

Solkleen Red

N.V. Chemicals (Aust) P/L

Chemwatch Hazard Alert Code: 3

Chemwatch: 24-9192

Issue Date: 10/03/2023

Version No: 6.1

Print Date: 07/06/2024

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

L.GHS.AUS.EN.E

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

Product Identifier

Product name	Solkleen Red
Chemical Name	Not Applicable
Synonyms	Not Available
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	General purpose cleaner for soak and wipe off applications in the removal of stubborn soils from walls, canopies, ceilings, stainless steel fittings or utensils and vinyl upholstery.
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	N.V. Chemicals (Aust) P/L
Address	24 Lisa Place Coolaroo VIC 3048 Australia
Telephone	+61 3 9351 1100
Fax	+61 3 9351 1077
Website	http://www.nvchemicals.com.au/
Email	info@nvchemicals.com.au

Emergency telephone number




Association / Organisation	N.V.Chemicals(Aust) P/L
Emergency telephone numbers	0411 387 097
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

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

Chemwatch Hazard Ratings

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

Poisons Schedule	S5
Classification [1]	Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Reproductive Toxicity Category 2, Hazardous to the Aquatic Environment Acute Hazard Category 3, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
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)	
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Signal word	Danger
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Hazard statement(s)

H315	Causes skin irritation.
H318	Causes serious eye damage.
H361fd	Suspected of damaging fertility. Suspected of damaging the unborn child.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P273	Avoid release to the environment.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
111-76-2	<10	<u>ethylene glycol monobutyl ether</u>
111-42-2	<10	<u>diethanolamine</u>
9004-82-4	<10	<u>sodium lauryl ether sulfate</u>
9016-45-9	<10	<u>nonylphenol ethoxylated</u>
10213-79-3	<5	<u>sodium metasilicate pentahydrate</u>
Not Available	<1	perfume
Not Available	<1	dye
7732-18-5	>60	<u>water</u>

Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available

SECTION 4 First aid measures**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh 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. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▶ Other measures are usually unnecessary.
Ingestion	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

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- ▶ Observe the patient carefully.
- ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- ▶ Seek medical advice.

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.
- ▶ Use extinguishing media suitable for surrounding area.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Non combustible. ▶ Not considered to be a significant fire risk. ▶ Expansion or decomposition on heating may lead to violent rupture of containers. ▶ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. <p>Decomposes on heating and produces toxic fumes of: carbon dioxide (CO₂) nitrogen oxides (NO_x) sulfur oxides (SO_x) phosphorus oxides (PO_x)</p>
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	<p>Slippery when spilt.</p> <ul style="list-style-type: none"> ▶ 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 spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	<p>Slippery when spilt. Minor hazard.</p> <ul style="list-style-type: none"> ▶ Clear area of personnel. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Control personal contact with the substance, by using protective equipment as required. ▶ Prevent spillage from entering drains or water ways. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Absorb remaining product with sand, earth or vermiculite and place in appropriate containers for disposal. ▶ Wash area and prevent runoff into drains or waterways. ▶ 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**

Safe handling	<ul style="list-style-type: none"> ▶ Limit all unnecessary personal contact. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. ▶ Use good occupational work practice.
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	<ul style="list-style-type: none"> ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ 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

Suitable container	<ul style="list-style-type: none"> ▶ Polyethylene or polypropylene container. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	ethylene glycol monobutyl ether	2-Butoxyethanol	20 ppm / 96.9 mg/m ³	242 mg/m ³ / 50 ppm	Not Available	Not Available
Australia Exposure Standards	diethanolamine	Diethanolamine	3 ppm / 13 mg/m ³	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
ethylene glycol monobutyl ether	60 ppm	120 ppm	700 ppm
diethanolamine	3 mg/m ³	28 mg/m ³	130 mg/m ³
nonylphenol, ethoxylated	4.5 mg/m ³	49 mg/m ³	300 mg/m ³
nonylphenol, ethoxylated	43 mg/m ³	470 mg/m ³	5,400 mg/m ³
sodium metasilicate, pentahydrate	6.6 mg/m ³	73 mg/m ³	440 mg/m ³
sodium metasilicate, pentahydrate	3.8 mg/m ³	42 mg/m ³	250 mg/m ³

Ingredient	Original IDLH	Revised IDLH
ethylene glycol monobutyl ether	700 ppm	Not Available
diethanolamine	Not Available	Not Available
sodium lauryl ether sulfate	Not Available	Not Available
nonylphenol, ethoxylated	Not Available	Not Available
sodium metasilicate, pentahydrate	Not Available	Not Available
water	Not Available	Not Available


Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
sodium lauryl ether sulfate	E	≤ 0.01 mg/m ³
nonylphenol, ethoxylated	E	≤ 0.1 ppm
sodium metasilicate, pentahydrate	E	≤ 0.01 mg/m ³

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	General exhaust is adequate under normal operating conditions.
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields; or as required, ▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ▶ 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].
Skin protection	See Hand protection below

Hands/feet protection	Wear chemical protective gloves, e.g. PVC. Wear safety footwear.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ Eyewash unit.

Recommended material(s)**GLOVE SELECTION INDEX**

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	CPI
BUTYL	A
NEOPRENE	B
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NITRILE	C
PE/EVAL/PE	C
PVA	C
PVC	C
SARANEX-23	C
TEFLON	C
VITON	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Ansell Glove Selection

Glove — In order of recommendation
AlphaTec® Solvex® 37-185
AlphaTec® 38-612
AlphaTec® 58-008
AlphaTec® 58-735
AlphaTec® Solvex® 37-675
AlphaTec® 58-530B
AlphaTec® 58-530W
AlphaTec® 79-700
DermaShield™ 73-711
MICROFLEX® 63-864

The suggested gloves for use should be confirmed with the glove supplier.

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-PAPR-2 P2 ^

^ - Full-face

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

SECTION 9 Physical and chemical properties**Information on basic physical and chemical properties**

Appearance	Clear red alkaline fragrant liquid; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	1.095-1.105
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	8	Decomposition temperature (°C)	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

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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)	Not Available
Vapour pressure (kPa)	2.3 @ 20 C	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 style="list-style-type: none"> ▶ 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

Information on toxicological effects

Inhaled	Not normally a hazard due to non-volatile nature of product
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Ingestion may result in nausea, abdominal irritation, pain and vomiting
Skin Contact	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>Toxic effects may result from skin absorption</p> <p>The material may accentuate any pre-existing skin condition</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
Chronic	<p>Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects.</p> <p>Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects.</p> <p>Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.</p> <p>As with any chemical product, contact with unprotected bare skin; inhalation of vapour, mist or dust in work place atmosphere; or ingestion in any form, should be avoided by observing good occupational work practice.</p>

	TOXICITY	IRRITATION
	Solkleen Red	Not Available
ethylene glycol monobutyl ether	TOXICITY	IRRITATION
	Dermal (Guinea Pig) LD50: 210 mg/kg ^[2]	Eye (rabbit): 100 mg SEVERE * [Union Carbide]
	Inhalation (Rat) LC50: 450 ppm4h ^[2]	Eye (rabbit): 100 mg/24h-moderate
	Oral (Rat) LD50: 250 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
		Skin (rabbit): 500 mg, open; mild
	Skin: adverse effect observed (irritating) ^[1]	
		Skin: no adverse effect observed (not irritating) ^[1]
diethanolamine	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 12200 mg/kg ^[2]	Eye (rabbit): 5500 mg - SEVERE
	Oral (Rat) LD50: 710 mg/kg ^[2]	Eye (rabbit): 0.75 mg/24 hr SEVERE
		Eye: adverse effect observed (irritating) ^[1]
		Skin (rabbit): 50 mg (open)-mild
		Skin (rabbit): 500 mg/24 hr-mild
		Skin: adverse effect observed (irritating) ^[1]

sodium lauryl ether sulfate	TOXICITY	IRRITATION
	Oral (Rat) LD50: 1600 mg/kg ^[2]	Eye: adverse effect observed (irreversible damage) ^[1]
		Eye: adverse effect observed (irritating) ^[1]
		Skin (rabbit): 25 mg/24 hr moderate
		Skin: adverse effect observed (irritating) ^[1]
nonylphenol, ethoxylated	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 2943.2 mg/kg ^[2]	Eye (rabbit): 5 mg SEVERE
	Oral (Rat) LD50: 1310 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
		Skin (human): 15 mg/3D mild
		Skin (rabbit): 500 mg mild
		Skin: adverse effect observed (irritating) ^[1]
sodium metasilicate, pentahydrate	TOXICITY	IRRITATION
	Oral (Rat) LD50: 1153 mg/kg ^[2]	Skin (human): 250 mg/24h SEVERE
		Skin (rabbit): 250 mg/24h SEVERE
water	TOXICITY	IRRITATION
	Oral (Rat) LD50: >90000 mg/kg ^[2]	Not Available

Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

ETHYLENE GLYCOL MONOBUTYL ETHER

NOTE: Changes in kidney, liver, spleen and lungs are observed in animals exposed to high concentrations of this substance by all routes. ** ASCC (NZ) SDS

For ethylene glycol monoalkyl ethers and their acetates (EGMAEs):

Typical members of this category are ethylene glycol propylene ether (EGPE), ethylene glycol butyl ether (EGBE) and ethylene glycol hexyl ether (EGHE) and their acetates.

EGMAEs are substrates for alcohol dehydrogenase isozyme ADH-3, which catalyzes the conversion of their terminal alcohols to aldehydes (which are transient metabolites). Further, rapid conversion of the aldehydes by aldehyde dehydrogenase produces alkoxyacetic acids, which are the predominant urinary metabolites of mono substituted glycol ethers.

Acute Toxicity: Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m³) for EGHE, LC50 > 400ppm (2620 mg/m³) for EGBEA to LC50 > 2132 ppm (9061 mg/m³) for EGPE. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 435 mg/kg bw (EGBE) to 1500 mg/kg bw (EGBEA). Overall these category members can be considered to be of low to moderate acute toxicity. All category members cause reversible irritation to skin and eyes, with EGBEA less irritating and EGHE more irritating than the other category members. EGPE and EGBE are not sensitizers in experimental animals or humans. Signs of acute toxicity in rats, mice and rabbits are consistent with haemolysis (with the exception of EGHE) and non-specific CNS depression typical of organic solvents in general. Alkoxyacetic acid metabolites, propoxyacetic acid (PAA) and butoxyacetic acid (BAA), are responsible for the red blood cell hemolysis. Signs of toxicity in humans deliberately ingesting cleaning fluids containing 9-22% EGBE are similar to those of rats, with the exception of haemolysis. Although decreased blood haemoglobin and/or haemoglobinuria were observed in some of the human cases, it is not clear if this was due to haemolysis or haemodilution as a result of administration of large volumes of fluid. Red blood cells of humans are many-fold more resistant to toxicity from EGPE and EGBE *in vitro* than those of rats.

Repeat dose toxicity: The fact that the NOAEL for repeated dose toxicity of EGBE is less than that of EGPE is consistent with red blood cells being more sensitive to EGBE than EGPE. Blood from mice, rats, hamsters, rabbits and baboons were sensitive to the effects of BAA *in vitro* and displayed similar responses, which included erythrocyte swelling (increased haematocrit and mean corpuscular hemoglobin), followed by hemolysis. Blood from humans, pigs, dogs, cats, and guinea pigs was less sensitive to haemolysis by BAA *in vitro*.

Mutagenicity: In the absence and presence of metabolic activation, EGBE tested negative for mutagenicity in Ames tests conducted in *S. typhimurium* strains TA97, TA98, TA100, TA1535 and TA1537 and EGHE tested negative in strains TA98, TA100, TA1535, TA1537 and TA1538. *In vitro* cytogenetic and sister chromatid exchange assays with EGBE and EGHE in Chinese Hamster Ovary Cells with and without metabolic activation and *in vivo* micronucleus tests with EGBE in rats and mice were negative, indicating that these glycol ethers are not genotoxic.

Carcinogenicity: In a 2-year inhalation chronic toxicity and carcinogenicity study with EGBE in rats and mice a significant increase in the incidence of liver haemangiosarcomas was seen in male mice and forestomach tumours in female mice. It was decided that based on the mode of action data available, there was no significant hazard for human carcinogenicity

Reproductive and developmental toxicity. The results of reproductive and developmental toxicity studies indicate that the glycol ethers in this category are not selectively toxic to the reproductive system or developing fetus, developmental toxicity is secondary to maternal toxicity. The repeated dose toxicity studies in which reproductive organs were examined indicate that the members of this category are not associated with toxicity to reproductive organs (including the testes).

Results of the developmental toxicity studies conducted via inhalation exposures during gestation periods on EGPE (rabbits -125, 250, 500 ppm or 531, 1062, or 2125 mg/m³ and rats - 100, 200, 300, 400 ppm or 425, 850, 1275, or 1700 mg/m³), EGBE (rat and rabbit - 25, 50, 100, 200 ppm or 121, 241, 483, or 966 mg/m³), and EGHE (rat and rabbit - 20.8, 41.4, 79.2 ppm or 124, 248, or 474 mg/m³) indicate that the members of the category are not teratogenic.

The NOAELs for developmental toxicity are greater than 500 ppm or 2125 mg/m³ (rabbit-EGPE), 100 ppm or 425 mg/m³ (rat-EGPE), 50 ppm or 241 mg/m³ (rat EGBE) and 100 ppm or 483 mg/m³ (rabbit EGBE) and greater than 79.2 ppm or 474 mg/m³ (rat and rabbit-EGHE).

Exposure of pregnant rats to ethylene glycol monobutyl ether (2-butoxyethanol) at 100 ppm or rabbits at 200 ppm during organogenesis resulted in maternal toxicity and embryotoxicity including a decreased number of viable implantations per litter. Slight foetotoxicity in the form of poorly ossified or unossified skeletal elements was also apparent in rats. Teratogenic effects were not observed in other species.

At least one researcher has stated that the reproductive effects were less than that of other monoalkyl ethers of ethylene glycol.

Chronic exposure may cause anaemia, macrocytosis, abnormally large red cells and abnormal red cell fragility.

Exposure of male and female rats and mice for 14 weeks to 2 years produced a regenerative haemolytic anaemia and subsequent effects on the haemopoietic system in rats and mice. In addition, 2-butoxyethanol exposures caused increases in the incidence of neoplasms and nonneoplastic lesions (1). The occurrence of the anaemia was concentration-dependent and more pronounced in rats and females. In this study it was proposed that 2-butoxyethanol at concentrations of 500 ppm and greater produced an acute disseminated thrombosis and bone infarction in male and female rats as a result of severe acute haemolysis and reduced deformability of erythrocytes or through anoxic damage to endothelial cells that compromise blood flow. In two-year studies, 2-butoxyethanol continued to affect circulating erythroid mass, inducing a responsive anaemia. Rats showed a marginal increase in the incidence of benign or malignant pheochromocytomas (combined) of the adrenal gland. In mice, 2-butoxyethanol exposure resulted in a concentration dependent increase in the incidence of squamous cell papilloma or carcinoma of the forestomach. It was hypothesised that exposure-induced irritation produced inflammatory and hyperplastic effects in the forestomach and that the neoplasia were associated with a continuation of the injury/ degeneration process. Exposure also

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produced a concentration -dependent increase in the incidence of haemangiosarcoma of the liver of male mice and hepatocellular carcinoma.

1: NTP Toxicology Program Technical report Series 484, March 2000.

DIETHANOLAMINE

While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects.

- ▶ Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis.
- ▶ Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient.

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

Inhalation:

Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs.

Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure.

Higher concentrations of certain amines can produce severe respiratory irritation, characterised by nasal discharge, coughing, difficulty in breathing, and chest pains.

Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, bronchopneumonia, and possible lung damage. Also, repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice, and liver enlargement. Some amines have been shown to cause kidney, blood, and central nervous system disorders in laboratory animal studies.

While most polyurethane amine catalysts are not sensitizers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitized, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease.

Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors.

Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema.

Skin Contact:

Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis.

Skin contact with some amines may result in allergic sensitization. Sensitized persons should avoid all contact with amine catalysts.

Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient.

Eye Contact:

Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations.

Direct contact with the liquid amine may cause severe irritation and tissue injury, and the "burning" may lead to blindness. (Contact with solid products may result in mechanical irritation, pain, and corneal injury.)

Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling.

The corneal swelling may manifest itself in visual disturbances such as blurred or "foggy" vision with a blue tint ("blue haze") and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases.

Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation.

Ingestion:

The oral toxicity of amine catalysts varies from moderately to very toxic.

Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus, and gastrointestinal tract.

Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs.

Affected persons also may experience pain in the chest or abdomen, nausea, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death.

Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000

Alliance for Polyurethanes Industry

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans. for diethanolamine (DEA):

In animal studies, DEA has low acute toxicity via the oral and dermal routes with moderate skin irritation and severe eye irritation. In subchronic toxicity testing conducted via the oral route in rats and mice, the main effects observed were increased organ weights and histopathology of the kidney and/or liver, with the majority of other tissue effects noted only at relatively high dosages. In subchronic studies conducted via the dermal route, skin irritation was noted as well as systemic effects similar to those observed in the oral studies. DEA has not been shown to be mutagenic or carcinogenic in rats; however, there is evidence of its carcinogenicity in mice.

Subchronic toxicity: The subchronic toxicity of DEA has been studied in F344 rats and B6C3F1 mice by exposure through drinking water or dermal administration, in 2 week and 13 week studies.

Target organs for toxicity included blood, kidney, brain and spinal cord, seminiferous tubules and dermal application site in rats and liver, kidney, heart, salivary gland and dermal application site in mice. Effects on seminiferous tubules were accompanied by reductions in sperm count and reduced sperm motility. Hematological evaluations indicated normochromic, microcytic anemia in the dermal study in male rats (NOEL = 32 mg/g) and females (LOEL = 32 mg/kg). Anemia was also observed in rats in the drinking water study with a LOEL of 14 mg/kg/d in females and a LOEL of 48 mg/kg/d in males for altered hematological parameters. These findings were similar to those observed in the 2 week studies, but the magnitude of the changes was greater in the 13 week studies. Hematological parameters were normal in controls. No associated histopathological changes were noted in femoral bone marrow. Haematological parameters were not evaluated in mice.

Developmental toxicity: In a developmental toxicity study conducted via the oral route, effects of concern were observed only in the presence of maternal toxicity. In a developmental toxicity study conducted via the dermal route using two species of mammals, developmental toxicity was observed only in one species and only at doses causing significant maternal toxicity. Metabolically, DEA is excreted largely unchanged in the urine.

Carcinogenicity: A two-year dermal cancer study bioassay results on DEA and three fatty acid condensates of DEA indicated that liver tumours occurred in male and female mice exposed to DEA and two of the condensates. In addition kidney tumours occurred in male mice exposed to DEA and one of the condensates. Compelling evidence suggested that the toxicity observed in mice and rats treated with the DEA condensates was associated with free DEA and not with other components of the condensates. A weight of evidence analysis of data relevant to the assessment of the liver and kidney tumours in mice resulted in the conclusion that these tumours are not relevant to humans under the expected conditions of exposure and that liver and kidney toxicity should be evaluated on a threshold basis. This conclusion is based on the following:

- ▶ DEA is not genotoxic
- ▶ tumour development occurred at doses also associated with chronic hyperplasia
- ▶ there was no dose-related increase in malignancy, multiplicity of tumours or decrease in latency period
- ▶ tumours occurred late in life
- ▶ tumour response was species-specific (only mice were affected, not rats)
- ▶ tumour response was sex-specific (only male mice were affected, not females)
- ▶ tumour development was site-specific, with only liver and kidney affected, both sites of DEA accumulation;
- ▶ there was no tumour response in skin, despite evidence of chronic dermal toxicity
- ▶ there is a plausible mechanism, supported by various data, to explain the renal toxicity of DEA
- ▶ data support threshold mechanisms of renal carcinogenesis for a number of non-genotoxic chemicals

- ▶ the exposure regime used in the mouse study (i.e., lifetime continuous exposure to DEA in ethanol vehicle at doses causing chronic dermal toxicity) is not relevant to human exposure (exposure through cosmetic vehicles with daily removal, under non-irritating conditions).

In considering the aggregate data on a DEA basis from the four studies using DEA and related condensates, the NOEL for kidney toxicity was 19 mg/kg/d, which resulted from a dose of 100 mg/kg/d of cocamide DEA containing 19% free DEA.

Anaemia: Rats exposed to DEA condensates developed anaemia. This was considered to be of to be relevant for humans since anaemia in rodents and humans share common etiologies. The proposed mechanism by which DEA could cause anemia involves disruption of phospholipid metabolism leading to membrane perturbation and functional change to erythrocytes. Some doubt about the relevance of the findings arises because ethanol was used as the vehicle in the dermal studies, and ethanol is known to cause anaemia in rodents through a mechanism involving membrane disruption. The possibility of a synergistic or additive role for DEA and ethanol in combination cannot be ruled out.

In considering the aggregate data on a DEA basis from the four 13-week dermal studies using DEA and related condensates, the NOEL for microcytic anemia was 9.5 mg/kg/d, which resulted from a dose of 50 mg/kg/d of cocamide DEA containing 19% free DEA.

The NOELs for mice and rats derived in this hazard assessment were as follows:

Anaemia in rats: 9.5 mg/kg/d (based on microcytic anemia)

Organ toxicity in mice: 2.2 mg/kg/d (based on liver toxicity)

In extrapolating among species for the purposes of risk assessment, the prime consideration with respect to dermally applied DEA was differential dermal absorption. Evidence indicates that dermal penetration of

DEA is greatest in mice and lower in rats and humans. Interspecies extrapolation was accomplished in this assessment by converting applied doses to bioavailable doses (i.e., internal doses) using dermal bioavailability determined in studies with rats and mice *in vivo*, so as to be able to compare these with internal doses expected to be experienced by humans through use of personal care products.

Based on measured bioavailability in mice and rats, the bioavailable NOELs corresponding to the foregoing were:

Anaemia in rats: 0.8 mg/kg/d (based on microcytic anemia)

Organ toxicity in mice: 0.55 mg/kg/d (based on liver toxicity)

Kidney toxicity: Effects on the kidney were observed in rats treated with DEA in drinking water or by dermal exposure after as little as 2 weeks of exposure. Effects included renal tubule hyperplasia, renal tubular epithelial necrosis, renal tubule mineralization and increased relative organ weight. Similar changes were observed after 13 weeks of exposure of rats to DEA in drinking water and by dermal administration. The NOEL in male rats was 250 mg/kg/d in the dermal study, while in female rats renal tubule mineralisation was observed at the lowest dose of 32 mg/kg/d. After 2 years of dermal exposure there were no histopathological changes in the kidneys of male rats given doses of up to 64 mg/kg/d. In females, there were no significant increases in the incidences of renal tubule epithelial necrosis, hyperplasia or mineralisation as was observed after 13 weeks of exposure, however, there was an increase in the severity and incidence of nephropathy. This was the result of a treatment-related exacerbation of a previously existing lesion, since the incidence in controls was 80%, increasing to 94-96% in treated groups. There was no significant increase in the incidence of kidney tumours in rats treated with DEA or any of the condensates in 2-year dermal studies.

Liver toxicity: Effects on liver, including increases in relative organ weight and histopathological changes were observed in male and female mice in the 2 week drinking water study with DEA. Increases in liver weight were observed in the two week dermal study, but were not associated with histopathological changes. After 13 weeks of exposure, relative liver weights were increased compared to controls in male and female rats, with no associated histopathology. There is some doubt about whether these changes in liver weights were of toxicological significance, since there was no associated histopathology, the dose-response was not consistent and there were no effects on liver in the 2 year study in rats.

In the study with coconut diethanolamide (CDEA) (100 and 200 mg/kg/d) in which 19% of the applied dose was DEA, there were no liver effects in rats after 13 weeks or 2 years of dermal exposure. No liver toxicity in rats was observed in the 2 year dermal studies of lauramide or oleamide DEA

SODIUM LAURYL ETHER SULFATE

* [CESIO]

Alkyl ether sulfates (alcohol or alkyl ethoxysulfates) (AES) (syn: AAASD ,alkyl alcohol alkoxyolate sulfates, SLES) are generally classified according to Comité Européen des Agents de Surface et leurs Intermédiaires Organiques (CESIO) as Irritant (Xi) with the risk phrases R38 (Irritating to skin) and R36 (Irritating to eyes). An exception has been made for AES (2-3EO) in a concentration of 70-75% where R36 is substituted with R41 (Risk of serious damage to eyes).

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

In assessing this family the Cosmetic Ingredient Review (CIR) Expert Panel recognized that most of the acute oral toxicity, dermal irritation and sensitization, subchronic and chronic oral toxicity, reproductive and developmental toxicity, carcinogenicity, and photosensitization studies have been conducted on ammonium laureth sulfate and sodium laureth sulfate. Sodium and ammonium laureth sulfate have not evoked adverse responses in any toxicological testing, including acute oral toxicity, sub-chronic and chronic oral toxicity, reproductive and developmental toxicity, carcinogenicity, and photosensitization studies. These data, however, are considered a sufficient basis for concluding that the other ingredients are safe in the practices of use and concentration described in the safety assessment because of the fundamental chemical similarities between them and because they all are chemically similar salts (salts are expected to be dissociated in any product formulation independent of whether the salt is sodium, ammonium, magnesium, or zinc) of sulfated ethoxylated alcohols, and they all function as surfactants in cosmetic formulations. Based on these considerations, safety test data on one ingredient may be extrapolated to all of them. The panel noted that sodium laureth sulfate and ammonium laureth sulfate can produce eye and/or skin irritation in experimental animals and in some human test subjects; irritation may occur in some users of cosmetic formulations containing these ingredients. The irritant effects, however, are similar to those produced by other detergents, and the severity of the irritation appears to increase directly with concentration

Acute toxicity: AES are of low acute toxicity. Neat AES are irritant to skin and eyes. The irritation potential of AES containing solutions depends on concentration. Local dermal effects due to direct or indirect skin contact with AES containing solutions in hand-washed laundry or hand dishwashing are not of concern because AES is not a contact sensitizer and AES is not expected to be irritating to the skin at in-use concentrations. The available repeated dose toxicity data demonstrate the low toxicity of AES. Also, they are not considered to be mutagenic, genotoxic or carcinogenic, and are not reproductive or developmental toxicants. The consumer aggregate exposure from direct and indirect skin contact as well as from the oral route via dishware residues results in an estimated total body burden of 29 ug/kg bw/day. AES are easily absorbed in the intestine in rats and humans after oral administration. Radiolabelled C11 AE3S and C12 AE3S were extensively metabolized in rats and most of the ¹⁴C-activity was eliminated via the urine and expired air independently of the route of administration (oral, intraperitoneal or intravenous). The main urinary metabolite from C11 AE3S is propionic acid-3-(3EO)-sulfate. For C12 and C16 AE3S, the main metabolite is acetic acid-2-(3EO)-sulfate. The alkyl chain appears to be oxidised to CO₂ which is expired. The EO-chain seems to be resistant to metabolism.

AES are better tolerated on the skin than, e.g., alkyl sulfates and it is generally agreed that the irritancy of AES is lower than that of other anionic surfactants. Alkyl chain lengths of 12 carbon atoms are considered to be more irritating to the skin compared to other chain lengths. The skin irritating properties of AES normally decrease with increasing level of ethoxylation. Undiluted AES should in general be considered strongly irritating. Even at concentrations of 10% moderate to strong effects can be expected. However, only mild to slight irritation was observed when a non-specified AES was applied at 1% to the skin.

Subchronic toxicity: A 90-day subchronic feeding study in rats with 1% of AE3S or AE6S with alkyl chain lengths of C12-14 showed only an increased liver/body weight ratio. In a chronic oral study with a duration of 2 years, doses of C12-AE3S of 0.005 - 0.05% in the diet or drinking water had no effects on rats. The concentration of 0.5% sometimes resulted in increased kidney or liver weight.

Subchronic 21-day repeat dose dietary studies showed low toxicity of compounds with carbon lengths of C12-15, C12-14 and C13-15 with sodium or ammonium alkyl ethoxylates with POE (polyoxyethylene) n=3. One study indicated that C16-18 POE n=18 had comparable low toxicity. No-observed-adverse-effect levels (NOAELs) range from 120 to 468 mg/kg/day, similar to a NOAEL from a 90-day rat gavage study with NaC12-14 POE n=2 (CAS RN 68891-38-3), which was reported to be 225 mg/kg/day. In addition, another 90-day repeat dose dietary study with NaC12-15 POE n=3 (CAS RN 68424-50-0) resulted in low toxicity, with a NOAEL of greater than approximately 50 mg/kg/day (calculated based on dose of 1000 ppm in diet). Effects were usually related to hepatic hypertrophy, increased liver weight, and related increases in haematological endpoints related to liver enzyme induction.

Reproductive and developmental toxicity: No evidence of reproductive and teratogenic effects was seen in a two-generation study in rats fed with a mixture (55:45) of AES and linear alkylbenzene sulfonates. Dietary levels of 0.1, 0.5, and 1% were administered to the rats either continuously or during the period of major organogenesis during six pregnancies. No changes in reproductive or embryogenic parameters were observed.

Based on this study an overall no-observed-adverse-effect level (NOAEL) for systemic effects was 0.1%, which was 86.6 mg/kg/day for the F0 generation, and 149.5 mg/kg/day for the F1 generation. The NOAEL of 86.6 mg/kg/day was selected as the toxicology endpoint for the chronic risk assessment for the sulfate derivatives.

Carcinogenicity: Chronic dietary studies conducted with rats showed no incidence of cancer and no effects at the concentrations tested (lowest dose tested was ca 75 mg/kg/day).

NOTE: Some products containing AES/ SLES have been found to also contain traces (up to 279 ppm) of 1,4-dioxane; this is formed as a by-product during the ethoxylation step of its synthesis. The U.S. Food and Drug Administration recommends that these levels be monitored. The U.S. Environmental Protection Agency classifies 1,4-dioxane to be a probable human carcinogen (not observed in epidemiological studies of workers using the compound, but resulting in more cancer cases in controlled animal studies), and a known irritant with a no-observed-adverse-effects level of 400 milligrams per cubic meter at concentrations significantly higher than those found in commercial products. Under Proposition 65, 1,4-dioxane is classified in the U.S. state of California to cause cancer. The FDA encourages manufacturers to remove 1,4-dioxane, though it is not required by federal law.

Sensitising potential: 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

Toxicokinetics:

Following oral exposure, AES is readily absorbed in the gastrointestinal tract in human and rat and excreted principally via the urine or faeces depending on the length of the ethoxylate chain but independently of the route of administration. Once absorbed, AES is extensively metabolized by beta- or omega oxidation. The alkyl chain appears to be oxidized to CO₂ which is expired. The EO-chain seems to be resistant to metabolism. Regarding the different anions, it is expected that the salts will be converted to the acid form in the stomach. This means that for all types of parent chemical the same compound structure eventually enters the small intestine. Hence, the situation will be similar for compounds originating from different salts and therefore no differences in uptake are anticipated.

The length of the ethoxylate portion in an AES molecule seems to have an important impact on the biokinetics of AES in humans and in the rat. Alcohol ethoxysulfates with longer ethoxylate chains (>7-9 EO units) are excreted at a higher proportion in the faeces. This is however not of interest for the AES within this category as their ethoxylation grade is 1 to 2.5.

Dermal absorption

There are two reliable and relevant studies available assessing the dermal absorption rate of AES. The study with AES (C12 -14; 2 EO) Na (CAS 68891-38-3) was performed according to OECD guideline 428 with human skin of the abdomen region (3 donors, n=2). The test substance was applied at a concentration of 10% for 24 h

The mean amount removed from the skin surface (skin wash) ranged from 87.16% to 94.56% of the dose applied. The amounts in the receptor could not be quantified, since it was below the analytical limit of quantification (LOQ). The mean recovery in the two first tape strips was 1.48% during all performed experiments. In the further 18 tape strips a mean recovery of 2.86% was documented. The recovery values for the cryocuts have accounted 0.56% in mean.

The mean absorbed dose, sum of the amounts found in the viable epidermis, dermis and receptor medium was 0.56%. The mean recovery values have varied from 90.90% to 100.21%, which complies with the acceptance criteria of 100 ± 15%.

There is also an in vivo study according to OECD guideline 427 for AES (C12 -14; 2 EO) Na (CAS 68891-38-3) available (Aulmann, 1996). Wistar rats were exposed to 1% aqueous solutions of the test item for 15 min and 48 h under semi-occlusive conditions. The mean amount of AES (C12-14; 2 EO) Na (CAS 68891-38-3) removed from the skin surface after the 15 min exposure period (via washing) ranged from 92.8% to 97.2% of the dose and from 91.6% to 98.4% after 48 h when the skin was not washed until sacrifice. The amounts in faeces and skin could not always be quantified, since it was below the analytical limit of quantification (LOQ).

The mean absorbed dose, sum of the amounts found in urine, faeces and skin in the experiment with washing was about 0.1% and 0.9% without washing.

The mean recovery values varied from 98.6% to 103%.

Taking the results of both studies together the dermal absorption is very low. The in vitro study with human skin indicated the dermal absorption to be 0.56% within 24 h and the in vivo study indicated the dermal absorption to be 0.9% within 48 h. The mean recovery rates on the skin are greater than 87%. These data demonstrate that the test substance remains on the skin surface. Thus, the value of 0.9% dermal absorption is taken for the dermal absorption.

References:

Danish EPA - Environmental and Health Assessment of Substances in Household Detergents and Cosmetic Detergent Products (2001). Environmental Project No. 615, pp. 24-28

HERA (2003). Human & Environmental Risk Assessment on ingredients of European household cleaning products Alcohol Ethoxysulphates, Human Health Risk Assessment Draft, 2003. <http://www.heraproject.com>.

Final Report of the Amended Safety Assessment of Sodium Laureth Sulfate and Related Salts of Sulfated Ethoxylated Alcohols: (International Journal of Toxicology 29 (Supplement 3) 151S-161S: 2010 <http://journals.sagepub.com/doi/pdf/10.1177/1091581810373151>

The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

NONYLPHENOL, ETHOXYLATED

For nonylphenol and its compounds:

Alkylphenols like nonylphenol and bisphenol A have estrogenic effects in the body. They are known as xenoestrogens. Estrogenic substances and other endocrine disruptors are compounds that have hormone-like effects in both wildlife and humans. Xenoestrogens usually function by binding to estrogen receptors and acting competitively against natural estrogens. Nonylphenol has been found to act as an agonist of GPER (G protein-coupled estrogen receptor). Nonylphenol has been shown to mimic the natural hormone 17beta-estradiol, and it competes with the endogenous hormone for binding with the estrogen receptors ERalpha and ERbeta.

Effects in pregnant women.

Subcutaneous injections of nonylphenol in late pregnancy causes the expression of certain placental and uterine proteins, namely CaBP-9k, which suggest it can be transferred through the placenta to the fetus. It has also been shown to have a higher potency on the first trimester placenta than the endogenous estrogen 17beta-estradiol. In addition, early prenatal exposure to low doses of nonylphenol cause an increase in apoptosis (programmed cell death) in placental cells. These "low doses" ranged from 10-13-10-9 M, which is lower than what is generally found in the environment.

Nonylphenol has also been shown to affect cytokine signaling molecule secretions in the human placenta. In vitro cell cultures of human placenta during the first trimester were treated with nonylphenol, which increase the secretion of cytokines including interferon gamma, interleukin 4, and interleukin 10, and reduced the secretion of tumor necrosis factor alpha. This unbalanced cytokine profile at this part of pregnancy has been documented to result in implantation failure, pregnancy loss, and other complications.

Effects on metabolism

Nonylphenol has been shown to act as an obesity enhancing chemical or obesogen, though it has paradoxically been shown to have anti-obesity properties. Growing embryos and newborns are particularly vulnerable when exposed to nonylphenol because low-doses can disrupt sensitive processes that occur during these important developmental periods. Prenatal and perinatal exposure to nonylphenol has been linked with developmental abnormalities in adipose tissue and therefore in metabolic hormone synthesis and release. Specifically, by acting as an estrogen mimic, nonylphenol has generally been shown to interfere with hypothalamic appetite control. The hypothalamus responds to the hormone leptin, which signals the feeling of fullness after eating, and nonylphenol has been shown to both increase and decrease eating behavior by interfering with leptin signaling in the midbrain. Nonylphenol has been shown mimic the action of leptin on neuropeptide Y and anorectic POMC neurons, which has an anti-obesity effect by decreasing eating behavior. This was seen when estrogen or estrogen mimics were injected into the ventromedial hypothalamus. On the other hand, nonylphenol has been shown to increase food intake and have obesity enhancing properties by lowering the expression of these anorexigenic neurons in the brain. Additionally, nonylphenol affects the expression of ghrelin: an enzyme produced by the stomach that stimulates appetite. Ghrelin expression is positively regulated by estrogen

signaling in the stomach, and it is also important in guiding the differentiation of stem cells into adipocytes (fat cells). Thus, acting as an estrogen mimic, prenatal and perinatal exposure to nonylphenol has been shown to increase appetite and encourage the body to store fat later in life. Finally, long-term exposure to nonylphenol has been shown to affect insulin signaling in the liver of adult male rats.

Cancer

Nonylphenol exposure has also been associated with breast cancer. It has been shown to promote the proliferation of breast cancer cells, due to its agonistic activity on ERalpha (estrogen receptor alpha) in estrogen-dependent and estrogen-independent breast cancer cells. Some argue that nonylphenol's suggested estrogenic effect coupled with its widespread human exposure could potentially influence hormone-dependent breast cancer disease

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 allergic contact dermatitis (ACD) to these compounds by patch testing

Overall, alcohol alkoxyates (AAs) are not expected to be systemically toxic, although some short chain ethylene glycol ethers, e.g. methyl and ethyl homologues are of concern for a range of adverse health effects. They include skin and eye irritation, liver and kidney damage, bone marrow and central nervous system (CNS) depression, testicular atrophy, developmental toxicity, and immunotoxicity. For higher propyl and butyl homologues, the toxicity involves haemolysis (anaemia) with secondary effects relating to haemosiderin accumulation in the spleen, liver and kidney, and compensatory haematopoiesis in the bone marrow. Systemic toxicity was shown to decrease with increasing alkyl chain lengths and/or alkoxylation degrees (ECETOC, 2005; US EPA, 2010). The chemicals ethylene glycol hexyl ether (with a longer alkyl chain length, CAS No. 112-25-4) and diethylene glycol butyl ether (with a higher ethoxylation degree, CAS No. 112-34-5) have no evidence of systemic effects including haemolysis.

Commercially available AAs are mixtures of homologues of varying carbon chain lengths and it is possible that some of the chemicals with an average alkyl chain length $C \geq 6$ may also contain shorter alkyl chains $C < 6$. It is not practical to quantify the proportion of shorter $C < 6$ chain lengths present in such chemicals, or these shorter chain lengths may not be present at all. The available data suggest a lack of systemic toxicity for the AE chemicals with potential short alkyl chain presence (NICNASa); therefore, the toxicity of the chemicals in this assessment is unlikely to be significantly affected by the presence of shorter chain alkyl groups.

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

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-Harm

>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

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

For high boiling ethylene glycol ethers (typically triethylene- and tetraethylene glycol ethers):

Skin absorption: Available skin absorption data for triethylene glycol ether (TGBE), triethylene glycol methyl ether (TGME), and triethylene glycol ethylene ether (TGEE) suggest that the rate of absorption in skin of these three glycol ethers is 22 to 34 micrograms/cm²/hr, with the methyl ether having the highest permeation constant and the butyl ether having the lowest. The rates of absorption of TGBE, TGEE and TGME are at least 100-fold less than EGME, EGEE, and EGBE, their ethylene glycol monoalkyl ether counterparts, which have absorption rates that range from 214 to 2890 micrograms/cm²/hr. Therefore, an increase in either the chain length of the alkyl substituent or the number of ethylene glycol moieties appears to lead to a decreased rate of percutaneous absorption. However, since the ratio of the change in values of the ethylene glycol to the diethylene glycol series is larger than that of the diethylene glycol to triethylene glycol series, the effect of the length of the chain and number of ethylene glycol moieties on absorption diminishes with an increased number of ethylene glycol moieties. Therefore, although tetraethylene glycol methyl ether (TetraME) and tetraethylene glycol butyl ether (TetraBE) are expected to be less permeable to skin than TGME and TGBE, the differences in permeation between these molecules may only be slight.

Metabolism: The main metabolic pathway for metabolism of ethylene glycol monoalkyl ethers (EGME, EGEE, and EGBE) is oxidation via alcohol and aldehyde dehydrogenases (ALD/ADH) that leads to the formation of an alkoxy acids. Alkoxy acids are the only toxicologically significant metabolites of glycol ethers that have been detected *in vivo*. The principal metabolite of TGME is believed to be 2-[2-(2-methoxyethoxy)ethoxy] acetic acid. Although ethylene glycol, a known kidney toxicant, has been identified as an impurity or a minor metabolite of glycol ethers in animal studies it does not appear to contribute to the toxicity of glycol ethers.

The metabolites of category members are not likely to be metabolized to any large extent to toxic molecules such as ethylene glycol or the mono alkoxy acids because metabolic breakdown of the ether linkages also has to occur

Acute toxicity: Category members generally display low acute toxicity by the oral, inhalation and dermal routes of exposure. Signs of toxicity in animals receiving lethal oral doses of TGBE included loss of righting reflex and flaccid muscle tone, coma, and heavy breathing. Animals administered lethal oral doses of TGEE exhibited lethargy, ataxia, blood in the urogenital area and piloerection before death.

Irritation: The data indicate that the glycol ethers may cause mild to moderate skin irritation. TGEE and TGBE are highly irritating to the eyes. Other category members show low eye irritation.

Repeat dose toxicity: Results of these studies suggest that repeated exposure to moderate to high doses of the glycol ethers in this category is required to produce systemic toxicity

In a 21-day dermal study, TGME, TGEE, and TGBE were administered to rabbits at 1,000 mg/kg/day. Erythema and oedema were observed. In addition, testicular degeneration (scored as trace in severity) was observed in one rabbit given TGEE and one rabbit given TGME.

Testicular effects included spermatid giant cells, focal tubular hypospermatogenesis, and increased cytoplasmic vacuolisation. Due to a high incidence of similar spontaneous changes

in normal New Zealand White rabbits, the testicular effects were considered not to be related to treatment. Thus, the NOAELs for TGME, TGEE and TGBE were established at 1000 mg/kg/day. Findings from this report were considered unremarkable.

A 2-week dermal study was conducted in rats administered TGME at doses of 1,000, 2,500, and 4,000 mg/kg/day. In this study, significantly-increased red blood cells at 4,000 mg/kg/day and significantly-increased urea concentrations in the urine at 2,500 mg/kg/day were observed. A few of the rats given 2,500 or 4,000 mg/kg/day had watery caecal contents and/or

haemolysed blood in the stomach. These gross pathologic observations were not associated with any histologic abnormalities in these tissues or alterations in haematologic and clinical chemistry parameters. A few males and females treated with either 1,000 or 2,500 mg/kg/day had a few small scabs or crusts at the test site. These alterations were slight in degree and did not adversely affect the rats

In a 13-week drinking water study, TGME was administered to rats at doses of 400, 1,200, and 4,000 mg/kg/day. Statistically-significant changes in relative liver weight were observed at 1,200 mg/kg/day and higher. Histopathological effects included hepatocellular cytoplasmic vacuolisation (minimal to mild in most animals) and hypertrophy (minimal to mild) in males at all doses and hepatocellular hypertrophy (minimal to mild) in high dose females. These effects were statistically significant at 4,000 mg/kg/day. Cholangiofibrosis was observed in 7/15 high-dose males; this effect was observed in a small number of bile ducts and was of mild severity. Significant, small decreases in total test session motor activity were observed in the high-dose animals, but no other neurological effects were observed. The changes in motor activity were secondary to systemic toxicity

Mutagenicity: Mutagenicity studies have been conducted for several category members. All *in vitro* and *in vivo* studies were negative at concentrations up to 5,000 micrograms/plate and 5,000 mg/kg, respectively, indicating that the category members are not genotoxic at the concentrations used in these studies. The uniformly negative outcomes of various mutagenicity studies performed on category members lessen the concern for carcinogenicity.

Reproductive toxicity: Although mating studies with either the category members or surrogates have not been performed, several of the repeated dose toxicity tests with the surrogates have included examination of reproductive organs. A lower molecular weight glycol ether, ethylene glycol methyl ether (EGME), has been shown to be a testicular toxicant. In addition, results of repeated dose toxicity tests with TGME clearly show testicular toxicity at an oral dose of 4,000 mg/kg/day four times greater than the limit dose of 1,000 mg/kg/day recommended for repeat dose studies. It should be noted that TGME is 350 times less potent for testicular effects than EGME. TGBE is not associated with testicular toxicity, TetraME is not likely to be metabolised by any large extent to 2-MAA (the toxic metabolite of EGME), and a mixture containing predominantly methylated glycol ethers in the C5-C11 range does not produce testicular toxicity (even when administered intravenously at 1,000 mg/kg/day).

Developmental toxicity: The bulk of the evidence shows that effects on the foetus are not noted in treatments with 1,000 mg/kg/day during gestation. At 1,250 to 1,650 mg/kg/day TGME (in the rat) and 1,500 mg/kg/day (in the rabbit), the developmental effects observed included skeletal variants and decreased body weight gain.

for nonylphenol:

Nonylphenol was studied for oral toxicity in rats in a 28-day repeat dose toxicity test at doses of 0, 4, 15, 60 and 250 mg/kg/day. Changes suggesting renal dysfunction were mainly noted in both sexes given 250 mg/kg. Liver weights were increased in males given 60 mg/kg and in both sexes given 250 mg/kg group. Histopathologically, hypertrophy of the centrilobular hepatocytes was noted in both sexes given 250 mg/kg. Kidney weights were increased in males given 250 mg/kg and macroscopically, disseminated white spots, enlargement and pelvic dilatation were noted in females given 250 mg/kg. Histopathologically, the following lesions were noted in the 250 mg/kg group: basophilic change of the proximal tubules in both sexes, single cell necrosis of the proximal tubules, inflammatory cell infiltration in the interstitium and casts in females, basophilic change and dilatation of the collecting tubules in both sexes, simple hyperplasia of the pelvic mucosa and pelvic dilatation in females. In the urinary bladder, simple hyperplasia was noted in both sexes given 250 mg/kg. In the caecum, macroscopic dilatation was noted in both sexes given 250 mg/kg. Almost all changes except those in the kidney disappeared after a 14-day recovery period. The NOELs for males and females are considered to be 15 mg/kg/day and 60 mg/kg/day, respectively, under the conditions of the present study.

Nonylphenol was not mutagenic to *Salmonella typhimurium*, TA100, TA1535, TA98, TA1537 and *Escherichia coli* WP2 uvrA, with or without an exogenous metabolic activation system.

Nonylphenol induced neither structural chromosomal aberrations nor polyploidy in CHL/IU cells, in the absence or presence of an exogenous metabolic activation system.

SODIUM METASILICATE, PENTAHYDRATE

sodium metasilicate anhydrous:

The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation.

Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence).

The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.

ETHYLENE GLYCOL MONOBUTYL ETHER & NONYLPHENOL, ETHOXYLATED

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

ETHYLENE GLYCOL MONOBUTYL ETHER & DIETHANOLAMINE & NONYLPHENOL, ETHOXYLATED & SODIUM METASILICATE, PENTAHYDRATE

The material may cause 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) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

DIETHANOLAMINE & SODIUM METASILICATE, PENTAHYDRATE

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset

	of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
SODIUM LAURYL ETHER SULFATE & WATER	No significant acute toxicological data identified in literature search.
SODIUM LAURYL ETHER SULFATE & NONYLPHENOL, ETHOXYLATED	<p>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.</p> <p>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.</p> <p>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.</p> <p>Allergic Contact Dermatitis—Formation, Structural Requirements, and Reactivity of Skin Sensitizers. Ann-Therese Karlberg et al; Chem. Res. Toxicol.2008,21,53-69</p> <p>Polyethylene glycols (PEGs) have a wide variety of PEG-derived mixtures due to their readily linkable terminal primary hydroxyl groups in combination with many possible compounds and complexes such as ethers, fatty acids, castor oils, amines, propylene glycols, among other derivatives. PEGs and their derivatives are broadly utilized in cosmetic products as surfactants, emulsifiers, cleansing agents, humectants, and skin conditioners.</p> <p>PEGs and PEG derivatives were generally regulated as safe for use in cosmetics, with the conditions that impurities and by-products, such as ethylene oxides and 1,4-dioxane, which are known carcinogenic materials, should be removed before they are mixed in cosmetic formulations.</p> <p>Most PEGs are commonly available commercially as mixtures of different oligomer sizes in broadly- or narrowly-defined molecular weight (MW) ranges. For instance, PEG-10,000 typically designates a mixture of PEG molecules (n = 195 to 265) having an average MW of 10,000. PEG is also known as polyethylene oxide (PEO) or polyoxyethylene (POE), with the three names being chemical synonyms. However, PEGs mainly refer to oligomers and polymers with molecular masses below 20,000 g/mol, while PEOs are polymers with molecular masses above 20,000 g/mol, and POEs are polymers of any molecular mass. Relatively small molecular weight PEGs are produced by the chemical reaction between ethylene oxide and water or ethylene glycol (or other ethylene glycol oligomers), as catalyzed by acidic or basic catalysts. To produce PEO or high-molecular weight PEGs, synthesis is performed by suspension polymerization. It is necessary to hold the growing polymer chain in solution during the course of the poly-condensation process. The reaction is catalyzed by magnesium-, aluminum-, or calcium-organoelement compounds. To prevent coagulation of polymer chains in the solution, chelating additives such as dimethylglyoxime are used</p> <p>Safety Evaluation of Polyethylene Glycol (PEG) Compounds for Cosmetic Use: Toxicol Res 2015; 31:105-136 The Korean Society of Toxicology http://doi.org/10.5487/TR.2015.31.2.105</p>

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

Legend: ✗ – Data 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
Solkleen Red	Not Available	Not Available	Not Available	Not Available
ethylene glycol monobutyl ether	LC50	Fish	1700mg/l	Not Available
	EC50	Crustacea	164mg/l	2
	EC50	Algae or other aquatic plants	623mg/l	2
	EC10(ECx)	Crustacea	7.2mg/l	2
	EC50	Algae or other aquatic plants	720mg/l	2
diethanolamine	LC50	Fish	>100mg/l	4
	EC50	Crustacea	28.8mg/l	1
	EC50	Algae or other aquatic plants	2.7mg/l	2
	NOEC(ECx)	Algae or other aquatic plants	0.6mg/l	2
	EC50	Algae or other aquatic plants	0.86-3.5mg/l	4
sodium lauryl ether sulfate	NOEC(ECx)	Fish	0.26mg/L	5
	EC50	Crustacea	2.43-4.01mg/l	4

Continued...

Solkleen Red

	Endpoint	Test Duration (hr)	Species	Value	Source
	nonylphenol, ethoxylated	BCF	1008h	Fish	<0.2
EC50(ECx)		48h	Crustacea	86mg/l	Not Available
EC50		96h	Algae or other aquatic plants	12mg/l	4
EC50		48h	Crustacea	86mg/l	Not Available
LC50		96h	Fish	1-1.8mg/L	4
	Endpoint	Test Duration (hr)	Species	Value	Source
	sodium metasilicate, pentahydrate	LC50	96h	Fish	180mg/l
EC50(ECx)		48h	Crustacea	22.94-49.01mg/l	4
EC50		72h	Algae or other aquatic plants	207mg/l	2
EC50		48h	Crustacea	22.94-49.01mg/l	4
	Endpoint	Test Duration (hr)	Species	Value	Source
	water	Not Available	Not Available	Not Available	Not Available
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethylene glycol monobutyl ether	LOW (Half-life = 56 days)	LOW (Half-life = 1.37 days)
diethanolamine	LOW (Half-life = 14 days)	LOW (Half-life = 0.3 days)
nonylphenol, ethoxylated	LOW	LOW
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
ethylene glycol monobutyl ether	LOW (BCF = 2.51)
diethanolamine	LOW (BCF = 1)
nonylphenol, ethoxylated	LOW (BCF = 16)

Mobility in soil

Ingredient	Mobility
ethylene glycol monobutyl ether	HIGH (Log KOC = 1)
diethanolamine	HIGH (Log KOC = 1)
nonylphenol, ethoxylated	LOW (Log KOC = 940)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	
	<ul style="list-style-type: none"> ▶ 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

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

Not Applicable

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

Product name	Group
ethylene glycol monobutyl ether	Not Available
diethanolamine	Not Available
sodium lauryl ether sulfate	Not Available
nonylphenol, ethoxylated	Not Available
sodium metasilicate, pentahydrate	Not Available
water	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
ethylene glycol monobutyl ether	Not Available
diethanolamine	Not Available
sodium lauryl ether sulfate	Not Available
nonylphenol, ethoxylated	Not Available
sodium metasilicate, pentahydrate	Not Available
water	Not Available

SECTION 15 Regulatory information**Safety, health and environmental regulations / legislation specific for the substance or mixture****ethylene glycol monobutyl ether 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 6
 Australian Inventory of Industrial Chemicals (AIIC)
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

diethanolamine 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
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
 Australian Inventory of Industrial Chemicals (AIIC)
 Chemical Footprint Project - Chemicals of High Concern List
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans

sodium lauryl ether sulfate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
 Australian Inventory of Industrial Chemicals (AIIC)

nonylphenol, ethoxylated 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
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
 Australian Inventory of Industrial Chemicals (AIIC)
 Chemical Footprint Project - Chemicals of High Concern List

sodium metasilicate, pentahydrate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
 Australian Inventory of Industrial Chemicals (AIIC)

water is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDLS	No (ethylene glycol monobutyl ether; diethanolamine; sodium lauryl ether sulfate; nonylphenol, ethoxylated; sodium metasilicate, pentahydrate; water)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes

Solkleen Red

National Inventory	Status
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (sodium lauryl ether sulfate)
Vietnam - NCI	Yes
Russia - FBEPH	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. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	10/03/2023
Initial Date	01/11/2009

SDS Version Summary

Version	Date of Update	Sections Updated
5.1	10/05/2022	Toxicological information - Chronic Health, Hazards identification - Classification, Exposure controls / personal protection - Exposure Standard, Composition / information on ingredients - Ingredients
6.1	10/03/2023	Classification change due to full database hazard calculation/update.

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

- ▶ 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
- ▶ ES: Exposure Standard
- ▶ 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
- ▶ DNEL: Derived No-Effect Level
- ▶ PNEC: Predicted no-effect concentration

- ▶ AIIC: Australian Inventory of Industrial Chemicals
- ▶ DSL: Domestic Substances List
- ▶ NDSL: Non-Domestic Substances List
- ▶ IECSC: Inventory of Existing Chemical Substance in China
- ▶ EINECS: European Inventory of Existing Commercial chemical Substances
- ▶ ELINCS: European List of Notified Chemical Substances
- ▶ NLP: No-Longer Polymers
- ▶ ENCS: Existing and New Chemical Substances Inventory
- ▶ KECI: Korea Existing Chemicals Inventory
- ▶ NZIoC: New Zealand Inventory of Chemicals
- ▶ PICCS: Philippine Inventory of Chemicals and Chemical Substances
- ▶ TSCA: Toxic Substances Control Act
- ▶ TCSI: Taiwan Chemical Substance Inventory
- ▶ INSQ: Inventario Nacional de Sustancias Químicas
- ▶ NCI: National Chemical Inventory
- ▶ FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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