Abatech Ultra Pour-On Roundworm, Liver Fluke & External Parasiticide for Cattle

The Hunter River Company Pty Ltd

Chemwatch Hazard Alert Code: **2**

Chemwatch: **5632-87**
Version No: **2.1**
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: **24/10/2023**
Print Date: **24/10/2023**
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SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Abatech Ultra Pour-On Roundworm, Liver Fluke & External Parasiticide for Cattle
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains abamectin)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	For the treatment and control of roundworms, liver fluke (all 3 stages) and external parasites of beef cattle. SDS are intended for use in the workplace ONLY. For domestic-use products, refer to consumer labels. Use according to manufacturer's directions.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	**The Hunter River Company Pty Ltd**
Address	74-76 Drummond Road Shepparton VIC 3630 Australia
Telephone	03 5820 8444
Fax	Not Available
Website	www.pastoralag.com.au
Email	Not Available

Emergency telephone number

Association / Organisation	**The Hunter River Company Pty Ltd**
Emergency telephone numbers	03 5820 8444 (Mon-Fri 9-5pm)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

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Poisons Schedule	S5
Classification [1]	Acute Toxicity (Oral) Category 4, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Acute Toxicity (Inhalation) Category 4, Carcinogenicity Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 1
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

Hazard pictogram(s)	
Signal word	**Warning**

Hazard statement(s)

AUH019	May form explosive peroxides.
H302	Harmful if swallowed.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H332	Harmful if inhaled.
H351	Suspected of causing cancer.
H410	Very toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P302+P352	IF ON SKIN: Wash with plenty of water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330	Rinse mouth.

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Precautionary statement(s) Storage

P405	Store locked up.

Precautionary statement(s) Disposal

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

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
112-34-5	<60	diethylene glycol monobutyl ether
68786-66-3	<60	triclabendazole
100-51-6	<10	benzyl alcohol
71751-41-2	<1	abamectin
Not Available	balance	Ingredients determined not to be hazardous

Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available*

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Wash out immediately with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▸ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▸ Quickly remove all contaminated clothing, including footwear. ▸ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▸ Transport to hospital, or doctor.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay.
Ingestion	▸ If swallowed do **NOT** induce vomiting. ▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▸ Observe the patient carefully. ▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.

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- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.
For abamectin (avermectins):
Toxicity following accidental ingestion may be minimised by emesis-induction within one half hour of exposure. Since abamectin is thought to bind to glutamate-gated chloride ion channels, it is probably wise to avoid drugs that also interact with other ligand-gated chloride channels, including those that enhance GABA activity in patients with potentially toxic abamectin exposure
Avoid drugs that enhance GABA activity (barbiturate, benzodiazepines, valproic acid, etc.).
Clinical experience of benzyl alcohol poisoning is generally confined to premature neonates in receipt of preserved intravenous salines.

- Metabolic acidosis, bradycardia, skin breakdown, hypotonia, hepatorenal failure, hypotension and cardiovascular collapse are characteristic.
- High urine benzoate and hippuric acid as well as elevated serum benzoic acid levels are found.
- The so-called "gasping syndrome describes the progressive neurological deterioration of poisoned neonates.
- Management is essentially supportive.

Following exposures to chlorophenoxy compounds:

- Acute toxic reactions are rare. The by-product of production, dioxin, may be implicated in subacute features such as hepatic enlargement, chloracne, neuromuscular symptoms and deranged porphyrin metabolism.
- Large intentional overdoses result in coma, metabolic acidosis, myalgias, muscle weakness, elevated serum creatine kinase, myoglobinuria, irritation of the skin, eyes, respiratory tract and gut and mild renal and hepatic dysfunction.
- Several cases of sensorimotor peripheral neuropathies have been associated with chronic dermal exposure to 2,4-D. For acute exposures the usual methods of gut and skin contamination (lavage, charcoal, cathartic) are recommended in the first several hours. Alkalisation of the urine and generous fluid replacement have the added benefit of treating any myoglobinuria present. Monitor metabolic acidosis, hyperthermia, hyperkalaemia, myoglobinuria and hepatic/renal dysfunction. for 2,4-dichlorophenoxyacetic acid (2,4-D) and its derivatives
- Gastric lavage if there are no signs of impending convulsions.
- Cautious administration of short-acting anticonvulsant drug if convulsions appear imminent.
- General supportive measures for central nervous system depression.
- If hypotension appears, search vigorously for a contributing cause (e.g. dehydration, electrolyte balance, acidosis, myocardial disturbances and hyperpyrexia).
- As appropriate, treat dehydration, electrolyte disturbances, acidosis, and hyperexia.
- To promote excretion of 2,4-D, initiate alkaline diuresis, as in salicylate poisoning by injecting sodium bicarbonate, intravenously, until the urine pH exceeds 7.5 and then infuse mannitol; renal clearance rises sharply as urine pH rises above 7.5 - above pH 8.0, it is said to be 100-fold greater than pH 6.0.
- If cardiac disturbances are suspected, monitor ECG continuously when possible. Prepare to deliver defibrillating shocks in the event of ventricular fibrillation.
- If hypotension intensifies, a trial with a vasopressor drug may be appropriate. Adrenalin (epinephrine) should be avoided because of possible fibrillation.
- If myotonia appears, a trial with quinidine may be helpful.
- Physiotherapy may be necessary for motion disorders associated with peripheral neuritis, myopathy or brain stem dysfunction.

GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, 5th Ed.
In general, chlorophenoxy herbicides are rapidly absorbed from the gastrointestinal tract and evenly distributed throughout the body; accumulation in human tissues is not expected A steady-state level in the human body will be achieved within 3–5 days of exposure. The herbicides are eliminated mainly in the urine, mostly unchanged, although fenoprop may be conjugated to a significant extent Biological half-lives of chlorophenoxy herbicides in mammals range from 10 to 33 h; between 75% and 95% of the ingested amount is excreted within 96 h. Dogs appear to retain chlorophenoxy acids longer than other species as a result of relatively poor urinary clearance and thus may be more susceptible to their toxic effects. Metabolic conversions occur only at high doses. The salt and ester forms are rapidly hydrolysed and follow the same pharmacokinetic pathways as the free acids

SECTION 5 Firefighting measures

Extinguishing media

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- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.
- Water spray or fog - Large fires only.

Special hazards arising from the substrate or mixture

Fire Incompatibility	‣ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Advice for firefighters

Fire Fighting	‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ 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 (CO2) aldehydes hydrogen chloride phosgene nitrogen oxides (NOx) sulfur oxides (SOx) other pyrolysis products typical of burning organic material. **WARNING**: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.
HAZCHEM	•3Z

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	Environmental hazard - contain spillage. Slippery when spilt. ‣ 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.

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Major Spills	Environmental hazard - contain spillage. 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.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ **DO NOT** allow clothing wet with material to stay in contact with skin ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ 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	▸ Store in original containers. ▸ Keep containers securely sealed. ▸ Store in a cool, dry, well-ventilated area. ▸ Store away from incompatible materials and foodstuff containers. ▸ Protect containers against physical damage and check regularly for leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	HDPE drum ▸ 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	▸ Avoid strong acids, bases. ▸ Avoid reaction with oxidising agents

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SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
diethylene glycol monobutyl ether	30 ppm	33 ppm	200 ppm
benzyl alcohol	30 ppm	52 ppm	740 ppm

Ingredient	Original IDLH	Revised IDLH
diethylene glycol monobutyl ether	Not Available	Not Available
triclabendazole	Not Available	Not Available
benzyl alcohol	Not Available	Not Available
abamectin	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
diethylene glycol monobutyl ether	E	≤ 0.1 ppm
triclabendazole	C	> 0.1 to ≤ milligrams per cubic meter of air (mg/m³)
benzyl alcohol	E	≤ 0.1 ppm
abamectin	E	≤ 0.01 mg/m³
Notes:	*Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.*	

MATERIAL DATA

Fragrance substance with is an established contact allergen in humans.
Scientific Committee on Consumer Safety SCCS OPINION on Fragrance allergens in cosmetic products 2012
For abamectin (avermectins)
CEL TWA: 0.04 mg/m3 [Manufacturer]
(CEL = Chemwatch Exposure Limit)
The acceptable daily intake (ADI) of 0.4 mg/day was derived using an NOAEL of 0.25 mg/kg/day from oral toxicity studies in dogs, adjusting for body weight (50 kg) and by applying a composite uncertainty factor of 30 to account for interindividual variability, interspecies extrapolation and the severity of the critical endpoint (neurotoxicity). The recommended
exposure standard and a wipe test criteria of 0.4 mg/100 cm2 were derived using the ADI.

For diethylene glycol monobutyl ether:
CEL TWA: 15.5 ppm, 100 mg/m3
(CEL = Chemwatch Exposure Limit)
In studies involving the inhalation toxicity of diethylene glycol monobutyl ether, exposure for 6 hours daily at 100 mg/m3 had no effect. This concentration is in the range of the saturated vapour concentration.
Local damage was produced following inhalation of concentrations higher than the saturated vapour concentrations, that is, during inhalation of the aerosol (350 mg/m3). Since the only potential effects of inhalation are restricted to local discomfort (in the aerosol concentration range) the substance is classified in category I for the limitation of exposure peaks.

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Teratogenicity studies have not revealed prenatal toxic effects at high oral doses and this ether is classified in pregnancy risk group C.

Exposure controls

Appropriate engineering controls	**For potent pharmacological agents:** **Solutions Handling:** ‣ Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area. ‣ Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation. ‣ In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use. ‣ Ensure gloves are protective against solvents in use. **Unless written procedures, specific to the workplace are available, the following is intended as a guide:** ‣ **For Laboratory-scale handling of Substances assessed to be toxic by inhalation. *Quantities of up to 25 grams*** may be handled in Class II biological safety cabinets *; ***Quantities of 25 grams to 1 kilogram*** may be handled in Class II biological safety cabinets* or equivalent containment systems; ***Quantities exceeding 1 kg*** may be handled either using specific containment, a hood or Class II biological safety cabinet*, ‣ HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours. ‣ 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. When handling: ***Quantities of up to 25 grams***, an approved respirator with HEPA filters or cartridges should be considered; ***Quantities of 25 grams to 1 kilogram,*** a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. ***Quantities in excess of 1 kilogram*****,** a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered. Written procedures, specific to a particular work-place, may replace these recommendations * For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added, Laminar flow cabinets do not provide sufficient protection when handling these materials unless especially designed to do so. **Pilot Plant and Production** ‣ Wear appropriate gloves; lab coat, nylon coveralls or disposable Tyvek suit; safety glasses, safety shoes, and disposable booties. Use good manufacturing practices (i.e., cGMPs). ‣ Protective garment (coveralls, Tyvek, lab coat) is not to be worn outside the work area. ‣ Clean/dirty/decontamination areas are to be established. ‣ Negative/positive air pressure relationships and buffer zones required (i.e., ante-room/degowning room/airlock). ‣ Area access is to be restricted. ‣ High-energy operations such as milling, particle sizing, spraying or fluidising should be done within an approved emission control or containment system. ‣ Develop cleaning procedures and techniques that limit potential exposure
Individual protection measures, such as personal protective equipment	
Eye and face protection	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: ‣ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ‣ Face shield. Full face shield may be required for supplementary but never for primary protection of

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	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].
Skin protection	See Hand protection below
Hands/feet protection	**NOTE:** ▸ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▸ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

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	Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. ‣ 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.
Body protection	See Other protection below
Other protection	‣ 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

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:
***"*Forsberg Clothing Performance Index".**
The effect(s) of the following substance(s) are taken into account in the ***computer-generated*** selection:
Abatech Ultra Pour-On Roundworm, Liver Fluke & External Parasiticide for Cattle

Material	CPI
BUTYL	A
VITON	A

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

Respiratory protection

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class1	-
up to 50	1000	-	A-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	A-2
up to 100	10000	-	A-3
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand

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qualified practitioner should be consulted.

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

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Clear brown liquid; partially miscible with water. Clear

Physical state	Liquid	**Relative density (Water = 1)**	~1.1
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Applicable	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	210 ca.	**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	Partly miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

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SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by inhalation. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. 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. Inhalation hazard is increased at higher temperatures. Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects; these may be fatal.
Ingestion	Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by swallowing. 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.
Skin Contact	Skin contact with the material may be harmful; systemic effects may result following absorption. Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by skin contact. Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant 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 (nonallergic). 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.

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	Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	Evidence exists, or practical experience predicts, that the material may cause severe eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests. Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects. Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. A number of benzimidazoles have been shown to also inhibit mammalian tubulin polymerisation and to be aneugenic *in vivo.* Aneugens affect cell division and the mitotic spindle apparatus resulting in loss or gain of whole chromosomes, thereby inducing an "aneuploidy". Mitotic aneuploidy is a characteristic of many types of tumorigenesis (in cancer). Several benzimidazoles have been shown to be genotoxic. Genotoxicity may arise as aneugens may also be clastogens, or may produce clastogenic metabolites.

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Clastogens increase the rate of genetic mutation by interfering with the function of nucleic acids. A clastogen is a specific mutagen that causes breaks in chromosomes.
Allergic reactions to benzoic acid have been reported. Of 100 patients with asthma undergoing provocation tests with benzoic acid, 47 showed positive reactions. In another study, of 75 patients with recurrent urticaria (skin eruptions) and angio-oedema (a deep dermal condition characterised by large wheals) of more than 4 months duration, 44 were found to be sensitive to sodium benzoate or p-hydroxybenzoic acid (paraben), alone or in conjunction with aspirin or azo- dyes, or both. In a further work there was no significant objective or subjective skin response to two 500-mg daily doses of benzoic acid or lactic acid in a double blind study of 150 dermatological patients
Workers exposed to chlorophenoxy herbicides show a significant increase in soft-tissue sarcoma, malignant lymphomas and bronchial carcinomas. Prolonged or repeated contact with solutions may result in non-allergic dermatoses.
Until recently, most epidemiological studies of the effects of chlorophenoxy herbicides dealt with populations exposed in the 1950s and 1960s, when the trichlorophenol-based herbicides 2,4,5-T and fenoprop were contaminated with polychlorinated dioxins and furans, including 2,3,7,8-tetrachlorodibenzodioxin (TCDD); the effects observed may therefore have been a consequence of the presence of the dioxin contaminants. In addition, most epidemiological studies on chlorophenoxy herbicides conducted to date have involved multiple exposures to chemical agents, including other pesticides and synthetic organic compounds. In a series of case–referent studies conducted in Sweden in the late 1970s and early 1980s, strong associations were noted between soft tissue sarcomas (STS) and multiple lymphomas (including Hodgkin disease (HD) and non-Hodgkin lymphoma (NHL)) and the use of chlorophenoxy herbicides by agricultural or forestry workers. The association between STS and chlorophenoxy herbicide use observed in the Swedish studies has not been confirmed in other case–referent studies. Although a number of cohort studies of occupationally exposed workers have been conducted, the small size of many of them limits their usefulness in assessing the relationship between STS and the herbicides. The risk for malignant lymphoma (HD + NHL) was almost five times greater for agricultural and forestry workers exposed to a mixture of chlorophenoxy herbicides than for controls in the case–referent study in Sweden but was not significantly elevated in a Danish cohort study of 3390 workers in a chemical plant manufacturing MCPA, dichlorprop, mecoprop, and 2,4-D, as well as other industrial chemicals and dyes
Chronic exposure to 2,4-dichlorophenoxyacetic acid(2,4-D), its salts and its esters and its analogues may result in nausea, liver function changes, contact toxic dermatitis, irritation of the airways and eyes, as well as neurological changes. Persons with chronic diseases of the central nervous system, liver, heart, kidneys, lungs and skin, as well as those with endocrinological or immunological disturbances should not be exposed to herbicides (ILO Encyclopaedia). Groups of rats receiving 2,4-D in their diets for 13 weeks showed growth retardation and decreased food intake at 150 mg/kg/day dosage and an increased serum glutamic pyruvic transaminase (SGPT). A statistically significant incidence of astrocytoma was seen in the brains of male rats receiving 45 mg/kg/day for 104 weeks suggesting a possible carcinogenic effect although the prevalence of naturally occurring tumours in controls makes this result equivocal. A controversial study implicating 2,4-D as the cause of non-Hodgkin's lymphoma among male Kansas residents, aged 21 years or older, was difficult to evaluate because of a number of confounding factors.
Agent Orange, a mixture of 2,4-D and 2,4,5-T, with contamination from 2,3,7,8-tetrachlorodibenzo-p-dioxin (also referred to as "dioxin" or TCDD) has been studied due to exposure of military personnel during its use as a herbicide in Vietnam. Neurological, reproductive and carcinogenic effects, purported to have occurred amongst veterans may be related to 2,4-D and 2,4,5-T but given the toxicity of the other components this remains the subject of conjecture.
Most, if not all, occupational illnesses associated with 2,4,5-trichlorophenoxyacetic acids (2,4,5,-T) and its derivatives actually result from TCDD contamination.
Repeated overexposure to phenoxy herbicides may cause liver, kidney, gastrointestinal and muscular effects.
Subchronic exposure by dogs to phenoxy herbicides produced a reduction in circulating lymphocytes
Teratogenic response was exhibited in mice (but not rats). Cleft palate was demonstrated. No such findings occurred in non-human primates given up to 10 mg/kg/day (containing 0.05 ppm TCDD) from gestation day 22 to 38.
The no-observed effect level (NOAEL) in hamsters was 2 mg/kg 2,4,5-T
Prolonged or repeated exposure to benzyl alcohol may cause allergic contact dermatitis.

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	Prolonged or repeated ingestion may affect behavior/central nervous system with symptoms similar to acute ingestion. It may also affect the liver, kidneys, cardiovascular system, and metabolism (weight loss). Animal studies have shown this compound to cause lung, liver, kidney and CNS disorders. Studies in animals have shown evidence of teratogenicity in the chick embryo. The significance of the information for humans is unknown. Benzyl alcohol showed no evidence of carcinogenic activity in long-term toxicology and carcinogenesis study. Studies with some glycol ethers (principally the monoethylene glycols) and their esters indicate reproductive changes, testicular atrophy, infertility and kidney function changes. The metabolic acetic acid derivatives of glycol ethers (alkoxyacetic acids), not the ether itself, have been found to be the proximal reproductive toxin in animals. The potency of these metabolites decreases significantly as the chain length of the ether increases. Consequently glycol ethers with longer substituents (e.g diethylene glycols, triethylene glycols) have not generally been associated with reproductive effects. One of the most sensitive indicators of toxic effects observed from many of the glycol ethers is an increase in the erythrocytic osmotic fragility in rats Which produces haemolytic anaemia). This appears to be related to the development of haemoglobinuria (blood in the urine) at higher exposure levels or as a result of chronic exposure. Glycol ethers based on propylene oxides, propylene glycol ethers, dipropylene glycol ethers and tripropylene glycol ethers are mainly available, commercially, as alpha-isomers (because of thermodynamic considerations); these are incapable of forming alkoxyacetic or alkoxypropionic acids as metabolites and therefore do not produce erythrocyte fragility unless contaminated by ethylene glycol ethers or to a significant degree by the beta-isomer . beta-Isomers are able to form the alkoxypropionic acids and these are linked to teratogenic effects (and possibly haemolytic effects).

Abatech Ultra Pour-On Roundworm, Liver Fluke & External Parasiticide for Cattle		
	TOXICITY	**IRRITATION**
	Not Available	Not Available

diethylene glycol monobutyl ether		
	TOXICITY	**IRRITATION**
	Dermal (rabbit) LD50: 4120 mg/kg[2]	Eye (rabbit): 20 mg/24h moderate
	Oral (Rat) LD50: 5660 mg/kg[2]	Eye (rabbit): 5 mg - SEVERE

triclabendazole		
	TOXICITY	**IRRITATION**
	dermal (rat) LD50: >4000 mg/kg[2]	Eye: slight *
	Inhalation(Rat) LC50: >0.5 mg/L4h[2]	
	Oral (Rabbit) LD50; 206 mg/kg[2]	

benzyl alcohol		
	TOXICITY	**IRRITATION**
	Dermal (rabbit) LD50: 2000 mg/kg[2]	Eye (rabbit): 0.75 mg open SEVERE
	Inhalation(Rat) LC50: >4.178 mg/L4h[1]	Eye: adverse effect observed (irritating)[1]
	Oral (Rat) LD50: 1230 mg/kg[2]	Skin (man): 16 mg/48h-mild
		Skin (rabbit):10 mg/24h open-mild
		Skin: no adverse effect observed (not irritating)[1]

abamectin		
	TOXICITY	**IRRITATION**
	dermal (rat) LD50: >330 mg/kg[2]	Eye (rabbit): slight *
	Inhalation(Rat) LC50: 1.1 mg/L4h[2]	Skin (rabbit): non irritating*
	Oral (Mouse) LD50; 13.6 mg/kg[2]	

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*

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	chemical Substances
DIETHYLENE GLYCOL MONOBUTYL ETHER	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. For diethylene glycol monoalkyl ethers and their acetates: This category includes diethylene glycol ethyl ether (DGEE), diethylene glycol propyl ether (DGPE) diethylene glycol butyl ether (DGBE) and diethylene glycol hexyl ether (DGHE) and their acetates. **Acute toxicity:** There are adequate oral, inhalation and/or dermal toxicity studies on the category members. Oral LD50 values in rats for all category members are all > 3000 mg/kg bw, with values generally decreasing with increasing molecular weight. Four to eight hour acute inhalation toxicity studies were conducted for all category members except DGPE in rats at the highest vapour concentrations achievable. No lethality was observed for any of these materials under these conditions. Dermal LD50 values in rabbits range from 2000 mg/kg bw (DGHE) to 15000 mg/kg bw (DGEEA). Signs of acute toxicity in rodents are consistent with non-specific CNS depression typical of organic solvents in general. All category members are slightly irritating to skin and slightly to moderately irritating to eyes (with the exception of DGHE, which is highly irritating to eyes). Sensitisation tests with DGEE, DGEEA, DGPE, DGBE and DGBEA in animals and/or humans were negative. **Repeat dose toxicity**: Valid oral studies conducted using DGEE, DGPE, DGBEA, DGHE and the supporting chemical DGBE ranged in duration from 30 days to 2 years. Effects predominantly included kidney and liver toxicity, absolute and/or relative changes in organ weights, and some changes in haematological parameters. All effects were seen at doses greater than 800-1000 mg/kg bw/day from oral or dermal studies; no systemic effects were observed in inhalation studies with less than continuous exposure regimens. **Mutagenicity:** DGEE, DGEEA, DGBE, DGBEA and DGHE generally tested negative for mutagenicity in *S. typhimurium* strains TA98, TA100, TA1535, TA1537 and TA1538 and DGBEA tested negative in E. coli WP2uvrA, with and without metabolic activation. *In vitro* cytogenicity and sister chromatid exchange assays with DGBE and DGHE in Chinese Hamster Ovary Cells with and without metabolic activation and *in vivo* micronucleus or cytogenicity tests with DGEE, DGBE and DGHE in rats and mice were negative, indicating that these diethylene glycol ethers are not likely to be genotoxic. **Reproductive and developmental toxicity:** Reliable reproductive toxicity studies on DGEE, DGBE and DGHE show no effect on fertility at the highest oral doses tested (4,400 mg/kg/day for DGEE in the mouse and 1,000 mg/kg/day for DGBE and DGHE in the rat). The dermal NOAEL for reproductive toxicity in rats administered DGBE also was the highest dose tested (2,000 mg/kg/day). Although decreased sperm motility was noted in F1 mice treated with 4,400 mg/kg/day DGEE in drinking water for 14 weeks, sperm concentrations and morphology, histopathology of the testes and fertility were not affected. Results of the majority of adequate repeated dose toxicity studies in which reproductive organs were examined indicate that DGPE and DGBEA do not cause toxicity to reproductive organs (including the testes). Test material-related testicular toxicity was not noted in the majority of the studies with DGEE or DGEEA. Results of the developmental toxicity studies conducted with DGEE, DGBE and DGHE are almost exclusively negative. In these studies, effects on the foetus are generally not observed (even at concentrations that produced maternal toxicity). Exposure to 102 ppm (560 mg/m3) DGEE by inhalation (maximal achievable vapour concentration) or 1385 mg/kg/day DGEE by the dermal route during gestation did not cause maternal or developmental toxicity in the rat. Maternal toxicity and teratogenesis were not observed in rabbits receiving up to 1000 mg/kg/day DGBE by the dermal route during gestation; however a transient decrease in body weight was observed, which reversed by Day 21 In the mouse, the only concentration of DGEE tested (3500 mg/kg/day by gavage) caused maternal, but no foetal toxicity. Also, whereas oral administration of 2050 mg/kg/day DGBE (gavage) to the mouse and 1000 mg/kg/day DGHE (dietary) caused maternal toxicity, these doses had no effect on the developing foetus
TRICLABENDAZOLE	Foetotoxicity recorded. * Transchem MSDS Skin sensitisation: In vitro and in vivo tests did not show mutagenic effects. Germ cell mutagenicity: Carcinogenicity No effects identified in animal studies. Reproductive toxicity Specific target organ toxicity -single exposure: No effects identified in animal studies. Specific target organ toxicity - repeated exposur: No effects identified in animal studies. ** Elanco SDS For chlorophenoxy pesticides:

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551chlph

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

Side-reactions during manufacture of the parent compound may result in the production of trace amounts of polyhalogenated aromatic hydrocarbon(s). Halogenated phenols, and especially their alkali salts, can condense above 300 deg. C . to form polyphenoxyphenols or, in a very specific reaction, to form dibenzo-p-dioxins

Polyhalogenated aromatic hydrocarbons (PHAHs) comprise two major groups. The first group represented by the halogenated derivatives of dibenzodioxins (the chlorinated form is PCDD), dibenzofurans (PCDF) and biphenyls (PCB) exert their toxic effect (as hepatoxicants, reproductive toxicants, immunotoxicants and procarcinogens) by interaction with a cytostolic protein known as the Ah receptor. In guinea pigs the Ah receptor is active in a mechanism which "pumps" PHAH into the cell whilst in humans the reverse appears to true. This, in part, may account for species differences often cited in the literature. This receptor exhibits an affinity for the planar members of this group and carries these to the cellular nucleus where they bind, reversibly, to specific genomes on DNA. This results in the regulation of the production of certain proteins which elicit the toxic response. The potency of the effect is dependent on the strength of the original interaction with the Ah receptor and is influenced by the degree of substitution by the halogen and the position of such substitutions on the parent compound.

The most potent molecule is 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) while the coplanar PCBs (including mono-ortho coplanars) possess approximately 1% of this potency. Nevertheless, all are said to exhibit "dioxin-like" behaviour and in environmental and health assessments it has been the practice to assign each a TCDD-equivalence value.

The most subtle and important biological effects of the PHAHs are the effects on endocrine hormones and vitamin homeostasis. TCDD mimics the effect of thyroxin (a key metamorphosis signal during maturation) and may disrupt patterns of embryonic development at critical stages. Individuals from exposed wildlife populations have been observed to have altered sexual development, sexual dysfunction as adults and immune system suppression. Immunotoxic effects of the PHAHs (including the brominated congener, PBB) have been the subject of several studies. No clear pattern emerges in human studies however with T-cell numbers and function (a blood marker for immunological response) increasing in some and decreasing in others.

Developmental toxicity (e.g. cleft palate, hydronephrosis) occurs in relatively few species; functional alterations following TCDD exposure leads to deficits in cognitive functions in monkeys and to adverse effects in the male reproductive system of rats.

Three incidences have occurred which have introduced abnormally high levels of dioxin or dioxin-like congeners to humans. The explosion at a trichlorophenol-manufacturing plant in Seveso, Italy distributed TCDD across a large area of the country-side, whilst rice-oil contaminated with heat-transfer PCBs (and dioxin-like contaminants) has been consumed by two groups, on separate occasions (one in Yusho, Japan and another in Yu-cheng, Taiwan). The only symptom which can unequivocally be related to all these exposures is the development of chloracne, a disfiguring skin condition, following each incident. Contaminated oil poisonings also produced eye-discharge, swelling of eyelids and visual disturbances. The Babies born up to 3 years after maternal exposure (so-called "Yusho-babies") were characteristically brown skinned, coloured gums and nails and (frequently) produced eye-discharges. Delays in intellectual development have been noted. It has been estimated that Yu-cheng patients consumed an average level of 0.06 mg/kg body weight/day total PCB and 0.0002 mg/kg/day of PCDF before the onset of symptoms after 3 months. When the oil was withdrawn after 6 months they had consumed 1 gm total PCB containing 3.8 mg PCDF. Taiwanese patients consumed 10 times as much contaminated oil as the Japanese patients (because of later withdrawal); however since PCB/PCDF concentration in the Japanese oil was 10 times that consumed in Taiwan, patients from both countries consumed about the same amount of PCBs/PCDFs. Preliminary data from the Yusho cohort suggests a six-fold excess of liver

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	cancer mortality in males and a three-fold excess in women. Recent findings from Seveso indicate that the biological effects of low level exposure (BELLEs), experienced by a cohort located at a great distance from the plant, may be hormetic, i.e. may be protective AGAINST the development of cancer. The PHAHs do not appear to be genotoxic - they do not alter the integrity of DNA. This contrasts with the effects of the many polycyclic aromatic hydrocarbons (PAHs) (or more properly, their reactive metabolites). TCDD induces carcinogenic effects in the laboratory in all species, strains and sexes tested. These effects are dose-related and occur in many organs. Exposures as low as 0.001 ug/kg body weight/day produce carcinoma. Several studies implicate PCBs in the development of liver cancer in workers as well as multi-site cancers in animals. The second major group of PHAH consists of the non-planar PCB congeners which possess two or more ortho-substituted halogens. These have been shown to produce neurotoxic effects which are thought to reduce the concentration of the brain neurotransmitter, dopamine, by inhibiting certain enzyme-mediated processes. The specific effect elicited by both classes of PHAH seems to depend on the as much on the developmental status of the organism at the time of the exposure as on the level of exposure over a lifetime. **NOTE:** Some jurisdictions require that health surveillance be conducted on workers occupationally exposed to polycyclic aromatic hydrocarbons. Such surveillance should emphasise ‣ demography, occupational and medical history ‣ health advice, including recognition of photosensitivity and skin changes ‣ physical examination if indicated ‣ records of personal exposure including photosensitivity
BENZYL ALCOHOL	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. For benzyl alkyl alcohols: Unlike benzylic alcohols, the beta-hydroxyl group of the members of this cluster is unlikely to undergo phase II metabolic activation. Instead, the beta-hydroxyl group is expected to contribute to detoxification via oxidation to hydrophilic acid. Despite structural similarity to carcinogenic ethyl benzene, only a marginal concern has been assigned to phenethyl alcohol due to limited mechanistic analogy. For benzoates: **Acute toxicity:** Benzyl alcohol, benzoic acid and its sodium and potassium salt can be considered as a single category regarding human health, as they are all rapidly metabolised and excreted via a common pathway within 24 hrs. Systemic toxic effects of similar nature (e.g. liver, kidney) were observed. However with benzoic acid and its salts toxic effects are seen at higher doses than with benzyl alcohol. The compounds exhibit low acute toxicity as for the oral and dermal route. The LD50 values are > 2000 mg/kg bw except for benzyl alcohol which needs to be considered as harmful by the oral route in view of an oral LD50 of 1610 mg/kg bw. The 4 hrs inhalation exposure of benzyl alcohol or benzoic acid at 4 and 12 mg/l as aerosol/dust respectively gave no mortality, showing low acute toxicity by inhalation for these compounds. Benzoic acid and benzyl alcohol are slightly irritating to the skin, while sodium benzoate was not skin irritating. No data are available for potassium benzoate but it is also expected not to be skin irritating. Benzoic acid and benzyl alcohol are irritating to the eye and sodium benzoate was only slightly irritating to the eye. No data are available for potassium benzoate but it is expected also to be only slightly irritating to the eye. **Sensitisation:** The available studies for benzoic acid gave no indication for a sensitising effect in animals, however occasionally very low positive reactions were recorded with humans (dermatological patients) in patch tests. The same occurs for sodium benzoate. It has been suggested that the very low

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positive reactions are non-immunologic contact urticaria. Benzyl alcohol gave positive and negative results in animals. Benzyl alcohol also demonstrated a maximum incidence of sensitization of only 1% in human patch testing. Over several decades no sensitization with these compounds has been seen among workers.

Repeat dose toxicity: For benzoic acid repeated dose oral toxicity studies give a NOAEL of 800 mg/kg/day. For the salts values > 1000 mg/kg/day are obtained. At higher doses increased mortality, reduced weight gain, liver and kidney effects were observed.

For benzyl alcohol the long-term studies indicate a NOAEL > 400 mg/kg bw/d for rats and > 200 mg/kg bw/d for mice. At higher doses effects on bodyweights, lesions in the brains, thymus, skeletal muscle and kidney were observed. It should be taken into account that administration in these studies was by gavage route, at which saturation of metabolic pathways is likely to occur.

Mutagenicity: All chemicals showed no mutagenic activity in *in vitro* Ames tests. Various results were obtained with other *in vitro* genotoxicity assays. Sodium benzoate and benzyl alcohol showed no genotoxicity *in vivo.* While some mixed and/or equivocal *in vitro* chromosomal/chromatid responses have been observed, no genotoxicity was observed in the *in vivo* cytogenetic, micronucleus, or other assays. The weight of the evidence of the *in vitro* and *in vivo* genotoxicity data indicates that these chemicals are not mutagenic or clastogenic. They also are not carcinogenic in long-term carcinogenicity studies.

In a 4-generation study with benzoic acid no effects on reproduction were seen (NOAEL: 750 mg/kg). No compound related effects on reproductive organs (gross and histopathology examination) could be found in the (sub) chronic studies in rats and mice with benzyl acetate, benzyl alcohol, benzaldehyde, sodium benzoate and supports a non-reprotoxic potential of these compounds. In addition, data from reprotoxicity studies on benzyl acetate (NOAEL >2000 mg/kg bw/d; rats and mice) and benzaldehyde (tested only up to 5 mg/kg bw; rats) support the non-reprotoxicity of benzyl alcohol and benzoic acid and its salts.

Developmental toxicity: In rats for sodium benzoate dosed via food during the entire gestation developmental effects occurred only in the presence of marked maternal toxicity (reduced food intake and decreased body weight) (NOAEL = 1400 mg/kg bw). For hamster (NOEL: 300 mg/kg bw), rabbit (NOEL: 250 mg/kg bw) and mice (CD-1 mice, NOEL: 175 mg/kg bw) no higher doses (all by gavage) were tested and no maternal toxicity was observed. For benzyl alcohol: NOAEL= 550 mg/kg bw (gavage; CD-1 mice). LOAEL = 750 mg/kg bw (gavage mice). In this study maternal toxicity was observed e.g. increased mortality, reduced body weight and clinical toxicology. Benzyl acetate: NOEL = 500 mg/kg bw (gavage rats). No maternal toxicity was observed.

Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and connubial contact dermatitis occur.

Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. This was shown by placebo-controlled challenges of nine patients to "perfume mix". The same patients were also subject to perfume provocation, with or without a carbon filter mask, to ascertain whether breathing through a filter with active carbon would prevent symptoms. The patients breathed through the mouth, during the provocations, as a nose clamp was used to prevent nasal inhalation. The patient's earlier symptoms were verified; breathing through the carbon filter had no protective effect. The symptoms were not transmitted via the olfactory nerve but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes.

Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits.

Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water.

Contact allergy to fragrances is relatively common, affecting 1 to 3% of the general population, based on limited testing with eight common fragrance allergens and about 16 % of patients patch tested for suspected allergic contact dermatitis.

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Contact allergy to fragrance ingredients occurs when an individual has been exposed, on the skin, to a suffcient degree of fragrance contact allergens. Contact allergy is a life-long, specifically altered reactivity in the immune system. This means that once contact allergy is developed, cells in the immune system will be present which can recognise and react towards the allergen. As a consequence, symptoms, i.e. allergic contact dermatitis, may occur upon re-exposure to the fragrance allergen(s) in question. Allergic contact dermatitis is an inflammatory skin disease characterised by erythema, swelling and vesicles in the acute phase. If exposure continues it may develop into a chronic condition with scaling and painful fissures of the skin. Allergic contact dermatitis to fragrance ingredients is most often caused by cosmetic products and usually involves the face and/or hands. It may affect fitness for work and the quality of life of the individual. Fragrance contact allergy has long been recognised as a frequent and potentially disabling problem. Prevention is possible as it is an environmental disease and if the environment is modified (e.g. by reduced use concentrations of allergens), the disease frequency and severity will decrease Fragrance contact allergy is mostly non-occupational and related to the personal use of cosmetic products. Allergic contact dermatitis can be severe and widespread, with a significant impairment of quality of life and potential consequences for fitness for work. Thus, prevention of contact sensitisation to fragrances, both in terms of primary prevention (avoiding sensitisation) and secondary prevention (avoiding relapses of allergic contact dermatitis in those already sensitised), is an important objective of public health risk management measure.

Hands: Contact sensitisation may be the primary cause of hand eczema, or may be a complication of irritant or atopic hand eczema. The number of positive patch tests has been reported to correlate with the duration of hand eczema, indicating that long-standing hand eczema may often be complicated by sensitisation .Fragrance allergy may be a relevant problem in patients with hand eczema; perfumes are present in consumer products to which their hands are exposed. A significant relationship between hand eczema and fragrance contact allergy has been found in some studies based on patients investigated for contact allergy. However, hand eczema is a multi-factorial disease and the clinical significance of fragrance contact allergy in (severe) chronic hand eczema may not be clear.

Axillae Bilateral axillary (underarm) dermatitis may be caused by perfume in deodorants and, if the reaction is severe, it may spread down the arms and to other areas of the body. In individuals who consulted a dermatologist, a history of such first-time symptoms was significantly related to the later diagnosis of perfume allergy.

Face Facial eczema is an important manifestation of fragrance allergy from the use of cosmetic products (16). In men, after-shave products can cause an eczematous eruption of the beard area and the adjacent part of the neck and men using wet shaving as opposed to dry have been shown to have an increased risk of of being fragrance allergic.

Irritant reactions (including contact urticaria): Irritant effects of some individual fragrance ingredients, e.g. citral are known. Irritant contact dermatitis from perfumes is believed to be common, but there are no existing investigations to substantiate this, Many more people complain about intolerance or rashes to perfumes/perfumed products than are shown to be allergic by testing. This may be due to irritant effects or inadequate diagnostic procedures. Fragrances may cause a dose-related contact urticaria of the non-immunological type (irritant contact urticaria). Cinnamal, cinnamic alcohol, and Myroxylon pereirae are well recognised causes of contact urticaria, but others, including menthol, vanillin and benzaldehyde have also been reported . The reactions to Myroxylon pereirae may be due to cinnamates. A relationship to delayed contact hypersensitivity was suggested , but no significant difference was found between a fragrance-allergic group and a control group in the frequency of immediate reactions to fragrance ingredients in keeping with a nonimmunological basis for the reactions seen.

Pigmentary anomalies: The term “pigmented cosmetic dermatitis” was introduced in 1973 for what had previously been known as melanosis faciei feminae when the mechanism (type IV allergy) and causative allergens were clarified.. It refers to increased pigmentation, usually on the face/neck, often following sub-clinical contact dermatitis. Many cosmetic ingredients were patch tested at non-irritant concentrations and statistical evaluation showed that a number of fragrance ingredients were associated: jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol, geranium oil.

Photo-reactions Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon . Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting

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in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products. Phototoxic reactions still occur but are rare.
General/respiratory: Fragrances are volatile and therefore, in addition to skin exposure, a perfume also exposes the eyes and naso-respiratory tract. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma . Asthma-like symptoms can be provoked by sensory mechanisms. In an epidemiological investigation, a significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients, in addition to hand eczema, which were independent risk factors in a multivariate analysis.
Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A prehapten is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems. A prohapten is a chemical that itself is non- or low-sensitising but that is transformed into a hapten in the skin (bioactivation) usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prehapten or as a prohapten, or both, because air oxidation and bioactivation can often give the same product (geraniol is an example). Some chemicals might act by all three pathways.
Prohaptens
Compounds that are bioactivated in the skin and thereby form haptens are referred to as prohaptens.
In the case of prohaptens, the possibility to become activated is inherent to the molecule and activation cannot be avoided by extrinsic measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Crossreactivity has been shown for certain alcohols and their corresponding aldehydes, i.e. between geraniol and geranial (citral) and between cinnamyl alcohol and cinnamal.
The human skin expresses enzyme systems that are able to metabolise xenobiotics, modifying their chemical structure to increase hydrophilicity and allow elimination from the body. Xenobiotic metabolism can be divided into two phases: phase I and phase II. Phase I transformations are known as activation or functionalisation reactions, which normally introduce or unmask hydrophilic functional groups. If the metabolites are sufficiently polar at this point they will be eliminated. However, many phase I products have to undergo subsequent phase II transformations, i.e. conjugation to make them sufficiently water soluble to be eliminated. Although the purpose of xenobiotic metabolism is detoxification, it can also convert relatively harmless compounds into reactive species. Cutaneous enzymes that catalyse phase I transformations include the cytochrome P450 mixed-function oxidase system, alcohol and aldehyde dehydrogenases, monoamine oxidases, flavin-containing monooxygenases and hydrolytic enzymes. Acyltransferases, glutathione S-transferases, UDP-glucuronosyltransferases and sulfotransferases are examples of phase II enzymes that have been shown to be present in human skin . These enzymes are known to catalyse both activating and deactivating biotransformations, but the influence of the reactions on the allergenic activity of skin sensitisers has not been studied in detail. Skin sensitising prohaptens can be recognised and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or in vivo and in vitro studies of sensitisation potential and chemical reactivity.
QSAR prediction: The relationships between molecular structure and reactivity that form the basis for structural alerts are based on well established principles of mechanistic organic chemistry. Examples of structural alerts are aliphatic aldehydes (alerting to the possibility of sensitisation via a Schiff base reaction with protein amino groups), and alpha,beta-unsaturated carbonyl groups, C=C-CO- (alerting to the possibility of sensitisation via Michael addition of protein thiol groups). Prediction of the sensitisation potential of compounds that can act via abiotic or metabolic activation (pre- or prohaptens) is more complex compared to that of compounds that act as direct haptens without any activation. The autoxidation patterns can differ due to differences in the stability of the intermediates formed, e.g. it has been shown that autoxidation of the structural isomers linalool and geraniol results in different major haptens/allergens. Moreover, the complexity of the prediction increases further for those compounds that can act both as pre- and prohaptens. In such cases, the impact on the sensitisation potency depends on the degree of abiotic activation (e.g. autoxidation) in relation to the metabolic activation
The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and

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	swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. A member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption. metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances. All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The substances in this group: · contain a benzene ring substituted with a reactive primary oxygenated functional group or can be hydrolysed to such a functional group · the major pathway of metabolic detoxification involves hydrolysis and oxidation to yield the corresponding benzoic acid derivate which is excreted either as the free acid or the glycine conjugate · they show a consistent pattern of toxicity in both short- and long- term studies and · they exhibit no evidence of genotoxicity in standardised batteries of in vitro and in vivo assays. The benzyl derivatives are rapidly absorbed through the gut, metabolised primarily in the liver, and excreted in the urine as glycine conjugates of benzoic acid derivatives. In general, aromatic esters are hydrolysed in vivo through the catalytic activity of carboxylesterases, the most important of which are the A-esterases. Hydrolysis of benzyl and benzoate esters to yield corresponding alcohols and carboxylic acids and hydrolysis of acetals to yield benzaldehyde and simple alcohols have been reported in several experiments. The alcohols and aldehydes are rapidly oxidised to benzoic acid while benzoate esters are hydrolysed to benzoic acid. Flavor and Extract Manufacturers Association (FEMA) The aryl alkyl alcohol (AAA) fragrance ingredients are a diverse group of chemical structures with similar metabolic and toxicity profiles. The AAA fragrances demonstrate low acute and subchronic dermal and oral toxicity. At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin. The potential for eye irritation is minimal. With the exception of benzyl alcohol and to a lesser extent phenethyl and 2-phenoxyethyl AAA alcohols, human sensitization studies, diagnostic patch tests and human induction studies, indicate that AAA fragrance ingredients generally have no or low sensitization potential. Available data indicate that the potential for photosensitization is low. NOAELs for maternal and developmental toxicity are far in excess of current human exposure levels. No carcinogenicity in rats or mice was observed in 2-year chronic testing of benzyl alcohol or a-methylbenzyl alcohol; the latter did induce species and gender-specific renal adenomas in male rats at the high dose. There was no to little genotoxicity, mutagenicity, or clastogenicity in the mutagenicity in vitro bacterial assays, and in vitro mammalian cell assays. All in vivo micronucleus assays were negative. It is concluded that these materials would not present a safety concern at current levels of use as fragrance ingredients The Research Institute for Fragrance Materials (RIFM) Expert Panel
ABAMECTIN	Oral (rat) LD50: 8.7-12.8 mg/kg (14 day) * ADI 0.0001 mg/kg Toxicity Class EPA IV Non-mutagenic in the Ames test ADI: 0.4 mg/day *[Manufacturer] Convulsions recorded. No significant acute toxicological data identified in literature search. For avermectins: Technical avermectin exhibits high mammalian acute toxicity. In vertebrates, the effects occur via poisoning of the central nervous system (CNS) through reactions at the receptor for the inhibitory neurotransmitter GABA. The avermectins open the GABAA receptor chloride channel by binding to the GABA recognition site (receptor protein) and act as partial agonists.. Chloride ions then flow into the postsynaptic neuron. This chloride permeability increase can significantly hyperpolarize (make more negative) the membrane potential, which has a dampening effect on nerve impulse firing. There is also a

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	reversible dose-dependent increase in chloride ion permeability in response to very low doses of avermectins. In GABA-insensitive neurons with no inhibitory innervation, the avermectins induce an irreversible increase in chloride ion conductance through interacting with voltage-dependent chloride channels. Avermectin intoxication in mammals begins with hyperexcitability, tremors, and incoordination and later develops into ataxia and coma-like sedation. This is similar to the mode of action of ethanol and barbiturates and benzodiazepine sedatives However, the avermectins are less specific in their action and can affect a variety of other ligand- and voltage-gated chloride channels. The general safety of the avermectins depends on the presence of an intact P-glycoprotein blood-brain barrier Avermectin is not considered to be mutagenic and does not sensitise skin. It is not readily absorbed by mammals and the majority of the residue is excreted in the faeces within 2 days. The 24-month rat chronic feeding/ oncogenicity study and 94-week mouse chronic toxicity oncogenicity study were negative for oncogenic potential. The results of a series of developmental toxicity studies (rat, rabbit, mouse) have been evaluated and showed that avermectin B1 produces developmental toxicity (cleft palate) in the CF1 mouse. Toxicology data were also evaluated for the delta-8,9-isomer of avermectin B1 which is a plant photodegradate that can range between 5 and 20 percent of the residue on/in cottonseed. This isomer possesses avermectin-like toxicological activity. It was concluded that the delta 8,9-isomer also produces developmental toxicity (cleft palate) in mice, but not in rats. In addition to avermectin and its delta 8,9-isomer, toxicology data were also evaluated for the "polar degradates" of avermectin, which constitute a large percentage (up to 70%) of the total residue on cottonseed. Review of the toxicology data indicated that these polar degradates do not possess avermectin-like toxicological activity and for this reason need not be included in the tolerance expression for residues in/on cottonseed. Abamectin (a mixture of avermectin isomers) is a reproductive toxin in laboratory animals at doses which are acutely toxic to the mother. In development toxicity studies with abamectin, cleft palates were seen in mice and rabbits and clubbing of the forepaws was seen in rabbits. The no-observed-adverse-effect-level (NOAEL) for maternal and developmental toxicity in rabbits was 1 mg/kg/day. In CF-1 mice, a strain recognised to be particularly sensitive to avermectins, the NOAEL for maternal toxicity was 0.05 mg/kg/day and the NOAEL for malformations was 0.2 mg/kg/day. Studies show that the sensitivity of a subpopulation of CF-1 mice to avermectins is due to the absence of a transmembrane P-glycoprotein, a significant component of the blood-brain interface that normally acts as a non-selective protective barrier in a wide range of species including humans. CF-1 mice are therefore an unlikely candidate for assessing human risk. No evidence of developmental toxicity was seen in oral studies in rats in the absence of maternal toxicity (NOAEL = 1.6 mg/kg/day). In a rat multigenerational reproduction study, pup toxicity and deaths were seen at 0.4 mg/kg/day (NOAEL = 0.12 mg/kg/day). Neonatal rats are not an appropriate model for assessing human risk in humans because (a) rat milk has a greater fat content than human breast milk and abamectin concentrates in fat; (b) on a weight basis, the neonatal rat consumes significantly greater quantities of milk than the newborn human and(c) the blood brain barrier in rodents is formed post-natally (as evidenced by low P-glycoprotein levels) while in humans this membrane is formed pre-natally. Ivermectin, a close structural analogue, has been used extensively in the treatment of human onchocerciasis at an oral therapeutic dose of 0.2 mg/kg, without serious drug-related effects. Despite its wide usage in animals and humans, ivermectin does dot appear to produce birth defects. Abamectin is non-mutagenic in the Ames test and the micronucleus test. Dietary carcinogenicity studies in mice and rats showed negative results. In a 14-week oral study in monkeys no effects were seen at 0.2, 0.5 or 1.0 mg/kg/day; emesis was seen at 2.0 mg/kg/day; delayed pupillary obstruction at 6 and 8 mg/kg/day and mydriasis at 12 mg/kg/day. In chronic oral toxicity, abamectin produced decreased body weight gain in mice (no-observed-adverse-effect-level (NOAEL) = 1.5 mg/kg/day); tremors in rats (NOAEL = 1.5 mg/kg/day), weight loss, tremors, mydriasis, liver and gall bladder changes and death in dogs (NOAEL = 0.25 mg/kg/day); and emesis, mydriasis and sedation in monkeys (NOAL = 1 mg/kg/day).
TRICLABENDAZOLE	Based on available data, the classification criteria are not met.

Acute Toxicity	✔	**Carcinogenicity**	✔
Skin Irritation/Corrosion	✘	**Reproductivity**	✘

Continued...

Serious Eye Damage/Irritation	✔	**STOT - Single Exposure**	✘
Respiratory or Skin sensitisation	✔	**STOT - Repeated Exposure**	✘
Mutagenicity	✘	**Aspiration Hazard**	✘

Legend: ✘ *– Data either not available or does not fill the criteria for classification*
✔ *– Data available to make classification*

SECTION 12 Ecological information

Toxicity

Abatech Ultra Pour-On Roundworm, Liver Fluke & External Parasiticide for Cattle

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

diethylene glycol monobutyl ether

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	1101mg/l	2
EC50	48h	Crustacea	>100mg/l	1
EC50	96h	Algae or other aquatic plants	>100mg/l	1
LC50	96h	Fish	1300mg/l	2
NOEC(ECx)	96h	Algae or other aquatic plants	>=100mg/l	1

triclabendazole

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96h	Fish	0.214mg/L	Not Available
EC50(ECx)	24h	Crustacea	0.23mg/l	Not Available

benzyl alcohol

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	96h	Algae or other aquatic plants	76.828mg/l	2
EC50	72h	Algae or other aquatic plants	500mg/l	2
EC50	48h	Crustacea	230mg/l	2
LC50	96h	Fish	10mg/l	4
NOEC(ECx)	336h	Fish	5.1mg/l	2

abamectin

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	4.4mg/l	4
EC50	48h	Crustacea	<0.001mg/L	4
EC50	96h	Algae or other aquatic plants	7.31mg/l	4
LC50	96h	Fish	0.002-0.006mg/L	4
NOEC(ECx)	504h	Crustacea	0.000005mg/l	4

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 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*

Continued...

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
diethylene glycol monobutyl ether	LOW	LOW
benzyl alcohol	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
diethylene glycol monobutyl ether	LOW (BCF = 0.46)
benzyl alcohol	LOW (LogKOW = 1.1)

Mobility in soil

Ingredient	Mobility
diethylene glycol monobutyl ether	LOW (KOC = 10)
benzyl alcohol	LOW (KOC = 15.66)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▸ Where possible retain label warnings and SDS and observe all notices pertaining to the product. Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: ▸ Reduction ▸ Reuse ▸ Recycling ▸ Disposal (if all else fails) 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.

Continued...

	‣ 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.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	
HAZCHEM	•3Z

Land transport (ADG)

14.1. **UN number or ID number**	3082
14.2. **UN proper shipping name**	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains abamectin)
14.3. **Transport hazard class(es)**	Class: 9 Subsidiary Hazard: Not Applicable
14.4. **Packing group**	III
14.5. **Environmental hazard**	Environmentally hazardous
14.6. **Special precautions for user**	Special provisions: 274 331 335 375 AU01 Limited quantity: 5 L

Environmentally Hazardous Substances meeting the descriptions of UN 3077 or UN 3082
are not subject to this Code when transported by road or rail in;
(a) packagings;
(b) IBCs; or
(c) any other receptacle not exceeding 500 kg(L).
- Australian Special Provisions (SP AU01) - ADG Code 7th Ed.

Air transport (ICAO-IATA / DGR)

14.1. **UN number**	3082
14.2. **UN proper shipping name**	Environmentally hazardous substance, liquid, n.o.s. (contains abamectin)
14.3. **Transport hazard class(es)**	ICAO/IATA Class: 9 ICAO / IATA Subsidiary Hazard: Not Applicable ERG Code: 9L
14.4. **Packing group**	III
14.5. **Environmental hazard**	Environmentally hazardous

Continued...

14.6. **Special precautions for user**	Special provisions	A97 A158 A197 A215
	Cargo Only Packing Instructions	964
	Cargo Only Maximum Qty / Pack	450 L
	Passenger and Cargo Packing Instructions	964
	Passenger and Cargo Maximum Qty / Pack	450 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y964
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G

Sea transport (IMDG-Code / GGVSee)

14.1. **UN number**	3082	
14.2. **UN proper shipping name**	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains abamectin)	
14.3. **Transport hazard class(es)**	IMDG Class	9
	IMDG Subsidiary Hazard	Not Applicable
14.4. **Packing group**	III	
14.5 **Environmental hazard**	Marine Pollutant	
14.6. **Special precautions for user**	EMS Number	F-A, S-F
	Special provisions	274 335 969
	Limited Quantities	5 L

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

Not Applicable

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

Product name	Group
diethylene glycol monobutyl ether	Not Available
triclabendazole	Not Available
benzyl alcohol	Not Available
abamectin	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
diethylene glycol monobutyl ether	Not Available
triclabendazole	Not Available
benzyl alcohol	Not Available
abamectin	Not Available

SECTION 15 Regulatory information

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

diethylene glycol monobutyl ether is found on the following regulatory lists

Continued...

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Australian Inventory of Industrial Chemicals (AIIC)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5	

triclabendazole is found on the following regulatory lists

Australia Chemicals with non-industrial uses removed from the Australian Inventory of Chemical Substances (old Inventory)	International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6	

benzyl alcohol is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Australian Inventory of Industrial Chemicals (AIIC)

abamectin is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 7
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5	Chemical Footprint Project - Chemicals of High Concern List

National Inventory Status

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

SECTION 16 Other information

Revision Date	24/10/2023
Initial Date	24/10/2023

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SDS Version Summary

Version	Date of Update	Sections Updated
2.1	24/10/2023	Toxicological information - Acute Health (inhaled), Toxicological information - Acute Health (swallowed), Physical and chemical properties - Appearance, Toxicological information - Chronic Health, Hazards identification - Classification, Exposure controls / personal protection - Exposure Standard, Firefighting measures - Fire Fighter (fire/explosion hazard), First Aid measures - First Aid (eye), First Aid measures - First Aid (swallowed), Accidental release measures - Spills (major), Accidental release measures - Spills (minor), Handling and storage - Storage (storage requirement), Handling and storage - Storage (suitable container), Transport information - Transport, Transport Information

Other information

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

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

Definitions and abbreviations

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

- AIIC: Australian Inventory of Industrial Chemicals
- DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China
- EINECS: European INventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances
- NLP: No-Longer Polymers
- ENCS: Existing and New Chemical Substances Inventory
- KECI: Korea Existing Chemicals Inventory
- NZIoC: New Zealand Inventory of Chemicals
- PICCS: Philippine Inventory of Chemicals and Chemical Substances
- TSCA: Toxic Substances Control Act
- TCSI: Taiwan Chemical Substance Inventory
- INSQ: Inventario Nacional de Sustancias Químicas
- NCI: National Chemical Inventory

Continued...

- FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

end of SDS