Auto Klene Redback Degreaser

Auto Klene Solutions

Chemwatch: **5165-30** Version No: **2.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 16/02/2015 Print Date: 05/04/2016 Initial Date: Not Available S.GHS.AUS.EN

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

Product Identifier

Product name	Auto Klene Redback Degreaser	
Synonyms	Not Available	
Proper shipping name	CAUSTIC ALKALI LIQUID, N.O.S. (contains sodium hydroxide)	
Other means of identification	Not Available	

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

Relevant identified uses Degreasing solution used in the automotive industry.

Details of the supplier of the safety data sheet

Registered company name	Auto Klene Solutions
Address	1/83 Merrindale Drive VIC Croydon 3136 Australia
Telephone	+61 3 8761 1900
Fax	+61 3 8761 1955
Website	https://www.autoklene.com/msds/
Email	Not Available

Emergency telephone number

Association / Organisation	Not Available	
Emergency telephone numbers	131 126 (Poisons Information Centre)	
Other emergency telephone numbers	0408 406 968 (Mark Adams mobile)	

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

CHEMWATCH HAZARD RATINGS

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

Poisons Schedule	S5
Classification [1]	Metal Corrosion Category 1, Skin Corrosion/Irritation Category 1B, Serious Eye Damage Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

GHS label elements



SIGNAL WORD	DANGER

Hazard statement(s)

H290	May be corrosive to metals.	
H314	Causes severe skin burns and eye damage.	
H318	Causes serious eye damage.	

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Precautionary statement(s) Prevention

P260 Do not breathe dust/fume/gas/mist/vapours/spray.	
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P234	Keep only in original container.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353 IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER or doctor/physician.
P363	Wash contaminated clothing before reuse.
P390	Absorb spillage to prevent material damage.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

Precautionary statement(s) Storage

P405 Store locked up.

Precautionary statement(s) Disposal

P501

Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

► Observe the patient carefully.

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7758-29-4	0-10	sodium tripolyphosphate
Not Available	0-10	Hydrotope, nonhazardous
Not Available	0-10	Surfactant blend (proprietary non-hazardous)
111-76-2	0-10	ethylene glycol monobutyl ether
1310-73-2	0-5	sodium hydroxide
92502-70-0	0-5	eucalyptus oil
	trace	dve

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. Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. This must definitely be left to a doctor or person authorised by him/her. (ICSC13719) 	
Ingestion	 For advice, contact a Poisons Information Centre or a doctor at once. Urgent hospital treatment is likely to be needed. If swallowed do NOT induce vomiting. If yomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. 	

▶ 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.

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Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

for phosphate salts intoxication:

- · All treatments should be based on observed signs and symptoms of distress in the patient. Consideration should be given to the possibility that overexposure to materials other than this product may have occurred.
- Ingestion of large quantities of phosphate salts (over 1.0 grams for an adult) may cause an osmotic catharsis resulting in diarrhoea and probable abdominal cramps. Larger doses such as 4-8 grams will almost certainly cause these effects in everyone. In healthy individuals most of the ingested salt will be excreted in the faeces with the diarrhoea and, thus, not cause any systemic toxicity. Doses greater than 10 grams hypothetically may cause systemic toxicity.
- ▶ Treatment should take into consideration both anionic and cation portion of the molecule
- All phosphate salts, except calcium salts, have a hypothetical risk of hypocalcaemia, so calcium levels should be monitored.

Followed acute or short term repeated exposures to ethylene glycol monoalkyl ethers and their acetates:

- Hepatic metabolism produces ethylene glycol as a metabolite.
- Clinical presentation, following severe intoxication, resembles that of ethylene glycol exposures
- Monitoring the urinary excretion of the alkoxyacetic acid metabolites may be a useful indication of exposure.

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or short term repeated exposures to ethylene glycol:

- Early treatment of ingestion is important. Ensure emesis is satisfactory
- Test and correct for metabolic acidosis and hypocalcaemia.
- Apply sustained diuresis when possible with hypertonic mannitol.
- Evaluate renal status and begin haemodialysis if indicated. [I.L.O]
- Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.
- Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.
- Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.
- Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.
- Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]

It has been suggested that there is a need for establishing a new biological exposure limit before a workshift that is clearly below 100 mmol ethoxy-acetic acids per mole creatinine in morning urine of people occupationally exposed to ethylene glycol ethers. This arises from the finding that an increase in urinary stones may be associated with such exposures.

Laitinen J., et al: Occupational & Environmental Medicine 1996; 53, 595-600

for corrosives:

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 pulmonary oedema .
- ▶ Monitor and treat, where necessary, for shock.
- Anticipate seizures
- ▶ Where eyes have been exposed, flush immediately with water and continue to irrigate with normal saline during transport to hospital.
- 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.
- ▶ Skin burns should be covered with dry, sterile bandages, following decontamination.
- ▶ DO NOT attempt neutralisation as exothermic reaction may occur

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.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- 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.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome
- Consider endoscopy to evaluate oral injury.
- Consult a toxicologist as necessary

BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- Water spray or fog.
- ► Foam.
- Dry chemical powder.
- ▶ BCF (where regulations permit).
- Carbon dioxide.

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

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus. Fire Fighting Prevent, by any means available, spillage from entering drains or water course.

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▶ 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. Non combustible. Not considered to be a significant fire risk. Expansion or decomposition on heating may lead to violent rupture of containers. Fire/Explosion Hazard ▶ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). ► May emit acrid smoke. Decomposition may produce toxic fumes of; carbon dioxide (CO2) phosphorus oxides (POx) metal oxides other pyrolysis products typical of burning organic materialMay emit corrosive fumes.

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Environmental hazard - contain spillage. ▶ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. ► Check regularly for spills and leaks. ► Clean up all spills immediately. Minor Spills 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. 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. **Major Spills** 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.

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

► Collect recoverable product into labelled containers for recycling.

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	 DO NOT allow clothing wet with material to stay in contact with skin Avoid all personal contact, including inhalation. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Avoid contact with moisture. Avoid contact with incompatible materials. When handling, DO NOT eat, drink or smoke. Keep containers securely sealed when not in use.
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

	▶ Plastic pail.
	▶ Polyliner drum.
	▶ Packing as recommended by manufacturer.
	▶ Check all containers are clearly labelled and free from leaks.
	For low viscosity materials
	Drums and jerricans must be of the non-removable head type.
	Where a can is to be used as an inner package, the can must have a screwed enclosure.
ner	For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):
	▶ Removable head packaging;
	A Cons with friction closures and

Suitable contain

- ▶ low pressure tubes and cartridges

► Lined metal can, lined metal pail/ can.

may be used.

Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

Storage incompatibility

- ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
- Avoid reaction with oxidising agents
- ▶ In presence of moisture, the material is corrosive to aluminium, zinc and tin producing highly flammable hydrogen gas.

Avoid contamination of water, foodstuffs, feed or seed.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

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OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	ethylene glycol monobutyl ether	2-Butoxyethanol	96.9 mg/m3 / 20 ppm	242 mg/m3 / 50 ppm	Not Available	Sk
Australia Exposure Standards	sodium hydroxide	Sodium hydroxide	Not Available	Not Available	2 mg/m3	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
sodium tripolyphosphate	Sodium tripolyphosphate	0.22 mg/m3	2.5 mg/m3	620 mg/m3
ethylene glycol monobutyl ether	Butoxyethanol, 2-; (Glycol ether EB)	20 ppm	20 ppm	700 ppm
sodium hydroxide	Sodium hydroxide	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
sodium tripolyphosphate	Not Available	Not Available
Hydrotope, nonhazardous	Not Available	Not Available
Surfactant blend (proprietary non-hazardous)	Not Available	Not Available
ethylene glycol monobutyl ether	700 ppm	700 [Unch] ppm
sodium hydroxide	250 mg/m3	10 mg/m3
eucalyptus oil	Not Available	Not Available

Exposure controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:

Appropriate engineering controls

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.

Employers may need to use multiple types of controls to prevent employee overexposure

Personal protection











Eye and face protection

- Chemical goggles
- 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.

Skin protection

See Hand protection below

- ▶ Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, e.g. Rubber
- ▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

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

Hands/feet protection

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

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.

Body protection

See Other protection below

Other protection

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

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 computergenerated selection:

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.

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Material	СРІ
BUTYL	С
NAT+NEOPR+NITRILE	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE	С
NEOPRENE/NATURAL	С
NITRILE	С
NITRILE+PVC	С
PE	С
PE/EVAL/PE	С
PVA	С
PVC	С
SARANEX-23	С
SARANEX-23 2-PLY	С
TEFLON	С
VITON/CHLOROBUTYL	С
##sodium	hydroxide

* 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

 $\textbf{NOTE:} \ \textbf{As a series of factors will influence the actual performance of the glove, a final}$ 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.

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

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 5 x ES	A-AUS / Class 1	-	A-PAPR-AUS / Class 1
up to 25 x ES	Air-line*	A-2	A-PAPR-2
up to 50 x ES	-	A-3	-
50+ x ES	-	Air-line**	-

^ - Full-face

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Dark red liquid with eucalyptus odour; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	1.065
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	~13	Decomposition temperature	Not Available
Melting point / freezing point (°C)	~0	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	~100	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	2 @ 20 degC	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	~12
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

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Hazardous decomposition products

See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information	on t	oxicolo	ogical	effects

Inhaled	Not normally a hazard due to non-volatile nature of product Inhaling corrosive bases may irritate the respiratory tract. Symp	toms include cough, choking, pain and damage to the mucous membrane.				
Ingestion	The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. Accidental ingestion of the material may be damaging to the health of the individual. Ingestion may result in nausea, abdominal irritation, pain and vomiting					
Skin Contact	Open cuts, abraded or irritated skin should not be exposed to the	The material can produce chemical burns following direct contact with the skin. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.				
Eye	The material can produce chemical burns to the eye following of applied to the eyes, this material causes severe eye damage.	direct contact. Vapours or mists may be extremely irritating.				
Chronic	Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the aw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is some evidence from animal testing that exposure to this material may result in toxic effects to the unborn baby. Based on experience with similar materials, there is a possibility that exposure to the material may reduce fertility in humans at levels which do not cause other lockic effects. In long-term animal studies, inorganic polyphosphates produced growth inhibition, increased kidney weights, bone decalcification, enlargement of the parathyroid gland, inorganic phosphate in the urine, focal necrosis of the kidney and alterations of muscle fibre size. Inorganic phosphates have not been shown to cause cancer, genetic damage or reproductive or developmental damage in animal tests. There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. Ethylene glycol esters and their ethers cause wasting of the testicles, reproductive changes, infertility and changes to kidney function. Shorter chain compounds are more dangerous.					
	TOXICITY	IRRITATION				
Auto Klene Redback Degreaser	Not Available	Not Available				
	TOXICITY	IRRITATION				
sodium tripolyphosphate	Dermal (rabbit) LD50: >3160 mg/kg* ^[2]	Nil reported				
	Oral (rat) LD50: >2000 mg/kg ^[1]					
	TOXICITY	IRRITATION				
	dermal (rat) LD50: >2000 mg/kg ^[1]	* [Union Carbide]				
ethylene glycol monobutyl ether	Inhalation (rat) LC50: 450 ppm/4H ^[2]	Eye (rabbit): 100 mg SEVERE				
5.1.1.6.	Oral (rat) LD50: 250 mg/kg ^[2]	Eye (rabbit): 100 mg/24h-moderate				
		Skin (rabbit): 500 mg, open; mild				
	TOXICITY	IRRITATION				
	Oral (rabbit) LD50: 325 mg/kg ^[1]	Eye (rabbit): 0.05 mg/24h SEVERE				
sodium hydroxide		Eye (rabbit):1 mg/24h SEVERE				
		Eye (rabbit):1 mg/30s rinsed-SEVERE				
		Skin (rabbit): 500 mg/24h SEVERE				
	TOXICITY	IRRITATION				
eucalyptus oil	Dermal (rabbit) LD50: 2480 mg/kg ^[2]	Skin (rabbit): 500 mg/24h - mod				
	Oral (rat) LD50: 2480 mg/kg ^[2]					
Legend:	4 Value abtained from Europe FOUA Parietaned Outstand	- Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data				

SODIUM TRIPOLYPHOSPHATE

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

ETHYLENE GLYCOL MONOBUTYL ETHER

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

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.

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

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

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

Acute Toxicity: Oral LD50 values in rats for all category members range from 739 (EGHE) to 3089 mg/kg bw (EGPE), with values increasing with decreasing molecular weight. Four to six hour acute inhalation toxicity studies were conducted for these chemicals in rats at the highest vapour concentrations practically achievable. Values range from LC0 > 85 ppm (508 mg/m3) for EGHE, LC50 > 400ppm (2620 mg/m3) for EGBEA to LC50 > 2132 ppm (9061 mg/m3) for EGPE. No lethality was observed for any of these materials under these conditions.

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

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

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

Exposure of male and female rats and mice for 14 weeks to 2 years produced a regenerative haemolytic anaemia and subsequent effects on the haemopoietic system in rats and mice. In addition, 2-butoxyethanol exposures caused increases in the incidence of neoplasms and nonneoplastic lesions (1). For ethylene glycol:

Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow. Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol.

dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glyoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO2, which is one of the major elimination products of ethylene glycol.

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

conjunctivitis

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

The material may cause severe 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. Repeated exposures may produce severe ulceration.

SODIUM HYDROXIDE

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS, RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

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.

EUCALYPTUS OIL

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

Acute Toxicity	0	Carcinogenicity	0
Skin Irritation/Corrosion	✓	Reproductivity	0
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	0
Respiratory or Skin sensitisation	0	STOT - Repeated Exposure	0
Mutagenicity	0	Aspiration Hazard	0

Legend:

- X Data available but does not fill the criteria for classification Data required to make classification available
- N Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
sodium tripolyphosphate	EC50	48	Crustacea	>70.7- <101.3mg/L	2
sodium tripolyphosphate	EC50	96	Algae or other aquatic plants	69.2mg/L	2
ethylene glycol monobutyl ether	EC50	384	Crustacea	51.539mg/L	3
ethylene glycol monobutyl ether	LC50	96	Fish	222.042mg/L	3
ethylene glycol monobutyl ether	EC50	48	Crustacea	164mg/L	2
ethylene glycol monobutyl ether	NOEC	168	Crustacea	56mg/L	2

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ethylene glycol monobutyl ether	EC50	96	Algae or other aquatic plants	720mg/L	2
sodium hydroxide	EC50	384	Crustacea	27901.643mg/L	3
sodium hydroxide	EC50	96	Algae or other aquatic plants	1034.10043mg/L	3
sodium hydroxide	LC50	96	Fish	4.16158mg/L	3
sodium hydroxide	NOEC	96	Fish	56mg/L	4
sodium hydroxide	EC50	48	Crustacea	40.4mg/L	2
eucalyptus oil	EC50	96	Fish	0.179mg/L	2
eucalyptus oil	LC50	96	Fish	0.28mg/L	2
eucalyptus oil	EC50	48	Crustacea	0.307mg/L	2
eucalyptus oil	EC50	72	Algae or other aquatic plants	>1.6mg/L	2
eucalyptus oil	NOEC	48	Algae or other aquatic plants	0.247mg/L	2
Legend:	Aquatic Toxicity Data (,	Registered Substances - Ecotoxicologica abase - Aquatic Toxicity Data 5. ECETOC n Data 8. Vendor Data	,	

On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and /or delayed, to the structure and/ or functioning of natural ecosystems.

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air	
ethylene glycol monobutyl ether	LOW (Half-life = 56 days)	LOW (Half-life = 1.37 days)	
sodium hydroxide	LOW	LOW	

Bioaccumulative potential

Ingredient	Bioaccumulation	
ethylene glycol monobutyl ether	LOW (BCF = 2.51)	
sodium hydroxide	LOW (LogKOW = -3.8796)	

Mobility in soil

Ingredient	Mobility
ethylene glycol monobutyl ether	HIGH (KOC = 1)
sodium hydroxide	LOW (KOC = 14.3)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

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)

Product / Packaging disposal

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.
- Treat and neutralise at an approved treatment plant. Treatment should involve: Neutralisation followed by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced 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

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HAZCHEM Land transport (ADG) UN number Packing group Ш CAUSTIC ALKALI LIQUID, N.O.S. (contains sodium hydroxide) UN proper shipping name **Environmental hazard** Not Applicable Class 8 Transport hazard class(es) Subrisk Not Applicable 223 274 Special provisions Special precautions for user 5 L Limited quantity Air transport (ICAO-IATA / DGR) **UN** number Packing group UN proper shipping name Caustic alkali liquid, n.o.s. * (contains sodium hydroxide) **Environmental hazard** Not Applicable ICAO/IATA Class 8 Transport hazard class(es) ICAO / IATA Subrisk Not Applicable **ERG Code** 8L A3A803 Special provisions Cargo Only Packing Instructions 856 Cargo Only Maximum Qty / Pack 60 L Special precautions for user Passenger and Cargo Packing Instructions 852 Passenger and Cargo Maximum Qty / Pack 5 L Passenger and Cargo Limited Quantity Packing Instructions Y841 Passenger and Cargo Limited Maximum Qty / Pack 1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1719		
Packing group	III		
UN proper shipping name	CAUSTIC ALKALI LIQUID, N.O.S. (contains sodium hydroxide)		
Environmental hazard	Not Applicable		
Transport hazard class(es)	IMDG Class 8 IMDG Subrisk Not Applicable		
Special precautions for user	EMS Number F-A, S-B Special provisions 223 274 Limited Quantities 5 L		

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

SODIUM TRIPOLYPHOSPHATE(7758-29-4) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

ETHYLENE GLYCOL MONOBUTYL ETHER(111-76-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards Australia Hazardous Substances Information System - Consolidated Lists Australia Inventory of Chemical Substances (AICS)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

SODIUM HYDROXIDE(1310-73-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

EUCALYPTUS OIL(92502-70-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

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National Inventory	Status
Australia - AICS	Y
Canada - DSL	Υ
Canada - NDSL	N (sodium tripolyphosphate; eucalyptus oil; ethylene glycol monobutyl ether; sodium hydroxide)
China - IECSC	Υ
Europe - EINEC / ELINCS / NLP	Υ
Japan - ENCS	N (sodium tripolyphosphate; eucalyptus oil)
Korea - KECI	Υ
New Zealand - NZIoC	Υ
Philippines - PICCS	Υ
USA - TSCA	Υ
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	
sodium tripolyphosphate	15091-98-2, 7758-29-4	
sodium hydroxide	12200-64-5, 1310-73-2	
eucalyptus oil	8000-48-4, 84625-32-1, 85203-56-1, 91771-68-5, 92502-70-0	

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.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net

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.