# **Northfork Oven and Grill Cleaner Non Caustic**

**ACCO Brands Australia Pty Ltd** 

Version No: 1.3
Safety Data Sheet according to WHS and ADG requirements

Issue Date: 21/04/2021

S.GHS.AUS.EN

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

### **Product Identifier**

Product name	Northfork Oven and Grill Cleaner Non Caustic	
Synonyms	Not Available	
Other means of identification	750ml - 631080418 5L - 631080718	

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

Relevant identified uses	Cleaning ovens, grills and hotplates
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### Details of the supplier of the safety data sheet

Registered company name	ACCO Brands Australia Pty Ltd	
Address	17-19 Waterloo Street, Queanbeyan 2620 NSW Australia	
Telephone	<b>Telephone</b> +61-2-96740900	
Fax	+61-2-96740910	
Website	www.accobrands.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	13 11 26

# **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	5
Classification [1]	Skin Corrosion/Irritation Category 1B, Skin Sensitizer Category 1, Serious Eye Damage Category 1, Acute Aquatic Hazard Category 2, Chronic Aquatic Hazard Category 2, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)
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

DANGER

#### Hazard statement(s)

H314	Causes severe skin burns and eye damage
H317	May cause an allergic skin reaction
H318	Causes serious eye damage
H401	Toxic to aquatic life
H411	Toxic to aquatic life with long lasting effects
H335	May cause respiratory irritation

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### **Oven and Grill Cleaner Non Caustic**

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.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

### Precautionary statement(s) Response

P301+P330+P331	P301+P330+P331 IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.	
P303+P361+P353 IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.		
P305+P351+P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.		
P310	Immediately call a POISON CENTER or doctor/physician.	
P363	Wash contaminated clothing before reuse.	
P302+P352	IF ON SKIN: Wash with plenty of soap and water.	
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.	
P391	Collect spillage.	

# Precautionary statement(s) Storage

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

# Precautionary statement(s) Disposal

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

# SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

#### Substances

See section below for composition of Mixtures

#### **Mixtures**

CAS No	%[weight]	Name
64-02-8	<10	EDTA tetrasodium salt
1344-09-8	<10	sodium metasilicate
111-76-2	<10	ethylene glycol monobutyl ether
92879-30-6	<10	(C8-10)alkyl D-glycopyranoside
96910-36-0	<10	isooctylphenol, ethoxylated, propoxylated
6440-58-0	<10	1,3-dimethylol-5,5-dimethylhydantoin
102-71-6	<10	triethanolamine

# **SECTION 4 FIRST AID MEASURES**

# Description of first aid measures

Description of mot did incusares		
Eye Contact	If this product comes in contact with the eyes:  Immediately hold eyelids apart and flush the eye continuously with running water.  Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.  Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.  Transport to hospital or doctor without delay.  Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.	
Skin Contact	If skin or hair contact occurs:  Immediately flush body and clothes with large amounts of water, using safety shower if available.  Quickly remove all contaminated clothing, including footwear.  Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.  Transport to hospital, or doctor.	
Inhalation	<ul> <li>If fumes or combustion products are inhaled remove from contaminated area.</li> <li>Lay patient down. Keep warm and rested.</li> <li>Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>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.</li> <li>Transport to hospital, or doctor, without delay.</li> </ul>	
Ingestion	<ul> <li>For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>Urgent hospital treatment is likely to be needed.</li> <li>If swallowed do NOT induce vomiting.</li> <li>If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>Observe the patient carefully.</li> </ul>	

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- ▶ 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.
- Transport to hospital or doctor without delay

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

Treat symptomatically.

For acute or short term repeated exposures to ethylene glycol:

- Early treatment of ingestion is important. Ensure emesis is satisfactory.
- Test and correct for metabolic acidosis and hypocalcaemia.
- Apply sustained diuresis when possible with hypertonic mannitol
- Evaluate renal status and begin haemodialysis if indicated. [I.L.O]
- Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.
- Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.
- Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.
- Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.
- Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]

It has been suggested that there is a need for establishing a new biological exposure limit before a workshift that is clearly below 100 mmol ethoxy-acetic acids per mole creatinine in morning urine of people occupationally exposed to ethylene glycol ethers. This arises from the finding that an increase in urinary stones may be associated with such exposures. Laitinen J., et al: Occupational & Environmental Medicine 1996; 53, 595-600

For acute or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure

INGESTION:

Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- Neutralising agents should never be given since exothermic heat reaction may compound injury.
- \* Catharsis and emesis are absolutely contra-indicated.
- \* Activated charcoal does not absorb alkali.
- \* Gastric lavage should not be used

Supportive care involves the following:

- Withhold oral feedings initially.
- ▶ If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- ▶ Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

# **SECTION 5 FIREFIGHTING MEASURES**

#### Extinguishing media

The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas

Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.

In such an event consider

- Foam.
- dry chemical powder.

Fire Incompatibility

carbon dioxide.

#### Special hazards arising from the substrate or mixture

None known

Advice for firefighters	
Fire Fighting	<ul> <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>DO NOT 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>
	<ul> <li>The material is not readily combustible under normal conditions.</li> <li>However, it will break down under fire conditions and the organic component may burn.</li> <li>Not considered to be a significant fire risk.</li> <li>Heat may cause expansion or decomposition with violent runture of containers.</li> </ul>

# Fire/Explosion Hazard

Decomposes on heating and may produce toxic fumes of carbon monoxide (CO).

May emit acrid smoke.

Decomposes on heating and produces toxic fumes of; carbon dioxide (CO2) other pyrolysis products typical of burning organic materialMay emit poisonous fumes.May emit corrosive fumes.

#### **SECTION 6 ACCIDENTAL RELEASE MEASURES**

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Minor Spills	<ul> <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>
Major Spills	Moderate hazard.  Clear area of personnel and move upwind.  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.  Stop leak if safe to do so.  Contain spill with sand, earth or vermiculite.  Collect recoverable product into labelled containers for recycling.

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

#### **SECTION 7 HANDLING AND STORAGE**

### Precautions for safe handling

- ▶ Avoid all personal contact, including inhalation.
- ▶ Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.

# Safe handling

- 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 contact with incompatible materials.
- ▶ When handling, **DO NOT** eat, drink or smoke.

### Other information

# Conditions for safe storage, including any incompatibilities

#### Suitable container

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

#### Formaldehyde:

- ▶ is a strong reducing agent
- ▶ may polymerise in air unless properly inhibited (usually with methanol up to 15%) and stored at controlled temperatures
- ▶ will polymerize with active organic material such as phenol
- reacts violently with strong oxidisers, hydrogen peroxide, potassium permanganate, acrylonitrile, caustics (sodium hydroxide, yielding formic acid and flammable hydrogen), magnesium carbonate, nitromethane, nitrogen oxides (especially a elevated temperatures), peroxyformic acid
- ► is incompatible with strong acids (hydrochloric acid forms carcinogenic bis(chloromethyl)ether\*), amines, ammonia, aniline, bisulfides, gelatin, iodine, magnesite, phenol, some monomers, tannins, salts of copper, iron, silver.
- ▶ acid catalysis can produce impurities: methylal, methyl formate

#### Aqueous solutions of formaldehyde:

- slowly oxidise in air to produce formic acid
- ▶ attack carbon steel

#### Storage incompatibility

Concentrated solutions containing formaldehyde are:

- unstable, both oxidising slowly to form formic acid and polymerising; in dilute aqueous solutions formaldehyde appears as monomeric hydrate (methylene glycol) the more concentrated the solution the more polyoxymethylene glycol occurs as oligomers and polymers (methanol and amine-containing compounds inhibit polymer formation)
- readily subject to polymerisation, at room temperature, in the presence of air and moisture, to form paraformaldehyde (8-100 units of formaldehyde), a solid mixture of linear polyoxymethylene glycols containing 90-99% formaldehyde; a cyclic trimer, trioxane (CH2O3), may also form

Flammable and/or toxic gases are generated by the combination of aldehydes with azo, diazo compounds, dithiocarbamates, nitrides, and strong reducing agents

\*The empirical equation may be used to determine the concentration of bis(chloromethyl)ether (BCME) formed by reaction with HCl: log(BCME)ppb = -2.25 + 0.67• log(HCHO) ppm + 0.77• log(HCl)ppm

Assume values for formaldehyde, in air, of 1 ppm and for HCl of 5 ppm, resulting BCME concentration, in air, would be 0.02 ppb.

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

### **SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION**

# Control parameters

#### OCCUPATIONAL EXPOSURE LIMITS (OEL)

#### INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	ethylene glycol monobutyl ether	2-Butoxyethanol	96.9 mg/m3 / 20 ppm	242 mg/m3 / 50 ppm	Not Available	Sk
Australia Exposure Standards	triethanolamine	Triethanolamine	5 mg/m3	Not Available	Not Available	Sen

# EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
EDTA tetrasodium salt	Ethylenediaminetetraacetic acid, tetrasodium salt, dihydrate	6 mg/m3	66 mg/m3	400 mg/m3
EDTA tetrasodium salt	Ethylenediaminetetraacetic acid, tetrasodiumn salt; (Tetrasodium EDTA)	30 mg/m3	330 mg/m3	2000 mg/m3
sodium metasilicate	Silicic acid, sodium salt; (Sodium silicate)	5.9 mg/m3	65 mg/m3	390 mg/m3
ethylene glycol monobutyl ether	Butoxyethanol, 2-; (Glycol ether EB)	20 ppm	20 ppm	700 ppm

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triethanolamine	Triethanolamine; (Trihydroxytriethylamine)		15 mg/m3	51 mg/m3	1100 mg/m3
Ingredient	Original IDLH	Revised IDLH			
EDTA tetrasodium salt	Not Available	Not Available			
sodium metasilicate	Not Available	Not Available			
ethylene glycol monobutyl ether	700 ppm	700 [Unch] ppm			
(C8-10)alkyl D-glycopyranoside	Not Available	Not Available			
isooctylphenol, ethoxylated, propoxylated	Not Available	Not Available			
1,3-dimethylol- 5,5-dimethylhydantoin	Not Available	Not Available			
triethanolamine	Not Available	Not Available			

#### **Exposure controls**

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

#### Appropriate engineering controls

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

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.

Employers may need to use multiple types of controls to prevent employee overexposure.

Local exhaust ventilation usually required.

#### Personal protection











# Eye and face protection

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

#### Skin protection

See Hand protection below

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

# Hands/feet protection

- NOTE:
  - Fig. 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.

# **Body protection**

# See Other protection below

# Other protection

- 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 computergenerated selection:

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Material	CPI
BUTYL	A
NEOPRENE	В
NAT+NEOPR+NITRILE	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE/NATURAL	С
NITRILE	С
PE/EVAL/PE	С
PVA	С

# 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 5 x ES	AK-AUS / Class 1 P2	-	AK-PAPR-AUS / Class 1 P2
up to 25 x ES	Air-line*	AK-2 P2	AK-PAPR-2 P2
up to 50 x ES	-	AK-3 P2	-
50+ x ES	-	Air-line**	-

#### ^ - 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 = Version No: **1.3** Page **6** of **12** Issue Date: **21/04/2021** 

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PVC	С
SARANEX-23	С
VITON	С

Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- \* 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.

#### **SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES**

#### Information on basic physical and chemical properties

Appearance	A clear brown liquid		
Physical state	Liquid	Relative density (Water = 1)	1-1.1
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	12-14	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
Solubility in water (g/L)	Miscible	pH as a solution (1%)	11-13
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

# **SECTION 10 STABILITY AND REACTIVITY**

Reactivity	See section 7
Chemical stability	<ul> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
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	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.  Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane.  Not normally a hazard due to non-volatile nature of product  The material has NOT been classified by EC Directives or other classification systems as "harmful by inhalation". This is because of the lack of corroborating animal or human evidence.
Ingestion	Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow.  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.
Skin Contact	The material can produce severe chemical burns following direct contact with the skin.  Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.  Open cuts, abraded or irritated skin should not be exposed to this material  Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

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Eye	If applied to the eyes, this material causes severe eye damag Direct eye contact with corrosive bases can cause pain and the iris. Mild cases often resolve; severe cases can be prole the eye, cataracts, eyelids glued to the eyeball and blindness	burns. There may be onged with complica				
Chronic	Repeated or prolonged exposure to corrosives may result in jaw. Bronchial irritation, with cough, and frequent attacks of b Long-term exposure to respiratory irritants may result in dise Skin contact with the material is more likely to cause a sensit Substance accumulation, in the human body, may occur and There has been concern that this material can cause cancer	oronchial pneumonia ease of the airways in disation reaction in so may cause some co	may ensue. nvolving diffic ome persons ncern followir	cult breace compa	athing and related systemic problems.  ared to the general population.  ated or long-term occupational exposure.	
	TOWOTTY		IDDITATION			
Oven and Grill Cleaner Non Caustic	TOXICITY  Not Available	TOXICITY IRRITATION  Not Available Not Available				
	Not Available		TVOI AVAIIADI			
	TOXICITY	IRI	RITATION			
	Oral (rat) LD50: 630 mg/kg*g <sup>[2]</sup>		ASF]			
EDTA tetrasodium salt	oral (rat) EDSO. 600 mg/kg g	-	es (rabbit): 1.	.9 ma		
					24h-moderate	
		Ski	in (rabbit):500	) mg/2	4h-moderate	
	TOXICITY	1	RRITATION			
sodium metasilicate	dermal (rat) LD50: >5000 mg/kg <sup>[1]</sup>	5	Skin (human):	: 250 m	ng/24h SEVERE	
	Oral (rat) LD50: 500 mg/kg <sup>[1]</sup>		Skin (rabbit): 2	250 m	g/24h SEVERE	
	TOXICITY		IRRITATIO			
ethylene glycol monobutyl	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>		* [Union Ca			
ether	Inhalation (rat) LC50: 450 ppm/4H <sup>[2]</sup> Eye (rabbit): 100					
	Oral (rat) LD50: 250 mg/kg <sup>[2]</sup>		1 1		mg/24h-moderate	
	Skin (rabbit): 500 mg, open; mild				mg, open; mild	
	TOVICITY			IDDI	TATION	
(C8-10)alkyl	TOXICITY IRRITATION				bb National Foam Inc.]	
D-glycopyranoside	Dermal (rabbit) LD50: >2000 mg/kg*] <sup>[2]</sup>			[Orabb National Foath Inc.]		
	Oral (rat) LD50: >5000 mg/kg*d <sup>[2]</sup>					
	TOXICITY				IRRITATION	
	dermal (rat) LD50: >5000 mg/kgt <sup>[2]</sup>				[BASF]	
isooctylphenol, ethoxylated, propoxylated	Inhalation (rat) LC50: >1 mg/l/8h] <sup>[2]</sup>				Eye (rabbit): irritant	
	Oral (rat) LD50: 3200 mg/kgt <sup>[2]</sup>			Skin (rabbit): irritant		
	Lorent (iii) and the second of				,	
4.2 dimethylal	TOXICITY		RRITATION			
1,3-dimethylol- 5,5-dimethylhydantoin	Oral (rat) LD50: 2000 mg/kge <sup>[2]</sup>				24h-moderate	
	TOXICITY		IRR	RITATIO	ON	
	dermal (rat) LD50: >18080 mg/kg <sup>[2]</sup>		Eye	e (rabb	it): 0.1 ml -	
	Oral (rat) LD50: 5559.6 mg/kg(female) *[2]		Eye	ve (rabbit): 10 mg - mild		
			Eye	e (rabb	it): 5.62 mg - SEVERE	
			min	or con	junctival irritation	
triethanolamine				or iritis		
					l injury *	
				irritatio n (hum	n " ian): 15 mg/3d (int)-mild	
					it): 4 h occluded	
					oit): 560 mg/24 hr- mild	
			with	n signif	icant discharge;	
Legend:	Value obtained from Europe ECHA Registered Substance	es - Acute tovicity 2 *	Value ohtsir	ned from	m manufacturer's SDS - Unless otherwise specified data	
Legenu.	extracted from RTECS - Register of Toxic Effect of chemica		. a.ao ootali	.54 1101		

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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 noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. Oven and Grill Cleaner Non 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 Caustic 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. No significant acute toxicological data identified in literature search. The material may be irritating to the eye, with prolonged contact causing 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. 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 SODIUM METASILICATE 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. 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. For ethylene glycol monoalkyl ethers and their acetates (EGMAEs): Typical members of this category are ethylene glycol propylene ether (EGPE), ethylene glycol butyl ether (EGBE) and ethylene glycol hexyl ether (EGHE) and EGMAEs are substrates for alcohol dehydrogenase isozyme ADH-3, which catalyzes the conversion of their terminal alcohols to aldehydes (which are transient metabolites). Further, rapid conversion of the aldehydes by aldehyde dehydrogenase produces alkoxyacetic acids, which are the predominant urinary metabolites of mono substituted glycol ethers. Acute Toxicity: Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m3) for EGHE, LC50 > 400ppm (2620 mg/m3) for EGBEA to LC50 > 2132 ppm (9061 mg/m3) for EGPE. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 435 mg/kg bw (EGBE) to 1500 ETHYLENE GLYCOL Exposure of pregnant rats to ethylene glycol monobutyl ether (2-butoxyethanol) at 100 ppm or rabbits at 200 ppm during organogenesis resulted in maternal MONOBUTYL ETHER toxicity and embryotoxicity including a decreased number of viable implantations per litter. Slight foetoxicity in the form of poorly ossified or unossified skeletal elements was also apparent in rats. Teratogenic effects were not observed in other species. At least one researcher has stated that the reproductive effects were less than that of other monoalkyl ethers of ethylene glycol. Chronic exposure may cause anaemia, macrocytosis, abnormally large red cells and abnormal red cell fragility. Exposure of male and female rats and mice for 14 weeks to 2 years produced a regenerative haemolytic anaemia and subsequent effects on the haemopoietic system in rats and mice. In addition, 2-butoxyethanol exposures caused increases in the incidence of neoplasms and nonneoplastic lesions (1). The occurrence of the anaemia was concentration-dependent and more pronounced in rats and females. Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol. dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glycoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO2, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO2, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. NOTE: Changes in kidney, liver, spleen and lungs are observed in animals exposed to high concentrations of this substance by all routes. \*\* ASCC (NZ) SDS No significant acute toxicological data identified in literature search. (C8-10)ALKYL At very high concentrations, alkyl glycosides are considered irritant, with the risk of serious damage to the eyes. However, it does not irritate the skin. D-GLYCOPYRANOSIDE The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. for (C9-11)alkyl D-glycopyranoside 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 Clinical animal studies indicate these chemicals may produce gastrointestinal irritation such as ulcerations of the stomach, pilo-erection, diarrhea, and ISOOCTYLPHENOL, 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 ETHOXYLATED, rats. The chemical shows no indication of being a genotoxin, carcinogen, or mutagen (HERA 2007). PROPOXYLATED 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. The material may produce moderate eye irritation leading to 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. for similar material isooctylphenol, ethoxylated (BASF Citowett) 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 1.3-DIMETHYLOLa cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune 5,5-DIMETHYLHYDANTOIN 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

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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.

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.

Formaldehyde generators (releasers) are often used as preservatives. The maximum authorised concentration of free formaldehyde is 0.2% and must be labelled with the warning sign "contains formaldehyde" where the concentration exceeds 0.05%. The use of formaldehyde-releasing preservatives ensures that the level of free formaldehyde in the products is always low but sufficient to inhibit microbial growth - it disrupts metabolism to cause death of the organism. However there is a concern that formaldehyde generators can produce amines capable of causing cancers (nitrosamines) when used in formulations containing amines.

NOTE: Subjects who are allergic to formaldehyde also show a tendency, in patch-tests, to be allergic to dimethylol-dimethylhydantoin. [de Groot et al, Contact Dermatitis, 18, pp 197-201, 1988]

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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. While it is difficult to generalise about the full range of potential health effects posed by exposure to the majority of these materials may cause adverse health effects.

#### TRIETHANOLAMINE

- 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.

Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion.

#### 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

Acute Toxicity	0	Carcinogenicity	0
Skin Irritation/Corrosion	✓	Reproductivity	0
Serious Eye Damage/Irritation	<b>~</b>	STOT - Single Exposure	0
Respiratory or Skin sensitisation	<b>~</b>	STOT - Repeated Exposure	0
Mutagenicity	0	Aspiration Hazard	0

Legend:

X - 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
EDTA tetrasodium salt	NOEC	71	Algae or other aquatic plants	0.0003802mg/L	4
EDTA tetrasodium salt	EC10	72	Algae or other aquatic plants	=0.48mg/L	1
EDTA tetrasodium salt	EC50	72	Algae or other aquatic plants	=1.01mg/L	1
EDTA tetrasodium salt	LC50	96	Fish	41mg/L	2
EDTA tetrasodium salt	EC50	48	Crustacea	140mg/L	2
sodium metasilicate	LC50	96	Fish	260- 310mg/L	2
sodium metasilicate	NOEC	96	Fish	348mg/L	2
sodium metasilicate	EC50	48	Crustacea	1700mg/L	2
sodium metasilicate	EC50	96	Crustacea	160mg/L	2

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EC50  LC50  EC50  NOEC	384 96 48	Crustacea Fish	51.539mg/L 222.042mg/L	3
EC50		-	222.042mg/L	3
	48	_		
NOEC		Crustacea	164mg/L	2
	168	Crustacea	56mg/L	2
EC50	96	Algae or other aquatic plants	720mg/L	2
LC50	96	Fish	45.94014mg/L	3
EC50	48	Crustacea	ca.29.1mg/L	2
EC50	72	Algae or other aquatic plants	ca.11mg/L	2
EC50	72	Algae or other aquatic plants	ca.7.9mg/L	2
NOEC	72	Algae or other aquatic plants	5.1mg/L	2
LC50	96	Fish	0.0011807mg/L	4
EC10	96	Algae or other aquatic plants	7.1mg/L	1
EC50	48	Crustacea	609.88mg/L	2
NOEC	504	Crustacea	16mg/L	2
EC50	72	Algae or other aquatic plants	>107- <260mg/L	2
	CC50  EC50  EC50  NOEC  CC50  EC50  NOEC  EC50  NOEC  EC50  NOEC  EC50  Extracted from 1. IUCLII Aquatic Toxicity Data (E	2C50 96 2C50 48 2C50 72 2C50 72 2C50 96 2C10 96 2C50 48 2C50 48 2C50 48 2C50 48 2C50 72 2C50 48 2C50 72 2C50 48 2C50 48 2C50 48 2C50 48 2C50 72 2C50 72 2C50 72 2C500 72 2C500 72 2C500000000000000000000000000000000000	CC50   96   Fish   Crustacea	Fish   45.94014mg/L

Toxic 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.

DO NOT discharge into sewer or waterways

# Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethylene glycol monobutyl ether	LOW (Half-life = 56 days)	LOW (Half-life = 1.37 days)
1,3-dimethylol- 5,5-dimethylhydantoin	LOW	LOW
triethanolamine	LOW	LOW

# **Bioaccumulative potential**

Ingredient	Bioaccumulation	
ethylene glycol monobutyl ether	LOW (BCF = 2.51)	
1,3-dimethylol- 5,5-dimethylhydantoin	LOW (LogKOW = -2.3729)	
triethanolamine	LOW (BCF = 3.9)	

# Mobility in soil

Ingredient	Mobility
ethylene glycol monobutyl ether	HIGH (KOC = 1)
1,3-dimethylol- 5,5-dimethylhydantoin	LOW (KOC = 10)
triethanolamine	LOW (KOC = 10)

### **SECTION 13 DISPOSAL CONSIDERATIONS**

disposal

#### Waste treatment methods

- ► Containers may still present a chemical hazard/ danger when empty.
- ► Return to supplier for reuse/ recycling if possible.

# Product / Packaging Otherwise: If conta

- 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.
- ► Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility

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- can be identified.
- Treat and neutralise at an approved treatment plant.
- ▶ Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licenced to accept chemical and / or
- pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material).

   Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

#### **SECTION 14 TRANSPORT INFORMATION**

#### Labels Required

Marine Pollutant



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

EDTA TETRASODIUM SALT(64-02-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

SODIUM METASILICATE(1344-09-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

ETHYLENE GLYCOL MONOBUTYL ETHER(111-76-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

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

Monographs

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

Australia Inventory of Chemical Substances (AICS)

SOOCTYLPHENOL, ETHOXYLATED, PROPOXYLATED(96910-36-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Not Applicable

1,3-DIMETHYLOL-5,5-DIMETHYLHYDANTOIN(6440-58-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

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

Australia Hazardous Substances Information System - Consolidated Lists

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

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

Monographs

National Inventory	Status	
Australia - AICS	N (isooctylphenol, ethoxylated, propoxylated)	
Canada - DSL	N (isooctylphenol, ethoxylated, propoxylated; (C8-10)alkyl D-glycopyranoside)	
Canada - NDSL	N (isooctylphenol, ethoxylated, propoxylated; sodium metasilicate; triethanolamine; (C8-10)alkyl D-glycopyranoside; 1,3-dimethylol-5,5-dimethylhydantoin; ethylene glycol monobutyl ether; EDTA tetrasodium salt)	
China - IECSC	N (isooctylphenol, ethoxylated, propoxylated)	
Europe - EINEC / ELINCS / NLP	N (isooctylphenol, ethoxylated, propoxylated)	
Japan - ENCS	N (isooctylphenol, ethoxylated, propoxylated; (C8-10)alkyl D-glycopyranoside)	
Korea - KECI	N (isooctylphenol, ethoxylated, propoxylated; (C8-10)alkyl D-glycopyranoside)	
New Zealand - NZIoC	Y	
Philippines - PICCS	N ((C8-10)alkyl D-glycopyranoside)	
USA - TSCA	N (isooctylphenol, ethoxylated, propoxylated; (C8-10)alkyl D-glycopyranoside)	
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**

#### **Oven and Grill Cleaner Non Caustic**

### Ingredients with multiple cas numbers

Name	CAS No	
EDTA tetrasodium salt	10378-23-1, 13235-36-4, 194491-31-1, 64-02-8	
(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

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

 ${\sf PC-STEL} : {\sf Permissible\ Concentration-Short\ Term\ Exposure\ Limit}$ 

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit $_{\circ}$ 

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

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