

Northfork GECA Liquid Hand Wash Antibacterial
ACCO Brands Australia Pty Ltd

Version No: 1.9
Safety Data Sheet according to WHS and ADG requirements

Issue Date: 08/06/2017
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S.GHS.AUS.EN

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

Product Identifier

Product name	Northfork GECA Liquid Hand Wash Antibacterial
Synonyms	Not Available
Other means of identification	500ml: 638130300 5L: 638130700 0.4ml Cartridge: 638139600

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

Relevant identified uses	Hand soap
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Details of the supplier of the safety data sheet

Registered company name	ACCO Brands Australia Pty Ltd
Address	17-19 Waterloo Street, Queanbeyan NSW 2620 Australia
Telephone	+61-2-96740900
Fax	+61-2-96740910
Website	www.accobrand.com.au
Email	sds.anz@acco.com

Emergency telephone number

Association / Organisation	Poisons Information Line
Emergency telephone numbers	13 11 26
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

Poisons Schedule	Not Applicable
Classification [1]	Not Applicable

Label elements

Hazard pictogram(s)	Not Applicable
SIGNAL WORD	NOT APPLICABLE

Hazard statement(s)

Not Applicable

Precautionary statement(s) Prevention

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read label before use.

Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
32612-48-9	<10	<u>ammonium lauryl ether sulfate</u>
26590-05-6	<10	<u>dimethyldialkylammonium chloride/ acrylamide polymer</u>
56-81-5	<10	<u>glycerol</u>
102-77-2	<10	<u>2-(morpholiniothio)benzothiazole</u>
13197-76-7	<10	<u>lauryl hydroxysultaine</u>

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: - Wash out immediately with fresh running water. - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. - Seek medical attention without delay; if pain persists or recurs seek medical attention. - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: - Immediately remove all contaminated clothing, including footwear. - Flush skin and hair with running water (and soap if available). - Seek medical attention in event of irritation.
Inhalation	- If fumes, aerosols or combustion products are inhaled remove from contaminated area. - Other measures are usually unnecessary.
Ingestion	- Immediately give a glass of water. - First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

for salicylate intoxication:

- Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. **Do not give ipecac after charcoal.**
- Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

- Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[GOSSELIN, et.al.: *Clinical Toxicology of Commercial Products*]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

HyperTox 3.0 <https://www.ozemail.com.au/-ouad/SALI0001.HTA>

for non-steroidal anti-inflammatories (NSAIDs)

- Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.

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- ▶ Patients should be managed by symptomatic and supportive care following a NSAIDs overdose.
- ▶ There are no specific antidotes.
- ▶ Emesis and/or activated charcoal (60 to 100 grams in adults, 1 to 2 g/kg in children), and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose).
- ▶ Forced diuresis, alkalisation of urine, hemodialysis, or haemoperfusion may not be useful due to high protein binding.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- ▶ There is no restriction on the type of extinguisher which may be used.
- ▶ Use extinguishing media suitable for surrounding area.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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Advice for firefighters

Fire Fighting	▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn. May emit corrosive fumes.
HAZCHEM	Not Applicable

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	▶ Clean up all spills immediately. ▶ 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	Moderate hazard. ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Neutralise/decontaminate residue (see Section 13 for specific agent). ▶ 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.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	▶ Avoid all personal 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. ▶ DO NOT allow material to contact humans, exposed food or food utensils. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ 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. Launder contaminated clothing before re-use. ▶ Use good occupational work practice.
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	- Observe manufacturer's storage and handling recommendations contained within this SDS. - Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. DO NOT allow clothing wet with material to stay in contact with skin
Other information	

Conditions for safe storage, including any incompatibilities

Suitable container	- Polyethylene or polypropylene container. - Packing as recommended by manufacturer. - Check all containers are clearly labelled and free from leaks.
Storage incompatibility	None known

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	glycerol	Glycerin mist	10 mg/m3	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
dimethyldialkylammonium chloride/ acrylamide polymer	Poly(acrylamide-co-diallyldimethylammonium chloride)	30 mg/m3	330 mg/m3	2,000 mg/m3
glycerol	Glycerine (mist); (Glycerol; Glycerin)	45 mg/m3	860 mg/m3	2,500 mg/m3

Ingredient	Original IDLH	Revised IDLH
ammonium lauryl ether sulfate	Not Available	Not Available
dimethyldialkylammonium chloride/ acrylamide polymer	Not Available	Not Available
glycerol	Not Available	Not Available
2-(morpholiniothio)benzothiazole	Not Available	Not Available
lauryl hydroxysultaine	Not Available	Not Available

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.

General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

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Personal protection	  
Eye and face protection	▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber 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 moisturizer 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. 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.
Body protection	See Other protection below
Other protection	▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.
Thermal hazards	Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	CPI
BUTYL	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NITRILE	C
PVA	C
VITON	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Text		
Physical state	Liquid	Relative density (Water = 1)	1.00-1.05
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	6-8	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. Not normally a hazard due to non-volatile nature of product
Ingestion	High oral doses of salicylates, such as aspirin, may cause a mild burning pain in the throat and stomach, causing vomiting. This is followed (within hours) by deep, rapid breathing, tiredness, nausea and further vomiting, thirst and diarrhoea. The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence.
Skin Contact	Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions. There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons.
Eye	This material can cause eye irritation and damage in some persons.
Chronic	Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk.

GECA Liquid Hand Wash Antibacterial	TOXICITY	IRRITATION
	Not Available	Not Available
ammonium lauryl ether sulfate	TOXICITY	IRRITATION
	Oral (rat) LD50: 630 mg/kgd ^[2]	Not Available

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dimethyldialkylammonium chloride/ acrylamide polymer	TOXICITY		IRRITATION	
	Not Available		Not Available	
glycerol	TOXICITY		IRRITATION	
	Oral (rat) LD50: 12600 mg/kg ^[2]		Not Available	
2-(morpholinothio)benzothiazole	TOXICITY		IRRITATION	
	Dermal (rabbit) LD50: >7940 mg/kg*g ^[2]		Eye (rabbit): (FHSA) 5.0/110.0 *	
	Oral (rat) LD50: >8200 mg/kg** ^[2]		Eye (rabbit): 100 mg/24h-moderate	
			non-irritating	
			Skin (rabbit): (FHSA) 0.0/8.0 *	
			slight irritation	
lauryl hydroxysultaine	TOXICITY		IRRITATION	
	Not Available		Not Available	

Legend:

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

AMMONIUM LAURYL ETHER SULFATE	Alcohol ethoxysulfates (AES) are of low acute toxicity. Neat AES are irritant to the skin and eyes. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
DIMETHYLDIALKYLAMMONIUM CHLORIDE/ ACRYLAMIDE POLYMER	Most undiluted cationic surfactants satisfy the criteria for classification as Harmful (Xn) with R22 and as Irritant (Xi) for skin and eyes with R38 and R41.
GLYCEROL	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. At very high concentrations, evidence predicts that glycerol may cause tremor, irritation of the skin, eyes, digestive tract and airway. Otherwise it is of low toxicity. There is no significant evidence to suggest that it causes cancer, genetic, reproductive or developmental toxicity.
2-(MORPHOLINOTHIO)BENZOTHAZOLE	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. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. Skin and eye irritation effects may be mild. Allergic skin reaction is possible in susceptible persons. There is a low concern for mutations. It is a potent skin sensitiser and similar reactions with other rubber chemicals can occur. Following oral administration, the central nervous system, lung, liver, kidney, stomach and intestines may be affected. There was no conclusive evidence of effects on reproduction although 2-mercaptobenzothiazole (MBT) may have some potential to cause cancer. Members of this category pose a low concern for acute toxicity. Exposure is likely from skin contact with rubber or latex articles. Skin irritation, or possibly an allergic skin reaction may occur, but only in sensitive individuals subjected to prolonged and repeated exposure, especially under moist conditions. for morpholine: There have been no reports on incidents of acute poisoning or on the effects of short- or long-term exposure to morpholine by the general population. The phenomenon known as blue vision or glaucopsia, as well as some instances of skin and respiratory tract irritation, have been described in reports of occupational exposure to morpholine; however, no atmospheric concentrations of morpholine were given. It was reported that the number of chromosomal aberrations in the lymphocytes of peripheral blood of workers exposed for 3-10 years to morpholine at concentrations of 0.54-0.93 mg/m3 did not differ significantly from controls. Undiluted morpholine is strongly irritant to skin; a dilute solution (1 to 40) was mildly irritant. The potential carcinogenicity of morpholine in exposed human populations has not been investigated. Morpholine is absorbed after oral, dermal and inhalation exposure. In the rat following oral and intravenous administration, morpholine is rapidly distributed, the highest concentrations being found in the intestine and muscle. In the rabbit, following intravenous and inhalation exposure, morpholine is preferentially distributed to the kidneys, lower concentrations reaching the lung, liver and blood. Specific developmental abnormalities (musculoskeletal system) recorded.
LAURYL HYDROXYSULTAINE	Amphoteric surfactants are easily absorbed in the gut and partly excreted unchanged in the faeces. It has not been shown to accumulate in the body. Concentrated betaines are expected to irritate the skin and eyes, but dilute solutions only irritate the eyes. No evidence of delayed contact hypersensitivity was found in animal testing. Tests for mutation-causing potential have proved negative.
DIMETHYLDIALKYLAMMONIUM CHLORIDE/ ACRYLAMIDE POLYMER & LAURYL HYDROXYSULTAINE	No significant acute toxicological data identified in literature search.

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Skin Irritation/Corrosion	☐	Reproductivity	☐
Serious Eye Damage/Irritation	☐	STOT - Single Exposure	☐
Respiratory or Skin sensitisation	☐	STOT - Repeated Exposure	☐
Mutagenicity	☐	Aspiration Hazard	☐

Legend: ✗ – Data available but does not fill the criteria for classification
✓ – Data available to make classification
☐ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

GECA Liquid Hand Wash Antibacterial	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
ammonium lauryl ether sulfate	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
dimethyldialkylammonium chloride/ acrylamide polymer	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
glycerol	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	>11mg/L	2
	EC50	96	Algae or other aquatic plants	77712.039mg/L	3
	EC0	24	Crustacea	>500mg/L	1
2-(morpholiniothio)benzothiazole	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	0.31mg/L	2
	EC50	48	Crustacea	=4mg/L	1
	EC50	96	Algae or other aquatic plants	923.219mg/L	3
	EC50	48	Crustacea	=4.5mg/L	1
	NOEC	2136	Fish	0.041mg/L	2
lauryl hydroxysultaine	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
glycerol	LOW	LOW
2-(morpholiniothio)benzothiazole	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
glycerol	LOW (LogKOW = -1.76)
2-(morpholiniothio)benzothiazole	LOW (LogKOW = 1.0246)

Mobility in soil

Ingredient	Mobility
glycerol	HIGH (KOC = 1)
2-(morpholiniothio)benzothiazole	LOW (KOC = 2088)

SECTION 13 DISPOSAL CONSIDERATIONS

Continued...

GECA Liquid Hand Wash Antibacterial

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. Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: - Reduction - Reuse - Recycling - Disposal (if all else fails) This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. 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. - Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. - Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or incineration in a licensed apparatus (after admixture with suitable combustible material). - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

AMMONIUM LAURYL ETHER SULFATE(32612-48-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists	Australia Inventory of Chemical Substances (AICS)
--	---

DIMETHYLDIALKYLAMMONIUM CHLORIDE/ ACRYLAMIDE POLYMER(26590-05-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

GLYCEROL(56-81-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
------------------------------	---

2-(MORPHOLINOTHIO)BENZOTHAZOLE(102-77-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists	Australia Inventory of Chemical Substances (AICS)
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LAURYL HYDROXSULTAINE(13197-76-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists
--

National Inventory	Status
Australia - AICS	N (lauryl hydroxysultaine)
Canada - DSL	Y
Canada - NDSL	N (dimethyldialkylammonium chloride/ acrylamide polymer; glycerol; lauryl hydroxysultaine; 2-(morpholiniothio)benzothiazole; ammonium lauryl ether sulfate)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	N (dimethyldialkylammonium chloride/ acrylamide polymer)
Japan - ENCS	N (dimethyldialkylammonium chloride/ acrylamide polymer; glycerol; lauryl hydroxysultaine; 2-(morpholiniothio)benzothiazole; ammonium lauryl ether sulfate)
Korea - KECI	N (lauryl hydroxysultaine)
New Zealand - NZIoC	Y
Philippines - PICCS	N (lauryl hydroxysultaine)
USA - TSCA	Y

GECA Liquid Hand Wash Antibacterial

Legend:

Y = All ingredients are on the inventory

N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION**Other information****Ingredients with multiple cas numbers**

Name	CAS No
ammonium lauryl ether sulfate	32612-48-9, 67762-19-0
dimethyldialkylammonium chloride/ acrylamide polymer	26590-05-6, 108464-53-5
glycerol	56-81-5, 29796-42-7, 30049-52-6, 37228-54-9, 75398-78-6, 78630-16-7, 8013-25-0

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

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection

OTV: Odour Threshold Value

BCF: BioConcentration Factors

BEI: Biological Exposure Index

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