50	96	Algae or other aquatic plants	8596.446mg/L	3
Carbomer	LC50	96	Fish	1684.686mg/L	3
stearic acid	EC50	48	Crustacea	>4.8mg/L	2
stearic acid	EC50	504	Crustacea	>0.22mg/L	2
stearic acid	NOEC	504	Crustacea	>0.22mg/L	2
stearic acid	EC50	72	Algae or other aquatic plants	>0.9mg/L	2
diphenyl phenol	EC50	48	Crustacea	0.159mg/L	2
diphenyl phenol	EC50	48	Crustacea	8.48mg/L	2
glycerol	EC0	24	Crustacea	>500mg/L	1
glycerol	EC50	96	Algae or other aquatic plants	77712.039mg/L	3
glycerol	LC50	96	Fish	>11mg/L	2
1,2-benzisothiazoline-3-one	EC50	48	Crustacea	0.062mg/L	4
1,2-benzisothiazoline-3-one	EC50	48	Crustacea	4.4mg/L	4
1,2-benzisothiazoline-3-one	LC50	96	Fish	1.6mg/L	4
triethanolamine	LC50	96	Fish	0.0011807mg/L	4
triethanolamine	EC10	96	Algae or other aquatic plants	7.1mg/L	1
triethanolamine	EC50	48	Crustacea	609.88mg/L	2
triethanolamine	NOEC	504	Crustacea	16mg/L	2
triethanolamine	EC50	72	Algae or other aquatic plants	>107- <260mg/L	2

Legend:

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

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

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

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

The effects of similar substances have been characterised.

For Alcohol Ethoxylates (AE):

Environmental Fate: AEs are commonly found in surfactants, are generally biodegradable, and do not persist for any substantial period in the environment. They are not usually present at concentrations which might produce problems.

Terrestrial Fate: The adsorption of AEs in soil decreases as pH increases. These substances will be broken down by microorganisms in the presence of oxygen.

Breakdown in the Environment (Biodegradation): AE with a typical alkyl chain, (e.g., C12 to C15), will normally reach more than 60% degradation in standardized tests for ready biodegradability. However, the presence of longer chain ethylene oxide components may reduce the ability of microorganisms to break the substance down. Branched AEs degrade slower than linear AEs. These substances are rapidly degraded by oxygen dependent microorganisms.

For Mixed Terphenyls and Quaterphenyls:

Environmental Fate: Environmental fate of these substances is expected to be focused primarily in the soil and sediment compartments.

Terrestrial Fate: These chemicals are expected to extensively degrade. Half-lives in soil range between 8-12 weeks. Mixed terphenyls and quaterphenyls are solid and waxy at room temperature and possess exceedingly low vapor pressures. Waxiness increases as vapor pressure decreases and molecular weight increases.

Aquatic Fate: All water solubility values for mixed terphenyls, its isomeric components and the quaterphenyls, establish this category of chemicals as possessing very low water solubility. None of these chemicals are readily hydrolysable; all have exceedingly low water solubility characteristics, and would be expected to undergo limited photolysis in the environment.

Ecotoxicity: Mixed terphenyls biodegrade slowly in the environment and are slightly toxic to Daphnia magna water fleas, rainbow trout and fathead minnow.

For Aluminium and its Compounds and Salts:

Environmental Fate - As an element, aluminium cannot be degraded in the environment, but may undergo various precipitation or ligand exchange reactions. Aluminium in compounds has only one oxidation state (+3), and would not undergo oxidation-reduction reactions under environmental conditions. Aluminium can be complexed by various ligands present in the environment (e.g., fulvic and humic acids). The solubility of aluminium in the environment will depend on the ligands present and the pH.

Atmospheric Fate: Air Quality Standards: none available.

Aquatic Fate: The hydrated aluminium ion undergoes hydrolysis. The speciation of aluminium in water is pH dependent. The hydrated trivalent aluminium ion is the predominant form at pH levels below 4.

For Amorphous Silica: Amorphous silica is chemically and biologically inert. It is not biodegradable.

Aquatic Fate: Due to its insolubility in water there is a separation at every filtration and sedimentation process. On a global scale, the level of man-made synthetic amorphous silicas (SAS) represents up to 2.4% of the dissolved silica naturally present in the aquatic environment and untreated SAS have a relatively low water solubility and an extremely low vapour pressure.

Biodegradability in sewage treatment plants or in surface water is not applicable to inorganic substances like SAS.

Terrestrial Fate: Crystalline and/or amorphous silicas are common on the earth in soils and sediments, and in living organisms (e.g. diatoms), but only the dissolved form is bioavailable. On the basis of these properties it is expected that SAS released into the environment will be distributed mainly into soil/sediment. Surface treated silica will be wetted then adsorbed onto soils and sediments.

For Silica:

Environmental Fate: Most documentation on the fate of silica in the environment concerns dissolved silica, in the aquatic environment, regardless of origin, (man-made or natural), or structure, (crystalline or amorphous).

Terrestrial Fate: Silicon makes up 25.7% of the Earth's crust, by weight, and is the second most abundant element, being exceeded only by oxygen. Silicon is not found free in nature, but occurs chiefly as the oxide and as silicates. Once released into the environment, no distinction can be made between the initial forms of silica.

Aquatic Fate: At normal environmental pH, dissolved silica exists exclusively as monosilicic acid. At pH 9.4, amorphous silica is highly soluble in water. Crystalline silica, in the form of quartz, has low solubility in water. Silicic acid plays an important role in the biological/geological/chemical cycle of silicon, especially in the ocean.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
water	LOW	LOW
Carbomer	LOW	LOW
stearic acid	LOW	LOW

Continued...

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glycerol	LOW	LOW
triethanolamine	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
water	LOW (LogKOW = -1.38)
Carbomer	LOW (LogKOW = 0.4415)
stearic acid	LOW (LogKOW = 8.23)
glycerol	LOW (LogKOW = -1.76)
triethanolamine	LOW (BCF = 3.9)

Mobility in soil

Ingredient	Mobility
water	LOW (KOC = 14.3)
Carbomer	HIGH (KOC = 1.201)
stearic acid	LOW (KOC = 11670)
glycerol	HIGH (KOC = 1)
triethanolamine	LOW (KOC = 10)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Management Authority for disposal. ▶ Bury residue in an authorised landfill. ▶ Recycle containers if possible, or dispose of in an authorised landfill.
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SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

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)

TETRASODIUM N,N-BIS(CARBOXYMETHYL)-L-GLUTAMATE(51981-21-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

CARBOMER(9007-20-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

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

METHYL COCOATE(61788-59-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

ISODECANOL PROPOXYLATED(166736-08-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

STEARIC ACID(57-11-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Continued...

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JOJOBA OIL(61789-91-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

D-ALPHA-TOCOPHEROL ACETATE(58-95-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

LANOLIN, ETHOXYLATED(8039-09-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

DIPHENYL PHENOL(6093-03-4) 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)

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)

1,2-BENZISOTHIAZOLINE-3-ONE(2634-33-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

TRIETHANOLAMINE(102-71-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

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

PUMICE(1332-09-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	N (isodecanol propoxylated; 4,5-dichloro-2-methyl-4-isothiazolin-3-one; diphenyl phenol)
Canada - NDSL	N (D-alpha-tocopherol acetate; isodecanol propoxylated; 4,5-dichloro-2-methyl-4-isothiazolin-3-one; 1,2-benzisothiazoline-3-one; glycerol; triethanolamine; water; tetrasodium N,N-bis(carboxymethyl)-L-glutamate; lanolin, ethoxylated; methyl cocoate; Carbomer; diphenyl phenol; stearic acid; jojoba oil; pumice)
China - IECSC	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; tetrasodium N,N-bis(carboxymethyl)-L-glutamate; diphenyl phenol)
Europe - EINEC / ELINCS / NLP	N (isodecanol propoxylated; 4,5-dichloro-2-methyl-4-isothiazolin-3-one; lanolin, ethoxylated; Carbomer; pumice)
Japan - ENCS	N (isodecanol propoxylated; 4,5-dichloro-2-methyl-4-isothiazolin-3-one; water; tetrasodium N,N-bis(carboxymethyl)-L-glutamate; diphenyl phenol; jojoba oil; pumice)
Korea - KECI	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; diphenyl phenol; jojoba oil)
New Zealand - NZIoC	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; diphenyl phenol)
Philippines - PICCS	N (isodecanol propoxylated; 4,5-dichloro-2-methyl-4-isothiazolin-3-one)
USA - TSCA	N (4,5-dichloro-2-methyl-4-isothiazolin-3-one; diphenyl phenol)
Legend:	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
Carbomer	54182-57-9, 76050-42-5, 9003-01-4, 9007-16-3, 9007-17-4, 9007-20-9, 9062-04-8
jojoba oil	61789-91-1, 90045-98-0
lanolin, ethoxylated	61790-81-6, 8039-09-6
diphenyl phenol	2432-11-3, 6093-03-4
glycerol	29796-42-7, 30049-52-6, 37228-54-9, 56-81-5, 75398-78-6, 78630-16-7, 8013-25-0

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

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

Continued...

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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

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TEL (+61 3) 9572 4700.