

TRIPLE X PLUS AIR INTAKE CLEANER

Motor Active

Chemwatch: 94-50990
Version No: 2.1
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Chemwatch Hazard Alert Code: 3

Initial Date: 23/03/2026
Revision Date: 23/03/2026
Print Date: 24/03/2026
L.GHS.AUS.EN.E

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

Product Identifier	
Product name	TRIPLE X PLUS AIR INTAKE CLEANER
Chemical Name	Not Applicable
Synonyms	33648 (375ml), 33640, 33642, 33643, 33644, 33646, 33649
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains 2-ethylhexanol)
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	Cleaner for car catalysts. Use according to manufacturer's directions.
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Details of the manufacturer or importer of the safety data sheet

Registered company name	Motor Active
Address	35 Slough Business Park, Holker Street Silverwater NSW 2128 Australia
Telephone	+61 2 9737 9422 1800 350 622
Fax	Not Available
Website	www.motoractive.com.au
Email	info@motoractive.com.au

Emergency telephone number

Association / Organisation	MotorActive
Emergency telephone number(s)	+61 2 9737 9422 (For General Information Monday to Friday 8:30am to 5:pm)
Other emergency telephone number(s)	13 11 26 (In Case of Emergency contact: Poison Information Hotline)

SECTION 2 Hazards identification

Classification of the substance or mixture

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

COMBUSTIBLE LIQUID, regulated for storage purposes only

Chemwatch Hazard Ratings

	Min	Max
Flammability	1	1
Toxicity	2	2
Body Contact	3	3
Reactivity	1	1
Chronic	3	3

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	S5
Classification ^[1]	Acute Toxicity (Oral) Category 4, Aspiration Hazard Category 1, Acute Toxicity (Dermal) Category 4, Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Germ Cell Mutagenicity Category 1B, Carcinogenicity Category 1B, Reproductive Toxicity Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

H302	Harmful if swallowed.
H304	May be fatal if swallowed and enters airways.
H312	Harmful in contact with skin.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.
H340	May cause genetic defects.
H350	May cause cancer.
H361d	Suspected of damaging the unborn child.
H411	Toxic to aquatic life with long lasting effects.
AUH019	May form explosive peroxides.

Supplementary statement(s)

Not Applicable

CLP classification (additional)

Not Applicable

Precautionary statement(s) Prevention

P202	Do not handle until all safety precautions have been read and understood.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P331	Do NOT induce vomiting. If more than 15 mins from Doctor, INDUCE VOMITING (if conscious).
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.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330	Rinse mouth.

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
64742-48-9	30-<35	C11-12-isoalkanes <2% aromatics
104-76-7	30-<35	2-ethylhexanol
100-51-6	30-<35	benzyl alcohol

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

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SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.
Inhalation	▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay.
Ingestion	▶ 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. ▶ 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. ▶ Avoid giving milk or oils. ▶ Avoid giving alcohol.

Indication of any immediate medical attention and special treatment needed

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

For petroleum distillates

- In case of ingestion, gastric lavage with activated charcoal can be used promptly to prevent absorption - decontamination (induced emesis or lavage) is controversial and should be considered on the merits of each individual case; of course the usual precautions of an endotracheal tube should be considered prior to lavage, to prevent aspiration.
- Individuals intoxicated by petroleum distillates should be hospitalized immediately, with acute and continuing attention to neurologic and cardiopulmonary function.
- Positive pressure ventilation may be necessary.
- Acute central nervous system signs and symptoms may result from large ingestions of aspiration-induced hypoxia.
- After the initial episode, individuals should be followed for changes in blood variables and the delayed appearance of pulmonary oedema and chemical pneumonitis. Such patients should be followed for several days or weeks for delayed effects, including bone marrow toxicity, hepatic and renal impairment. Individuals with chronic pulmonary disease will be more seriously impaired, and recovery from inhalation exposure may be complicated.
- Gastrointestinal symptoms are usually minor and pathological changes of the liver and kidneys are reported to be uncommon in acute intoxications.
- Chlorinated and non-chlorinated hydrocarbons may sensitize the heart to epinephrine and other circulating catecholamines so that arrhythmias may occur. Careful consideration of this potential adverse effect should precede administration of epinephrine or other cardiac stimulants and the selection of bronchodilators.

To treat poisoning by the higher aliphatic alcohols (up to C7):

- ▶ Gastric lavage with copious amounts of water.
- ▶ It may be beneficial to instill 60 ml of mineral oil into the stomach.
- ▶ Oxygen and artificial respiration as needed.
- ▶ Electrolyte balance: it may be useful to start 500 ml. M/6 sodium bicarbonate intravenously but maintain a cautious and conservative attitude toward electrolyte replacement unless shock or severe acidosis threatens.
- ▶ To protect the liver, maintain carbohydrate intake by intravenous infusions of glucose.
- ▶ Haemodialysis if coma is deep and persistent. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, Ed 5]

BASIC TREATMENT

- ▶ Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- ▶ Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- ▶ Monitor and treat, where necessary, for shock.
- ▶ Monitor and treat, where necessary, for pulmonary oedema.
- ▶ Anticipate and treat, where necessary, for seizures.
- ▶ **DO NOT use emetics.** Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- ▶ Give activated charcoal.

ADVANCED TREATMENT

- ▶ Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.
- ▶ Monitor and treat, where necessary, for arrhythmias.
- ▶ Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- ▶ If the patient is hypoglycaemic (decreased or loss of consciousness, tachycardia, pallor, dilated pupils, diaphoresis and/or dextrose strip or glucometer readings below 50 mg), give 50% dextrose.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Treat seizures with diazepam.
- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- ▶ Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Acidosis may respond to hyperventilation and bicarbonate therapy.
- ▶ Haemodialysis might be considered in patients with severe intoxication.
- ▶ Consult a toxicologist as necessary. BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

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For C8 alcohols and above.

Symptomatic and supportive therapy is advised in managing patients.

Clinical experience of benzyl alcohol poisoning is generally confined to premature neonates in receipt of preserved intravenous salines.

- ▶ Metabolic acidosis, bradycardia, skin breakdown, hypotonia, hepatorenal failure, hypotension and cardiovascular collapse are characteristic.
- ▶ High urine benzoate and hippuric acid as well as elevated serum benzoic acid levels are found.
- ▶ The so-called "gasping syndrome" describes the progressive neurological deterioration of poisoned neonates.
- ▶ Management is essentially supportive.

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility

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

Advice for firefighters

Fire Fighting	▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ 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.
Fire/Explosion Hazard	▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acid smoke. ▶ Mists containing combustible materials may be explosive. Combustion products include: ▶ carbon dioxide (CO₂) ▶ aldehydes ▶ other pyrolysis products typical of burning organic material.
HAZCHEM	● 3Z

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	Environmental hazard - contain spillage. Slippery when spilt. ▶ 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	Environmental hazard - contain spillage. ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by all means available, spillage from entering drains or water courses. ▶ Consider evacuation (or protect in place). ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Water spray or fog may be used to disperse / absorb vapour. ▶ Contain or absorb spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▶ If contamination of drains or waterways occurs, advise emergency services. Slippery when spilt.

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

SECTION 7 Handling and storage

Precautions for safe handling

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Safe handling	The conductivity of this material may make it a static accumulator., A liquid is typically considered nonconductive if its conductivity is below 100 pS/m and is considered semi-conductive if its conductivity is below 10 000 pS/m., Whether a liquid is nonconductive or semi-conductive, the precautions are the same., A number of factors, for example liquid temperature, presence of contaminants, and anti-static additives can greatly influence the conductivity of a liquid. - Containers, even those that have been emptied, may contain explosive vapours. - Do NOT cut, drill, grind, weld or perform similar operations on or near containers. DO NOT allow clothing wet with material to stay in contact with skin - Electrostatic discharge may be generated during pumping - this may result in fire. - Ensure electrical continuity by bonding and grounding (earthing) all equipment. - Restrict line velocity during pumping in order to avoid generation of electrostatic discharge (≤ 1 m/sec until fill pipe submerged to twice its diameter, then ≤ 7 m/sec). - Avoid splash filling. - Do NOT use compressed air for filling discharging or handling operations. - Wait 2 minutes after tank filling (for tanks such as those on road tanker vehicles) before opening hatches or manholes. - Wait 30 minutes after tank filling (for large storage tanks) before opening hatches or manholes. Even with proper grounding and bonding, this material can still accumulate an electrostatic charge. If sufficient charge is allowed to accumulate, electrostatic discharge and ignition of flammable air-vapour mixtures can occur. Be aware of handling operations that may give rise to additional hazards that result from the accumulation of static charges. These include but are not limited to pumping (especially turbulent flow), mixing, filtering, splash filling, cleaning and filling of tanks and containers, sampling, switch loading, gauging, vacuum truck operations, and mechanical movements. These activities may lead to static discharge e.g. spark formation. Restrict line velocity during pumping in order to avoid generation of electrostatic discharge (≤ 1 m/s until fill pipe submerged to twice its diameter, then ≤ 7 m/s). Avoid splash filling. - Do NOT use compressed air for filling, discharging, or handling operations The substance accumulates peroxides which may become hazardous only if it evaporates or is distilled or otherwise treated to concentrate the peroxides. The substance may concentrate around the container opening for example. Purchases of peroxidisable chemicals should be restricted to ensure that the chemical is used completely before it can become peroxidised. - A responsible person should maintain an inventory of peroxidisable chemicals or annotate the general chemical inventory to indicate which chemicals are subject to peroxidation. An expiration date should be determined. The chemical should either be treated to remove peroxides or disposed of before this date. - The person or laboratory receiving the chemical should record a receipt date on the bottle. The individual opening the container should add an opening date. - Unopened containers received from the supplier should be safe to store for 18 months. - Opened containers should not be stored for more than 12 months. - Avoid skin contact, including inhalation. - Wear protective clothing when risk of exposure occurs. - Use in a well-ventilated area. - Prevent concentration in hollows and sumps. DO NOT enter confined spaces until atmosphere has been checked. - Avoid smoking, naked lights or ignition sources. - 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. - 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.
Other information	- 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	- Glass container is suitable for laboratory quantities - Metal can or drum - Packaging as recommended by manufacturer. - Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Benzyl alcohol: - may froth in contact with water - slowly oxidises in air, oxygen forming benzaldehyde - is incompatible with mineral acids, caustics, aliphatic amines, isocyanates - reacts violently with strong oxidisers, and explosively with sulfuric acid at elevated temperatures - corrodes aluminium at high temperatures - is incompatible with aluminum, iron, steel - attacks some nonfluorinated plastics; may attack, extract and dissolve polypropylene Benzyl alcohol contaminated with 1.4% hydrogen bromide and 1.2% of dissolved iron(II) polymerises exothermically above 100 deg. C. Low molecular weight alkanes: - May react violently with strong oxidisers, chlorine, chlorine dioxide, dioxygenyl tetrafluoroborate. - May react with oxidising materials, nickel carbonyl in the presence of oxygen, heat. - Are incompatible with nitronium tetrafluoroborate(1-), halogens and interhalogens - may generate electrostatic charges, due to low conductivity, on flow or agitation. - Avoid flame and ignition sources Redox reactions of alkanes, in particular with oxygen and the halogens, are possible as the carbon atoms are in a strongly reduced condition. Reaction with oxygen (if present in sufficient quantity to satisfy the reaction stoichiometry) leads to combustion without any smoke, producing carbon dioxide and water. Free radical halogenation reactions occur with halogens, leading to the production of haloalkanes. In addition, alkanes have been shown to interact with, and bind to, certain transition metal complexes. Interaction between chlorine and ethane over activated carbon at 350 deg C has caused explosions, but added carbon dioxide reduces the risk. The violent interaction of liquid

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chlorine injected into ethane at 80 deg C/10 bar becomes very violent if ethylene is also present A mixture prepared at -196 deg C with either methane or ethane exploded when the temp was raised to -78 deg C. Addition of nickel carbonyl to an n-butane-oxygen mixture causes an explosion at 20-40 deg C. Alkanes will react with steam in the presence of a nickel catalyst to give hydrogen.

Alcohols

- are incompatible with strong acids, acid chlorides, acid anhydrides, oxidising and reducing agents.
- reacts, possibly violently, with alkaline metals and alkaline earth metals to produce hydrogen
- react with strong acids, strong caustics, aliphatic amines, isocyanates, acetaldehyde, benzoyl peroxide, chromic acid, chromium oxide, dialkylzincs, dichlorine oxide, ethylene oxide, hypochlorous acid, isopropyl chlorocarbonate, lithium tetrahydroaluminate, nitrogen dioxide, pentafluoroguanidine, phosphorus halides, phosphorus pentasulfide, tangerine oil, triethylaluminium, triisobutylaluminium
- should not be heated above 49 deg. C. when in contact with aluminium equipment

Secondary alcohols and some branched primary alcohols may produce potentially explosive peroxides after exposure to light and/ or heat.

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	C11-12-isoalkanes <2% aromatics	Oil mist, refined mineral	5 mg/m3	Not Available	Not Available	Not Available
Australia Workplace exposure limits for airborne contaminants (WEL list) (From 1 December 2026) - Appendix A - Workplace Exposure Limits	C11-12-isoalkanes <2% aromatics	Mineral spirits (mineral turpentine)	50 ppm / 296 mg/m3	593 mg/m3 / 100 ppm	Not Available	Not Available
Australia Workplace exposure limits for airborne contaminants (WEL list) (From 1 December 2026) - Appendix A - Workplace Exposure Limits	2-ethylhexanol	2-Ethylhexanol	1 ppm / 5.33 mg/m3	Not Available	Not Available	Not Available

MATERIAL DATA

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure. - Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area. - Work should be undertaken in an isolated system such as a "glove-box" . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system. - Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within. - Open-vessel systems are prohibited. - Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation. - Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system. - For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. - Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas). - Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air. - Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.
Individual protection measures, such as personal protective equipment	
Eye and face protection	When handling very small quantities of the material eye protection may not be required. For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs: - Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] - Face shield. Full face shield may be required for supplementary but never for primary protection of eyes. - 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	NOTE: - The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. - Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

	The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. ▶ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▶ Double gloving should be considered. ▶ PVC gloves. ▶ Change gloves frequently and when contaminated, punctured or torn. ▶ Wash hands immediately after removing gloves. ▶ Protective shoe covers. [AS/NZS 2210] ▶ Head covering.
Body protection	See Other protection below
Other protection	▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent] ▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent] ▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely. ▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. ▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. ▶ For quantities up to 500 grams a laboratory coat may be suitable. ▶ For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs. ▶ For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers. ▶ For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection. ▶ Eye wash unit. ▶ Ensure there is ready access to an emergency shower. ▶ For Emergencies: Vinyl suit

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
VITON	A
NEOPRENE	C
PVA	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. -

Respiratory protection

Type A 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	A-AUS	-	A-PAPR-AUS / Class 1
up to 50 x ES	-	A-AUS / Class 1	-
up to 100 x ES	-	A-2	A-PAPR-2 ^

^ - 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)

* 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.

► Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.

► The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.

► Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

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
TouchNTuff® 83-500
MICROFLEX® 93-260
TouchNTuff® 92-500
TouchNTuff® 92-605
TouchNTuff® 92-600

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Clear colourless liquid with characteristic odour; does not mix with water.		
Physical state	Liquid	Relative density (Water = 1)	0.88 @20C
Odour	Characteristic	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	~70	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

a) Acute Toxicity	There is sufficient evidence to classify this material as acutely toxic.
b) Skin Irritation/Corrosion	There is sufficient evidence to classify this material as skin corrosive or irritating.
c) Serious Eye Damage/Irritation	There is sufficient evidence to classify this material as eye damaging or irritating

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d) Respiratory or Skin sensitisation	There is sufficient evidence to classify this material as sensitising to skin or the respiratory system
e) Mutagenicity	There is sufficient evidence to classify this material as mutagenic
f) Carcinogenicity	There is sufficient evidence to classify this material as carcinogenic
g) Reproductivity	There is sufficient evidence to classify this material as toxic to reproductivity
h) STOT - Single Exposure	There is sufficient evidence to classify this material as toxic to specific organs through single exposure
i) STOT - Repeated Exposure	Based on available data, the classification criteria are not met.
j) Aspiration Hazard	There is sufficient evidence to classify this material as an aspiration hazard

Inhaled	Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by inhalation. Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. Excessive exposure to 2-ethyl hexanol may result in headache, muscle weakness, nausea, giddiness, ataxia and central nervous system depression. Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in arrhythmias and hypotension. Gastrointestinal effects may include nausea and vomiting. Kidney and liver damage may result following massive exposures. The alcohols are potential irritants being, generally, stronger irritants than similar organic structures that lack functional groups (e.g. alkanes) but are much less irritating than the corresponding amines, aldehydes or ketones. Alcohols and glycols (diols) rarely represent serious hazards in the workplace, because their vapour concentrations are usually less than the levels which produce significant irritation which, in turn, produce significant central nervous system effects as well. High inhaled concentrations of mixed hydrocarbons may produce narcosis characterised by nausea, vomiting and lightheadedness. Inhalation of aerosols may produce severe pulmonary oedema, pneumonitis and pulmonary haemorrhage. Inhalation of petroleum hydrocarbons consisting substantially of low molecular weight species (typically C2-C12) may produce irritation of mucous membranes, incoordination, giddiness, nausea, vertigo, confusion, headache, appetite loss, drowsiness, tremors and anaesthetic stupor. Massive exposures may produce central nervous system depression with sudden collapse and deep coma; fatalities have been recorded. Irritation of the brain and/or apnoeic anoxia may produce convulsions. Although recovery following overexposure is generally complete, cerebral micro-haemorrhage of focal post-inflammatory scarring may produce epileptiform seizures some months after the exposure. Pulmonary episodes may include chemical pneumonitis with oedema and haemorrhage. The lighter hydrocarbons may produce kidney and neurotoxic effects. Pulmonary irritancy increases with carbon chain length for paraffins and olefins. Alkenes produce pulmonary oedema at high concentrations. Liquid paraffins may produce anaesthesia and depressant actions leading to weakness, dizziness, slow and shallow respiration, unconsciousness, convulsions and death. C5-7 paraffins may also produce polyneuropathy. Aromatic hydrocarbons accumulate in lipid rich tissues (typically the brain, spinal cord and peripheral nerves) and may produce functional impairment manifested by nonspecific symptoms such as nausea, weakness, fatigue and vertigo; severe exposures may produce inebriation or unconsciousness. Many of the petroleum hydrocarbons are cardiac sensitisers and may cause ventricular fibrillations. Central nervous system (CNS) depression may include nonspecific discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal. Some aliphatic hydrocarbons produce axonal neuropathies. Isoparaffinic hydrocarbons produce injury to the kidneys of male rats. When albino rats were exposed to isoparaffins at 21.4 mg/l for 4 hours, all animals experienced weakness, tremors, salivation, mild to moderate convulsions, chromodacryorrhoea and ataxia within the first 24 hours. Symptoms disappeared after 24 hours. Several studies have evaluated sensory irritation in laboratory animals or odor or sensory response in humans. When evaluated by a standard procedure to assess upper airway irritation, isoparaffins did not produce sensory irritation in mice exposed to up to 400 ppm isoparaffin in air. Human volunteers were exposed for six hours to 100 ppm isoparaffin. The subjects were given a self-administered questionnaire to evaluate symptoms, which included dryness of the mucous membranes, loss of appetite, nausea, vomiting, diarrhea, fatigue, headache, dizziness, feeling of inebriation, visual disturbances, tremor, muscular weakness, impairment of coordination or paresthesia. No symptoms associated with solvent exposure were observed. With a human expert panel, odour from liquid imaging copier emissions became weakly discernible at approximately 50 ppm. Numerous long-term exposures have been conducted in animals with only one major finding observed. Renal tubular damage has been found in kidneys of male rats upon repeated exposures to isoparaffins. It does not occur in mice or in female rats. This male rat nephropathy has been observed with a number of hydrocarbons, including wholly vaporized unleaded gasoline. The phenomenon has been attributed to reversible binding of hydrocarbon to alpha2-globulin. Since humans do not synthesize alpha2-globulin or a similar protein, the finding is not considered to be of biological significance to man. No clinically significant renal abnormalities have been found in refinery workers exposed to hydrocarbons. When evaluated for developmental toxicity in rats, isoparaffins were neither embryotoxic nor teratogenic. Isoparaffins were consistently negative on standard bacterial genotoxicity assays. They were also non-genotoxic in <i>in vivo</i> mammalian testing for somatic or germ cell mutations (mouse micronucleus test and rat dominant lethal assay, respectively). Mullin et al: Jnl Applied Toxicology 10, pp 136-142, 2006 Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination Inhalation of benzyl alcohol may affect respiration (paralysis of the respiratory center, respiratory depression, gasping respirations), cardiovascular system (hypotension)
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by swallowing. Swallowing of the liquid may cause aspiration of vomit into the lungs with the risk of haemorrhaging, pulmonary oedema, progressing to chemical pneumonitis; serious consequences may result. Signs and symptoms of chemical (aspiration) pneumonitis may include coughing, gasping, choking, burning of the mouth, difficult breathing, and bluish coloured skin (cyanosis). Many aliphatic hydrocarbons create a burning sensation because they are irritating to the GI mucosa. Vomiting has been reported in up to one third of all hydrocarbon exposures. While most aliphatic hydrocarbons have little GI absorption, aspiration frequently occurs, either initially or in a semi-delayed fashion as the patient coughs or vomits, thereby resulting in pulmonary effects. Once aspirated, the hydrocarbons can create a severe pneumonitis. Rats given isoparaffinic hydrocarbons - isoalkanes- (after 18-24 hours fasting) showed lethargy and/or general weakness, ataxia and diarrhoea. Symptoms disappeared within 24-28 hours. Overexposure to non-ring alcohols causes nervous system symptoms. These include headache, muscle weakness and inco-ordination, giddiness, confusion, delirium and coma.

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	Rats receiving large oral doses of 2-ethyl hexanol showed haematological effects, stomach irritation and effects on the liver, thymus and spleen. Ingestion of petroleum hydrocarbons may produce irritation of the pharynx, oesophagus, stomach and small intestine with oedema and mucosal ulceration resulting; symptoms include a burning sensation in the mouth and throat. Large amounts may produce narcosis with nausea and vomiting, weakness or dizziness, slow and shallow respiration, swelling of the abdomen, unconsciousness and convulsions. Myocardial injury may produce arrhythmias, ventricular fibrillation and electrocardiographic changes. Central nervous system depression may also occur. Light aromatic hydrocarbons produce a warm, sharp, tingling sensation on contact with taste buds and may anaesthetise the tongue. Aspiration into the lungs may produce coughing, gagging and a chemical pneumonitis with pulmonary oedema and haemorrhage. Ingestion of large doses of benzyl alcohol may cause abdominal pain, nausea, vomiting, diarrhea. It may affect behavior/central nervous system and cause headache, somnolence, excitement, dizziness, ataxia, coma, convulsions, and other symptoms of central nervous system depression. Exposure to excessive amounts of benzyl alcohol has been associated with toxicity (hypotension, metabolic acidosis), particularly in neonates, and an increased incidence of kernicterus (a neurological condition that occurs in severe jaundice), particularly in small preterm infants. There have been rare reports of deaths, primarily in preterm infants, associated with exposure to excessive amounts of benzyl alcohol. The amount of benzyl alcohol from medications is usually considered negligible compared to that received in flush solutions containing benzyl alcohol. Administration of high dosages of medications containing this preservative must take into account the total amount of benzyl alcohol administered. The amount of benzyl alcohol at which toxicity may occur is not known. If the patient requires more than the recommended dosages or other medications containing this preservative, the practitioner must consider the daily metabolic load of benzyl alcohol from these combined sources.
Skin Contact	Skin contact with the material may be harmful; systemic effects may result following absorption. Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by skin contact. The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either ▸ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or ▸ produces significant, but moderate, 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. Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. Dermally, isoparaffins have produced slight to moderate irritation in animals and humans under occluded patch conditions where evaporation cannot freely occur. However, they are not irritating in non-occluded tests, which are a more realistic simulation of human exposure. They have not been found to be sensitisers in guinea pig or human patch testing. However, occasional rare idiosyncratic sensitisation reactions in humans have been reported. Rabbits exposed dermally to 2 ml/kg 2-ethyl hexanol, for 12 days, showed evidence of liver, lung, kidney and heart effects. Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man. Open cuts, abraded or irritated skin should not be exposed to this material The liquid may be miscible with fats or oils and may degrease the skin, producing a skin reaction described as non-allergic contact dermatitis. The material is unlikely to produce an irritant dermatitis as described in EC Directives . The material may accentuate any pre-existing dermatitis condition 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.
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. Instillation of isoparaffins into rabbit eyes produces only slight irritation. Petroleum hydrocarbons may produce pain after direct contact with the eyes. Slight, but transient disturbances of the corneal epithelium may also result. The aromatic fraction may produce irritation and lachrymation.
Chronic	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances than can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers. Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. On the basis, primarily, of animal experiments, the material may be regarded as carcinogenic to humans. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in cancer on the basis of: - appropriate long-term animal studies - other relevant information There is sufficient evidence to provide a strong presumption that human exposure to the material may result in the development of heritable genetic damage, generally on the basis of - appropriate animal studies, - other relevant information Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests. 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. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Allergic reactions to benzoic acid have been reported. Of 100 patients with asthma undergoing provocation tests with benzoic acid, 47 showed positive reactions. In another study, of 75 patients with recurrent urticaria (skin eruptions) and angio-oedema (a deep dermal condition characterised by large wheals) of more than 4 months duration, 44 were found to be sensitive to sodium benzoate or p-hydroxybenzoic acid (paraben), alone or in conjunction with aspirin or azo- dyes, or both. In a further work there was no significant objective or subjective skin response to two 500-mg daily doses of benzoic acid or lactic acid in a double blind study of 150 dermatological patients

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Repeated or prolonged exposure to mixed hydrocarbons may produce narcosis with dizziness, weakness, irritability, concentration and/or memory loss, tremor in the fingers and tongue, vertigo, olfactory disorders, constriction of visual field, paraesthesias of the extremities, weight loss and anaemia and degenerative changes in the liver and kidney. Chronic exposure by petroleum workers, to the lighter hydrocarbons, has been associated with visual disturbances, damage to the central nervous system, peripheral neuropathies (including numbness and paraesthesias), psychological and neurophysiological deficits, bone marrow toxicities (including hypoplasia possibly due to benzene) and hepatic and renal involvement. Chronic dermal exposure to petroleum hydrocarbons may result in defatting which produces localised dermatoses. Surface cracking and erosion may also increase susceptibility to infection by microorganisms. One epidemiological study of petroleum refinery workers has reported elevations in standard mortality ratios for skin cancer along with a dose-response relationship indicating an association between routine workplace exposure to petroleum or one of its constituents and skin cancer, particularly melanoma. Other studies have been unable to confirm this finding.

Hydrocarbon solvents are liquid hydrocarbon fractions derived from petroleum processing streams, containing only carbon and hydrogen atoms, with carbon numbers ranging from approximately C5-C20 and boiling between approximately 35-370 deg C. Many of the hydrocarbon solvents have complex and variable compositions with constituents of 4 types, alkanes (normal paraffins, isoparaffins, and cycloparaffins) and aromatics (primarily alkylated one- and two-ring species). Despite the compositional complexity, most hydrocarbon solvent constituents have similar toxicological properties, and the overall toxicological hazards can be characterized in generic terms. Hydrocarbon solvents can cause chemical pneumonitis if aspirated into the lung, and those that are volatile can cause acute CNS effects and/or ocular and respiratory irritation at exposure levels exceeding occupational recommendations. Otherwise, there are few toxicologically important effects. The exceptions, n-hexane and naphthalene, have unique toxicological properties

Animal studies:

No deaths or treatment related signs of toxicity were observed in rats exposed to light alkylate naphtha (paraffinic hydrocarbons) at concentrations of 668, 2220 and 6646 ppm for 6 hrs/day, 5 days/wk for 13 weeks. Increased liver weights and kidney toxicity (male rats) was observed in high dose animals. Exposure to pregnant rats at concentrations of 137, 3425 and 6850 ppm did not adversely affect reproduction or cause maternal or foetal toxicity. Lifetime skin painting studies in mice with similar naphthas have shown weak or no carcinogenic activity following prolonged and repeated exposure. Similar naphthas/distillates, when tested at nonirritating dose levels, did not show any significant carcinogenic activity indicating that this tumorigenic response is likely related to chronic irritation and not to dose. The mutagenic potential of naphthas has been reported to be largely negative in a variety of mutagenicity tests. The exact relationship between these results and human health is not known. Some components of this product have been shown to produce a species specific, sex hormonal dependent kidney lesion in male rats from repeated oral or inhalation exposure. Subsequent research has shown that the kidney damage develops via the formation of a alpha-2u-globulin, a mechanism unique to the male rat. Humans do not form alpha-2u-globulin, therefore, the kidney effects resulting from this mechanism are not relevant in human.

Prolonged or repeated skin contact to 2-ethyl hexanol may result in irritation, reddening and sensitisation. Repeated oral and dermal exposures to animals has resulted in adverse liver and kidney effects.

Male and female rats receiving 1.25% 2-ethyl hexanol in the diet for 90 days showed evidence of kidney and liver effects.

The material produces teratogenic effects in laboratory rats when administered orally to pregnant Wistar rats on day 12 of gestation (1 and 2 ml/kg). These rats were sacrificed on day 20; the percent surviving fetuses with malformations in had increased to 2% and 22.2% in the low and high doses groups respectively. Maternal toxicity may have been a factor. Two subsequent studies indicate that birth defects in rats do not occur following inhalation of the vapour at maximum saturation concentration (850 mg/m³), or dermally at 3 ml/kg doses. Preliminary evidence suggests that absorption through human skin occurs more slowly than in rat.

Prolonged or repeated exposure to benzyl alcohol may cause allergic contact dermatitis.

Prolonged or repeated ingestion may affect behavior/central nervous system with symptoms similar to acute ingestion. It may also affect the liver, kidneys, cardiovascular system, and metabolism (weight loss).

Animal studies have shown this compound to cause lung, liver, kidney and CNS disorders. Studies in animals have shown evidence of teratogenicity in the chick embryo. The significance of the information for humans is unknown.

Benzyl alcohol showed no evidence of carcinogenic activity in long-term toxicology and carcinogenesis study.

TRIPLE X PLUS AIR INTAKE CLEANER	TOXICITY	IRRITATION
	Inhalation (None) LC50: 16.67 mg/l (vapour)* ^[2]	Not Available
	Inhalation (None) LC50: 2.273 mg/l (dust/mist)* ^[2]	
	Oral (None) LD50: 3727.3 mg/kg* ^[2]	
C11-12-isoalkanes <2% aromatics	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >1900 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Inhalation (Rat) LC50: >4.42 mg/L4h ^[1]	Skin: adverse effect observed (irritating) ^[1]
	Oral (Rat) LD50: >4500 mg/kg ^[1]	
2-ethylhexanol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 1970 mg/kg ^[2]	Eye (Rodent - rabbit): 20mg - Severe
	Oral (Rat) LD50: 2049 mg/kg ^[2]	Eye (Rodent - rabbit): 20mg/24H - Moderate
		Eye (Rodent - rabbit): 20ug - Moderate
		Eye: adverse effect observed (irritating) ^[1]
		Skin (Rodent - rabbit): 0.5mL - Severe
		Skin (Rodent - rabbit): 415mg - Mild
		Skin (Rodent - rabbit): 500mg/24H - Moderate
benzyl alcohol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 2000 mg/kg ^[2]	Eye (Rodent - rat): 0.1mL
	Inhalation (Rat) LC50: >4.178 mg/L4h ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Oral (Rat) LD50: 1230 mg/kg ^[2]	Skin (Human - man): 16mg/48H - Mild
		Skin (Human): 1%/2D
		Skin (Mammal - pig): 100% - Moderate
		Skin (Rodent - rabbit): 100mg/24H - Moderate
		Skin: no adverse effect observed (not irritating) ^[1]

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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

**C11-12-ISOALKANES <2%
AROMATICS**

for C10 - C12 isoalkanes: * for similar product

The safety of isoparaffins as used in cosmetic products was reviewed by the Cosmetic Ingredient Review (CIR) Expert Panel.

These ingredients function mostly as solvents and also function as emollients in the 0001% to 90% concentration range. The CIR Expert Panel has reviewed relevant animal and clinical data and concluded that these ingredients are safe in the present practices of use and concentration

The CIR Expert Panel noted that most of the available data related to oral or inhalation exposure to isoparaffins, but the dermal and ocular exposure data that were available, suggested mild ocular irritation, mild-to-severe irritation, no sensitization or photosensitization, and no phototoxicity. No significant toxicity was identified in oral or inhalation exposure studies of the following end points: genotoxicity, reproductive and developmental toxicity, or carcinogenicity. Nephrotoxicity, however, was a concern. The Expert Panel noted the involvement of a2u-globulin in the mechanism for isoparaffin-induced nephrotoxicity/renal tubule cell proliferation in male rats of various strains in oral and inhalation exposure studies. Humans lack this protein and, thus, the Panel agreed that findings associated with the a2u-globulin protein in male rats were not relevant to humans. This view was consistent with the US EPA position that it was not possible for the agency to derive an oral RfD for chronic oral exposure or a reference concentration for chronic inhalation exposure to isooctane because the available studies were limited, in that they were designed to only investigate the endpoints specific to a2u-globulin-associated nephropathy. The EPA also concluded that there was inadequate evidence to assess the carcinogenic potential of isooctane, based on the absence of human epidemiological studies and chronic bioassays on this compound. However, the CIR Expert Panel noted that no significant tumor incidence was found following life-time dermal application of petrolatum (15% in isooctane) to mice and also found no evidence of any concern regarding carcinogenic potential from exposure to isoparaffins as used in cosmetics.

The potential adverse effects of inhaled aerosols depend on the specific chemical species, the concentration and the duration of the exposure and their site of deposition within the respiratory system. In practice, aerosols should have at least 99% of their particle diameters in the 10 to 110 mm range and the mean particle diameter in a typical aerosol spray has been reported as ~38 mm. Particles with an aerodynamic diameter of <10 mm are respirable. After reviewing the positive acute and subchronic inhalation toxicity data the Expert Panel determined that isoparaffins can be used safely in hair sprays, because the product particle size is not respirable.

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Studies indicate that normal, branched and cyclic paraffins are absorbed from the mammalian gastrointestinal tract and that the absorption of n-paraffins is inversely proportional to the carbon chain length, with little absorption above C30. With respect to the carbon chain lengths likely to be present in mineral oil, n-paraffins may be absorbed to a greater extent than iso- or cyclo-paraffins.

The major classes of hydrocarbons have been shown to be well absorbed by the gastrointestinal tract in various species. In many cases, the hydrophobic hydrocarbons are ingested in association with dietary lipids. The dependence of hydrocarbon absorption on concomitant triglyceride digestion and absorption, is known as the "hydrocarbon continuum hypothesis", and asserts that a series of solubilising phases in the intestinal lumen, created by dietary triglycerides and their digestion products, afford hydrocarbons a route to the lipid phase of the intestinal absorptive cell (enterocyte) membrane. While some hydrocarbons may traverse the mucosal epithelium unmetabolised and appear as solutes in lipoprotein particles in intestinal lymph, there is evidence that most hydrocarbons partially separate from nutrient lipids and undergo metabolic transformation in the enterocyte. The enterocyte may play a major role in determining the proportion of an absorbed hydrocarbon that, by escaping initial biotransformation, becomes available for deposition in its unchanged form in peripheral tissues such as adipose tissue, or in the liver.

2-ETHYLHEXANOL

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

For alkyl alcohols C6-13:

This group of products are very similar in terms of physicochemical and toxicological properties. Interpolation of data can be used to assess the alkyl alcohols for which data is not available.

Acute toxicity: All of these alcohols have a low order of toxicity in rats via the oral route. The LD50 for C6-branched and linear alcohols were >3700 mg/kg; LD50s for the C6-8, C7-9, C8-10, C9-11 and C11-14 branched alkyl alcohols were all >2000 mg/kg.

These alcohols have a low order of toxicity via the dermal route. Dermal LD50s were greater than 2600 mg/kg.

Subchronic toxicity: Repeat dose studies indicate these alcohols have a low order of subchronic toxicity by both the oral and dermal route. Further they demonstrate that these alcohols display a consistent degree of subchronic toxicity by these routes

Developmental toxicity: Studies demonstrate that the alcohols are not selective developmental toxicants by either the oral or inhalation route of exposure. Inhalation of alkyl alcohols C6-13 is a primary concern during industrial use, particularly for lower molecular weight alcohols.

Collectively the weight of evidence demonstrates that these alcohols have a low order of maternal toxicity and do not induce signs of developmental toxicity until maternal toxicity is observed. The NOAELs for inhalation reflect the maximum achievable vapour concentration.

Reproductive toxicity: Developmental toxicity studies for several of these alcohols, conducted by the oral route, produce consistent results and demonstrate that these substances do not affect reproductive parameters. Although a slight increase in resorptions was observed in several studies, this occurred only in the highest dose group and in the presence of overt maternal toxicity.

Genotoxicity: The weight of evidence from existing data supports the conclusion that these materials are not genotoxic.

Further data to support this assessment comes from a series of alkyl acetates C6-13. Alkyl acetates are produced from alkyl alcohols and undergo metabolism by esterases to produce acetic acid and the corresponding alkyl alcohol. There is no evidence for genotoxicity with these compounds in a variety of strains of *S. typhimurium* in the presence or absence of metabolic activation. C6, C6-8, C7-9 and C11-14 alkyl acetates produced negative results in the Ames test.

Based on data for structurally similar substances these alcohols are not expected to be clastogenic. Alkyl acetates can also be used to predict clastogenic potential of alkyl alcohols. Although there is evidence of cytotoxicity at extremely high doses, no clastogenic activity was seen in a homologous family of alkyl acetates.

Metabolism: Alkyl alcohols are broken down, in the body, by mitochondrial beta-oxidation or by cytochrome P450 omega and omega-minus oxidation. The alcohol undergoes various oxidative steps to yield other alcohols, ketones, aldehydes, carboxylic acids and carbon dioxide. Data for monohydric, aliphatic alcohols show a systematic variation according to molecular weight in a manner similar to other homologous series. The body handles aliphatic hydrocarbons in a similar manner via oxidative conversion to alcohols, ketones, and eventual elimination as carbon dioxide and carboxylic acids. The undegraded alcohols can be conjugated either directly or as a metabolite with glucuronic acid, sulfuric acid or glycine and are readily excreted. Intermediate aldehydes may be reactive and bind with DNA and/or proteins.

The Branched Chain Saturated Alcohol (BCSA) group of fragrance ingredients was evaluated for safety.

The 15 materials tested have a low order of acute toxicity.

Following repeated application, seven BCSA tested were of low systemic toxicity

In humans, no evidence of skin irritation was found at concentrations of 2-10%. Undiluted, 11 materials evaluated caused moderate to severe eye irritation. As current end product use levels are between 0.001% and 1.7%, eye irritation is not a concern. The materials have no or low sensitizing potential.

For individuals who are already sensitized, an elicitation reaction is possible. Due to lack of UVA/UVB light-absorbing structures, and review of phototoxic/photoallergy data, the BCSA are not expected to elicit phototoxicity or photoallergy.

Studies performed on eight BCSA and three metabolites show no in vivo or in vitro genotoxicity. A valid carcinogenicity study showed that 2-ethyl-1-hexanol is a weak inducer of liver tumours in female mice, however, the relevance of this effect and mode of action to humans is still a matter of debate.

Current opinion holds that there are no safety concerns regarding BCSA under the present levels of use and exposure.

The common characteristic structural elements of the alcohols with saturated branched chain are one hydroxyl group per molecule, a C4-C12 carbon chain with one or several methyl side chains. Two members of the group, 2-ethyl-1-butanol and 2-ethyl-1-hexanol, contain an ethyl side chain. One member contains a methoxy group. Metabolism studies are lacking for this compound, however, a methoxy group is enzymatically not readily cleaved and if it were so, another primary alcohol group would be formed.

The Research Institute for Fragrance Materials (RIFM) Expert Panel

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BENZYL ALCOHOL

The following information refers to contact allergens as a group and may not be specific to this product.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and conjugal contact dermatitis occur.

Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. This was shown by placebo-controlled challenges of nine patients to "perfume mix". The same patients were also subject to perfume provocation, with or without a carbon filter mask, to ascertain whether breathing through a filter with active carbon would prevent symptoms. The patients breathed through the mouth, during the provocations, as a nose clamp was used to prevent nasal inhalation. The patient's earlier symptoms were verified; breathing through the carbon filter had no protective effect. The symptoms were not transmitted via the olfactory nerve but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes. Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits.

Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water.

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

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

Thus, prevention of contact sensitisation to fragrances, both in terms of primary prevention (avoiding sensitisation) and secondary prevention (avoiding relapses of allergic contact dermatitis in those already sensitised), is an important objective of public health risk management measure.

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

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

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

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

Pigmentary anomalies: The term "pigmented cosmetic dermatitis" was introduced in 1973 for what had previously been known as melanosis faciei feminae when the mechanism (type IV allergy) and causative allergens were clarified. It refers to increased pigmentation, usually on the face/neck, often following sub-clinical contact dermatitis. Many cosmetic ingredients were patch tested at non-irritant concentrations and statistical evaluation showed that a number of fragrance ingredients were associated: jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol, geranium oil.

Photo-reactions Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon. Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products. Phototoxic reactions still occur but are rare.

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

Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A prehapten is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems. A prohapten is a chemical that itself is non- or low-sensitising but that is transformed into a hapten in the skin (bioactivation) usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prehapten or as a prohapten, or both, because air oxidation and bioactivation can often give the same product (geraniol is an example). Some chemicals might act by all three pathways.

Prohaptens

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

In the case of prohaptens, the possibility to become activated is inherent to the molecule and activation cannot be avoided by extrinsic measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Crossreactivity has been shown for certain alcohols and their corresponding aldehydes, i.e. between geraniol and geranial (citral) and between cinnamyl alcohol and cinnamal. The human skin expresses enzyme systems that are able to metabolise xenobiotics, modifying their chemical structure to increase hydrophilicity and allow elimination from the body. Xenobiotic metabolism can be divided into two phases: phase I and phase II. Phase I transformations are known as activation or functionalisation reactions, which normally introduce or unmask hydrophilic functional groups. If the metabolites are sufficiently polar at this point they will be eliminated. However, many phase I products have to undergo subsequent phase II transformations, i.e. conjugation to make them sufficiently water soluble to be eliminated. Although the purpose of xenobiotic metabolism is detoxification, it can also convert relatively harmless compounds into reactive species. Cutaneous enzymes that catalyse

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phase I transformations include the cytochrome P450 mixed-function oxidase system, alcohol and aldehyde dehydrogenases, monoamine oxidases, flavin-containing monooxygenases and hydrolytic enzymes. Acyltransferases, glutathione S-transferases, UDP-glucuronosyltransferases and sulfotransferases are examples of phase II enzymes that have been shown to be present in human skin. These enzymes are known to catalyse both activating and deactivating biotransformations, but the influence of the reactions on the allergenic activity of skin sensitizers has not been studied in detail. Skin sensitizing prohaptenes can be recognised and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or in vivo and in vitro studies of sensitisation potential and chemical reactivity.

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

CYP1A2 is a member of the cytochrome P450 super family, is one of the best characterized. It is responsible for the metabolism of commonly drugs belonging to classes such as antidepressants, antipsychotics, mood stabilizers, beta blockers and sedative/hypnotics. CYP1A2 also metabolises a number of procarcinogens (such as those in cigarettes). Cigarette smoking may lead to three fold increase in 1A2 activity, which explains why smokers require higher doses of beta blockers than non-smokers.

Drugs that inhibit CYP1A2 will predictably increase the plasma concentrations of the medications or decrease in clearance of substrates. Drugs such as ciprofloxacin, fluvoxamine, verapamil, cimetidine, caffeine and isoniazid are inhibitors of CYP1A2 enzyme. Vegetables such as grape fruit juice, cumic and turmeric are inhibitors of the CYP1A2 enzyme which may lead to increase plasma concentration of psychotropics.

Inhibition of NF-κB in vivo can be detrimental. NF-κB controls multiple functions in homeostasis including a functional immune response, cell cycle, and cell death. Genetic studies in mice and analysis of naturally occurring mutations in humans point to specific developmental and immune consequences due to altering NF-κB activity.

The same functions that make NF-κB attractive for developing inhibitors for treating disease also play a role in homeostasis, and disruption of the NF-κB pathway during development or in adults leads to unfavorable and potentially unhealthy consequences.

NF-κB plays a role in multiple homeostatic cellular processes including response to stimuli, cell proliferation, and death, regulating communication between cells, but is also tightly linked with other signaling pathways within the cell, such as p38 and JNK. In addition to mediating proinflammatory responses, NF-κB may regulate apoptotic and cell cycle changes induced by cellular stress, DNA damage or oncogenes by communication with the tumor suppressor p53. Disruption of normal cellular responses by inhibiting NF-κB can have adverse consequences such as immune suppression and tissue damage.

Understanding the consequences of lack of NF-κB activity in adult humans comes from observation of naturally occurring genetic deficiencies in this pathway. Mutations have been discovered in humans in signaling molecules upstream of NF-κB resulting in defects in development or immunity. Genetic defects have also been discovered in genes that immediately affect NF-κB activation including IKK gamma (NEMO), a subunit of the IKK complex, and IκBα. The IKK gamma mutations result in a defective IKK complex and the IκBα mutation results in an IκBα protein that cannot be phosphorylated and degraded. Both genetic defects result in suppressed NF-κB activation and ectodermal dysplasia with immunodeficiency. In general patients with these genetic defects have multiple immunological defects including impaired innate immunity, impaired antibody production, and ultimately severe bacterial infections. Understanding the immune defects and susceptibilities in patients with genetic defects in the NF-κB pathway will help prepare for potential adverse effects of pharmacologic NF-κB inhibitors.

The requirement for NF-κB in the development and maintenance of the immune system is well documented. NF-κB is required for survival during fetal development and for normal lymphocyte generation in adult mice. Removal of the p65 (RelA) subunit of NF-κB or the IKKβ gene results in death during fetal development primarily due to massive liver apoptosis.

Fetal liver stem cells from p65 or IKKβ deficient mice have been transplanted into irradiated hosts revealing a specific requirement of NF-κB for T-cells, B-cells, and common lymphoid progenitor development but not for myeloid cells or stem cells. The failure to produce lymphocytes is mediated through hypersensitivity to TNF due to lack of NF-κB activity. Lymphocyte depletion with chemical or genetic inhibition of NF-κB have implications for therapeutic potential use in humans. The double-sided nature of NF-κB inhibition is clear in this instance where chemical inhibition in vivo mimics genetic experiments inducing rapid TNF-dependent apoptosis. Rapid induction of apoptosis may be an advantage for treating some forms of cancer, but at the same time cause depletion of some lymphocyte populations. In addition to controlling lymphocyte development, NF-κB plays a major role in both adaptive and innate immunity. Various signaling pathways responding to receptor recognition of immune challenge converge on NF-κB which then regulates genes that control the immune response. Both T-cell receptor and B-cell receptors activate NF-κB through phosphorylation of CARMA1 by PKC theta and PKC beta respectively, resulting in recruitment and activation of IKK and ultimately expression of genes that control cellular activation, proliferation, and survival. In addition, NF-κB plays a role in T-cell response to costimulatory signals. Cells respond to pathogenic microorganisms in part through recognition by Toll-like receptors (TLRs). TLR-family members recognize different molecular structures present in microbes and respond by activating signaling pathways including NF-κB leading to expression of anti-microbial effector molecules, as well as molecules that help in development of the adaptive immune response. Inhibition of NF-κB during TLR stimulation can lead to macrophage apoptosis, a mechanism used by some pathogens to help evade immune response. NF-κB is clearly required for normal mature B-cell and T-cell maintenance and function, including regulatory, memory, and natural killer-like T cells. Inhibition of NF-κB activation in lymphocytes results in defects in growth, survival, and cytokine production and blocks multiple steps in germinal center formation. Given the diverse roles NF-κB plays in immune response to pathogens it is not surprising to find mice genetically deficient in components of the NF-κB pathway are susceptible to parasitic and bacterial infection.

The role of NF-κB in inhibition of apoptosis is one of the factors that make it a potential target for cancer therapy. NF-κB deficient mice die during embryogenesis in part due to TNF-mediated liver damage. Adult mice with impaired NF-κB targeted to the liver have normal liver function, but have severe liver damage after challenge with concanavalin A, a pan-T cell activator. Liver damage occurs due to sustained activation of JNK due to accumulation of reactive oxygen species (ROS) in the absence of normal NF-κB activation.

The aryl alkyl alcohol (AAA) fragrance ingredients are a diverse group of chemical structures with similar metabolic and toxicity profiles.

The AAA fragrances demonstrate low acute and subchronic dermal and oral toxicity.

At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin.

The potential for eye irritation is minimal.

With the exception of benzyl alcohol and to a lesser extent phenethyl and 2-phenoxyethyl AAA alcohols, human sensitization studies, diagnostic patch tests and human induction studies, indicate that AAA fragrance ingredients generally have no or low sensitization potential. Available data indicate that the potential for photosensitization is low.

NOAELs for maternal and developmental toxicity are far in excess of current human exposure levels.

No carcinogenicity in rats or mice was observed in 2-year chronic testing of benzyl alcohol or a-methylbenzyl alcohol; the latter did induce species and gender-specific renal adenomas in male rats at the high dose. There was no little genotoxicity, mutagenicity, or clastogenicity in the mutagenicity in vitro bacterial assays, and in vitro mammalian cell assays. All in vivo micronucleus assays were negative. It is concluded that these materials would not present a safety concern at current levels of use as fragrance ingredients.

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A member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances.

All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The substances in this group:

- contain a benzene ring substituted with a reactive primary oxygenated functional group or can be hydrolysed to such a functional group
- the major pathway of metabolic detoxification involves hydrolysis and oxidation to yield the corresponding benzoic acid derivative which is excreted either as the free acid or the glycine conjugate

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	they show a consistent pattern of toxicity in both short- and long- term studies and they exhibit no evidence of genotoxicity in standardised batteries of in vitro and in vivo assays. The benzyl derivatives are rapidly absorbed through the gut, metabolised primarily in the liver, and excreted in the urine as glycine conjugates of benzoic acid derivatives. In general, aromatic esters are hydrolysed in vivo through the catalytic activity of carboxylesterases, the most important of which are the A-esterases. Hydrolysis of benzyl and benzoate esters to yield corresponding alcohols and carboxylic acids and hydrolysis of acetals to yield benzaldehyde and simple alcohols have been reported in several experiments. The alcohols and aldehydes are rapidly oxidised to benzoic acid while benzoate esters are hydrolysed to benzoic acid. Flavor and Extract Manufacturers Association (FEMA) For benzyl alkyl alcohols: Unlike benzylic alcohols, the beta-hydroxyl group of the members of this cluster is unlikely to undergo phase II metabolic activation. Instead, the beta-hydroxyl group is expected to contribute to detoxification via oxidation to hydrophilic acid. Despite structural similarity to carcinogenic ethyl benzene, only a marginal concern has been assigned to phenethyl alcohol due to limited mechanistic analogy. For benzoates: Acute toxicity: Benzyl alcohol, benzoic acid and its sodium and potassium salt can be considered as a single category regarding human health, as they are all rapidly metabolised and excreted via a common pathway within 24 hrs. Systemic toxic effects of similar nature (e.g. liver, kidney) were observed. However with benzoic acid and its salts toxic effects are seen at higher doses than with benzyl alcohol. The compounds exhibit low acute toxicity as for the oral and dermal route. The LD50 values are > 2000 mg/kg bw except for benzyl alcohol which needs to be considered as harmful by the oral route in view of an oral LD50 of 1610 mg/kg bw. The 4 hrs inhalation exposure of benzyl alcohol or benzoic acid at 4 and 12 mg/l as aerosol/dust respectively gave no mortality, showing low acute toxicity by inhalation for these compounds. Benzoic acid and benzyl alcohol are slightly irritating to the skin, while sodium benzoate was not skin irritating. No data are available for potassium benzoate but it is also expected not to be skin irritating. Benzoic acid and benzyl alcohol are irritating to the eye and sodium benzoate was only slightly irritating to the eye. No data are available for potassium benzoate but it is expected also to be only slightly irritating to the eye. Sensitisation: The available studies for benzoic acid gave no indication for a sensitising effect in animals, however occasionally very low positive reactions were recorded with humans (dermatological patients) in patch tests. The same occurs for sodium benzoate. It has been suggested that the very low positive reactions are non-immunologic contact urticaria. Benzyl alcohol gave positive and negative results in animals. Benzyl alcohol also demonstrated a maximum incidence of sensitization of only 1% in human patch testing. Over several decades no sensitization with these compounds has been seen among workers. Repeat dose toxicity: For benzoic acid repeated dose oral toxicity studies give a NOAEL of 800 mg/kg/day. For the salts values > 1000 mg/kg/day are obtained. At higher doses increased mortality, reduced weight gain, liver and kidney effects were observed. For benzyl alcohol the long-term studies indicate a NOAEL > 400 mg/kg bw/d for rats and > 200 mg/kg bw/d for mice. At higher doses effects on bodyweights, lesions in the brains, thymus, skeletal muscle and kidney were observed. It should be taken into account that administration in these studies was by gavage route, at which saturation of metabolic pathways is likely to occur. Mutagenicity: All chemicals showed no mutagenic activity in <i>in vitro</i> Ames tests. Various results were obtained with other <i>in vitro</i> genotoxicity assays. Sodium benzoate and benzyl alcohol showed no genotoxicity <i>in vivo</i>. While some mixed and/or equivocal <i>in vitro</i> chromosomal/chromatid responses have been observed, no genotoxicity was observed in the <i>in vivo</i> cytogenetic, micronucleus, or other assays. The weight of the evidence of the <i>in vitro</i> and <i>in vivo</i> genotoxicity data indicates that these chemicals are not mutagenic or clastogenic. They also are not carcinogenic in long-term carcinogenicity studies. In a 4-generation study with benzoic acid no effects on reproduction were seen (NOAEL: 750 mg/kg). No compound related effects on reproductive organs (gross and histopathology examination) could be found in the (sub) chronic studies in rats and mice with benzyl acetate, benzyl alcohol, benzaldehyde, sodium benzoate and supports a non-reprotoxic potential of these compounds. In addition, data from reprotoxicity studies on benzyl acetate (NOAEL >2000 mg/kg bw/d; rats and mice) and benzaldehyde (tested only up to 5 mg/kg bw; rats) support the non-reprotoxicity of benzyl alcohol and benzoic acid and its salts. Developmental toxicity: In rats for sodium benzoate dosed via food during the entire gestation developmental effects occurred only in the presence of marked maternal toxicity (reduced food intake and decreased body weight) (NOAEL = 1400 mg/kg bw). For hamster (NOEL: 300 mg/kg bw), rabbit (NOEL: 250 mg/kg bw) and mice (CD-1 mice, NOEL: 175 mg/kg bw) no higher doses (all by gavage) were tested and no maternal toxicity was observed. For benzyl alcohol: NOAEL= 550 mg/kg bw (gavage; CD-1 mice). LOAEL = 750 mg/kg bw (gavage mice). In this study maternal toxicity was observed e.g. increased mortality, reduced body weight and clinical toxicology. Benzyl acetate: NOEL = 500 mg/kg bw (gavage rats). No maternal toxicity was observed.			
C11-12-ISOALKANES <2% AROMATICS & 2-ETHYLHEXANOL	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.			
2-ETHYLHEXANOL & BENZYL ALCOHOL	The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.			
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					
TRIPLE X PLUS AIR INTAKE CLEANER	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

C11-12-isoalkanes <2% aromatics	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	>0.002mg/l	2
	EC50	96h	Algae or other aquatic plants	64mg/l	2
	EC50(ECx)	48h	Crustacea	>0.002mg/l	2
2-ethylhexanol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	11.5mg/l	1
	EC50	48h	Crustacea	39mg/l	1
	EC10(ECx)	72h	Algae or other aquatic plants	3.2mg/l	1
benzyl alcohol	LC50	96h	Fish	>7.5mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	500mg/l	2
	EC50	48h	Crustacea	230mg/l	2
	NOEC(ECx)	336h	Fish	5.1mg/l	2
	EC50	96h	Algae or other aquatic plants	76.828mg/l	2
	LC50	96h	Fish	10mg/l	2
Legend:		Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. US EPA, Ecotox database - Aquatic Toxicity Data 4. ECETOC Aquatic Hazard Assessment Data 5. NITE (Japan) - Bioconcentration Data 6. METI (Japan) - Bioconcentration Data 7. Vendor Data			

Toxic 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
2-ethylhexanol	LOW	LOW
benzyl alcohol	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
2-ethylhexanol	LOW (BCF = 27)
benzyl alcohol	LOW (LogKOW = 1.1)

Mobility in soil

Ingredient	Mobility
2-ethylhexanol	LOW (Log KOC = 26.01)
benzyl alcohol	LOW (Log KOC = 15.66)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	- Containers may still present a chemical hazard/ danger when empty. - Return to supplier for reuse/ recycling if possible.
	Otherwise: - If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. - Where possible retain label warnings and SDS and observe all notices pertaining to the product. DO NOT allow wash water from cleaning or process equipment to enter drains. - It may be necessary to collect all wash water for treatment before disposal. - In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. - Where in doubt contact the responsible authority. - Recycle wherever possible or consult manufacturer for recycling options. - Consult State Land Waste Authority for disposal. - Bury or incinerate residue at an approved site. - Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	
HAZCHEM	•3Z

Land transport (ADG)

14.1. UN number or ID number	3082	
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains 2-ethylhexanol)	
14.3. Transport hazard class(es)	Class	9
	Subsidiary Hazard	Not Applicable
14.4. Packing group	III	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Special provisions	274 331 335 375 AU01
	Limited quantity	5 L

Environmentally Hazardous Substances meeting the descriptions of UN 3077 or UN 3082 are not subject to this Code when transported by road or rail in;

(a) packagings;

(b) IBCs; or

(c) any other receptacle not exceeding 500 kg(L).

- Australian Special Provisions (SP AU01) - ADG Code 7th Ed.

Air transport (ICAO-IATA / DGR)

14.1. UN number	3082	
14.2. UN proper shipping name	Environmentally hazardous substance, liquid, n.o.s. (contains 2-ethylhexanol)	
14.3. Transport hazard class(es)	ICAO/IATA Class	9
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	9L
14.4. Packing group	III	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Special provisions	A97 A158 A197 A215
	Cargo Only Packing Instructions	964
	Cargo Only Maximum Qty / Pack	450 L
	Passenger and Cargo Packing Instructions	964
	Passenger and Cargo Maximum Qty / Pack	450 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y964
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	3082	
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains 2-ethylhexanol)	
14.3. Transport hazard class(es)	IMDG Class	9
	IMDG Subsidiary Hazard	Not Applicable
14.4. Packing group	III	
14.5. Environmental hazard	Marine Pollutant	
14.6. Special precautions for user	EMS Number	F-A, S-F
	Special provisions	274 335 375 969
	Limited Quantities	5 L

14.7. Maritime transport in bulk according to IMO instruments

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
C11-12-isoalkanes <2% aromatics	Not Applicable
2-ethylhexanol	Not Applicable
benzyl alcohol	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
C11-12-isoalkanes <2% aromatics	Not Applicable

Product name	Ship Type
2-ethylhexanol	Not Applicable
benzyl alcohol	Not Applicable

SECTION 15 Regulatory information

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

C11-12-isoalkanes <2% aromatics is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
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 1: Carcinogenic to humans
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic
2-ethylhexanol is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
benzyl alcohol is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
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 - NDSL	No (C11-12-isoalkanes <2% aromatics; 2-ethylhexanol; benzyl alcohol)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
UAE - Control List (Banned/Restricted Substances)	No (C11-12-isoalkanes <2% aromatics; 2-ethylhexanol; benzyl alcohol)
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	23/03/2026
Initial Date	23/03/2026

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

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- ▶ 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
- ▶ MARPOL: International Convention for the Prevention of Pollution from Ships
- ▶ IMSBC: International Maritime Solid Bulk Cargoes Code
- ▶ IGC: International Gas Carrier Code
- ▶ IBC: International Bulk Chemical Code

- ▶ 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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