

# **PUMA MINT GRIT HAND CLEANER**

#### **Not Available**

Chemwatch: **62-5443** Version No: **3.1.1.1** 

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 1

Issue Date: **01/11/2019**Print Date: **14/07/2020**L.GHS.AUS.EN

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

#### **Product Identifier**

Product name	PUMA MINT GRIT HAND CLEANER
Synonyms	Not Available
Other means of identification	Not Available

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

	Hand Washing only. SDS are intended for use in the workplace. For domestic-use products, refer to consumer labels.
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# Details of the supplier of the safety data sheet

Registered company name	Not Available
Address	Not Available
Telephone	Not Available
Fax	Not Available
Website	Not Available
Email	Not Available

## **Emergency telephone number**

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+61 1800 951 288
Other emergency telephone numbers	+61 2 9186 1132

Once connected and if the message is not in your prefered language then please dial 01

## **SECTION 2 HAZARDS IDENTIFICATION**

## Classification of the substance or mixture

## CHEMWATCH HAZARD RATINGS

	Min	Max	
Flammability	0		
Toxicity	0	i	0 = Minimum
Body Contact	1	- 1	1 = Low
Reactivity	0		2 = Moderate 3 = High
Chronic	0		4 = Extreme

Poisons Schedule	Not Applicable
Classification [1]	Not Applicable

# Label elements

Hazard pictogram(s)	Not Applicable
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SIGNAL WORD

NOT APPLICABLE

## Hazard statement(s)

Not Applicable

## Precautionary statement(s) Prevention

Not Applicable

## Precautionary statement(s) Response

Not Applicable

## Precautionary statement(s) Storage

Not Applicable

## Precautionary statement(s) Disposal

Not Applicable

## **SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**

#### **Substances**

See section below for composition of Mixtures

#### **Mixtures**

CAS No	%[weight]	Name
5989-27-5	<10	<u>d-limonene</u>
64-02-8	<10	EDTA tetrasodium salt
103818-93-5	10-30	alcohols C9-11 ethoxylated propoxylated
Not Available	<10	Ingredients determined not to be hazardous
7732-18-5	>60	water

#### **SECTION 4 FIRST AID MEASURES**

## Description of first aid measures

Eye Contact	<ul> <li>If this product comes in contact with the eyes:</li> <li>Wash out immediately with fresh running water.</li> <li>Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>Seek medical attention without delay; if pain persists or recurs seek medical attention.</li> <li>Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
Skin Contact	Seek medical attention if irritation occurs. Wipe off excess with absorbent tissue or towel.
Inhalation	<ul> <li>If fumes, aerosols or combustion products are inhaled remove from contaminated area.</li> <li>Other measures are usually unnecessary.</li> </ul>
Ingestion	<ul> <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> <li>Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>Seek medical advice.</li> </ul>

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

Treat symptomatically.

## **SECTION 5 FIREFIGHTING MEASURES**

## **Extinguishing media**

▶ There is no restriction on the type of extinguisher which may be used.

None known

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

Fire Incompatibility

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## 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>
Fire/Explosion Hazard	<ul> <li>Non combustible.</li> <li>Not considered a significant fire risk, however containers may burn.</li> <li>Decomposes on heating and produces toxic fumes of: carbon dioxide (CO2)</li> </ul>
HAZCHEM	Not Applicable

## **SECTION 6 ACCIDENTAL RELEASE MEASURES**

## Personal precautions, protective equipment and emergency procedures

See section 8

## **Environmental precautions**

See section 12

## Methods and material for containment and cleaning up

Minor Spills	Clean up all spills immediately. Slippery when spilt. Wipe up. Place in clean drum then flush area with water.
Major Spills	Slippery when spilt.  Clear area of personnel and move upwind.  Alert Fire Brigade and tell them location and nature of hazard.  Control personal contact with the substance, by using protective equipment.  Prevent spillage from entering drains, sewers or water courses.  Recover product wherever possible.  Put residues in labelled containers for disposal.  If contamination of drains or waterways occurs, advise emergency services.

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

# **SECTION 7 HANDLING AND STORAGE**

# Precautions for safe handling

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Safe handling	None required when handling small quantities.  Avoid contact with eyes.  Wash and dry hands after using.  Use good occupational work practices.  Avoid physical damage to containers.  Observe manufacturer's storage and handling recommendations contained within this SDS.	
Other information	<ul> <li>Store in original containers.</li> <li>Keep containers securely sealed.</li> <li>Store in a cool, dry, well-ventilated area.</li> <li>Store away from incompatible materials and foodstuff containers.</li> <li>Protect containers against physical damage and check regularly for leaks.</li> <li>Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul>	

# Conditions for safe storage, including any incompatibilities

Suitable container	<ul> <li>Polyethylene or polypropylene container.</li> <li>Check all containers are clearly labelled and free from leaks.</li> </ul>
Storage incompatibility	None known

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

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## **Control parameters**

#### OCCUPATIONAL EXPOSURE LIMITS (OEL)

#### INGREDIENT DATA

Not Available

#### **EMERGENCY LIMITS**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
d-limonene	Limonene, d-	15 ppm	67 ppm	170 ppm
EDTA tetrasodium salt	Ethylenediaminetetraacetic acid, tetrasodium salt, dihydrate	82 mg/m3	900 mg/m3	5,500 mg/m3
EDTA tetrasodium salt	Ethylenediaminetetraacetic acid, tetrasodiumn salt; (Tetrasodium EDTA)	75 mg/m3	830 mg/m3	5,000 mg/m3

Ingredient	Original IDLH	Revised IDLH
d-limonene	Not Available	Not Available
EDTA tetrasodium salt	Not Available	Not Available
alcohols C9-11 ethoxylated propoxylated	Not Available	Not Available
water	Not Available	Not Available

#### OCCUPATIONAL EXPOSURE BANDING

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit	
d-limonene	Е	≤ 0.1 ppm	
EDTA tetrasodium salt	Е	≤ 0.01 mg/m³	
alcohols C9-11 ethoxylated propoxylated	Е	≤ 0.1 ppm	
Notes:	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.		

## MATERIAL DATA

#### **Exposure controls**

Appropriate engineering controls	None under normal operating conditions.
Personal protection	
Eye and face protection	No special equipment for minor exposure i.e. when handling small quantities.  OTHERWISE:  Safety glasses with side 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. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	<ul><li>Bare skin is cleaned with this material.</li><li>Application of hand cream / barrier cream after use is recommended.</li></ul>
Body protection	See Other protection below
Other protection	None under normal operating conditions.

## 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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# Respiratory protection

Type A-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

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Material	СРІ
BUTYL	A
NEOPRENE	A
VITON	A
NATURAL RUBBER	С
PVA	С

<sup>\*</sup> CPI - Chemwatch Performance Index

**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.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class1 P2	-
up to 50	1000	-	A-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	A-2 P2
up to 100	10000	-	A-3 P2
100+			Airline**

<sup>\* -</sup> Continuous Flow \*\* - Continuous-flow or positive pressure demand 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	Viscous green colour liquid/gel with peppermint odour; miscible with water.		
Physical state	Liquid	Relative density (Water = 1)	1.01-1.02
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	6.5-7.5	Decomposition temperature	Not Available
Melting point / freezing point (°C)	~0	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	~100	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	85
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

## **SECTION 10 STABILITY AND REACTIVITY**

Reactivity	See section 7
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

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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# **SECTION 11 TOXICOLOGICAL INFORMATION**

Inhaled	Not normally a hazard due to non-volatile nature of product		
Ingestion	Considered an unlikely route of entry in commercial/industrial environments Ingestion may result in nausea, abdominal irritation, pain and vomiting		
Skin Contact	Not considered to cause discomfort through normal understanding use if irritation occurs	use.	
Eye	The liquid may produce eye discomfort causing trans	sient smarting, blinking	
Chronic	Principal hazards are accidental eye contact and cleaner overuse. Overuse or obsessive cleaner use may lead to defatting of the skin and may cause irritation, drying, cracking, leading to dermatitis.		
PUMA MINT GRIT HAND	TOXICITY		
CLEANER	Not Available	Not Available	
	TOXICITY	IRRITATION	
	Dermal (rabbit) LD50: >5000 mg/kg <sup>[2]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>	
d-limonene	Oral (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Skin (rabbit): 500mg/24h moderate	
		Skin: no adverse effect observed (not irritating) <sup>[1]</sup>	
	TOXICITY	IRRITATION	
EDTA 4-4	Oral (rat) LD50: 630 mg/kg <sup>[2]</sup>	Eyes (rabbit): 1.9 mg	
EDTA tetrasodium salt		Eyes (rabbit):100 mg/24h-moderate	
		Skin (rabbit):500 mg/24h-moderate	
	TOXICITY	IRRITATION	
alcohols C9-11 ethoxylated propoxylated	Dermal (rabbit) LD50: >2000 mg/kg <sup>[2]</sup>	Eye (human): SEVERE	
propoxylated	Oral (rat) LD50: 1378 mg/kg <sup>[2]</sup>	Skin: SEVERE	
_	TOXICITY	IRRITATION	
water	Oral (rat) LD50: >90000 mg/kg <sup>[2]</sup>	Not Available	
Legend:	,	bstances - Acute toxicity 2.* Value obtained from manufacturer's SDS.	

PUMA MINT GRIT HAND CLEANER	None (None) LD50: 3800-3950 mg/kg
D-LIMONENE	d-Limonene is readily absorbed by inhalation and ingestion. Dermal absorption is reported to be lower than by the inhalation route. d-Limonene is rapidly distributed to different tissues in the body, readily metabolised and eliminated primarily through the urine.  Limonene exhibits low acute toxicity by all three routes in animals. Limonene is a skin irritant in both experimental animals and humans. Limited data are available on the potential to cause eye and respiratory irritation. Autooxidised products of d-limonene have the potential to be skin sensitisers. Limited data are available in humans on the potential to cause respiratory sensitisation. Autooxidation of limonene occurs readily in the presence of light and air forming a variety of oxygenated monocyclic terpenes. Risk of skin sensitisation is high in situations where contact with oxidation products of limonene occurs.  Renal tumours induced by limonene in male rats is though to be sex and species specific and are not considered relevant to humans. Repeated exposure affects the amount and activity of liver enzymes, liver weight, blood cholesterol levels and bile flow in animals. Increase in liver weight is considered a physiological adaption as no toxic effects on the liver have been reported. From available data it is not possible to identify an NOAEL for these effects. Limonene is neither genotoxic or teratogenic nor toxic to the reproductive system.  Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and connubial contact dermatitis occur.  Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes c

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but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes.

Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits. Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water.

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

Contact allergy to fragrance ingredients occurs when an individual has been exposed, on the skin, to a sufficient degree of fragrance contact allergens. Contact allergy is a life-long, specifically altered reactivity in the immune system. This means that

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

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

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

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

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

Pigmentary anomalies: The term "pigmented cosmetic dermatitis" was introduced in 1973 for what had previously been known as melanosis faciei feminae when the mechanism (type IV allergy) and causative allergens were clarified.. It refers to increased pigmentation, usually on the face/neck, often following sub-clinical contact dermatitis. Many cosmetic ingredients were patch tested at non-irritant concentrations and statistical evaluation showed that a number of fragrance ingredients were associated: jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol, geranium oil. Photo-reactions Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon. Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products.

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

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

In the case of prehaptens, it is possible to prevent activation outside the body to a certain extent by different measures, e.g.

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

## Prehaptens

Phototoxic reactions still occur but are rare.

Most terpenes with oxidisable allylic positions can be expected to autoxidise on air exposure due to their inherent properties.

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Depending on the stability of the oxidation products that are formed, a difference in the sensitisation potency of the oxidised terpenes can be seen

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

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

#### **Prohaptens**

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

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

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

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

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.

Monomethyltin chloride, thioglycolate esters, and tall oil ester reaction product:

Monomethyltin trichloride (MMTC, CAS RN: 993-16-8), monomethyltin tris[2-ethylhexylmercaptoacetate (MMT (EHTG; MMT (2-EHMA), CAS RN: 57583-34-3), monomethyltin tris[isooctylmercaptoacetate (MMT(IOTG), CAS RN: 54849-38-6) and methyltin reverse ester tallate reaction product (TERP, CAS RNs: 201687-58-3, 201687-57-2, 68442-12-6, 151436-98-5) are considered one category of compounds for mammalian studies via the oral route. The justification for this category is based on structural similarities and the demonstrated rapid conversion of all of the esters to the MMTC when placed in simulated mammalian gastric contents [0.07M HCl] under physiological conditions. For the MMT(EHTG) >90% conversion to MMTC occurred within 0.5 hours. For TERP, 68% of the monomethyltin portion of the compound was converted to MMTC within 1 hour. Thus, MMTC is the appropriate surrogate for mammalian toxicology studies via the oral route.

TERP is a reaction product of MMTC and dimethyltin dichloride (DMTC), Na2S, and tall oil fatty acid [a mixture of carboxylic acids, predominantly C-18]. The reaction product is a mixture of carboxylic esters and includes short oligomers of mono/dimethyltins bridged by sulfide groups. Although the tall oil component of TERP is not structurally similar to EHTG, TERP's conversion to MMTC justifies its inclusion. While the contribution of the various ligands to the overall toxicity may vary, the contribution is expected to be small relative to that of the MMTC. Further, the EHTG ligand from MMT(EHTG) is likely to be more toxic than the oleic or linoleic acid from TERP so inclusion of TERP in the category is a rather conservative approach. The other possible degradate of tall oil and EHTG is 2-mercaptoethanol (2-ME), and it is common to both ligands.

Data for MMT(EHTG) and MMT(IOTG) are used interchangeably because they are isomers differing only slightly in the structure of the C-8 alcohol of the mercaptoester ligand. In addition, the breakdown products of MMT(EHTG) and MMT(IOTG) are the

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thioglycolate esters (EHTG and IOTG), which have the common degradates, thioglycolic acid and C-8 alcohols (either 2-ethylhexanol or isooctanol). EHTG and IOTG also have similar physicochemical and toxicological properties.

The chemistry of the alkyl organotins has been well studied. For organotins, like MMT(EHTG), the alkyl groups are strongly bound to tin and remain bound to tin under most reaction conditions. However, other ligands, such as carboxylates or sulfur based ligands (EHTG), are more labile and are readily replaced under mild reaction conditions. To assess the reactivity of MMT(EHTG) under physiological conditions simulating the mammalian stomach, an in-vitro hydrolysis test was performed. This in vitro test provides chemical information that strongly suggests both the probable in vivo metabolic pathway and the toxicokinetics of the MMT(EHTG) substance. This result verifies that under physiological conditions MMT(EHTG) is rapidly and essentially completely converted to the corresponding monomethyltin chloride, MMTC.

Acute toxicity:

The majority of toxicology studies were conducted with commercial mixtures having high monoalkyltin to dialkyltin ratios. Gastric hydrolysis studies were conducted with TERP and MMT(EHTG) in which simulated gastric fluid [0.07M HCl under physiological conditions] converted these substances to methyltin chloride and the respective organic acids. Based on data for DMTC and DMT esters the dermal penetration of MMTC and its esters is expected to be low.

Oral:

Acute oral LD50 values for MMTC, MMT(EHTG), MMT(IOTG), and TERP indicated low to moderate toxicity; the most reliable data place the LD50s in the range of 1000 mg/kg.

The acute oral LD50 of MMT(2-EHMA) was 880 mg/kg in rats. Clinical observations included depression, comatose, piloerection, eye squinting, hunched posture, laboured breathing, ataxia, faecal/urine stains, and masticatory movement. No gross pathological changes were reported in surviving animals.

Dermal

Acute dermal LD50 values were =1000 mg/kg bw, and inhalation LC50 was >200 mg/L. MMTC was corrosive to skin and assumed corrosive to eyes.

The acute dermal LD50 of MMT(2-EHMA) in rabbits was 1000 (460 to 2020) mg/kg for females and 2150 (1000 to 4620) mg/kg for males. There were no deaths at 215 and 464 mg/kg, 0/2 males and 1/2 females died at 1000 mg/kg and 1/2 males and 2/2 females died at 2150 mg/kg. All animals died at 4640 and 10 000 mg/kg. A variety of clinical abnormalities were observed and disappeared in surviving animals by the end of the exposure period. Clinical signs included death, uncoordinated movements, shaking, and hypersensitivity to external stimuli.

Gross necropsy results for animals that died during the study included irritated intestines; blanched stomach; reddened lungs; pale or congested kidneys; and oral, ocular and/or nasal discharges Inhalation:

The acute inhalation LC50 of MMT(2-EHMA) was 240 mg/L.

The study reported an acute inhalation LC50 of 240 (212 to 271) mg/L in a 1-hr aerosol exposure to male and female rats. The mortality rate was 2/10, 6/10, 9/10 and 10/10 animals at dose levels of 200, 250, 300 and 250 mg/L/hr, respectively. Gross findings included blood in lungs, dark spleen, pale kidneys, fluid in the chest cavity, and heart failure. The slope of the dose-response curve was 1.22 (1.04 to 1.43).

Irritation:

MMT(IOTG)/(EHTG) are irritating to skin, but not to eyes.

Sensitisation:

No data on sensitization are available on MMT(EHTG/(IOTG), but the hydrolysis products EHTG or IOTG are sensitizers. No primary irritation data were available for TERP, but it was a sensitizer in the mouse Local Lymph Node Assay. Topical application with 5, 25 and 50 % v/v MMT(2-EHMA) elicited a stimulation index (SI) of 2.13, 7.25 and 9.05, respectively in a local lymph node assay (OECD 429), thus the material is a sensitiser.

Repeat dose toxicity:

There are no repeated-dose studies for the category members via the dermal or inhalation routes.

In a 90-day repeated dose oral study of MMTC, treatment-related changes were limited to the high dose group (750 ppm in diet; 50 mg/kg bw/d with some gender-related variation). Organ weight changes (adrenal, kidney, thymus, spleen, brain, epididymides), haematology, clinical chemistry, and urinalysis changes were noted, but histopathology only confirmed effects in the thymus and brain. The critical toxic effects were neurotoxicity and thymic atrophy. Both sexes had decreased cortex/medulla ratios in the thymus. In the brain there was loss of perikarya of neuronal cells in the pyramidal layer of the Hippocampus CA1/2 in both sexes, and in males there was loss of perikarya in the piriform cortex. The NOAEL was 150 ppm (10 mg/kg bw/d). Another 90-day dietary study using MMTC showed increased relative kidney weights and slight to moderate epithelial hyperplasia of the bladder in females at the lowest dose (NOAEL <20 ppm in diet [<1-3.6 mg/kg bw/d]) and additional effects including increased relative thymus weights in females and urinalysis results in both sexes at higher doses.

A 90-day dietary study with dose levels of 30, 100, 300, and 1000 ppm TERP in the diet resulted in slightly decreased food intake, body and organ weight changes, and decreased specific gravity of the urine at the highest dose. The NOAEL was 300 ppm in diet (equivalent to 15 mg/kg bw/d). A 28-day gavage study using TERP showed changes in clinical chemistry and slight differences in haematology at 150 mg/kg bw/d and higher. The NOAEL was 50 mg/kg bw/d.

The effects of MMT(IOTG) were evaluated in a 90-day dietary study using doses of 100, 500, and 1500 ppm (decreased from 2500 ppm) in the diet. Based on clinical chemistry effects at 500 ppm and other effects at higher doses, the NOAEL was 100 ppm in diet (approximately 6-21 mg/kg bw/d).

Neurotoxicity:

In a guideline 90-day subchronic dietary study conducted in Wistar rats, effects occurred at the high dose of 750 ppm MMT(2-EHMA, (equivalent to 49.7 mg/kg bw/day in males and 53.6 mg/kg bw/day in females), which consisted of changes in neurobehavioral parameters and associated brain histopathology. The NOAEL was the next lower dose of 150 ppm (equivalent to 9.8 mg/kg bw/day in males and 10.2 mg/kg bw/day in females Immunotoxicity:

Immune function was assessed in male Sprague-Dawley rats exposed to the mixture of organotins used in PVC pipe production. Adult male rats were given drinking water for 28 d containing a mixture of dibutyltin dichloride (DBTC), dimethyltin dichloride (DMTC), monobutyltin trichloride (MBT), and monomethyltin trichloride (MMT) in a 2:2:1:1 ratio, respectively, at 3 different concentrations (5:5:2.5:2.5:2.5, 10:10:5:5, or 20:20:10:10 mg organotin/L). Rats were also exposed to MMT alone (20 or 40 mg MMT/L) or plain water as a control. Delayed-type hypersensitivity, antibody synthesis, and natural killer cell cytotoxicity were

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evaluated in separate endpoint groups immediately after exposure ended.

The evaluated immune functions were not affected by the mixture or by MMT alone. The data suggest that immunotoxicity is unlikely to result from the concentration of organotins present in drinking water delivered via PVC pipes, as the concentrations used were several orders of magnitude higher than those expected to leach from PVC pipes

Genotoxicity:

In a guideline 90-day subchronic dietary study in rats, with MMT(2-EHMA), based on the changes in neurobehavioral parameters and associated brain histopathology that occurred at the high dose of 750 ppm (equivalent to 49.7 mg/kg bw/day in males and 53.6 mg/kg bw/day in females), as well as changes in haematology, clinical chemistry, urinalysis, organ weights, and pathology of the thymus at the same dose, the NOAEL was the next lower dose of 150 ppm (equivalent to 9.8 mg/kg bw/day in males and 10.2 mg/kg bw/day in females).

The monomethyltin compounds as a class are not mutagenic in the Ames test. TERP was positive in a human lymphocyte assay. MMTC was equivocal for induction of micronucleated polychromatic erythrocytes (MPEs) in an in vivo rat micronucleus test (OECD 474). In this study a statistically significant increase in MPE was observed only at 24 h and not at 48 h after treatment and there was no dose-response. Based on these observations the overall conclusion is that MMTC does not have genotoxic potential.

From the results obtained in a micronucleus test with MMT(2-EHMA), it was demonstrated that the substance was weakly genotoxic to bone marrow cells of rats and that the substance has the potential to induce damage to the mitotic spindle apparatus of the bone marrow target cells.

Carcinogenicity:

In a limited carcinogenicity study, MMT(EHTG) produced no compound-related macroscopic or microscopic changes in rats fed 100 ppm in the diet for two years.

Toxicity to reproduction:

In the reproductive satellite portion of the 90-day study using MMTC (with dose levels of 30, 150, and 750 ppm in the diet), post-implantation loss, decreased litter size and increased neonatal mortality occurred at 750 ppm (26-46 mg/kg bw/d for females). Maternal gestational body weights were transiently suppressed and other maternal toxicity was inferred from the repeated dose results at this dose. There were no malformations observed at any dose. The NOAEL for maternal toxicity, and reproductive, and foetotoxic effects was 150 ppm in the diet (6-12 mg/kg bw/d).

SIDS Inital Assessment Profile (SIAM 23 2006)

ECHA Registration Dossier for MMT(2-EHMA) (ethylhexyl 10-ethyl-4-[[2-[(2-ethylhexyl)oxy]-2-oxoethyl]thio]-4-methyl-7-oxo-8-oxa-3.5-dithia-4-stannatetradecanoate)

Tumorigenic by RTECS criteria

\* Sigma Aldrich - for the dihydrate

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.

For ethylenediaminetetraacetic acid (EDTA) and its salts:

EDTA is a strong organic acid (approximately 1000 times stronger than acetic acid). It has a high affinity for alkaline-earth ions (for example, calcium and magnesium) and heavy-metal ions (for example, lead and mercury). This affinity generally results in the formation of highly stable and soluble hexadentate chelate complexes. EDTA's ability to complex is used commercially to either promote or inhibit chemical reactions, depending on application.

EDTA and its salts are expected to be absorbed by the lungs and gastrointestinal tract; absorption through the skin is unlikely. In general, EDTA and its salts are mild skin irritants but considered severe eye irritants. The greatest risk in the human body will occur when the EDTA attempts to scavenge the trace metals used and required by the body.

The binding of divalent and trivalent cations by EDTA can cause mineral deficiencies, which seem to be responsible for all of the known pharmacological effects. Sensitivity to the toxic effects of EDTA is, at least in part, related to the deficiency of zinc. Several short term studies, reported no adverse effects from administering doses up to 5% of EDTA and its salts to lab rodents daily and for several weeks. Only diarrhoea and lowered food consumption were reported in animals given 5% disodium EDTA. However, abnormal effects were seen in animals that were fed mineral deficient diets. Abnormal symptoms were observed in male and female rats fed a low mineral diet (0.54% Ca and 0.013%Fe) with the addition of 0%, 0.5%, or 1% disodium EDTA for 205 days. Rats fed a low percent of disodium EDTA in the diet for short term studies with adequate minerals showed no signs of toxicity. Rats fed 0.5% disodium EDTA for 44-52 weeks were without deleterious effects on weight gain, appetite, activity and appearance. Rats fed 1% disodium EDTA with adequate mineral diet for 220 days showed no evidence of dental erosion. EDTA and its salts are eliminated from the body, 95% via the kidneys and 5% by the bile, along with the metals and free ionic calcium which was bound in transit through the circulatory system.

Trisodium EDTA was tested in a bioassay for carcinogenicity by the National Cancer Institute. Trisodium EDTA administered to male and female rats at low (3,750 ppm) or high (7,500 ppm) concentrations for 103 weeks produced no compound-related signs of chemical toxicity, and tumor incidence was not related to treatment.

EDTA and its salts should not pose a teratogenic concern based on previous studies in lab rodents. Study results indicate no teratogenic effects are likely in lab rodents at doses up to 1000 mg/kg. Adequate minerals in the diet and administration of tap water prevented possible teratogenic effects of EDTA during pregnancy. Teratogenic effects observed in lab rodents were likely due to animals maintained on deionised water and a semi-purified diet, and housed in nonmetallic caging. Infants and children will unlikely be exposed to high concentrations as in lab rodents.

Rats given 1250 mg/kg or 1500 mg/kg by gavage exhibited more maternal toxicity than the diet group, but produced only 21%

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malformations in the offspring at the lower dose. The subcutaneously administration of 375 mg/kg was also maternally toxic, but did not result in malformations in the offspring. Differences in toxicity and teratogenicity are probably related to absorption differences and interaction with metals. Disodium EDTA ingested during pregnancy is teratogenic in rats at 2% in the diet and greater.

The maximum human consumption of EDTA and its salts in foods was reported to be in the order of 0.4 mg/kg/day. Infants and children also generally drink tap water instead of deionised or distilled water. Even if young infants were to be fed some solid food, given the characteristics of EDTA and its salts, residues are not likely to be present at concentrations for potential sensitivity.

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 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). No information was available on levels at which these effects might occur, though toxicity is thought to be substantially lower than that of nonylphenol ethoxylates.

Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air.

Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of the investigated oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol ) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity). The formation of other hydroperoxides was indicated by the detection of their corresponding aldehydes in the oxidation mixture .

On the basis of the lower irritancy, nonionic surfactants are often preferred to ionic surfactants in topical products. However, their susceptibility towards autoxidation also increases the irritation. Because of their irritating effect, it is difficult to diagnose ACD to these compounds by patch testing.

Alcohol ethoxylates are according to CESIO (2000) classified as Irritant or Harmful depending on the number of EO-units:

 ${\sf EO}$  < 5 gives Irritant (Xi) with R38 (Irritating to skin) and R41 (Risk of serious damage to eyes)

EO > 5-15 gives Harmful (Xn) with R22 (Harmful if swallowed) - R38/41

EO > 15-20 gives Harmful (Xn) with R22-41

>20 EO is not classified (CESIO 2000)

Oxo-AE, C13 EO10 and C13 EO15, are Irritating (Xi) with R36/38 (Irritating to eyes and skin) .

AE are not included in Annex 1 of the list of dangerous substances of the Council Directive 67/548/EEC

#### ALCOHOLS C9-11 ETHOXYLATED PROPOXYLATED

In general, alcohol ethoxylates (AE) are readily absorbed through the skin of guinea pigs and rats and through the gastrointestinal mucosa of rats. AE are quickly eliminated from the body through the urine, faeces, and expired air (CO2).Orally dosed AE was absorbed rapidly and extensively in rats, and more than 75% of the dose was absorbed. When applied to the skin of humans, the doses were absorbed slowly and incompletely (50% absorbed in 72 hours). Half of the absorbed surfactant was excreted promptly in the urine and smaller amounts of AE appeared in the faeces and expired air (CO2). The metabolism of C12 AE yields PEG, carboxylic acids, and CO2 as metabolites. The LD50 values after oral administration to rats range from about 1-15 g/kg body weight indicating a low to moderate acute toxicity.

The ability of nonionic surfactants to cause a swelling of the stratum corneum of guinea pig skin has been studied. The swelling mechanism of the skin involves a combination of ionic binding of the hydrophilic group as well as hydrophobic interactions of the alkyl chain with the substrate. One of the mechanisms of skin irritation caused by surfactants is considered to be denaturation of the proteins of skin. It has also been established that there is a connection between the potential of surfactants to denature protein in vitro and their effect on the skin. Nonionic surfactants do not carry any net charge and, therefore, they can only form hydrophobic bonds with proteins. For this reason, proteins are not deactivated by nonionic surfactants, and proteins with poor solubility are not solubilized by nonionic surfactants. A substantial amount of toxicological data and information in vivo and in vitro demonstrates that there is no evidence for alcohol ethoxylates (AEs) being genotoxic, mutagenic or carcinogenic. No adverse reproductive or developmental effects were observed. The majority of available toxicity studies revealed NOAELs in excess of 100 mg/kg bw/d but the lowest NOAEL for an individual AE was established to be 50 mg/kg bw/day. This value was subsequently considered as a conservative, representative value in the risk assessment of AE. The effects were restricted to changes in organ weights with no histopathological organ changes with the exception of liver hypertrophy (indicative of an adaptive response to metabolism rather than a toxic effect). It is noteworthy that there was practically no difference in the NOAEL in oral studies of 90-day or 2 years of duration in rats. A comparison of the aggregate consumer exposure and the systemic NOAEL (taking into account an oral absorption value of 75%) results in a Margin of Exposure of 5.800. Taking into account the conservatism in the exposure assessment and the assigned systemic NOAEL, this margin of exposure is considered more than adequate to account for the inherent uncertainty and variability of the hazard database and inter and intra-species extrapolations.

AEs are not contact sensitisers. Neat AE are irritating to eyes and skin. The irritation potential of aqueous solutions of AEs depends on concentrations. Local dermal effects due to direct or indirect skin contact in certain use scenarios where the products are diluted are not of concern as AEs are not expected to be irritating to the skin at in-use concentrations. Potential irritation of the respiratory tract is not a concern given the very low levels of airborne AE generated as a consequence of spray cleaner aerosols or laundry powder detergent dust.

In summary, the human health risk assessment has demonstrated that the use of AE in household laundry and cleaning

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detergents is safe and does not cause concern with regard to consumer use.

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration. for alcohols C9-11 ethoxylated Somnolence, ataxia, diarrhoea recorded.

#### WATER

No significant acute toxicological data identified in literature search.

# D-LIMONENE & EDTA TETRASODIUM SALT

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.

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:

X – Data either not available or does not fill the criteria for classification

✓ – Data available to make classification

#### **SECTION 12 ECOLOGICAL INFORMATION**

Vendor Data

# **Toxicity**

	ENDPOINT	TEST DURATION (HR)	SPECIES		VALUE	SOURCE
PUMA MINT GRIT HAND CLEANER	Not Available	Not Available	Not Available		Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES		VALUE	SOURCE
	LC50	96	Fish		0.199mg/L	3
d-limonene	EC50	48	Crustacea	Crustacea 0.307mg/L		2
	EC50	96	Algae or other aquatic plants	plants 0.212mg/L		3
	NOEC	504	Crustacea		0.05mg/L	2
	ENDPOINT	TEST DURATION (HR)	SPECIES	VA	LUE	SOURCE
EDTA tetrasodium salt	LC50	96	Fish	1-	592mg/L	2
	EC50	48	Crustacea	14	0mg/L	2
	EC50	72	Algae or other aquatic plants	=1	.01mg/L	1
	EC10	72	Algae or other aquatic plants	=0	.48mg/L	1
	NOEC	71	Algae or other aquatic plants	0.0	0003802mg/L	4
	ENDPOINT	TEST DURATION (HR)	SPECIES		VALUE	SOURCE
alcohols C9-11 ethoxylated propoxylated water	Not Available	Not Available	Not Available		Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES	V	ALUE	SOURCE
	LC50	96	Fish	8	97.520mg/L	3
	EC50	96	Algae or other aquatic plants	8	768.874mg/L	3

ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8.

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## Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
d-limonene	HIGH	HIGH
water	LOW	LOW

## **Bioaccumulative potential**

Ingredient	Bioaccumulation	
d-limonene	HIGH (LogKOW = 4.8275)	
water	LOW (LogKOW = -1.38)	

## Mobility in soil

Ingredient	Mobility	
d-limonene	LOW (KOC = 1324)	
water	LOW (KOC = 14.3)	

## **SECTION 13 DISPOSAL CONSIDERATIONS**

#### Waste treatment methods

Product / Packaging disposal

- 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.

#### **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

## D-LIMONENE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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

Australia Inventory of Chemical Substances (AICS)

## EDTA TETRASODIUM SALT IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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

Australia Inventory of Chemical Substances (AICS)

# ALCOHOLS C9-11 ETHOXYLATED PROPOXYLATED IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Inventory of Chemical Substances (AICS)

## WATER IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

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## **National Inventory Status**

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	No (alcohols C9-11 ethoxylated propoxylated)
Canada - NDSL	No (d-limonene; EDTA tetrasodium salt; alcohols C9-11 ethoxylated propoxylated; water)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (alcohols C9-11 ethoxylated propoxylated)
Japan - ENCS	No (alcohols C9-11 ethoxylated propoxylated)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	No (alcohols C9-11 ethoxylated propoxylated)
Taiwan - TCSI	Yes
Mexico - INSQ	No (alcohols C9-11 ethoxylated propoxylated)
Vietnam - NCI	Yes
Russia - ARIPS	No (alcohols C9-11 ethoxylated propoxylated)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

## **SECTION 16 OTHER INFORMATION**

Revision Date	01/11/2019
Initial Date	05/04/2016

## **SDS Version Summary**

Version	Issue Date	Sections Updated
3.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

## Other information

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

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

#### **Definitions and abbreviations**

 ${\sf PC-TWA: Permissible \ Concentration-Time \ Weighted \ Average}$ 

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value LOD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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TEL (+61 3) 9572 4700.