Premium Gun Wash Auto Klene Solutions

Chemwatch: **5191-94** Version No: **5.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 26/09/2024 Print Date: 01/10/2024 S.GHS.AUS.EN

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

Product Identifier

Product name	Premium Gun Wash	
Chemical Name	ot Applicable	
Synonyms	t Available	
Proper shipping name	FLAMMABLE LIQUID, N.O.S. (contains methanol, ethyl acetate and acetone)	
Chemical formula	Not Applicable	
Other means of identification	Not Available	

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

Relevant identified uses Cleaning of paint lines and spray guns.

Details of the supplier of the safety data sheet

Z-SIMIN STATE OF THE SIMIN STATE STA	
uto Klene Solutions	
Mountain Hwy, Bayswater VIC 3153	
+61 3 8761 1900	
+61 3 8761 1955	
http://www.autoklene.com/msds/	
Not Available	

Emergency telephone number

Association / Organisation	Auto Klene Solutions	
Emergency telephone numbers	1 126 (Poisons Information Centre)	
Other emergency telephone numbers	0800 764 766 (New Zealand Poisons Information Centre)	

SECTION 2 Hazards identification

Classification of the substance or mixture

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

ChemWatch Hazard Ratings



Poisons Schedule	S6
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Scriedule

Classification [1]

Flammable Liquid Category 2, Acute Toxicity (Oral) Category 3, Acute Toxicity (Dermal) Category 3, Acute Toxicity (Inhalation) Category 3, Eye Irritation Category 2A, Reproductive Toxicity Category 1B, Specific target organ toxicity - single exposure Category 1, Specific target organ toxicity - single exposure Category 3 (narcotic effects), Specific target organ toxicity - repeated exposure Category 2

Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)







Signal word

Danger

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H225	lighly flammable liquid and vapour.	
H301	Toxic if swallowed.	
H311	Toxic in contact with skin.	
H331	Toxic if inhaled.	
H319	Causes serious eye irritation.	
H360D	May damage the unborn child.	
H370	Causes damage to organs.	
H336	May cause drowsiness or dizziness.	
H373	May cause damage to organs through prolonged or repeated exposure.	
AUH066	Repeated exposure may cause skin dryness and cracking.	

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.	
P210	ep away from heat/sparks/open flames/hot surfaces No smoking.	
P260	breathe mist/vapours/spray.	
P270	Do not eat, drink or smoke when using this product.	
P271	Use only outdoors or in a well-ventilated area.	
P280	Wear protective gloves/protective clothing/eye protection/face protection.	
P240	Ground/bond container and receiving equipment.	

Precautionary statement(s) Response

P301+P310	F SWALLOWED: Immediately call a POISON CENTER or doctor/physician.	
P307+P311	exposed: Call a POISON CENTER or doctor/physician.	
P308+P313	xposed or concerned: Get medical advice/attention.	
P321	cific treatment (see advice on this label).	
P322	Specific measures (see advice on this label).	
P330	Rinse mouth.	
P363	Wash contaminated clothing before reuse.	

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.	
P405	Store locked up.	

Precautionary statement(s) Disposal

Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
67-56-1	30-60	methanol
67-64-1	30-60	acetone
141-78-6	1-10	ethyl acetate
Not Available	balance	Ingredients determined not to be hazardous

SECTION 4 First aid measures

D

Description of first aid measur	Description of first aid measures		
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: Pulckly but gently, wipe material off skin with a dry, clean cloth. Immediately 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.		

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Inhalation

- If fumes or combustion products are inhaled remove from contaminated area
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary
- Transport to hospital, or doctor, without delay.
- Avoid giving milk or oils
- Avoid giving alcohol.
- ► IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- ▶ For advice, contact a Poisons Information Centre or a doctor.
- Urgent hospital treatment is likely to be needed.
- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.

Ingestion

Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise

INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus

Indication of any immediate medical attention and special treatment needed

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.

For acute or short term repeated exposures to acetone:

- ▶ Symptoms of acetone exposure approximate ethanol intoxication.
- About 20% is expired by the lungs and the rest is metabolised. Alveolar air half-life is about 4 hours following two hour inhalation at levels near the Exposure Standard; in overdose, saturable metabolism and limited clearance, prolong the elimination half-life to 25-30 hours.
- ▶ There are no known antidotes and treatment should involve the usual methods of decontamination followed by supportive care.

[Ellenhorn and Barceloux: Medical Toxicology]

Management:

Measurement of serum and urine acetone concentrations may be useful to monitor the severity of ingestion or inhalation.

Inhalation Management:

- ▶ Maintain a clear airway, give humidified oxygen and ventilate if necessary.
- If respiratory irritation occurs, assess respiratory function and, if necessary, perform chest X-rays to check for chemical pneumonitis.
- ▶ Consider the use of steroids to reduce the inflammatory response.
- ▶ Treat pulmonary oedema with PEEP or CPAP ventilation.

Dermal Management:

- PRemove any remaining contaminated clothing, place in double sealed, clear bags, label and store in secure area away from patients and staff.
- Irrigate with copious amounts of water.
- ► An emollient may be required.

Eye Management:

- Irrigate thoroughly with running water or saline for 15 minutes.
- ▶ Stain with fluorescein and refer to an ophthalmologist if there is any uptake of the stain.

Oral Management:

- ► No GASTRIC LAVAGE OR EMETIC
- Encourage oral fluids

Systemic Management:

- Monitor blood glucose and arterial pH.
- Ventilate if respiratory depression occurs
- If patient unconscious, monitor renal function.
- Symptomatic and supportive care.

The Chemical Incident Management Handbook:

Guy's and St. Thomas' Hospital Trust, 2000

BIOLOGICAL EXPOSURE INDEX

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant Sampling Time Index Comments Acetone in urine Fnd of shift 50 ma/L NS

NS: Non-specific determinant; also observed after exposure to other material

For acute and short term repeated exposures to methanol:

- Toxicity results from accumulation of formaldehyde/formic acid.
- Clinical signs are usually limited to CNS, eyes and GI tract Severe metabolic acidosis may produce dyspnea and profound systemic effects which may become intractable. All symptomatic patients should have arterial pH measured. Evaluate airway, breathing and circulation.
- Stabilise obtunded patients by giving naloxone, glucose and thiamine.
- Decontaminate with Ipecac or lavage for patients presenting 2 hours post-ingestion. Charcoal does not absorb well; the usefulness of cathartic is not established.
- Forced diuresis is not effective; haemodialysis is recommended where peak methanol levels exceed 50 mg/dL (this correlates with serum bicarbonate levels below 18 mg/L).
- Ethanol, maintained at levels between 100 and 150 mg/dL, inhibits formation of toxic metabolites and may be indicated when peak methanol levels exceed 20 mg/dL. An intravenous solution of ethanol in D5W is optimal.
- Folate, as leucovorin, may increase the oxidative removal of formic acid. 4-methylpyrazole may be an effective adjunct in the treatment. 8.Phenytoin may be preferable to diazepam for controlling seizure

[Ellenhorn Barceloux: Medical Toxicology]

BIOLOGICAL EXPOSURE INDEX - BEI

Sampling Time Comment Determinant Index B. NS 1. Methanol in urine End of shift 15 ma/l 2. Formic acid in urine 80 mg/gm creatinine Before the shift at end of workweek B. NS

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B: Background levels occur in specimens collected from subjects NOT exposed.

NS: Non-specific determinant - observed following exposure to other materials.

SECTION 5 Firefighting measures

Extinguishing media

Water may be an ineffective extinguishing media for methanol fires; static explosions are reported for aqueous solutions as dilute as 30%. Water may be used to cool containers.

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

Special hazards arising from the substrate or mixture

Fire Incompatibility

Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Advice for firefighters	
Fire Fighting	 Alert Fire Brigade and tell them location and nature of hazard. May be violently or explosively reactive. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water course. Consider evacuation (or protect in place). Fight fire from a safe distance, with adequate cover. If safe, switch off electrical equipment until vapour fire hazard removed.
Fire/Explosion Hazard	 Liquid and vapour are highly flammable. Severe fire hazard when exposed to heat, flame and/or oxidisers. Vapour may travel a considerable distance to source of ignition. Heating may cause expansion or decomposition leading to violent rupture of containers. On combustion, may emit toxic fumes of carbon monoxide (CO). Combustion products include: carbon dioxide (CO2) formaldehyde other pyrolysis products typical of burning organic material.
HAZCHEM	•3YE

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

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Minor Spills	 Remove all ignition sources. Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Contain and absorb small quantities with vermiculite or other absorbent material. Wipe up. Collect residues in a flammable waste container. 	
Major Spills	 Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. May be violently or explosively reactive. Wear breathing apparatus plus protective gloves. Prevent, by any means available, spillage from entering drains or water course. Consider evacuation (or protect in place). No smoking, naked lights or ignition sources. 	

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

SECTION 7 Handling and storage

Precautions for safe handling ▶ DO NOT allow clothing wet with material to stay in contact with skin Avoid all personal contact, including inhalation. Wear protective clothing when risk of 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. Avoid smoking, naked lights, heat or ignition sources. ► When handling, **DO NOT** eat, drink or smoke. Store in original containers in approved flame-proof area. ▶ No smoking, naked lights, heat or ignition sources Other information ▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped. Keep containers securely sealed. Store away from incompatible materials in a cool, dry well ventilated area.

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- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

- Packing as supplied by manufacturer.
- Plastic containers may only be used if approved for flammable liquid.
- Check that containers are clearly labelled and free from leaks.
- For low viscosity materials (i): Drums and jerry cans must be of the non-removable head type. (ii): Where a can is to be used as an inner package, the can must have a screwed enclosure.
- For materials with a viscosity of at least 2680 cSt. (23 deg. C)
- For manufactured product having a viscosity of at least 250 cSt. (23 deg. C)
- Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C): (i) Removable head packaging; (ii) Cans with friction closures and (iii) low pressure tubes and cartridges may be used.
- Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages
- In addition, where inner packagings are glass and contain liquids of packing group I there must be sufficient inert absorbent to absorb any spillage, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

Storage incompatibility

Suitable container

- Avoid reaction with oxidising agents
- Avoid storage with reducing agents.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	methanol	Methyl alcohol	200 ppm / 262 mg/m3	328 mg/m3 / 250 ppm	Not Available	Not Available
Australia Exposure Standards	acetone	Acetone	500 ppm / 1185 mg/m3	2375 mg/m3 / 1000 ppm	Not Available	Not Available
Australia Exposure Standards	ethyl acetate	Ethyl acetate	200 ppm / 720 mg/m3	1440 mg/m3 / 400 ppm	Not Available	Not Available

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
methanol	Methanol; (Methyl alcohol)	Not Available	Not Available	Not Available
acetone	Acetone	Not Available	Not Available	Not Available
ethyl acetate	Ethyl acetate	1,200 ppm	1,700 ppm	10000** ppm

Ingredient	Original IDLH	Revised IDLH
methanol	6,000 ppm	Not Available
acetone	2,500 ppm	Not Available
ethyl acetate	2,000 ppm	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.











Personal protection

Safety glasses with side shields.

► Chemical goggles.

Eye and face protection

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.

Skin protection

See Hand protection below

- ► Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, e.g. Rubber

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

Hands/feet protection

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

Body protection

See Other protection below

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Other protection

- Overalls.
- PVC Apron.
- ▶ PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	СРІ
PE/EVAL/PE	A
BUTYL	В
SARANEX-23 2-PLY	В
TEFLON	В
BUTYL/NEOPRENE	С
CPE	С
HYPALON	С
NAT+NEOPR+NITRILE	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE	С
NEOPRENE/NATURAL	С
NITRILE	С
NITRILE+PVC	С
PVA	С
PVC	С
PVDC/PE/PVDC	С
SARANEX-23	С
VITON/CHLOROBUTYL	С
VITON/NEOPRENE	С

^{*} 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.

Respiratory protection

Type AX 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	AX-AUS / Class 1	-	AX-PAPR-AUS / Class 1
up to 25 x ES	Air-line*	AX-2	AX-PAPR-2
up to 50 x ES	-	AX-3	-
50+ x ES	-	Air-line**	-

^{* -} 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), B = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Clear water white liquid with a sweet odour; mixes with water.	Clear water white liquid with a sweet odour; mixes with water.				
Physical state	Liquid	Relative density (Water = 1)	<1			
Odour	Not Available	Partition coefficient n-octanol / water	Not Available			
Odour threshold	Not Available	Auto-ignition temperature (°C)	385			
pH (as supplied)	Not Available	Decomposition temperature	Not Available			
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available			
Initial boiling point and boiling range (°C)	>56	Molecular weight (g/mol)	Not Applicable			
Flash point (°C)	-17 (acetone)	Taste	Not Available			
Evaporation rate	Not Available	Explosive properties	Not Available			
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available			
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available			
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available			
Vapour pressure (kPa)	13.02	Gas group	Not Available			

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

^{^ -} Full-face

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Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	>1	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Ingestion

Skin Contact

Eye

Chronic

Information on toxicological effects

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects.

There is strong evidence to suggest that this material can cause, if inhaled once, serious, irreversible damage of organs.

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo.

There is some evidence to suggest that the material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

Exposure to 400ppm ethyl acetate may cause mild eye, nose and throat irritation in an unacclimated persons. However, production workers with regular exposure have better tolerance.

Inhaled

Minor but regular methanol exposures may effect the central nervous system, optic nerves and retinae. Symptoms may be delayed, with headache, fatigue, nausea, blurring of vision and double vision. Continued or severe exposures may cause damage to optic nerves, which may

become severe with permanent visual impairment even blindness resulting.

WARNING: Methanol is only slowly eliminated from the body and should be regarded as a cumulative poison which cannot be made non-harmful [CCINFO]

Effects of exposure to acetone by inhalation include central nervous system depression, light-headedness, unintelligible speech, inco-ordination, stupor, low blood pressure, fast heart rate, metabolic acidosis, high blood sugar and ketosis. Rarely, there may be convulsions and death of kidney tubules.

Strong evidence exists that exposure to the material may cause irreversible damage (other than cancer, mutations and birth defects) following a single exposure by swallowing.

Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result.

(ICSC13733)
Acute intoxication by ethyl acetate causes impaired co-ordination, exhilaration, slurred speech, nausea, vomiting, and may progress to stupor,

coma and death from failure of breathing or blood circulation.

Methanol may produce a burning or painful sensation in the mouth, throat, chest, and stomach. This may be accompanied by nausea, vomiting, headache, dizziness, shortness of breath, weakness, fatigue, leg cramps, restlessness, confusion, drunken behaviour, visual disturbance, drowsiness, coma and death.

Accidental ingestion of the material may be damaging to the health of the individual.

There is strong evidence to suggest that this material, on a single contact with skin, can cause serious, irreversible damage of organs. Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.

There is some evidence to suggest that the material may cause moderate inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.

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.

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

There is evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Severe inflammation may be expected with pain.

The liquid may produce eye discomfort and is capable of causing temporary impairment of vision and/or transient eye inflammation, ulceration

Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Long-term exposure to methanol vapour, at concentrations exceeding 3000 ppm, may produce cumulative effects characterised by gastrointestinal disturbances (nausea, vomiting), headache, ringing in the ears, insomnia, trembling, unsteady gait, vertigo, conjunctivitis and clouded or double vision. Liver and/or kidney injury may also result.

Premium Gun Wash	TOXICITY Not Available	IRRITATION Not Available
	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: =15800 mg/kg ^[2]	Eye (rabbit): 100 mg/24h-moderate
	Inhalation(Rat) LC50; =83.2 mg/l4hrs ^[2]	Eye (rabbit): 40 mg-moderate
methanol	Oral(Monkey) LD50; 0.007 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin (rabbit): 20 mg/24 h-moderate
		Skin: no adverse effect observed (not irritating) ^[1]

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	TOXICITY	IRRITATION	
	Dermal (rabbit) LD50: >7.426 mg/kg ^[1]	Eye (human): 50	00 ppm - irritant
	Inhalation(Mouse) LC50; 44 mg/L4hrs ^[2]	Eye (rabbit): 20r	ng/24hr -moderate
	Oral(Mouse) LD50; 0.003 mg/kg ^[2]	Eye (rabbit): 3.9	5 mg - SEVERE
acetone		Eye: adverse eff	ect observed (irritating) ^[1]
		Skin (rabbit): 50	0 mg/24hr - mild
		Skin (rabbit):395	img (open) - mild
		Skin: no adverse	e effect observed (not irritating) ^[1]
	TOXICITY	IRRITATION	
	Dermal (rabbit) LD50: >18 mg/kg ^[2]	Eye (human): 40	00 ppm
ethyl acetate	Inhalation(Rat) LC50; =50 mg/l4hrs ^[2]	Eye: no adverse	effect observed (not irritating) ^[1]
	Oral(Mouse) LD50; 0.004 mg/kg ^[2]	Skin: no adverse	e effect observed (not irritating) ^[1]
Legend:	Value obtained from Europe ECHA Registered Sub specified data extracted from RTECS - Register of Tox		nined from manufacturer's SDS. Unless otherwise
	For acetone:		
ACETONE	For acetone: The acute toxicity of acetone is low. Acetone is not a stesting shows acetone may cause macrocytic anaemia metre has not caused neurobehavioural deficits.		
ACETONE ETHYL ACETATE	The acute toxicity of acetone is low. Acetone is not a s testing shows acetone may cause macrocytic anaemia	a. Studies in humans have shown that en years after exposure to the materings) which can occur after exposure to revious airways disease in a non-atogumented exposure to the irritant. Off ere bronchial hyperreactivity on meth (or asthma) following an irritating inhiritating substance. On the other handing substance (often particles) and is	t exposure to acetone at a level of 2375 mg/cubic al ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main it individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to industrial bronchitis is a disorder that occurs as a
	The acute toxicity of acetone is low. Acetone is not a stesting shows acetone may cause macrocytic anaemia metre has not caused neurobehavioural deficits. Asthma-like symptoms may continue for months or eviknown as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of plasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sevilymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the in result of exposure due to high concentrations of irritati disorder is characterized by difficulty breathing, cough	a. Studies in humans have shown that en years after exposure to the materion DS) which can occur after exposure the revious airways disease in a non-atogoumented exposure to the irritant. Other bronchial hyperreactivity on meth (or asthma) following an irritating inhiritating substance. On the other handing substance (often particles) and is and mucus production.	t exposure to acetone at a level of 2375 mg/cubic al ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main inic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to industrial bronchitis is a disorder that occurs as a
ETHYL ACETATE	The acute toxicity of acetone is low. Acetone is not a stesting shows acetone may cause macrocytic anaemia metre has not caused neurobehavioural deficits. Asthma-like symptoms may continue for months or eviction known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of plasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sevilymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the in result of exposure due to high concentrations of irritati disorder is characterized by difficulty breathing, cough The material may cause skin irritation after prolonged	a. Studies in humans have shown that en years after exposure to the materion DS) which can occur after exposure the revious airways disease in a non-atogoumented exposure to the irritant. Other bronchial hyperreactivity on meth (or asthma) following an irritating inhiritating substance. On the other handing substance (often particles) and is and mucus production.	t exposure to acetone at a level of 2375 mg/cubic al ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main it individual, with sudden onset of persistent ner criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The
ETHYL ACETATE METHANOL & ACETONE	The acute toxicity of acetone is low. Acetone is not a stesting shows acetone may cause macrocytic anaemia metre has not caused neurobehavioural deficits. Asthma-like symptoms may continue for months or evice known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of plasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sevillymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the inflexible fexposure due to high concentrations of irritatification of scharacterized by difficulty breathing, cough The material may cause skin irritation after prolonged vesicles, scaling and thickening of the skin.	a. Studies in humans have shown that en years after exposure to the materings) which can occur after exposure to revious airways disease in a non-atogoumented exposure to the irritant. Off ere bronchial hyperreactivity on methor (or asthma) following an irritating inhoritating substance. On the other handing substance (often particles) and is and mucus production.	t exposure to acetone at a level of 2375 mg/cubic al ends. This may be due to a non-allergic condition on high levels of highly irritating compound. Main bic individual, with sudden onset of persistent ner criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The
ETHYL ACETATE METHANOL & ACETONE Acute Toxicity	The acute toxicity of acetone is low. Acetone is not a stesting shows acetone may cause macrocytic anaemia metre has not caused neurobehavioural deficits. Asthma-like symptoms may continue for months or eviction known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of plasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sevellymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the in result of exposure due to high concentrations of irritati disorder is characterized by difficulty breathing, cough The material may cause skin irritation after prolonged vesicles, scaling and thickening of the skin.	a. Studies in humans have shown that en years after exposure to the materings) which can occur after exposure to revious airways disease in a non-atogoumented exposure to the irritant. Othere bronchial hyperreactivity on meth (or asthma) following an irritating inhritating substance. On the other handing substance (often particles) and is and mucus production. Or repeated exposure and may production. Carcinogenicity	t exposure to acetone at a level of 2375 mg/cubic al ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main poic individual, with sudden onset of persistent near criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The
ETHYL ACETATE METHANOL & ACETONE Acute Toxicity Skin Irritation/Corrosion	The acute toxicity of acetone is low. Acetone is not a stesting shows acetone may cause macrocytic anaemia metre has not caused neurobehavioural deficits. Asthma-like symptoms may continue for months or evice known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of plasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sevelymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to their result of exposure due to high concentrations of irritati disorder is characterized by difficulty breathing, cough The material may cause skin irritation after prolonged vesicles, scaling and thickening of the skin.	a. Studies in humans have shown that en years after exposure to the materions) which can occur after exposure to revious airways disease in a non-ator cumented exposure to the irritant. Other bronchial hyperreactivity on meth (or asthma) following an irritating inhiritating substance. On the other handing substance (often particles) and is and mucus production. Carcinogenicity Reproductivity	t exposure to acetone at a level of 2375 mg/cubic al ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main it individual, with sudden onset of persistent ner criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The

Legend:

X − Data either not available or does not fill the criteria for classification
 ✓ − Data available to make classification

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
Premium Gun Wash	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>100mg/L	4
	EC50	48	Crustacea	1460.00-mg/L	4
methanol	EC50	96	Algae or other aquatic plants	-14.110-20.623mg/L	4
	BCF	24	Algae or other aquatic plants	0.05-mg/L	4
	EC01	240	Not Available	2.3685mg/L	4
	NOEC	96	Fish	<0.0004=% vol	4
	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>100mg/L	4
acetone	EC50	48	Crustacea	6098.4mg/L	5
accione	EC50	96	Algae or other aquatic plants	-9.873-27.684mg/L	4
	NOEC	96	Not Available	<0.000000005- =mg/L	4
athul acatata	Endpoint	Test Duration (hr)	Species	Value	Source
ethyl acetate	LC50	96	Fish	>75.6mg/L	2

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EC50	48	Crustacea	=164mg/L	1
EC50	72	Algae or other aquatic plants	-1800-3200mg/L	4
BCF	24	Algae or other aquatic plants	0.05-mg/L	4
NOEC	2688	Not Available	0.05-mg/L	4

Legend:

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

Persistence and degradability

Ingredient	Persistence: Water/Soil Persistence: Air	
methanol	LOW	LOW
acetone	LOW (Half-life = 14 days)	MEDIUM (Half-life = 116.25 days)
ethyl acetate	tate LOW (Half-life = 14 days) LOW (Half-life = 14.71 days)	

Bioaccumulative potential

Ingredient	Bioaccumulation
methanol	LOW (BCF = 10)
acetone	LOW (BCF = 0.69)
ethyl acetate	HIGH (BCF = 3300)

Mobility in soil

Ingredient	Mobility
methanol	HIGH (KOC = 1)
acetone	HIGH (KOC = 1.981)
ethyl acetate	LOW (KOC = 6.131)

SECTION 13 Disposal considerations

Waste treatment methods

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

Otherwise:

- 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.
- Product / Packaging disposal

 Recycle wherever possible.
 - Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
 - Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material).
 - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 Transport information

Labels Required



Marine Pollutant	NC
HAZCHEM	•3Y

Land transport (ADG)

UN number	1993		
UN proper shipping name	FLAMMABLE LIQUID, N.O.S. (contains methanol, ethyl acetate and acetone)		
Transport hazard class(es)	Class 3 Subrisk Not Applicable		
Packing group			
Environmental hazard	Not Applicable		
Special precautions for user	Special provisions 274 Limited quantity 1 L		

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Air transport (ICAO-IATA / DGR)

UN number	1993			
UN proper shipping name	Flammable liquid, n.o.s. * (contains methanol, ethyl acetate and acetone)			
	ICAO/IATA Class	3		
Transport hazard class(es)	ICAO / IATA Subrisk	Not Applicable		
	ERG Code	3H		
Packing group	II			
Environmental hazard	Not Applicable			
Environmental nazara	140t / ippilodbio			
	Special provisions		A3	
	Cargo Only Packing Instructions		364	
	Cargo Only Maximum Qty / Pack		60 L	
Special precautions for user	Passenger and Cargo Packing Instructions		353	
	Passenger and Cargo Maximum Qty / Pack		5 L	
	Passenger and Cargo Limited Quantity Packing Instructions		Y341	
	Passenger and Cargo Limited Maximum Qty / Pack		1 L	

Sea transport (IMDG-Code / GGVSee)

UN number	1993		
UN proper shipping name	FLAMMABLE LIQUID, N.O.S. (contains methanol, ethyl acetate and acetone)		
Transport hazard class(es)	IMDG Class 3 IMDG Subrisk Not Applicable		
Packing group	II		
Environmental hazard	Not Applicable		
Special precautions for user	EMS Number F-E , S-E Special provisions 274 Limited Quantities 1 L		

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

Not Applicable

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

Product name	Group
methanol	Not Available
acetone	Not Available
ethyl acetate	Not Available

Transport in bulk in accordance with the ICG Code

•	
Product name	Ship Type
methanol	Not Available
acetone	Not Available
ethyl acetate	Not Available

SECTION 15 Regulatory information

Safety, health and environmental regulations / legislation specific for the substance or mixture

methanol 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 5

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

acetone is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

 $\label{thm:constraints} \mbox{Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule \mbox{ 5} \\$

Australian Inventory of Industrial Chemicals (AIIC)

ethyl acetate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

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National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (methanol; acetone; ethyl acetate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes
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	26/09/2024
Initial Date	09/09/2015

SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	09/09/2015	Environmental, Handling Procedure, Instability Condition, Personal Protection (other), Storage (storage incompatibility)
5.1.1.1	26/09/2024	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.