



## GRACO PUMP ARMOR

Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 1 of 14

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### Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

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#### PRODUCT NAME

GRACO PUMP ARMOR

#### SYNONYMS

"Part Numbers: 243103, 245133, ", "243104, 244168, 248566, 253574"

#### PRODUCT USE

Corrosion inhibitor/lubricant.

#### SUPPLIER

Company: Graco Australia Pty Ltd

Address:

Suite 17, 2 Enterprise Drive

Bundoora

VIC, 3803

Australia

Telephone: +61 3 9468 8500

Fax: +61 3 9468 8599

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### Section 2 - HAZARDS IDENTIFICATION

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#### STATEMENT OF HAZARDOUS NATURE

**HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.**

COMBUSTIBLE LIQUID, regulated under AS1940 for Bulk Storage purposes only.

#### RISK

Risk Codes

R22

R65

Risk Phrases

• Harmful if swallowed.

• HARMFUL- May cause lung damage if swallowed.

#### SAFETY

Safety Codes

S23

S24

S25

S36

S37

S39

Safety Phrases

• Do not breathe gas/fumes/vapour/spray.

• Avoid contact with skin.

• Avoid contact with eyes.

• Wear suitable protective clothing.

• Wear suitable gloves.

• Wear eye/face protection.

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 2 of 14

## Section 2 - HAZARDS IDENTIFICATION

S51	• Use only in well ventilated areas.
S09	• Keep container in a well ventilated place.
S53	• Avoid exposure - obtain special instructions before use.
S40	• To clean the floor and all objects contaminated by this material, use water.
S07	• Keep container tightly closed.
S13	• Keep away from food, drink and animal feeding stuffs.
S26	• In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.
S46	• If swallowed, IMMEDIATELY contact Doctor or Poisons Information Centre. (show this container or label).

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
ethylene glycol	107-21-1	45-60
proprietary additives		Not Spec
water	7732-18-5	40-49

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.
- Avoid giving milk or oils.
- Avoid giving alcohol.
- If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

### EYE

- 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

- 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.

### INHALED

- 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

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 3 of 14

Section 4 - FIRST AID MEASURES

device, or pocket mask as trained. Perform CPR if necessary.

- Transport to hospital, or doctor.

### NOTES TO PHYSICIAN

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

Treat symptomatically.

- Polyethylene glycols are generally poorly absorbed orally and are mostly unchanged by the kidney.
- Dermal absorption can occur across damaged skin (e.g. through burns) leading to increased osmolality, anion gap metabolic acidosis, elevated calcium, low ionised calcium, CNS depression and renal failure.
- Treatment consists of supportive care.

[Ellenhorn and Barceloux: Medical Toxicology].

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

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

### BASIC TREATMENT

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

### ADVANCED TREATMENT

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

### EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 4 of 14

### Section 4 - FIRST AID MEASURES

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- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
  - Acidosis may respond to hyperventilation and bicarbonate therapy.
  - Haemodialysis might be considered in patients with severe intoxication.
  - Consult a toxicologist as necessary. BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994
- For C8 alcohols and above.  
Symptomatic and supportive therapy is advised in managing patients.
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### Section 5 - FIRE FIGHTING MEASURES

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#### EXTINGUISHING MEDIA

■ The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.

Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.

In such an event consider:

- foam.
- dry chemical powder.
- carbon dioxide.

#### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- Avoid spraying water onto liquid pools.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.

#### FIRE/EXPLOSION HAZARD

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.
- Mists containing combustible materials may be explosive.

Combustion products include: carbon dioxide (CO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), sulfur oxides (SO<sub>x</sub>), other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

May emit corrosive fumes.

#### FIRE INCOMPATIBILITY

- None known.

#### HAZCHEM

None

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### Section 6 - ACCIDENTAL RELEASE MEASURES

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#### MINOR SPILLS

- Slippery when spilt.
- Remove all ignition sources.

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 5 of 14

## Section 6 - ACCIDENTAL RELEASE MEASURES

- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact 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

- Slippery when spilt.

Moderate hazard.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- 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.

### EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

ethylene glycol 300ppm

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:

ethylene glycol 200ppm

other than mild, transient adverse effects without perceiving a clearly defined odour is:

ethylene glycol 50ppm

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	$\geq 0.1\%$	Toxic (T)	$\geq 3.0\%$
R50	$\geq 0.25\%$	Corrosive (C)	$\geq 5.0\%$
R51	$\geq 2.5\%$		
else	$\geq 10\%$		

where percentage is percentage of ingredient found in the mixture

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

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

- DO NOT allow clothing wet with material to stay in contact with skin.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 6 of 14

## Section 7 - HANDLING AND STORAGE

- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

### SUITABLE CONTAINER

- DO NOT use aluminium or galvanised containers.
- Metal can or drum
- Packaging as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

### STORAGE INCOMPATIBILITY

- Glycols and their ethers undergo violent decomposition in contact with 70% perchloric acid. This seems likely to involve formation of the glycol perchlorate esters (after scission of ethers) which are explosive, those of ethylene glycol and 3-chloro-1,2-propanediol being more powerful than glyceryl nitrate, and the former so sensitive that it explodes on addition of water.

#### 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.

#### Ethylene glycol:

- reacts violently with oxidisers and oxidising acids, sulfuric acid, chlorosulfonic acid, chromyl chloride, perchloric acid
- forms explosive mixtures with sodium perchlorate
- is incompatible with strong acids, caustics, aliphatic amines, isocyanates, chlorosulfonic acid, oleum, potassium bichromate, phosphorus pentasulfide, sodium chlorite.
- Avoid strong acids, bases.

### STORAGE REQUIREMENTS

- 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 storing and handling recommendations.

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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### EXPOSURE CONTROLS

The following materials had no OELs on our records

- water:

CAS:7732- 18- 5

continued...

# GRACO PUMP ARMOR

Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 7 of 14

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### MATERIAL DATA

ETHYLENE GLYCOL:

GRACO PUMP ARMOR:

- for ethylene glycol:

Odour Threshold: 25 ppm

NOTE: Detector tubes for ethylene glycol, measuring in excess of 10 mg/m<sup>3</sup>, are commercially available.

It appears impractical to establish separate TLVs for ethylene glycol vapour and mists. Atmospheric concentration that do not cause discomfort are unlikely to cause adverse effects. The TLV-C is thought to be protective against throat and respiratory irritation and headache reported in exposed humans. NIOSH has not established a limit for this substance due to the potential teratogenicity associated with exposure and because respiratory irritation reported at the TLV justified a lower value.

WATER:

- No exposure limits set by NOHSC or ACGIH.

### PERSONAL PROTECTION

#### EYE

- 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 lens 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].

#### HANDS/FEET

- Wear chemical protective gloves, eg. PVC.
  - Wear safety footwear or safety gumboots, eg. Rubber.
- 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.
  - Contaminated gloves should be replaced.
- 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.

#### OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 8 of 14

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### RESPIRATOR

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

■ 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.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

### 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.

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations.

Provide adequate ventilation in warehouse or closed storage area.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### APPEARANCE

Clear blue liquid with a mild sweet odour; soluble in water.

### PHYSICAL PROPERTIES

Liquid.

Mixes with water.

State	Liquid	Molecular Weight	Not Applicable
Melting Range (°C)	- 34.44 (freezing point)	Viscosity	<5 cSt@40°C
Boiling Range (°C)	Not Available	Solubility in water (g/L)	Miscible
Flash Point (°C)	118 (COC) (ethylene glycol)	pH (1% solution)	Not Available
Decomposition Temp (°C)	Not Available	pH (as supplied)	10- 11 approx.
Autoignition Temp (°C)	Not Available	Vapour Pressure (kPa)	<0.013 @ 20C
Upper Explosive Limit (%)	Not Available	Specific Gravity (water=1)	1.08 @ 15.6C
Lower Explosive Limit (%)	Not Available	Relative Vapour Density (air=1)	>1
Volatile Component (%vol)	Not Available	Evaporation Rate	Not Available

ethylene glycol

log Kow (Prager 1995):

- 1.36

log Kow (Sangster 1997):

- 1.36

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# GRACO PUMP ARMOR

Chemwatch Independent Material Safety Data Sheet  
Issue Date: 2-Feb-2012  
A317LP(cs)

CHEMWATCH 6101-74  
Version No:2.0  
CD 2011/4 Page 9 of 14

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## Section 10 - STABILITY AND REACTIVITY

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### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

*For incompatible materials - refer to Section 7 - Handling and Storage.*

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## Section 11 - TOXICOLOGICAL INFORMATION

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### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

■ Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result. (ICSC13733).

If swallowed, the toxic effects of glycols (dihydric alcohols) are similar to those of alcohol, with depression of the central nervous system, nausea, vomiting, and degenerative changes in the liver and kidney. for ethylene glycol:

Ingestion symptoms include respiratory failure, central nervous depression, cardiovascular collapse, pulmonary oedema, acute kidney failure, and even brain damage. Ingestion of 100 ml has caused death. (ChemInfo)

Toxicity of ethylene glycol to human (KB) cell cultures has been reported as less than that of ethanol. (NIOSHTIC)

Ethylene glycol produces a three-stage response with the severity of each stage dependent on the amount of ingestion. Hepatic damage is usually minimal. Central nervous system depression characterise the first 12 hours post ingestion.

Transient exhilaration occurs without the odour of ethanol.

Gastrointestinal complaints include nausea and vomiting. Acidosis, coma, convulsions and myoclonic jerks may also be evident. The optic fundus is usually normal although the presence of papilloedema may confuse the presentation with that produced by methanol. Nystagmus and ophthalmoplegias may appear.

Cardiopulmonary effects are seen 12-24 hours post-ingestion and are characterised by tachycardia, tachypnea, and mild hypertension. Congestive heart failure and circulatory collapse may occur in severe intoxications.

Renal effects are seen 24-72 hours post-ingestion and are characterised by oliguria, flank pain, acute tubular necrosis, renal failure, and rarely, bone marrow arrest. Renal damage may be permanent.

Toxic effects of ethylene glycol are similar to those produced by ethanol but ethylene glycol produces toxic metabolites. Metabolic acidosis and anion gap result primarily from glycolic acid formation and some lactic acid formation. The citric acid cycle is inhibited as a result of reduced NAD/NADH ratios and to a limited extent, the formation of oxalic acid, and to metabolic acidosis. Oxalate formation produces myocardial depression and acute tubular necrosis. Glycoaldehyde, glycolic acid and glyoxylic acid may contribute to CNS depression and may also produce renal toxicity by producing renal oedema. Hypocalcaemia may result from chelation by oxalate. Oxalic acid, glycoxalic acid, glycoaldehyde and formic acid appear to form to only a limited degree during intoxication.

Oral administration to pregnant mice and rats produced birth defects amongst the off-spring.

##### EYE

■ There is some evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure.

##### SKIN

■ Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 10 of 14

## Section 11 - TOXICOLOGICAL INFORMATION

with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

There is some evidence to suggest that the material may cause mild but significant inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.

### INHALED

■ Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, 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.

### CHRONIC HEALTH EFFECTS

■ Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

There is some evidence from animal testing that exposure to this material may result in reduced fertility.

There is some evidence from animal testing that exposure to this material may result in toxic effects to the unborn baby.

Exposure to ethylene glycol over a period of several weeks may cause throat irritation, mild headache and low backache. These may worsen with increasing concentration of the substance. They may progress to a burning sensation in the throat, a burning cough, and drowsiness.

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

### TOXICITY AND IRRITATION

■ unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

#### WATER:

#### GRACO PUMP ARMOR:

■ No significant acute toxicological data identified in literature search.

■ For ethylene glycol:

Ethylene glycol is quickly and extensively absorbed through the gastrointestinal tract. Limited information suggests that it is also absorbed through the respiratory tract; dermal absorption is apparently slow.

Following absorption, ethylene glycol is distributed throughout the body according to total body water. In most mammalian species, including humans, ethylene glycol is initially metabolised by alcohol

dehydrogenase to form glycolaldehyde, which is rapidly converted to glycolic acid and glyoxal by aldehyde oxidase and aldehyde dehydrogenase. These metabolites are oxidised to glyoxylate; glyoxylate may be further metabolised to formic acid, oxalic acid, and glycine. Breakdown of both glycine and formic acid can generate CO<sub>2</sub>, which is one of the major elimination products of ethylene glycol. In addition to exhaled CO<sub>2</sub>, ethylene glycol is eliminated in the urine as both the parent compound and glycolic acid. Elimination of ethylene glycol from the plasma in both humans and laboratory animals is rapid after oral exposure; elimination half-lives are in the range of 1-4 hours in most species tested.

**Respiratory Effects.** Respiratory system involvement occurs 12-24 hours after ingestion of sufficient amounts of ethylene glycol and is considered to be part of a second stage in ethylene glycol poisoning. The symptoms include hyperventilation, shallow rapid breathing, and generalized pulmonary edema with calcium oxalate crystals occasionally present in the lung parenchyma. Respiratory system involvement appears to be dose-dependent and occurs concomitantly with cardiovascular changes. Pulmonary infiltrates and other changes compatible with adult respiratory distress syndrome (ARDS) may characterise the second stage of ethylene glycol poisoning. Pulmonary oedema can be secondary to cardiac failure, ARDS, or aspiration of gastric contents. Symptoms related to acidosis such as hyperpnea and tachypnea are frequently observed; however, major respiratory morbidities such as pulmonary edema and bronchopneumonia are relatively rare and usually only observed with extreme poisoning (e.g., in only 5 of 36 severely poisoned cases).

**Cardiovascular Effects.** Cardiovascular system involvement in humans occurs at the same time as respiratory system involvement, during the second phase of oral ethylene glycol poisoning, which is 12- 24 hours after acute exposure. The symptoms of cardiac involvement include tachycardia, ventricular gallop and cardiac enlargement. Ingestion of ethylene glycol may also cause hypertension or hypotension, which may progress to cardiogenic shock. Myocarditis has been observed at autopsy in cases of people who died following acute

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 11 of 14

## Section 11 - TOXICOLOGICAL INFORMATION

ingestion of ethylene glycol. As in the case of respiratory effects, cardiovascular involvement occurs with ingestion of relatively high doses of ethylene glycol.

Nevertheless, circulatory disturbances are a rare occurrence, having been reported in only 8 of 36 severely poisoned cases. Therefore, it appears that acute exposure to high levels of ethylene glycol can cause serious cardiovascular effects in humans. The effects of a long-term, low-dose exposure are unknown.

**Gastrointestinal Effects.** Nausea, vomiting with or without blood, pyrosis, and abdominal cramping and pain are common early effects of acute ethylene glycol ingestion. Acute effects of ethylene glycol ingestion in one patient included intermittent diarrhea and abdominal pain, which were attributed to mild colonic ischaemia; severe abdominal pain secondary to colonic stricture and perforation developed 3 months after ingestion, and histology of the resected colon showed birefringent crystals highly suggestive of oxalate deposition.

**Musculoskeletal Effects.** Reported musculoskeletal effects in cases of acute ethylene glycol poisoning have included diffuse muscle tenderness and myalgias associated with elevated serum creatinine phosphokinase levels, and myoclonic jerks and tetanic contractions associated with hypocalcaemia.

**Hepatic Effects.** Central hydropic or fatty degeneration, parenchymal necrosis, and calcium oxalate crystals in the liver have been observed at autopsy in cases of people who died following acute ingestion of ethylene glycol.

**Renal Effects.** Adverse renal effects after ethylene glycol ingestion in humans can be observed during the third stage of ethylene glycol toxicity 24-72 hours after acute exposure. The hallmark of renal toxicity is the presence of birefringent calcium oxalate monohydrate crystals deposited in renal tubules and their presence in urine after ingestion of relatively high amounts of ethylene glycol. Other signs of nephrotoxicity can include tubular cell degeneration and necrosis and tubular interstitial inflammation. If untreated, the degree of renal damage caused by high doses of ethylene glycol progresses and leads to haematuria, proteinuria, decreased renal function, oliguria, anuria, and ultimately renal failure. These changes in the kidney are linked to acute tubular necrosis but normal or near normal renal function can return with adequate supportive therapy.

**Metabolic Effects.** One of the major adverse effects following acute oral exposure of humans to ethylene glycol involves metabolic changes. These changes occur as early as 12 hours after ethylene glycol exposure. Ethylene glycol intoxication is accompanied by metabolic acidosis which is manifested by decreased pH and bicarbonate content of serum and other bodily fluids caused by accumulation of excess glycolic acid. Other characteristic metabolic effects of ethylene glycol poisoning are increased serum anion gap, increased osmolal gap, and hypocalcaemia. Serum anion gap is calculated from concentrations of sodium, chloride, and bicarbonate, is normally 12-16 mM, and is typically elevated after ethylene glycol ingestion due to increases in unmeasured metabolite anions (mainly glycolate).

**Neurological Effects:** Adverse neurological reactions are among the first symptoms to appear in humans after ethylene glycol ingestion. These early neurotoxic effects are also the only symptoms attributed to unmetabolised ethylene glycol. Together with metabolic changes, they occur during the period of 30 minutes to 12 hours after exposure and are considered to be part of the first stage in ethylene glycol intoxication. In cases of acute intoxication, in which a large amount of ethylene glycol is ingested over a very short time period, there is a progression of neurological manifestations which, if not treated, may lead to generalized seizures and coma. Ataxia, slurred speech, confusion, and somnolence are common during the initial phase of ethylene glycol intoxication as are irritation, restlessness, and disorientation. Cerebral edema and crystalline deposits of calcium oxalate in the walls of small blood vessels in the brain were found at autopsy in people who died after acute ethylene glycol ingestion.

Effects on cranial nerves appear late (generally 5-20 days post-ingestion), are relatively rare, and according to some investigators constitute a fourth, late cerebral phase in ethylene glycol intoxication. Clinical manifestations of the cranial neuropathy commonly involve lower motor neurons of the facial and bulbar nerves and are reversible over many months.

**Reproductive Effects:** Reproductive function after intermediate-duration oral exposure to ethylene glycol has been tested in three multi-generation studies (one in rats and two in mice) and several shorter studies (15-20 days in rats and mice). In these studies, effects on fertility, foetal viability, and male reproductive organs were observed in mice, while the only effect in rats was an increase in gestational duration.

**Developmental Effects:** The developmental toxicity of ethylene glycol has been assessed in several acute-duration studies using mice, rats, and rabbits. Available studies indicate that malformations, especially skeletal malformations occur in both mice and rats exposed during gestation; mice are apparently more sensitive to the developmental effects of ethylene glycol. Other evidence of embryotoxicity in laboratory animals exposed to ethylene glycol exposure includes reduction in foetal body weight.

**Cancer:** No studies were located regarding cancer effects in humans or animals after dermal exposure to ethylene glycol.

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 12 of 14

## Section 11 - TOXICOLOGICAL INFORMATION

Genotoxic Effects: Studies in humans have not addressed the genotoxic effects of ethylene glycol. However, available in vivo and in vitro laboratory studies provide consistently negative genotoxicity results for ethylene glycol.

### ETHYLENE GLYCOL:

#### TOXICITY

Oral (rat) LD50: 4700 mg/kg

Oral (human) LDLo: 398 mg/kg

Oral (child) TDLo: 5500 mg/kg

Inhalation (human) TCLo: 10000 mg/m<sup>3</sup>

Dermal (rabbit) LD50: 9530 mg/kg

Inhalation (rat) LC50: 50100 mg/m<sup>3</sup>/8 hr

[Estimated Lethal Dose (human) 100 ml; RTECS quoted by Orica]

Substance is reproductive effector in rats (birth defects).

Mutagenic to rat cells.

#### IRRITATION

Skin (rabbit): 555 mg(open)- Mild

Eye (rabbit): 100 mg/1h - Mild

Eye (rabbit): 1440mg/6h- Moderate

Eye (rabbit): 500 mg/24h - Mild

Eye (rabbit): 12 mg/m<sup>3</sup>/3D

### SKIN

ethylene glycol	Australia Exposure Standards - Skin	Notes	Sk
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## Section 12 - ECOLOGICAL INFORMATION

### ETHYLENE GLYCOL:

■ For Ethylene Glycol: Log Kow: -1.93 to -1.36; Half-life (hr) air: 24 hrs; Henry's Law Constant:  $1.41 \times 10^{-3}$  or  $6.08 \times 10^{-3}$  Pa.m<sup>3</sup>/mol, (depending on method of calculation); Henry's atm m<sup>3</sup>/mol:  $2.3 \times 10^{-3}$  atm-m/mol; Vapor Pressure: 7.9 Pa @ 20 C; BOD 5: 0.15 to 0.81, 12%; COD: 1.21 to 1.29; ThOD: 1.26; BCF: 10 to 190.

Atmospheric Fate: In the atmosphere, ethylene glycol exists mainly in the vapor phase. It is degraded by reactions with hydroxyl radicals, (estimated half-life 24-50 hours). Direct breakdown of the substance by sunlight is not expected.

Terrestrial Fate: Soil - The substance is not expected to evaporate from soil surfaces. Ethylene glycol has little or no capacity to bind to soil and will be mobile. Several strains of microorganisms capable of utilizing ethylene glycol as a carbon source have been identified. Plants - Ethylene glycol has been identified as a metabolite of the growth regulator ethylene in a number of higher plants and as naturally occurring in the edible fungus *Tricholoma matsutake*.

Aquatic Fate: Ethylene glycol is not expected to evaporate from water surfaces. The substance is not expected to be broken down by water or bind to suspended particles. The substance has been shown to be rapidly broken down by microorganisms in surface water, (to a lesser extent in salt water).

Ecotoxicity: Ethylene glycol does not concentrate in the food chain. The substance is categorized as "readily biodegradable" under both oxygenated and low oxygen conditions. The substance is generally of low toxicity to marine organisms; however, toxic effects have been noted in streams receiving runoff of the substance. Field studies in the vicinity of an airport have reported toxic signs consistent with ethylene glycol poisoning, fish kills, and reduced biodiversity. These effects cannot definitively be ascribed to ethylene glycol.

Terrestrial organisms are much less likely to be exposed to ethylene glycol and generally show low sensitivity to the compound. The substance is expected to have low toxicity to birds.

DO NOT discharge into sewer or waterways.

### Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
ethylene glycol	LOW	MED	LOW	HIGH

continued...

# GRACO PUMP ARMOR

Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 13 of 14

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## Section 13 - DISPOSAL CONSIDERATIONS

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- 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 MSDS and observe all notices pertaining to the product.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- Recycle wherever possible 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 - TRANSPORTATION INFORMATION

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Labels Required: COMBUSTIBLE LIQUID, regulated under AS1940 for Bulk Storage purposes only.

**HAZCHEM:**

None (ADG7)

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: ADG7, UN, IATA, IMDG

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## Section 15 - REGULATORY INFORMATION

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POISONS SCHEDULE S6

**REGULATIONS**

continued...

# GRACO PUMP ARMOR

## Chemwatch Independent Material Safety Data Sheet

Issue Date: 2-Feb-2012

A317LP(cs)

CHEMWATCH 6101-74

Version No:2.0

CD 2011/4 Page 14 of 14

## Section 15 - REGULATORY INFORMATION

### Regulations for ingredients

#### ethylene glycol (CAS: 107-21-1) is found on the following regulatory lists;

"Australia Hazardous Substances", "Australia Inventory of Chemical Substances (AICS)", "Australia National Pollutant Inventory", "Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix C", "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", "OSPAR National List of Candidates for Substitution – Norway"

#### water (CAS: 7732-18-5) is found on the following regulatory lists;

"Australia Inventory of Chemical Substances (AICS)", "OSPAR National List of Candidates for Substitution – Norway"

No data for Graco Pump Armor (CW: 6101-74)

## Section 16 - OTHER INFORMATION

### REPRODUCTIVE HEALTH GUIDELINES

Ingredient	ORG	UF	Endpoint	CR	Adeq TLV
ethylene glycol	26 mg/m3	100	R	NA	-

■ These exposure guidelines have been derived from a screening level of risk assessment and should not be construed as unequivocally safe limits. ORGS represent an 8-hour time-weighted average unless specified otherwise.

CR = Cancer Risk/10000; UF = Uncertainty factor:

TLV believed to be adequate to protect reproductive health:

LOD: Limit of detection

Toxic endpoints have also been identified as:

D = Developmental; R = Reproductive; TC = Transplacental carcinogen

Jankovic J., Drake F.: A Screening Method for Occupational Reproductive

American Industrial Hygiene Association Journal 57: 641-649 (1996).

■ 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/references](http://www.chemwatch.net/references).

■ The (M)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.

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*This is the end of the MSDS.*