Virbac Rapigel Muscle and Joint Relieving Gel
Virbac (Australia) Pty Limited

Chemwatch Hazard Alert Code: **3**

Chemwatch: **3725021**
Version No: **5.1.16.10**
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: **11/01/2019**
Print Date: **08/31/2021**
L.GHS.AUS.EN

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

Product Identifier

Product name	Virbac Rapigel Muscle and Joint Relieving Gel
Chemical Name	Not Applicable
Synonyms	APVMA No: 35731
Proper shipping name	FLAMMABLE LIQUID, N.O.S. (contains isopropanol)
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	Aids in reducing the inflammation and swelling in joints and tendons. Relieves muscle soreness due to over-exertion, fatigue or bruising.

Details of the supplier of the safety data sheet

Registered company name	**Virbac (Australia) Pty Limited**
Address	361 Horsley Road Milperra NSW 2214 Australia
Telephone	1800 242 100
Fax	+61 2 9772 9773
Website	au.virbac.com
Email	au_customerservice@virbac.com.au

Emergency telephone number

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

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Serious Eye Damage/Eye Irritation Category 1, Sensitisation (Skin) Category 1, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Flammable Liquids 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)

H318	Causes serious eye damage.
H317	May cause an allergic skin reaction.
H336	May cause drowsiness or dizziness.
H225	Highly flammable liquid and vapour.

Precautionary statement(s) Prevention

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P271	Use only outdoors or in a well-ventilated area.

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P280	Wear protective gloves, protective clothing, eye protection and face protection.
P240	Ground and bond container and receiving equipment.
P241	Use explosion-proof electrical/ventilating/lighting/intrinsically safe equipment.
P242	Use non-sparking tools.
P243	Take action to prevent static discharges.
P261	Avoid breathing mist/vapours/spray.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.
P302+P352	IF ON SKIN: Wash with plenty of water.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
67-63-0	30-40	isopropanol
89-78-1	1-5	menthol
102-71-6	1-5	triethanolamine
76-22-2	<1	camphor
Not Available	>50	Ingredients determined not to be hazardous
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available*	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	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 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.
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.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.
For acute or short term repeated exposures to isopropanol:

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- Rapid onset respiratory depression and hypotension indicates serious ingestions that require careful cardiac and respiratory monitoring together with immediate intravenous access.
- Rapid absorption precludes the usefulness of emesis or lavage 2 hours post-ingestion. Activated charcoal and cathartics are not clinically useful. Ipecac is most useful when given 30 mins. post-ingestion.
- There are no antidotes.
- Management is supportive. Treat hypotension with fluids followed by vasopressors.
- Watch closely, within the first few hours for respiratory depression; follow arterial blood gases and tidal volumes.
- Ice water lavage and serial haemoglobin levels are indicated for those patients with evidence of gastrointestinal bleeding.

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 http://www.ozemail.com.au/-ouad/SALI0001.HTA

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. ▸ May be violently or explosively reactive. ▸ Wear breathing apparatus plus protective gloves in the event of a fire. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Consider evacuation (or protect in place). ▸ Fight fire from a safe distance, with adequate cover. ▸ If safe, switch off electrical equipment until vapour fire hazard removed. ▸ Use water delivered as a fine spray to control the 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	▸ Liquid and vapour are highly flammable. ▸ Severe fire hazard when exposed to heat, flame and/or oxidisers. ▸ Vapour may travel a considerable distance to source of ignition. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). Combustion products include: carbon dioxide (CO_2) other pyrolysis products typical of burning organic material. **WARNING**: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.
HAZCHEM	•3YE

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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	▸ Remove all ignition sources. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb small quantities with vermiculite or other absorbent material. ▸ Wipe up. ▸ Collect residues in a flammable waste container.
Major Spills	▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ May be violently or explosively reactive. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Consider evacuation (or protect in place). ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Water spray or fog may be used to disperse /absorb vapour. ▸ Contain spill with sand, earth or vermiculite. ▸ Use only spark-free shovels and explosion proof equipment. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ 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. ▸ Avoid smoking, naked lights, heat or ignition sources. ▸ When handling, **DO NOT** eat, drink or smoke. ▸ Vapour may ignite on pumping or pouring due to static electricity. ▸ **DO NOT** use plastic buckets. ▸ Earth and secure metal containers when dispensing or pouring product. ▸ Use spark-free tools when handling. ▸ Avoid contact with incompatible materials. ▸ Keep containers securely sealed. ▸ 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 in approved flame-proof area. ▸ No smoking, naked lights, heat or ignition sources. ▸ **DO NOT** store in pits, depressions, basements or areas where vapours may be trapped. ▸ Keep containers securely sealed. ▸ Store away from incompatible materials in a cool, dry well ventilated area. ▸ 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	▸ Packing as supplied by manufacturer. ▸ Plastic containers may only be used if approved for flammable liquid. ▸ Check that containers are clearly labelled and free from leaks.
Storage incompatibility	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

SECTION 8 Exposure controls / personal protection

Continued...

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	isopropanol	Isopropyl alcohol	400 ppm / 983 mg/m3	1230 mg/m3 / 500 ppm	Not Available	Not Available
Australia Exposure Standards	triethanolamine	Triethanolamine	5 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	camphor	Camphor, synthetic	2 ppm / 12 mg/m3	19 mg/m3 / 3 ppm	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
isopropanol	400 ppm	2000* ppm	12000** ppm
triethanolamine	15 mg/m3	240 mg/m3	1,500 mg/m3

Ingredient	Original IDLH	Revised IDLH
isopropanol	2,000 ppm	Not Available
menthol	Not Available	Not Available
triethanolamine	Not Available	Not Available
camphor	200 mg/m3	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
menthol	E	≤ 0.01 mg/m³
Notes:	*Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.*	

MATERIAL DATA

Exposure controls

Appropriate engineering controls

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.

For flammable liquids and flammable gases, local exhaust ventilation or a process enclosure ventilation system may be required. Ventilation equipment should be explosion-resistant.
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.)

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.

Personal protection

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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 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.
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. ▸ Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity. ▸ For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets). ▸ Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds. Electrical resistance must range between 0 to 500,000 ohms. Conductive shoes should be stored in lockers close to the room in which they are worn. Personnel who have been issued conductive footwear should not wear them from their place of work to their homes and return.

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:
Virbac Rapigel Muscle and Joint Relieving Gel

Material	CPI
NEOPRENE	A
BUTYL	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

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

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NATURAL+NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE/EVAL/PE	C
PVA	C
PVC	C
VITON	C

* CPI - Chemwatch Performance Index
A: Best Selection
B: Satisfactory; may degrade after 4 hours continuous immersion
C: Poor to Dangerous Choice for other than short term immersion
NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -
* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

up to 100 x ES	-	AK-2 P2	AK-PAPR-2 P2 ^

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

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Clear colourless highly flammable gel with cooling odour of menthol; soluble in water.

Physical state	Gel	**Relative density (Water = 1)**	Not Available
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
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	Miscible	**pH as a solution (%)**	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	Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual. Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant 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. Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness,

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	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. The odour of isopropanol may give some warning of exposure, but odour fatigue may occur. Inhalation of isopropanol may produce irritation of the nose and throat with sneezing, sore throat and runny nose. The effects in animals subject to a single exposure, by inhalation, included inactivity or anaesthesia and histopathological changes in the nasal canal and auditory canal.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury. Those possessing lower viscosity elicit a greater response. The result is a high blood level and prompt death at doses otherwise tolerated by ingestion without aspiration. In general the secondary alcohols are less toxic than the corresponding primary isomers. As a general observation, alcohols are more powerful central nervous system depressants than their aliphatic analogues. In sequence of decreasing depressant potential, tertiary alcohols with multiple substituent OH groups are more potent than secondary alcohols, which, in turn, are more potent than primary alcohols. The potential for overall systemic toxicity increases with molecular weight (up to C7), principally because the water solubility is diminished and lipophilicity is increased. Within the homologous series of aliphatic alcohols, narcotic potency may increase even faster than lethality Only scanty toxicity information is available about higher homologues of the aliphatic alcohol series (greater than C7) but animal data establish that lethality does not continue to increase with increasing chain length. Aliphatic alcohols with 8 carbons are less toxic than those immediately preceding them in the series. 10 -Carbon n-decyl alcohol has low toxicity as do the solid fatty alcohols (e.g. lauryl, myristyl, cetyl and stearyl). However the rat aspiration test suggests that decyl and melted dodecyl (lauryl) alcohols are dangerous if they enter the trachea. In the rat even a small quantity (0.2 ml) of these behaves like a hydrocarbon solvent in causing death from pulmonary oedema. Primary alcohols are metabolised to corresponding aldehydes and acids; a significant metabolic acidosis may occur. Secondary alcohols are converted to ketones, which are also central nervous system depressants and which, in he case of the higher homologues persist in the blood for many hours. Tertiary alcohols are metabolised slowly and incompletely so their toxic effects are generally persistent. Large oral doses of salicylates may cause mild burning pain in the throat, stomach and usually prompt vomiting. Several hours may elapse before the development of deep and rapid breathing, lassitude, anorexia, nausea, vomiting, thirst and occasional diarrhoea. Common derivatives of salicylic acid produce substantially the same toxic syndrome, ("salicylism"). Major signs and symptoms arise from stimulation and terminal depression of the central nervous system. Stimulation produces vomiting, hyperpnea (abnormal increase in rate and depth of respiration), headache, tinnitus (ringing in the ears) confusion, bizarre behaviour or mania, generalised convulsions. Death is due to respiratory failure or cardiovascular collapse. Severe sensory disturbances such as deafness and dimness of vision are common. Less common features include sweating, skin eruptions, gastrointestinal and other hemorrhages, renal failure and pancreatitis. A tendency to bleed may be manifest by blood in the vomitus (haematemesis), bloody stools (melena) or purplish-red spots (petechiae) on the skin. Many of the toxic effects detailed here are due to or aggravated by severe disturbance of acid-base balance with the chief cause being prolonged hyperventilation from central stimulation. An assessment of acute salicylate intoxication based on dose suggests; 500 mg/kg: Potentially lethal Following ingestion, a single exposure to isopropyl alcohol produced lethargy and non-specific effects such as weight loss and irritation. Ingestion of near-lethal doses of isopropanol produces histopathological changes of the stomach, lungs and kidneys, incoordination, lethargy, gastrointestinal tract irritation, and inactivity or anaesthesia. Swallowing 10 ml. of isopropanol may cause serious injury; 100 ml. may be fatal if not promptly treated. The adult single lethal doses is approximately 250 ml. The toxicity of isopropanol is twice that of ethanol and the symptoms of intoxication appear to be similar except for the absence of an initial euphoric effect; gastritis and vomiting are more prominent. Ingestion may cause nausea, vomiting, and diarrhoea. There is evidence that a slight tolerance to isopropanol may be acquired.
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. Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. The material may produce mild skin irritation; limited evidence or practical experience suggests, that the material either: ▸ produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or ▸ produces significant, but mild, 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 (non allergic). 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. 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 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. 511ipa
Eye	Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur. Isopropanol vapour may cause mild eye irritation at 400 ppm. Splashes may cause severe eye irritation, possible corneal burns and eye damage. Eye contact may cause tearing or blurring of vision.
Chronic	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 cuase 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 cuase 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

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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.
Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of
appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.
Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.
Mild chronic salicylate intoxication, or "salicylism", may occur after repeated exposures to large doses. Symptoms include dizziness, tinnitus, deafness, sweating, nausea and vomiting, headache and mental confusion. Symptoms of more severe intoxication include hyperventilation, fever, restlessness, ketosis, and respiratory alkalosis and metabolic acidosis. Depression of the central nervous system may lead to coma, cardiovascular collapse and respiratory failure.
Chronic exposure to the salicylates (o-hydroxybenzoates) may produce metabolic and central system disturbances or damage to the kidneys. Persons with pre-existing skin disorders, eye problems or impaired kidney function may be more susceptible to the effects of these substances. Certain individuals (atopics), notably asthmatics, exhibit significant hyper- sensitivity to salicylic acid derivatives. Reactions include urticaria and other skin eruptions, rhinitis and severe (even fatal) bronchospasm and dyspnea. Chronic exposure to the p-hydroxybenzoates (parabens) is associated with hypersensitivity reactions following application of these to the skin. Hypersensitivity reactions have also been reported following parenteral or oral administration. Cross-sensitivity occurs between the p-hydroxybenzoates Hypersensitivity reactions may include by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic oedema), running nose (rhinitis) and blurred vision. Anaphylactic shock and skin rash (non- thrombocytopenic purpura) may also occur. Any individual may be predisposed to such anti-body mediated reaction if other chemical agents have caused prior sensitisation (cross-sensitivity).
Long term or repeated ingestion exposure of isopropanol may produce incoordination, lethargy and reduced weight gain.

Repeated inhalation exposure to isopropanol may produce narcosis, incoordination and liver degeneration. Animal data show developmental effects only at exposure levels that produce toxic effects in the adult animals. Isopropanol does not cause genetic damage in bacterial or mammalian cell cultures or in animals.

There are inconclusive reports of human sensitisation from skin contact with isopropanol. Chronic alcoholics are more tolerant of systemic isopropanol than are persons who do not consume alcohol; alcoholics have survived as much as 500 ml. of 70% isopropanol.

Continued voluntary drinking of a 2.5% aqueous solution through two successive generations of rats produced no reproductive effects.
NOTE: Commercial isopropanol does not contain "isopropyl oil". An excess incidence of sinus and laryngeal cancers in isopropanol production workers has been shown to be caused by the byproduct "isopropyl oil". Changes in the production processes now ensure that no byproduct is formed. Production changes include use of dilute sulfuric acid at higher temperatures.

Virbac Rapigel Muscle and Joint Relieving Gel

TOXICITY	IRRITATION
Not Available	Not Available

isopropanol

TOXICITY	IRRITATION
Dermal (rabbit) LD50: 12792 mg/kg[1]	Eye (rabbit): 10 mg - moderate
Inhalation(Mouse) LC50; 27.2 mg/l4h[2]	Eye (rabbit): 100 mg - SEVERE
Oral(Mouse) LD50; 3600 mg/kg[2]	Eye (rabbit): 100mg/24hr-moderate
	Skin (rabbit): 500 mg - mild

menthol

TOXICITY	IRRITATION
Dermal (rabbit) LD50: >5000 mg/kg[1]	Eye (rabbit): 0.75 mg - SEVERE
Inhalation(Rat) LC50; ~5.289 mg/L4h[1]	Eye: adverse effect observed (irritating)[1]
Oral(Rat) LD50; >2000 mg/kg[1]	Eye: slight *
	Skin: adverse effect observed (irritating)[1]
	Skin: irritant *

triethanolamine

TOXICITY	IRRITATION
Dermal (rabbit) LD50: >11 mg/kg[2]	Eye (rabbit): 0.1 ml -
Oral(Rabbit) LD50; 2200 mg/kg[2]	Eye (rabbit): 10 mg - mild
	Eye (rabbit): 5.62 mg - SEVERE
	minor conjunctival irritation
	no irritation *
	Skin (human): 15 mg/3d (int)-mild
	Skin (rabbit): 4 h occluded
	Skin (rabbit): 560 mg/24 hr- mild

camphor

TOXICITY	IRRITATION
dermal (rat) LD50: >2000 mg/kg[1]	Not Available
Oral(Rat) LD50; >5000 mg/kg[1]	

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*

ISOPROPANOL

For isopropanol (IPA):
Acute toxicity: Isopropanol has a low order of acute toxicity. It is irritating to the eyes, but not to the skin. Very high vapor concentrations are irritating to the eyes, nose, and throat, and prolonged exposure may produce central nervous system depression and narcosis. Human volunteers reported that exposure to 400 ppm isopropanol vapors for 3 to 5 min. caused mild irritation of the eyes, nose and throat.

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	Although isopropanol produced little irritation when tested on the skin of human volunteers, there have been reports of isolated cases of dermal irritation and/or sensitization. The use of isopropanol as a sponge treatment for the control of fever has resulted in cases of intoxication, probably the result of both dermal absorption and inhalation. There have been a number of cases of poisoning reported due to the intentional ingestion of isopropanol, particularly among alcoholics or suicide victims. These ingestions typically result in a comatose condition. Pulmonary difficulty, nausea, vomiting, and headache accompanied by various degrees of central nervous system depression are typical. In the absence of shock, recovery usually occurred. **Repeat dose studies**: The systemic (non-cancer) toxicity of repeated exposure to isopropanol has been evaluated in rats and mice by the inhalation and oral routes. The only adverse effects-in addition to clinical signs identified from these studies were to the kidney. **Reproductive toxicity**: A recent two-generation reproductive study characterised the reproductive hazard for isopropanol associated with oral gavage exposure. This study found that the only reproductive parameter apparently affected by isopropanol exposure was a statistically significant decrease in male mating index of the F1 males. It is possible that the change in this reproductive parameter was treatment related and significant, although the mechanism of this effect could not be discerned from the results of the study. However, the lack of a significant effect of the female mating index in either generation, the absence of any adverse effect on litter size, and the lack of histopathological findings of the testes of the high-dose males suggest that the observed reduction in male mating index may not be biologically meaningful. **Developmental toxicity:** The developmental toxicity of isopropanol has been characterized in rat and rabbit developmental toxicity studies. These studies indicate that isopropanol is not a selective developmental hazard. Isopropanol produced developmental toxicity in rats, but not in rabbits. In the rat, the developmental toxicity occurred only at maternally toxic doses and consisted of decreased foetal body weights, but no teratogenicity **Genotoxicity:** All genotoxicity assays reported for isopropanol have been negative **Carcinogenicity:** rodent inhalation studies were conduct to evaluate isopropanol for cancer potential. The only tumor rate increase seen was for interstitial (Leydig) cell tumors in the male rats. Interstitial cell tumors of the testis is typically the most frequently observed spontaneous tumor in aged male Fischer 344 rats. These studies demonstrate that isopropanol does not exhibit carcinogenic potential relevant to humans. Furthermore, there was no evidence from this study to indicate the development of carcinomas of the testes in the male rat, nor has isopropanol been found to be genotoxic. Thus, the testicular tumors seen in the isopropanol exposed male rats are considered of no significance in terms of human cancer risk assessment
MENTHOL	Bacterial mutagenicity (Ames) test: negative * No evidence of carcinogenic, mutagenic or teratogenic effects After inhalation ; mucosal irritation After swallowing: gastric spasms, nausea, vomiting Systemic effects: dizziness, ataxia (impaired locomotor coordination), tiredness, depressed respiration. Risk of methaemoglobin formation. *Merck MSDS With few exceptions * (see below) there are no safety concerns regarding certain cyclic and non-cyclic terpene alcohols **, as fragrance ingredients, under the present declared levels of use and exposure for the following reasons · The non-cyclic and cyclic terpene alcohols have a low order of acute toxicity · No significant toxicity was observed in repeated dose toxicity tests; it is concluded that these materials have dermal and oral NOAELs of 50 mg/kg body weight/day or greater. · These materials were inactive in mutagenicity and genotoxicity tests. · Based on data on metabolism it is concluded that members of this category exhibit similar chemical and biochemical fate. · Although there is some indication for the production of reactive metabolites by some materials, these metabolites appear to be efficiently detoxicated and not expected to result in overt toxicity. There is no indication for the production of persistent metabolites. · The results from materials studied to date are indicative of the group and there are no grounds for environmental concern with respect to cyclic and non-cyclic terpene alcohol compounds as currently used in fragrance compounds. · Human dermatological studies show that, at current use levels, these materials are practically non-irritating. · The sensitization potential is generally low. · The margin of safety is generally greater than 100 times the maximum daily exposure. Sufficient data are available from farnesol, linalool, menthol and a-terpineol, i.e., compounds that contain all key structural elements and potential sites of metabolism of all other members in the group, to demonstrate that the non-cyclic and cyclic terpenes share common metabolic pathways. In most cases, metabolism yields innocuous metabolites. Some materials, however, may generate alpha, b-unsaturated compounds or be oxidized to hydroperoxides. Such compounds have the capacity to participate in a range of nucleophilic and electrophilic addition reactions with biological material. * Safety concerns exist for:the following substances for the following reasons. · 6,7-Dihydrogeraniol, hydroabietyl alcohol and 6-isopropyl-2-decahydro-naphthalenol are potent skin sensitizers. These materials are prohibited for use in fragrance materials by IFRA Standards. · Farnesol is a weak sensitizer. Its use in fragrance materials is therefore restricted by IFRA Standards. · Sclareol and linalool may contain impurities and/or oxidation products that are strong sensitizers. For use in fragrance materials,these compounds must comply with the purity criteria stated in their IFRA Standards. · No sensitization test results were available for 2(10)-pinen-3-ol, 2,6-dimethyloct-3,5-dien-2-ol, and 3,7-dimethyl-4,6-octadien-3-ol. These materials should be regarded as potential sensitizers until tested. ** The common characteristic structural element of acyclic -noncyclic- and cyclic terpene alcohols is the typically branched isoprene unit 2-methyl-1,3-butadiene The Research Institute for Fragrance Materials (RIFM) Expert Panel for kappa-opioid agonists: kappa-Opioid receptors are widely distributed in the brain (hypothalamus, periaqueductal gray, and claustrum), spinal cord (substantia gelatinosa), and in pain neurons kappa-Opioid receptor agonists are dysphoric (produce uncomfortable/ unpleasant moods such as sadness) but dysphoria from kappa-opioid receptor agonists has been shown to differ between sexes..The kappa-opioid receptor has been strongly implicated as an integral neurochemical component of addiction and the remission thereof. The kappa-opioid receptor also mediates the action of the hallucinogenic side effects of opioids such as pentazocine It is now widely accepted that kappa-opioid receptor (partial) agonists have dissociative effects (reduce/ block signals to the conscious mind from other parts of the brain) and deliriant effects (producing stupour, confusion), as exemplified by salvinorin A. These effects are generally undesirable in medicinal drugs and could have had frightening or disturbing effects in the tested humans. It is thought that the hallucinogenic effects of drugs such as butorphanol, nalbuphine, and pentazocine serve to limit their opiate abuse potential. In the case of salvinorin A, a structurally novel neoclerodane diterpene kappa-opioid receptor agonist, these hallucinogenic, more specifically deliriant and dissociative, effects are sought after, even though the substance is inherently dysphoric. While salvinorin A is considered a hallucinogen, it is not a psychedelic, and its effects are qualitatively different than those produced by the classical psychedelic hallucinogens such as LSD or mescaline. The involvement of the kappa-opioid receptor in stress response has been elucidated. kappa-Opioid agonists have very marked effects on all types of addiction including alcohol and opiate abuse. There are numerous studies which reflect a reduction in self-administration of alcohol; heroin dependence has also been shown to be effectively treated with kappa-opioid agonism by reducing the immediate rewarding effects and by causing the curative effect of up-regulation of mhu opioid receptors which have been down-regulated during opioid abuse Activation of the kappa-opioid receptor appears to antagonise many of the effects of the mhu-opioid receptor.. kappa-Opioid receptor ligands are also known for their characteristic diuretic effects, due to their negative regulation of antidiuretic hormone (ADH). kappa-Opioid agonism is neuroprotective against hypoxia/ ischaemia; as such, kappa-opioid receptors may represent a novel therapeutic target
TRIETHANOLAMINE	Lachrymation, diarrhoea, convulsions, urinary tract changes, changes in bladder weight, changes in testicular weight, changes in thymus weight, changes in liver weight, dermatitis after systemic exposure, kidney, ureter, bladder tumours recorded. Equivocal tumourigen by RTECS criteria. Dermal rabbit value quoted above is for occluded patch in male or female animals * Union Carbide While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds,

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characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects.

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

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

Inhalation:

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

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

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

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

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

Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema.

Skin Contact:

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

Skin contact with some amines may result in allergic sensitisation. Sensitised persons should avoid all contact with amine catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient.

Eye Contact:

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

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

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

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

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

Ingestion:

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

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

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

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

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

For triethanolamine (and its salts):

Acute toxicity: Triethanolamine is of low toxicity by the oral, dermal and inhalation routes of exposure. Oral LD50 values have been shown to range from approximately 5-10 g/kg. The dermal LD50 is greater than 2 g/kg . The inhalation LC50 is greater than a saturated atmosphere

Repeat Dose Toxicity: The studies to determine toxicity of triethanolamine from repeated exposure were conducted for a duration of 91 days or 2 years. In both studies the NOAEL was at least 1000 mg/kg. There was no evidence of gross or histopathological change that could be attributed to treatment. Also, triethanolamine was shown to be non-carcinogenic.

Genetic Toxicity: Mutation (bacterial);This endpoint has been satisfied by two studies using 4 strains (TA 98, TA 100, TA 1535 and TA 1537) of *Salmonella typhimurium.* Triethanolamine was not mutagenic in any of the tester strains.

Chromosomal aberration (mammalian, *in vitro*) – This endpoint was satisfied by a cytogenetic assay using Chinese hamster lung cells. Triethanolamine did not induce chromosome aberrations in this test system.

Reproductive Toxicity: No studies have been conducted to specifically evaluate the effect of triethanolamine on reproductive performance. However, based on consideration of the repeat dose toxicity studies of at least 90 days duration, there were no abnormalities noted in the histopathological examination of reproductive organs. This fact, and the lack of effects on foetal development, allow the conclusion that triethanolamine would not be expected to produce adverse effects to reproductive performance and fertility.

Developmental Toxicity: This endpoint was satisfied using a developmental toxicity screening study according to the Chernoff-Kavlock method . Based on the results from this test, triethanolamine does not impair development of the fetus.

A Cosmetic Ingredient Review (CIR) expert panel conducted a review of triethanolamine-containing personal care products

The panel was concerned with the levels of free diethanolamine that could be present as an impurity in TEA or TEA-containing ingredients. The panel stated that the amount of free diethanolamine available must be limited to the present practices of use and concentration of diethanolamine.

The Panel concluded that TEA and 31 related TEA-containing ingredients, are safe when formulated to be nonirritating and when the levels of free diethanolamine do not exceed the prescribed levels. These ingredients should not be used in cosmetic products in which N-nitroso compounds can be formed.

Dermal carcinogenicity studies performed by the NTP on TEA reported equivocal evidence of carcinogenic activity in male mice based on the occurrence of liver hemangiosarcoma, some evidence of carcinogenic activity in female mice based on increased incidences of hepatocellular adenoma, and equivocal evidence of carcinogenic activity in male rats based on a marginal increase in the incidence of renal tubule cell adenoma. It has been hypothesized that TEA may cause liver tumours in mice via a choline-depletion mode of action. Humans are much less sensitive to this deficiency, and these hepatic findings are considered to have little relevance to humans regarding the safety of the use of TEA in personal care products.

The panel was concerned that the potential exists for dermal irritation with the use of products formulated using TEA or TEA-related ingredients. The panel specified that products containing these ingredients must be formulated to be nonirritating.

Tertiary alkyl amines such as TEA do not react with N-nitrosating agents to directly form nitrosamines. However, tertiary amines can act as precursors in nitrosamine formation by undergoing nitrosative cleavage.he resultant secondary amine (ie, diethanolamine) can then be N-nitrosated to products that may be carcinogenic. Because of the potential for this process to occur, TEA and TEA-containing ingredients should not be used in cosmetic products in which N-nitroso compounds can be formed.

Safety Assessment of Triethanolamine and Triethanolamine-Containing Ingredients as Used in Cosmetics: International Journal of Toxicology (supplement 1) 59S-83S. 2013

http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.901.4174&rep=rep1&type=pdf

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	NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.
CAMPHOR	for (+/-) -camphor: [CAS No. 21368-68-3] Nil reported Camphor appears to have moderate acute oral toxicity, with an LD50 of 1310 mg/kg in mice. It demonstrated moderate to high toxicity in acute inhalation studies(450 mg/m3 (72 ppm) in mice and 500 mg/m3 (80 ppm) in rats). In subchronic studies,inhaled camphor resulted in emphysema in mice at 210 mg/m3 (33 ppm) and rabbits at 33 mg/m3 (5 ppm). In 13-week subchronic dermal studies, camphor had NOAELs of 1000 mg/kg bw/day in mice and 250 mg/kg bw/day in rats. IPCS reported negative results in carcinogenicity tests for camphor. In addition, camphor was negative for genotoxicity in a microsome mutagenesis test, and a peripheral blood micronucleus assay. Reproductive toxicity studies were not available for camphor, however, in developmental toxicity studies, camphor demonstrated no foetal toxicity (with NOAELs 800 mg/kg bw/day in rats) at dose levels that resulted in maternal toxicity For bicyclic terpenes: **Acute toxicity**: The literature abounds with clinical reports of accidental and intentional acute poisoning with pinene-based turpentine. Rat oral LD50 values are available for *alpha*-pinene, *beta*-pinene, camphene and turpentine oil and indicate these materials to be very low in oral acute toxicity with LD50 values in the range from 3388 mg/kg to greater than 5000 mg/kg. Rabbit dermal LD50 values similarly indicate very low toxicities with values greater than the limit doses of 2000 or 5000 mg/kg. Acute inhalation toxicity has been measure in different animal species. The acute LC50 was reported to be 13,500 mg/m3 in rats, 13,500 mg/m3 in guinea pigs, and 9000 mg/m3 in mice . The acute inhalation LC50 of commercial grade turpentine in Wistar rats is reported to be in the range of 12,000-20,000 mg/m3 for 1 to 6 hour exposures and the LC50 for a 2-hour exposure in Swiss-Webster mice is 29,000 mg/m3 . Based on these results the acute oral, dermal, and inhalation toxicities of bicyclic terpene hydrocarbons is concluded to be low. **Repeat dose toxicity**: A 28-day repeat dose study has been performed with camphene according to an OECD Guideline 407 in both sexes of Wistar rats. Animals of both sexes at the 1000 mg/kg bw/day dose exhibited vacuolization of hepatocytes and increase liver weights. Male rats also exhibited *alpha*-2-microglobulin-type nephrotoxicity at all dose levels. Subsequent investigations have shown that the *alpha*-2-microglobulin nephropathy found in the F344/N male rat does not develop in mammals that do not express the hepatic form of *alpha*-2-microglobulin (e.g. other strains of rats, mice, dogs, humans). Therefore, the nephrotoxicity observed in the camphene study in male F344 rats is not relevant to the human health risk assessment. Based on liver toxicity, the NOAEL for this study is concluded to be 250 mg/kg bw/day **Reproductive toxicity:** In the a-animal species study, no reproductive effects were observed when dose levels of up to 260 to 600 mg/kg bw of an essential oil predominantly composed of bicyclic terpene hydrocarbons (*alpha*-pinene, *beta*-pinene, and sabinene) was administered daily to mice, rats, or hamsters during gestation. When this data is combined with the fact that no adverse effects were observed to the reproductive organs in a 28-day study with camphene at dose levels up to 250 mg/kg bw/day, it is concluded that bicyclic terpene hydrocarbons including *alpha*-pinene and *beta*-pinene are not reproductive toxicants Two ninety day inhalation studies have been performed for alpha-pinene in which a full complement of male and female sex organs and tissues were subjected to histopathological examination. Both studies reported no microscopic changes that could be associated with exposure to the test substance. Taking into account the lack of any effects to females in a earlier teratology study, the absence of any maternal or developmental effects in a reproductive/developmental study of a pinene-based oil and for a structurally related monoterpene hydrocarbon, myrcene, it can be concluded that the members of this category show no significant reproductive or developmental toxicity **Developmental toxicity:.** Based on the NOAELs for maternal and developmental toxicity in studies with camphene (250 and 1000 mg/kg bw/day) and a terpene hydrocarbon mixture containing *alpha*- and *beta*-pinene and camphene (688 mg/kg bw/day) , and the lack of any signs of maternal or developmental toxicity in a mice, rats, or hamsters given 260 to 600 mg/kg bw/day of a mixture composed primarily (>80%) of *alpha*- and *beta*-pinene and sabinene, it is concluded that bicyclic terpene hydrocarbons are not maternal or developmental toxicants. **Genotoxicity:** ***In vitro:*** *In vitro* genotoxicity assays available for *alpha*-pinene, *beta*-pinene and camphene demonstrate that these substances have a little, if any, genotoxic potential. In standard Ames assays of *alpha*-pinene, *beta*-pinene and camphene, *Salmonella typhimurium* strains TA97, TA98, TA100, TA1535, TA1537, and TA1538 provided no evidence of mutagenicity at any dose tested. ***In vivo:*** Based on the lack of any evidence of genotoxicity in numerous *in vitro* assays with and without metabolic activation, it is unlikely that any of these bicyclic terpenes would exhibit a significant genotoxic potential *in vivo*.
ISOPROPANOL & MENTHOL & TRIETHANOLAMINE & CAMPHOR	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.
ISOPROPANOL & TRIETHANOLAMINE	The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. The substance is classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.
MENTHOL & TRIETHANOLAMINE & CAMPHOR	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.
MENTHOL & CAMPHOR	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 connubial 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

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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 suffcient 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 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.
In the case of prehaptens, it is possible to prevent activation outside the body to a certain extent by different measures, e.g. prevention of air exposure during handling and storage of the ingredients and the final product, and by the addition of suitable antioxidants. When antioxidants are used, care should be taken that they will not be activated themselves and thereby form new sensitisers.
Prehaptens
Most terpenes with oxidisable allylic positions can be expected to autoxidise on air exposure due to their inherent properties. Depending on the stability of the oxidation products that are formed, a difference in the sensitisation potency of the oxidised terpenes can be seen
Autoxidation is a free radical chain reaction in which hydrogen atom abstraction in combination with addition of oxygen forms peroxyl radicals. The reaction shows selectivity for positions where stable radicals can be formed. So far, all fragrance substances that have been investigated with regard to the influence of autoxidation on the allergenic potential, including identification of formed oxidation products, have oxidisable allylic positions that are able to form hydroperoxides and/or hydrogen peroxide as primary oxidation products upon air exposure. Once the hydroperoxides have been formed outside the skin they form specific antigens and act as skin sensitisers. Secondary oxidation products such as aldehydes and epoxides can also be allergenic, thus further increasing the sensitisation potency of the autoxidation mixture. The process of photoactivation may also play a role, but further research is required to establish whether this activation route is currently underestimated in importance due to insufficient knowledge of the true haptens in this context.
It should be noted that activation of substances via air oxidation results in various haptens that might be the same or cross-reacting with other haptens (allergens). The main allergens after air oxidation of linalool and linalyl acetate are the hydroperoxides. If linalyl acetate is chemically hydrolysed outside the skin it can thereafter be oxidised to the same haptens as seen for linalool. A corresponding example is citronellol and citronellyl acetate. In clincal studies, concomitant reactions to oxidised linalool and oxidised linalyl acetate have been observed. Whether these reactions depend on cross-reactivity or are due to exposure to both fragrance substances cannot be elucidated as both have an allergenic effect themselves. Linalool and linalyl acetate are the main components of lavender oil. They autoxidise on air exposure also when present in the essential oil, and form the same oxidation products found in previous studies of the pure synthetic terpenes. Experimental sensitisation studies showed that air exposure of lavender oil increased the sensitisation potency. Patch test results in dermatitis patients showed a connection between positive reactions to oxidised linalool, linalyl acetate and lavender oil.
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

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	convert relatively harmless compounds into reactive species. Cutaneous enzymes that catalyse 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 sensitisers has not been studied in detail. Skin sensitising prohaptens 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 prohaptens) 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 prohaptens. 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. A member or analogue of a group of alicyclic substance generally regarded as safe (GRAS) . The majority of alicyclic substances used as flavour ingredients are mono- and bicyclic terpenes which occur naturally in a wide variety of foods. Alicyclic compounds have one or more all-carbon rings which may be either saturated or unsaturated, but do not have aromatic character; alicyclic compounds may have one or more aliphatic side chains attached. With the exception of pulegone, alicyclic substances exhibit very low oral acute toxicity (i.e. LD50 > 1000 mg/kg). Rodent LD50 values in the range from 1000 to more than 5000 mg/kg have been reported for 83 of the 1199 alicyclic- substances in this group The majority of these LD50 values are greater than 2000 mg/kg. In most of the reported subchronic studies, no adverse effects were observed at any dose level. In studies that showed adverse effects (e.g. studies for alpha- and beta ionone and iso-bornyl acetate), NOAELs were in the range from 15 mg/kg/day to 500 mg/kg/day. The dose levels that resulted in no adverse effects for a parent or representative substance was at least 1000 times the total daily per capita intake, as flavour ingredients, for all members of this group.. The metabolic options available to alicyclic substances increase with an increase in the number and types of functional groups and ring substituents in the molecule. If a primary alcohol, aldehyde or carboxylic acid function is present on an alkyl side-chain, the substance may undergo beta-oxidation and cleavage. If the number of carbons in the side-chain is even,beta oxidation may lead to cleavage of the alicyclic ring. If the number of carbons in the side-chain is even, beta-oxidation may lead to cleavage of the alicyclic ring. Alicyclic terpenoid primary alcohols which contain alkyl ring substituents generally oxidize to the corresponding carboxylic acid, conjugate with glucuronic acid, and are excreted. Terpenoid aldehydes also undergo oxidation to the corresponding carboxylic acid or, to a lesser extent, reduction to the corresponding alcohol with subsequent conjugation and excretion.If the substance has an endocyclic alkene function and is excreted into the bile, intestinal microflora may promote hydrogenation of the double bond. Excretion metabolites, therefore, may include conjugates of the reduced form of the alcohol or acid. As with acyclic substances, simple, unsubstituted,.alicyclic secondary alcohols and ketones are readily interconverted by oxidation-reduction reactions. For low molecular weight, polar alicyclic substances the ketone is stereoselectively reduced by cytosolic carbonyl reductases to yield the secondary alcohol which is conjugated primarily with glucuronic acid. The resuling conjugate may be excreted in the faeces or, more importantly, enter enterohepatic circulation and be excreted in the urine. For higher molecular weight, more lipophilic substances or those with sterically hindered functional groups, oxidation of a ring position by non-specific cytochrome P-450 mixed-function oxidases may compete with reduction of the ketone function or oxidation of the alcohol function. If the alicyclic alcohol or ketone contains an endocyclic double bond, oxidation or hydrogenation of the alkene may lead to additional metabolites. If a secondary alcohol or ketone function is located on a ring containing alkyl substituents, as in simple terpenoid derivatives, oxidation of the alkyl substituents competes with oxidation-reduction reactions of the alcohol or ketone function. If the substance contains allylic or tertiary hydrogens, the rate of oxidation increases often leading to polyoxygenated metabolites. Substances exhibiting greater lipophilicity may undergo oxidation of the secondary alcohol function to the corresponding ketone in addition to oxidation of alkyl substituents If the functional group is on an alkyl side-chain, as in the ionone derivatives, the ketone may be reduced to the corresponding alcohol. In addition, oxidation of activated ring positions may also occur. Tertiary alcohol functions are relatively stable in vivo and eventually are excreted as the glucuronic acid conjugates. Ring alkyl substituents of tertiary alcohols are generally oxidized to diols and hydroxyacids, similar to that of secondary alcohols and ketones. Tertiary alcohols with ring unsaturation would yield products of hydrogenation or oxidation of the alkene. Flavor and Extract Manufacturers' Association (FEMA)
MENTHOL & TRIETHANOLAMINE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

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

Virbac Rapigel Muscle and Joint Relieving Gel

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

isopropanol

Endpoint	Test Duration (hr)	Species	Value	Source
EC50(ECx)	24h	Algae or other aquatic plants	0.011mg/L	4
EC50	72h	Algae or other aquatic plants	>1000mg/l	1
LC50	96h	Fish	4200mg/l	4
EC50	48h	Crustacea	7550mg/l	4

Continued...

	EC50	96h	Algae or other aquatic plants	>1000mg/l	1

menthol

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	72h	Algae or other aquatic plants	0.089mg/l	2
EC50	72h	Algae or other aquatic plants	0.33mg/l	2
LC50	96h	Fish	18.9mg/l	2
EC50	48h	Crustacea	26.6mg/l	2

triethanolamine

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>107<260mg/l	2
EC50	48h	Crustacea	565.2-658.3mg/l	4
LC50	96h	Fish	11800mg/l	2
EC10(ECx)	96h	Algae or other aquatic plants	7.1mg/l	1
BCF	1008h	Fish	<0.4	7
EC50	96h	Algae or other aquatic plants	169mg/l	1

camphor

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	72h	Algae or other aquatic plants	0.032mg/l	2
EC50	72h	Algae or other aquatic plants	0.3mg/l	2
LC50	96h	Fish	33.25mg/l	2
EC50	48h	Crustacea	4.23mg/l	2
EC50	96h	Algae or other aquatic plants	6.951mg/l	2

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*

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
isopropanol	LOW (Half-life = 14 days)	LOW (Half-life = 3 days)
menthol	HIGH	HIGH
triethanolamine	LOW	LOW
camphor	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
isopropanol	LOW (LogKOW = 0.05)
menthol	LOW (BCF = 15)
triethanolamine	LOW (BCF = 3.9)
camphor	LOW (LogKOW = 2.74)

Mobility in soil

Ingredient	Mobility
isopropanol	HIGH (KOC = 1.06)
menthol	LOW (KOC = 66.19)
triethanolamine	LOW (KOC = 10)
camphor	LOW (KOC = 106)

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.

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)

Continued...

	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	•3YE

Land transport (ADG)

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

Air transport (ICAO-IATA / DGR)

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

Sea transport (IMDG-Code / GGVSee)

UN number	1993
UN proper shipping name	FLAMMABLE LIQUID, N.O.S. (contains isopropanol)
Transport hazard class(es)	IMDG Class: 3 IMDG Subrisk: Not Applicable
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	EMS Number: F-E , S-E Special provisions: 274

Continued...

	Limited Quantities	1 L

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

Not Applicable

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

Product name	Group
isopropanol	Not Available
menthol	Not Available
triethanolamine	Not Available
camphor	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
isopropanol	Not Available
menthol	Not Available
triethanolamine	Not Available
camphor	Not Available

SECTION 15 Regulatory information

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

isopropanol is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

menthol is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

triethanolamine is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

camphor is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (isopropanol; menthol; triethanolamine)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.*

SECTION 16 Other information

Revision Date	11/01/2019
Initial Date	11/01/2009

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SDS Version Summary

Version	Date of Update	Sections Updated
4.1.1.1	05/30/2017	Chronic Health, Classification, Ingredients, Physical Properties
5.1.1.1	11/01/2019	One-off system update. NOTE: This may or may not change the GHS classification
5.1.2.1	04/26/2021	Regulation Change
5.1.3.1	05/03/2021	Regulation Change
5.1.4.1	05/06/2021	Regulation Change
5.1.5.1	05/10/2021	Regulation Change
5.1.5.2	05/30/2021	Template Change
5.1.5.3	06/04/2021	Template Change
5.1.5.4	06/05/2021	Template Change
5.1.6.4	06/07/2021	Regulation Change
5.1.6.5	06/09/2021	Template Change
5.1.6.6	06/11/2021	Template Change
5.1.6.7	06/15/2021	Template Change
5.1.7.7	06/17/2021	Regulation Change
5.1.8.7	06/21/2021	Regulation Change
5.1.8.8	07/05/2021	Template Change
5.1.9.8	07/14/2021	Regulation Change
5.1.10.8	07/19/2021	Regulation Change
5.1.10.9	08/01/2021	Template Change
5.1.11.9	08/02/2021	Regulation Change
5.1.12.9	08/05/2021	Regulation Change
5.1.13.9	08/09/2021	Regulation Change
5.1.14.9	08/23/2021	Regulation Change
5.1.15.9	08/26/2021	Regulation Change
5.1.15.10	08/29/2021	Template Change
5.1.16.10	08/30/2021	Regulation Change

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit
IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations
ES: Exposure Standard
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index
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

Continued...

end of SDS