

Virbac EASOTIC Ear Suspension for Dogs

Virbac (Australia) Pty Limited

Chemwatch Hazard Alert Code: 1

Chemwatch: 6577503

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Safety Data Sheet according to WHS and ADG requirements

L.GHS.AUS.EN

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

Product Identifier

Product name	Virbac EASOTIC Ear Suspension for Dogs
Synonyms	APVMA No: 63501
Other means of identification	Not Available

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

Relevant identified uses	Ear suspension for dogs.
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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	www.virbac.com.au
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	S4
Classification	Not Applicable

Label elements

GHS label elements	Not Applicable
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SIGNAL WORD	NOT APPLICABLE
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Hazard statement(s)

Not Applicable

Precautionary statement(s) Prevention

Not Applicable

Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
22832-87-7	0-2	<u>miconazole nitrate</u>
1405-41-0	0-1	<u>gentamicin sulfate</u>
74050-20-7	0-1	<u>hydrocortisone aceponate</u>
8002-74-2	>60	<u>paraffin wax</u>

SECTION 4 FIRST AID MEASURES**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes 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	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ 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

- ▶ Heavy and persistent skin contamination over many years may lead to dysplastic changes. Pre-existing skin disorders may be aggravated by exposure to this product.
- ▶ In general, emesis induction is unnecessary with high viscosity, low volatility products, i.e. most oils and greases.
- ▶ High pressure accidental injection through the skin should be assessed for possible incision, irrigation and/or debridement.

NOTE: Injuries may not seem serious at first, but within a few hours tissue may become swollen, discoloured and extremely painful with extensive subcutaneous necrosis. Product may be forced through considerable distances along tissue planes.

Aminoglycoside antibiotics may be removed by haemodialysis or to a lesser extent by peritoneal dialysis. Calcium salts given intravenously have been used to counter neuromuscular blockade; the effectiveness of neostigmine has been variable.

MARTINDALE: The Extra Pharmacopoeia, 29th Edition.

The adverse effects of corticosteroids are almost always due to their use in excess of physiological requirements. Symptomatic treatment is called for. Where possible the dose should be withdrawn or reduced. Acute renal insufficiency should be treated with intravenous hydrocortisone sodium succinate with infusions of 0.9% dextrose. *MARTINDALE, The Extra Pharmacopoeia, 29th Ed.*

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Patients or individuals exposed regularly in an occupational setting, should be evaluated periodically for evidence of HPA axis suppression. The evaluation may be performed by using the ACTH stimulation, A.M. plasma cortisol and urinary free cortisol tests. If HPA axis suppression is confirmed the individual should be removed from exposure. Recovery of the HPA axis function is generally prompt upon exposure cessation. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur, requiring supplemental systemic corticosteroids.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- ▶ 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
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include:</p> <ul style="list-style-type: none"> , carbon dioxide (CO₂) , other pyrolysis products typical of burning organic material. <p>NOTE: Burns with intense heat. Produces melting, flowing, burning liquid and dense acrid black smoke. May emit poisonous fumes. May emit corrosive fumes.</p>
HAZCHEM	Not Applicable

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ 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 spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	<p>Moderate hazard.</p> <ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course.

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- ▶ No smoking, naked lights or ignition sources.
- ▶ Increase ventilation.
- ▶ Stop leak if safe to do so.
- ▶ Contain spill with sand, earth or vermiculite.
- ▶ 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	<ul style="list-style-type: none"> ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ Electrostatic discharge may be generated during pumping - this may result in fire. ▶ Ensure electrical continuity by bonding and grounding (earthing) all equipment. ▶ Restrict line velocity during pumping in order to avoid generation of electrostatic discharge (≤ 1 m/sec until fill pipe submerged to twice its diameter, then ≤ 7 m/sec). ▶ Avoid splash filling. ▶ Do NOT use compressed air for filling discharging or handling operations. ▶ 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 or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ No smoking, naked lights or ignition sources. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Glass container is suitable for laboratory quantities ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<p>CARE: Water in contact with heated material may cause foaming or a steam explosion with possible severe burns from wide scattering of hot material. Resultant overflow of containers may result in fire.</p> <ul style="list-style-type: none"> ▶ Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	paraffin wax	Paraffin wax (fume)	2 mg/m3	Not Available	Not Available	Not Available

EMERGENCY LIMITS

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Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
paraffin wax	Paraffin, n-	6 mg/m3	66 mg/m3	400 mg/m3

Ingredient	Original IDLH	Revised IDLH
miconazole nitrate	Not Available	Not Available
gentamicin sulfate	Not Available	Not Available
hydrocortisone aceponate	Not Available	Not Available
paraffin wax	Not Available	Not Available

MATERIAL DATA

Exposure controls

For molten materials:

Provide mechanical ventilation; in general such ventilation should be provided at compounding/ converting areas and at fabricating/ filling work stations where the material is heated. Local exhaust ventilation should be used over and in the vicinity of machinery involved in handling the molten material.

Keep dry!!

Processing temperatures may be well above boiling point of water, so wet or damp material may cause a serious steam explosion if used in unvented equipment.

Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.

HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.

When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.

Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.

Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required.

Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. 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, 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 (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, 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 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 2

Appropriate engineering controls

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	<p>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.</p> <p>The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.</p> <p>The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:</p> <p>10; high efficiency particulate (HEPA) filters or cartridges</p> <p>10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.</p> <p>25-50; a full face-piece negative pressure respirator with HEPA filters</p> <p>50-100; tight-fitting, full face-piece HEPA PAPR</p> <p>100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.</p>
<p>Personal protection</p>	
<p>Eye and face protection</p>	<p>When handling very small quantities of the material eye protection may not be required. For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:</p> <ul style="list-style-type: none"> ▶ Chemical goggles. ▶ Face shield. Full face shield may be required for supplementary but never for primary protection of eyes. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
<p>Skin protection</p>	<p>See Hand protection below</p>
<p>Hands/feet protection</p>	<p>NOTE:</p> <ul style="list-style-type: none"> ▶ 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. <p>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.</p> <p>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.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturizer is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> · 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. <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>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.</p> <p>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.</p>

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	<p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> - 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 <p>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.</p> <ul style="list-style-type: none"> ▶ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▶ Double gloving should be considered. ▶ PVC gloves. ▶ Change gloves frequently and when contaminated, punctured or torn. ▶ Wash hands immediately after removing gloves. ▶ Protective shoe covers. [AS/NZS 2210] ▶ Head covering. ▶ When handling hot materials wear heat resistant, elbow length gloves. ▶ Rubber gloves are not recommended when handling hot objects, materials ▶ Protective gloves eg. Leather gloves or gloves with Leather facing
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ When handling hot or molten liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. ▶ Usually handled as molten liquid which requires worker thermal protection and increases hazard of vapour exposure. ▶ CAUTION: Vapours may be irritating. ▶ For quantities up to 500 grams a laboratory coat may be suitable. ▶ For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs. ▶ For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers. ▶ For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection. ▶ Eye wash unit. ▶ Ensure there is ready access to an emergency shower. ▶ For Emergencies: Vinyl suit
Thermal hazards	Not Available

Respiratory protection

Type A-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	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-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.

For molten materials:

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Liquid suspension; does not mix with water.		
Physical state	Liquid	Relative density (Water = 1)	0.870

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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 (g/L)	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	<p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>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.</p> <p>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.</p> <p>Systemic absorption of aerosols containing corticosteroids may produce adrenal insufficiency and collapse.</p> <p>Processing for an overly long time or processing at overly high temperatures may cause generation and release of highly irritating vapours, which irritate eyes, nose, throat, causing red itchy eyes, coughing, sore throat.</p> <p>Inhalation hazard is increased at higher temperatures.</p> <ul style="list-style-type: none"> ▶ Usually handled as molten liquid which requires worker thermal protection and increases hazard of vapour exposure. ▶ CAUTION: Vapours may be irritating.
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>The absorption of n-paraffins is inversely proportional to the carbon chain length, with little absorption above C30. n-Paraffins may be absorbed to a greater extent than iso- or cyclo-paraffins.</p> <p>Results of extraction and migration tests that have been performed on waxes and wax-bearing products indicate that hydrocarbon waxes consumed in the diet are unlikely to be absorbed or metabolised in detectable or significant amounts.</p>

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Hydrocarbon waxes are less likely to be toxic than hydrocarbon oils because:

- they generally consist of longer-chain hydrocarbons than the hydrocarbons in oils and, thus, are solids at ambient and body temperatures
- they cannot be readily dispersed as emulsions at body temperatures,
- migration tendencies and solubility in most media is minimal or zero.

Corticosteroids (glucocorticoids) affect carbohydrate, protein and fat metabolism, the cardiovascular system, kidney, skeletal muscle, the nervous system and other organs and tissues. Other adverse systemic effects include effects on blood chemistry, atrophy of the adrenal cortex, spleen, thymus and lymph nodes, swelling of hepatocytes (liver cells), liver enlargement, diminished thyroid activity, hypocellularity of the marrow, bone resorption, skeletal changes and muscle wasting. The corticosteroids may also modify the ability of the body's immune system to react to diverse stimuli; this may lead to the reactivation of latent tuberculosis, enhance the effect of secondary eye infections produced by fungi or viruses or mask certain signs of infection. Hypersensitivity reactions may result. Large doses of corticosteroids may produce an excessive action on electrolyte balance, inhibit gluconeogenesis, delay wound healing and tissue repair and may inhibit the secretion of corticotrophin by the anterior lobe of the pituitary gland. Disturbances in electrolyte balance result in the retention of sodium and water, with oedema and hypertension, and the excretion of potassium with the possible development of hypokalaemic alkalosis. Cardiac failure may occur in extreme cases. The synthetic corticosteroids generally produce a lesser effect on electrolyte balance than those that occur naturally (mineralocorticoids are the exception). High blood glucose levels (hyperglycaemia), often concurrent with the presence of sugar in the urine, may also result following corticosteroid exposure. Other adverse effects produced by high doses of corticosteroids include those typical of hyperactivity of the adrenal cortex including a moon-shaped face, sometimes with hirsutism, buffalo hump, flushing, increased bruising, striae, and acne, and sometimes full-blown Cushing's syndrome. Cushing's syndrome describes redistribution of fat, often with great obesity, muscular weakness, skeletal weakness, high blood pressure and the characteristic rounded or "moon" face. Symptoms are usually reversed on withdrawal of treatment. Other adverse states include amenorrhoea, hyperhidrosis, mental and neurological disturbance, intracranial hypertension, acute pancreatitis, and aseptic necrosis of the bone. Increases in the coagulability of the blood may result in thrombo-embolic complications. An increased susceptibility to infection arising from delayed wound healing may be masked due to the anti-inflammatory, antipyretic and analgesic properties exhibited by the corticosteroids. Patients may also exhibit increased susceptibility to other infections including sepsis, fungal and viral infection due to the immunosuppressive effects of the corticosteroids; Candida infections of the mouth, for example, are not uncommon. Corticosteroid exposure may produce psychic derangements including euphoria, insomnia, mood swings, personality changes, and severe depression to frank psychotic tendencies. Emotional instability or psychotic tendencies may be aggravated by intake. The adverse effects of corticosteroids may be exaggerated in individuals with non-specific ulcerative colitis, diverticulitis, ulcers, renal insufficiency, hypertension, osteoporosis, myasthenia gravis, hypothyroidism or cirrhosis. Prolonged exposure may produce posterior subcapsular cataracts and glaucoma, with possible damage to the optic nerve.

May cause irreversible, partial or total deafness when aminoglycoside antibiotics are given by injection, by mouth or when applied as an aerosol to open wounds, or damaged skin. Effects are dose related. Large doses may cause nausea, vomiting and diarrhoea. Prolonged oral therapy may cause malabsorption syndrome with steatorrhoea and diarrhoea which may be severe. Supra-infection may occur. Neuromuscular blockade and respiratory depression and arrest may follow intraperitoneal injection.

Skin Contact

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.

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

The material may accentuate any pre-existing dermatitis condition

Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

511cortico5380

Eye

It has either been demonstrated or it is expected that when the material is applied to the eye(s) of animals, it produces severe ocular lesions which are present twenty-four hours or more after instillation.

When applied to the eye corticosteroids may produce corneal ulcers, raised intraocular pressure, and reduced visual function - systemic application has produced posterior subcapsular cataract.

Chronic

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.

Chronic exposure to corticosteroids (glucocorticoids) may produce pituitary-adrenal suppression, Cushing's syndrome (redistribution of body fat to the face -"moon-face" - and to the back of the neck and trunk), increased susceptibility to infections (through suppression of inflammatory response), osteoporosis, cataracts, glaucoma with possible damage to the optic nerve, mental symptoms, hyperglycaemia (high blood sugar) and glycosuria (glucose in the urine), muscular weakness and fatigue, acne, menstrual disorders and peptic ulcers.

Virbac EASOTIC Ear Suspension for Dogs

Repeated intake of the corticosteroids may produce metabolic effects resulting in the mobilisation of calcium and phosphorus leading to osteoporosis, spontaneous fracture, nitrogen depletion and hyperglycaemia which may accentuate or precipitate diabetic states. Inhibition of corticotrophin secretion may produce atrophy of the adrenal cortex and, if treatment is prolonged, acute adrenal insufficiency. Growth retardation of children may also occur.

There have been reports of joint damage following intra-articular injection of corticosteroids (specifically hydrocortisone) into load-bearing joints.

Glucocorticoids have been shown to be teratogenic in laboratory studies, when administered systemically at relatively low doses; however, there are no systematic studies which demonstrate an association between congenital malformations and therapeutic use of steroid hormones. The more potent corticosteroids have been shown to be teratogenic after dermal application in laboratory animals.

Systemically administered corticosteroids appear in human milk and may suppress growth, interfere with endogenous corticosteroid production or produce other undesirable effects.

Implantation studies in rats show that paraffin oils may be tumourigen. As a general rule the highly refined paraffins contain a lower level of suspect polyaromatic hydrocarbons than less refined grades and also less than waxes derived from naphthenic base-stocks.

Principal route of exposure is by skin contact; lesser exposures include inhalation of fumes from hot oils, oil mists or droplets. Prolonged contact with mineral oils carries with it the risk of skin conditions such as oil folliculitis, eczematous dermatitis, pigmentation of the face (melanosis) and warts on the sole of the foot (plantar warts). With highly refined mineral oils no appreciable systemic effects appear to result through skin absorption.

Exposure to oil mists frequently elicits respiratory conditions, such as asthma; the provoking agent is probably an additive.

High oil mist concentrations may produce lipid pneumonia although clinical evidence is equivocal. In animals exposed to concentrations of 100 mg/m³ oil mist, for periods of 12 to 26 months, the activity of lung and serum alkaline phosphatase enzyme was raised; 5 mg/m³ oil mist did not produce this response. These enzyme changes are sensitive early indicators of lung damage. Workers exposed to vapours of mineral oil and kerosene for 5 to 35 years showed an increased prevalence of slight basal lung fibrosis.

Virbac EASOTIC Ear Suspension for Dogs	TOXICITY	IRRITATION
	Not Available	Not Available
miconazole nitrate	TOXICITY	IRRITATION
	Oral (rat) LD50: 920 mg/kg ^[2]	Not Available
gentamicin sulfate	TOXICITY	IRRITATION
	Oral (rat) LD50: >5000 mg/kg ^[2]	Not Available
hydrocortisone aceponate	TOXICITY	IRRITATION
	Not Available	Not Available
paraffin wax	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg/24 hr-mild
	dermal (rat) LD50: >2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24 hr-mild
	Oral (rat) LD50: >4500 mg/kg ^[1]	
	Oral (rat) LD50: >4500 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	

MICONAZOLE NITRATE	Reproductive effector in rat
GENTAMICIN SULFATE	<p>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.</p> <p>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</p>

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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.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).

Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

**HYDROCORTISONE
ACEPONATE**

No significant acute toxicological data identified in literature search.

PARAFFIN WAX

"Hydrocarbon wax" describes a group of solid C20 to C36 paraffinic hydrocarbons which are not absorbed in the gastrointestinal tract and in small quantity will pass through undigested.

The widespread use in cosmetic and in cosmetic surgery over many years demonstrates the low toxicity of refined waxes and many guidelines exist for their safe use. Notwithstanding this, there are occasional reports of adverse effects with these products. Subcutaneous deposits often referred to as paraffinoma, have been described frequently following injection of these materials under the skin but these are not normally associated with other progressive changes.

Paraffin wax and microcrystalline were each administered orally as a solution in arachis oil to groups of 5 male and 5 female rats at dose levels of 1000 and 5000 g/kg bw. produced no clinical signs of toxicity during the seven day observation period and growth rates were normal. There were no mortalities and no macroscopic changes were observed at autopsy.

Three samples of 50% paraffin in petrolatum were tested in repeated, open patch applications to 6 rabbits. Two samples produced erythema in four animals that lasted three days, and one produced erythema in one rabbit that lasted two days. A microcrystalline wax was slightly irritating, to rabbit skin, in a 24 hour occluded patch test.

Four 50% solutions of paraffin in petrolatum were each instilled into the eyes of six albino rabbits with no rinse. Eyes were observed for irritation for three days. Two of the samples caused mild irritation in one rabbit on day 1; the other samples were not irritating.

In a long-term feeding study with Sprague-Dawley rats, no wax-related effects were observed. In a series of 180-day feeding studies in rats that were performed over a period of approximately 15 years (beginning in 1955) on chewing-gum bases containing hydrocarbon wax in proportions varying from 2% to 57% of the gum base, no compound-related effects were observed.

Long-term toxicity studies indicated that petroleum-derived paraffin and microcrystalline waxes are non-toxic and non-carcinogenic.

Eight slack waxes and eight aromatic hydrocarbon extracts derived from the slack waxes were tested for carcinogenicity after applying these to the skin of mice. The slack waxes showed only a low order of carcinogenicity at 250 days. However by 450 days every sample of slack wax had elicited papillomas and for 5 of them cancers as well. The aromatic extracts on the other hand exhibited a greater potency. At 250 days all but one sample had produced papillomas and 5 samples had produced cancers. At 450 days all but one sample had elicited cancers and all had elicited papillomas. The authors concluded that the carcinogenicity of slack wax can be attributed to the aromatic compounds found in the oils from which the waxes were pressed and which are retained on the waxes as impurities, and is not due to paraffins.

Five petrolatum waxes were negative for local and systemic carcinogenicity or toxicity in skin-painting studies in mice and rabbits. However, wax disk implants, but not ground wax implants, were associated with the development of fibrosarcomas at the implantation site in rats.

A description of the accumulation of long-chain alkanes (C29, C31, and C33) in a patient who had died of heart disease led the author to conclude that these hydrocarbons were of dietary (plant) origin as judged by the tissue distribution of the alkanes.

The EU Scientific Committee for Food (SCF) reviewed the available information on mineral hydrocarbons, which included the petroleum waxes. Their opinion was published in 1995. The SCF reached the following conclusion:

There are sufficient data to allow a full Group ADI (Average daily Intake) of 0-20 mg/kg bw for waxes conforming to the following specification: -

- Highly refined waxes derived from petroleum based or synthetic hydrocarbon feedstocks, with viscosity not less than 11 m³/s (cSt) at 100 deg C
- Carbon number not less than 25 at the 5% boiling point
- Average molecular weight not less than 500

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

The major classes of hydrocarbons have been shown to be well absorbed by the gastrointestinal tract in various species. In many cases, the hydrophobic hydrocarbons are ingested in association with dietary lipids. The dependence of hydrocarbon absorption on concomitant triglyceride digestion and absorption, is known as the "hydrocarbon continuum hypothesis", and asserts that a series of solubilising phases in the intestinal lumen, created by dietary triglycerides and their digestion

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products, afford hydrocarbons a route to the lipid phase of the intestinal absorptive cell (enterocyte) membrane. While some hydrocarbons may traverse the mucosal epithelium unmetabolised and appear as solutes in lipoprotein particles in intestinal lymph, there is evidence that most hydrocarbons partially separate from nutrient lipids and undergo metabolic transformation in the enterocyte. The enterocyte may play a major role in determining the proportion of an absorbed hydrocarbon that, by escaping initial biotransformation, becomes available for deposition in its unchanged form in peripheral tissues such as adipose tissue, or in the liver.

The materials included in the Lubricating Base Oils category are related from both process and physical-chemical perspectives;

The potential toxicity of a specific distillate base oil is inversely related to the severity or extent of processing the oil has undergone, since:

- ▶ The adverse effects of these materials are associated with undesirable components, and
- ▶ The levels of the undesirable components are inversely related to the degree of processing;
- ▶ Distillate base oils receiving the same degree or extent of processing will have similar toxicities;
- ▶ The potential toxicity of *residual base oils* is independent of the degree of processing the oil receives.
- ▶ The reproductive and developmental toxicity of the distillate base oils is inversely related to the degree of processing.

Unrefined & mildly refined distillate base oils contain the highest levels of undesirable components, have the largest variation of hydrocarbon molecules and have shown the highest potential carcinogenic and mutagenic activities. Highly and severely refined distillate base oils are produced from unrefined and mildly refined oils by removing or transforming undesirable components. In comparison to unrefined and mildly refined base oils, the highly and severely refined distillate base oils have a smaller range of hydrocarbon molecules and have demonstrated very low mammalian toxicity. Mutagenicity and carcinogenicity testing of residual oils has been negative, supporting the belief that these materials lack biologically active components or the components are largely non-bioavailable due to their molecular size.

Toxicity testing has consistently shown that lubricating base oils have low acute toxicities. Numerous tests have shown that a lubricating base oil's mutagenic and carcinogenic potential correlates with its 3-7 ring polycyclic aromatic compound (PAC) content, and the level of DMSO extractables (e.g. IP346 assay), both characteristics that are directly related to the degree/conditions of processing

Highly and Severely Refined Distillate Base Oils

Acute toxicity: Multiple studies of the acute toxicity of highly & severely refined base oils have been reported. Irrespective of the crude source or the method or extent of processing, the oral LD50s have been observed to be >5 g/kg (bw) and the dermal LD50s have ranged from >2 to >5g/kg (bw). The LC50 for inhalation toxicity ranged from 2.18 mg/l to > 4 mg/l.

When tested for skin and eye irritation, the materials have been reported as "non-irritating" to "moderately irritating" Testing in guinea pigs for sensitization has been negative

Repeat dose toxicity: Several studies have been conducted with these oils. The weight of evidence from all available data on highly & severely refined base oils support the presumption that a distillate base oil's toxicity is inversely related to the degree of processing it receives. Adverse effects have been reported with even the most severely refined white oils - these appear to depend on animal species and/ or the peculiarities of the study.

- ▶ The granulomatous lesions induced by the oral administration of white oils are essentially foreign body responses. The lesions occur only in rats, of which the Fischer 344 strain is particularly sensitive,
- ▶ The testicular effects seen in rabbits after dermal administration of a highly to severely refined base oil were unique to a single study and may have been related to stress induced by skin irritation, and
- ▶ The accumulation of foamy macrophages in the alveolar spaces of rats exposed repeatedly via inhalation to high levels of highly to severely refined base oils is not unique to these oils, but would be seen after exposure to many water insoluble materials.

Reproductive and developmental toxicity: A highly refined base oil was used as the vehicle control in a one-generation reproduction study. The study was conducted according to the OECD Test Guideline 421. There was no effect on fertility and mating indices in either males or females. At necropsy, there were no consistent findings and organ weights and histopathology were considered normal by the study's authors.

A single generation study in which a white mineral oil (a food/ drug grade severely refined base oil) was used as a vehicle control is reported. Two separate groups of pregnant rats were administered 5 ml/kg (bw)/day of the base oil via gavage, on days 6 through 19 of gestation. In one of the two base oil dose groups, three malformed foetuses were found among three litters. The study authors considered these malformations to be minor and within the normal ranges for the strain of rat.

Genotoxicity:

In vitro (mutagenicity): Several studies have reported the results of testing different base oils for mutagenicity using a modified Ames assay. Base oils with no or low concentrations of 3-7 ring PACs had low mutagenicity indices.

In vivo (chromosomal aberrations): A total of seven base stocks were tested in male and female Sprague-Dawley rats using a bone marrow cytogenetics assay. The test materials were administered via gavage at dose levels ranging from 500 to 5000 mg/kg (bw). Dosing occurred for either a single day or for five consecutive days. None of the base oils produced a significant increase in aberrant cells.

Carcinogenicity: Highly & severely refined base oils are not carcinogens, when given either orally or dermally. Tumorigenic in rats

**GENTAMICIN SULFATE
& HYDROCORTISONE
ACEPONATE**

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

Acute Toxicity	☉	Carcinogenicity	☉
Skin Irritation/Corrosion	☉	Reproductivity	☉
Serious Eye Damage/Irritation	☉	STOT - Single Exposure	☉

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Respiratory or Skin sensitisation	⊘	STOT - Repeated Exposure	⊘
Mutagenicity	⊘	Aspiration Hazard	⊘

Legend: **X** – Data available but does not fill the criteria for classification

✓ – Data required to make classification available

⊘ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

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

Legend:

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - 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
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<p>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.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>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.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal. ▶ Bury or incinerate residue at an approved site. ▶ Recycle containers if possible, or dispose of in an authorised landfill.
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SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Continued...

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

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

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

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

MICONAZOLE NITRATE(22832-87-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

GENTAMICIN SULFATE(1405-41-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

HYDROCORTISONE ACEPONATE(74050-20-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Not Applicable

PARAFFIN WAX(8002-74-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

National Inventory	Status
Australia - AICS	N (hydrocortisone aceponate)
Canada - DSL	N (gentamicin sulfate; hydrocortisone aceponate)
Canada - NDSL	N (gentamicin sulfate; miconazole nitrate; hydrocortisone aceponate; paraffin wax)
China - IECSC	N (miconazole nitrate; hydrocortisone aceponate)
Europe - EINEC / ELINCS / NLP	N (hydrocortisone aceponate)
Japan - ENCS	N (miconazole nitrate; hydrocortisone aceponate; paraffin wax)
Korea - KECL	N (miconazole nitrate; hydrocortisone aceponate)
New Zealand - NZIoC	N (hydrocortisone aceponate)
Philippines - PICCS	N (miconazole nitrate; hydrocortisone aceponate)
USA - TSCA	N (gentamicin sulfate; miconazole nitrate; hydrocortisone aceponate)
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
paraffin wax	8002-74-2, 12704-91-5, 105054-93-1, 105845-08-7, 115251-23-5, 115251-24-6, 12704-92-6, 12795-75-4, 160936-34-5, 37220-23-8, 37339-80-3, 39355-22-1, 39373-78-9, 51331-35-2, 54692-42-1, 57572-43-7, 57608-84-1, 58057-11-7, 64742-43-4, 64742-51-4, 68607-08-9, 68649-50-3, 70431-26-4, 72993-88-5, 72993-89-6, 72993-90-9, 8035-62-9, 8044-02-8, 8044-79-9, 9083-41-4, 92045-74-4

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

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

www.chemwatch.net

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

Definitions and abbreviations

Continued...

Virbac EASOTIC Ear Suspension for Dogs

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

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