

Ilium Dermapred Topical Ointment

Troy Laboratories Pty Ltd

Chemwatch Hazard Alert Code: 3

Chemwatch: 5398-40

Issue Date: 08/05/2020

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Print Date: 13/05/2020

Safety Data Sheet according to WHS and ADG requirements

L.GHS.AUS.EN

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

Product Identifier

Product name	Ilium Dermapred Topical Ointment
Synonyms	APVMA number: 38601
Other means of identification	Not Available

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

Relevant identified uses	An easy to apply anti-inflammatory, anti-bacterial agent active against a wide range of bacterial and mycotic infections. It is used for the treatment of acute and chronic eczema, infected wounds and burns, reduction of irritation and oedema, and as a post-operative dressing for dogs, cats and horses. To be used as directed on product label.
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Details of the supplier of the safety data sheet

Registered company name	Troy Laboratories Pty Ltd
Address	37 Glendenning Road Glendenning NSW 2761 Australia
Telephone	02 8808 3600
Fax	02 9677 9300
Website	www.Troylab.com.au
Email	admin@troylab.com.au

Emergency telephone number


Association / Organisation	Troy Laboratories Pty Ltd
Emergency telephone numbers	02 8808 3600 (Office hours (8am – 4pm, Monday to Friday))
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	S4
Classification [1]	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Reproductive Toxicity Category 1B, Acute Aquatic Hazard Category 3, Chronic Aquatic Hazard Category 3
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)	
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SIGNAL WORD	DANGER
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Hazard statement(s)

H315	Causes skin irritation.
H319	Causes serious eye irritation.
H360FD	May damage fertility. May damage the unborn child.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P273	Avoid release to the environment.

Ilium Dermapred Topical Ointment

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.
P321	Specific treatment (see advice on this label).
P362	Take off contaminated clothing and wash before reuse.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P332+P313	If skin irritation occurs: Get medical advice/attention.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
8002-74-2	30-60	<u>paraffin wax</u>
57-55-6	10-30	<u>propylene glycol</u>
8042-47-5	10-30	<u>white mineral oil (petroleum)</u>
112-38-9	1-10	<u>undecylenic acid</u>
1405-10-3	<1	<u>neomycin sulfate</u>
98-55-5	<1	<u>alpha-terpineol</u>
59-87-0	<1	<u>Nitrofurazone</u>
Not Available	balance	Ingredients determined not to be hazardous

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Quickly but gently, wipe material off skin with a dry, clean cloth. ▶ Immediately 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	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor.
Ingestion	<ul style="list-style-type: none"> ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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

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

Ilium Dermapred Topical Ointment

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

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

Special hazards arising from the substrate or mixture

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

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p> <p>CARE: Water in contact with hot liquid may cause foaming and a steam explosion with wide scattering of hot oil and possible severe burns. Foaming may cause overflow of containers and may result in possible fire.</p>
HAZCHEM	Not Applicable

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ Clean up all spills immediately. ▶ Avoid contact with skin and eyes. ▶ Wear impervious gloves and safety goggles. ▶ Trowel up/scrape up. ▶ Place spilled material in clean, dry, sealed container. ▶ Flush spill area with water.
Major Spills	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by all means available, spillage from entering drains or water courses. ▶ Consider evacuation (or protect in place). ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Water spray or fog may be used to disperse / absorb vapour. ▶ Contain or absorb spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ 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. ▶ DO NOT allow material to contact humans, exposed food or food utensils.
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Ilium Dermapred Topical Ointment

	<ul style="list-style-type: none"> ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ No smoking, naked lights or ignition sources. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Glass container is suitable for laboratory quantities ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	paraffin wax	Paraffin wax (fume)	2 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	propylene glycol	Propane-1,2-diol total: (vapour & particulates)	150 ppm / 474 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	propylene glycol	Propane-1,2-diol: particulates only	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	white mineral oil (petroleum)	Oil mist, refined mineral	5 mg/m3	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
propylene glycol	Polypropylene glycols	30 mg/m3	330 mg/m3	2,000 mg/m3
propylene glycol	Propylene glycol; (1,2-Propanediol)	30 mg/m3	1,300 mg/m3	7,900 mg/m3
white mineral oil (petroleum)	Mineral oil, heavy or light; (paraffin oil; Deobase, deodorized; heavy paraffinic; heavy naphthenic); distillates; includes 64741-53-3, 64741-88-4, 8042-47-5, 8012-95-1; 64742-54-7	140 mg/m3	1,500 mg/m3	8,900 mg/m3
alpha-terpineol	Alpha,alpha,4-trimethyl-3-cyclohexene-1-methanol, (S)-; (alpha-Terpineol)	59 mg/m3	650 mg/m3	1,000 mg/m3

Ingredient	Original IDLH	Revised IDLH
paraffin wax	Not Available	Not Available
propylene glycol	Not Available	Not Available
white mineral oil (petroleum)	2,500 mg/m3	Not Available
undecylenic acid	Not Available	Not Available
neomycin sulfate	Not Available	Not Available
alpha-terpineol	Not Available	Not Available
Nitrofurazone	Not Available	Not Available

OCCUPATIONAL EXPOSURE BANDING


Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
undecylenic acid	E	≤ 0.01 mg/m ³
neomycin sulfate	E	≤ 0.01 mg/m ³
alpha-terpineol	E	≤ 0.1 ppm
Nitrofurazone	E	≤ 0.01 mg/m ³

Notes: Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

MATERIAL DATA

Exposure controls

Ilium Dermapred Topical Ointment

<p>Appropriate engineering controls</p>	<p>Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.</p> <p>HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.</p> <p>Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.</p> <p>A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.</p> <p>When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.</p> <p>Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.</p> <p>Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required.</p> <p>Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.</p> <table border="1" data-bbox="384 712 1481 913"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>solvent, vapours, etc. evaporating from tank (in still air)</td> <td>0.25-0.5 m/s (50-100 f/min.)</td> </tr> <tr> <td>aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers (released at low velocity into zone of active generation)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> </tbody> </table> <p>Within each range the appropriate value depends on:</p> <table border="1" data-bbox="384 972 1118 1137"> <thead> <tr> <th>Lower end of the range</th> <th>Upper end of the range</th> </tr> </thead> <tbody> <tr> <td>1: Room air currents minimal or favourable to capture</td> <td>1: Disturbing room air currents</td> </tr> <tr> <td>2: Contaminants of low toxicity or of nuisance value only.</td> <td>2: Contaminants of high toxicity</td> </tr> <tr> <td>3: Intermittent, low production.</td> <td>3: High production, heavy use</td> </tr> <tr> <td>4: Large hood or large air mass in motion</td> <td>4: Small hood-local control only</td> </tr> </tbody> </table> <p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.</p> <p>The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.</p> <p>The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:</p> <p>10; high efficiency particulate (HEPA) filters or cartridges</p> <p>10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.</p> <p>25-50; a full face-piece negative pressure respirator with HEPA filters</p> <p>50-100; tight-fitting, full face-piece HEPA PAPR</p> <p>100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.</p>	Type of Contaminant:	Air Speed:	solvent, vapours, etc. evaporating from tank (in still air)	0.25-0.5 m/s (50-100 f/min.)	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)	direct spray, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)	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<p>Personal protection</p>																			
<p>Eye and face protection</p>	<p>When handling very small quantities of the material eye protection may not be required.</p> <p>For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:</p> <ul style="list-style-type: none"> ▶ Chemical goggles. ▶ Face shield. Full face shield may be required for supplementary but never for primary protection of eyes. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent] 																		
<p>Skin protection</p>	<p>See Hand protection below</p>																		
<p>Hands/feet protection</p>	<ul style="list-style-type: none"> ▶ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▶ Double gloving should be considered. ▶ PVC gloves. ▶ Change gloves frequently and when contaminated, punctured or torn. 																		

Ilium Dermaped Topical Ointment

	<ul style="list-style-type: none"> ▶ Wash hands immediately after removing gloves. ▶ Protective shoe covers. [AS/NZS 2210] ▶ Head covering.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ 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:

Ilium Dermaped Topical Ointment

Material	CPI
PE/EVAL/PE	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 qualified practitioner should be consulted.

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

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

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-PAPR-2 P2 ^

^ - Full-face

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

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ 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	Dark green ointment; does not mix with water.		
Physical state	Non Slump Paste	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Ilium Dermapred Topical Ointment

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Ingestion	The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.
Skin Contact	<p>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.</p> <p>Irritation and skin reactions are possible with sensitive skin</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>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.</p>
Eye	Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	<p>There is sufficient evidence to provide a strong presumption that human exposure to the material may result in impaired fertility on the basis of: - clear evidence in animal studies 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 is not a secondary non-specific consequence of other toxic effects.</p> <p>There is sufficient evidence to provide a strong presumption that human exposure to the material may result in developmental toxicity, generally on the basis of:</p> <ul style="list-style-type: none"> - clear results in appropriate animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

Ilium Dermapred Topical Ointment	TOXICITY	IRRITATION
	Not Available	Not Available
paraffin wax	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg/24 hr-mild
	Oral (rat) LD50: >3750 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin (rabbit): 500 mg/24 hr-mild
		Skin: no adverse effect observed (not irritating) ^[1]
propylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 11890 mg/kg ^[2]	Eye (rabbit): 100 mg - mild
	Inhalation (rat) LC50: >44.9 mg/l/4h ^[2]	Eye (rabbit): 500 mg/24h - mild
	Oral (rat) LD50: 20000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin(human):104 mg/3d Intermit Mod
		Skin(human):500 mg/7days mild
		Skin: no adverse effect observed (not irritating) ^[1]
white mineral oil (petroleum)	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Inhalation (rat) LC50: 7.64 mg/4 h ^[1]	Skin: adverse effect observed (irritating) ^[1]
	Oral (rat) LD50: >5000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
undecylenic acid	TOXICITY	IRRITATION
	dermal (guinea pig) LD50: 50 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]

Ilium Dermapred Topical Ointment

	Oral (rat) LD50: 2500 mg/kg ^[2]	Skin (rabbit): 500 mg/24h-SEVERE Skin: adverse effect observed (irritating) ^[1]
neomycin sulfate	TOXICITY	IRRITATION
	Not Available	Skin (human): 6 mg/3d - I - mild
alpha-terpineol	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: adverse effect observed (irritating) ^[1]
	Oral (rat) LD50: >2000 mg/kg ^[1]	Skin: adverse effect observed (irritating) ^[1]
Nitrofurazone	TOXICITY	IRRITATION
	Oral (rat) LD50: 590 mg/kg ^[2]	Not Available
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

PARAFFIN WAX	<p>"Hydrocarbon wax" describes a group of solid C20 to C36 paraffinic hydrocarbons which are not absorbed in the gastro-intestinal tract and in small quantity will pass through undigested.</p> <p>The widespread use in cosmetic and in cosmetic surgery over many years demonstrates the low toxicity of refined waxes and many guidelines exist for their safe use. Notwithstanding this, there are occasional reports of adverse effects with these products. Subcutaneous deposits often referred to as paraffinoma, have been described frequently following injection of these materials under the skin but these are not normally associated with other progressive changes.</p> <p>Paraffin wax and microcrystalline were each administered orally as a solution in arachis oil to groups of 5 male and 5 female rats at dose levels of 1000 and 5000 g/kg bw. produced no clinical signs of toxicity during the seven day observation period and growth rates were normal. There were no mortalities and no macroscopic changes were observed at autopsy.</p> <p>Three samples of 50% paraffin in petrolatum were tested in repeated, open patch applications to 6 rabbits. Two samples produced erythema in four animals that lasted three days, and one produced erythema in one rabbit that lasted two days. A microcrystalline wax was slightly irritating, to rabbit skin, in a 24 hour occluded patch test.</p> <p>Four 50% solutions of paraffin in petrolatum were each instilled into the eyes of six albino rabbits with no rinse. Eyes were observed for irritation for three days. Two of the samples caused mild irritation in one rabbit on day 1; the other samples were not irritating.</p> <p>In a long-term feeding study with Sprague-Dawley rats, no wax-related effects were observed. In a series of 180-day feeding studies in rats that were performed over a period of approximately 15 years (beginning in 1955) on chewing-gum bases containing hydrocarbon wax in proportions varying from 2% to 57% of the gum base, no compound-related effects were observed.</p> <p>Long-term toxicity studies indicated that petroleum-derived paraffin and microcrystalline waxes are non-toxic and non-carcinogenic.</p> <p>Eight slack waxes and eight aromatic hydrocarbon extracts derived from the slack waxes were tested for carcinogenicity after applying these to the skin of mice. The slack waxes showed only a low order of carcinogenicity at 250 days. However by 450 days every sample of slack wax had elicited papillomas and for 5 of them cancers as well. The aromatic extracts on the other hand exhibited a greater potency. At 250 days all but one sample had produced papillomas and 5 samples had produced cancers. At 450 days all but one sample had elicited cancers and all had elicited papillomas. The authors concluded that the carcinogenicity of slack wax can be attributed to the aromatic compounds found in the oils from which the waxes were pressed and which are retained on the waxes as impurities, and is not due to paraffins.</p> <p>Five petrolatum waxes were negative for local and systemic carcinogenicity or toxicity in skin-painting studies in mice and rabbits. However, wax disk implants, but not ground wax implants, were associated with the development of fibrosarcomas at the implantation site in rats.</p> <p>A description of the accumulation of long-chain alkanes (C29, C31, and C33) in a patient who had died of heart disease led the author to conclude that these hydrocarbons were of dietary (plant) origin as judged by the tissue distribution of the alkanes.</p> <p>The EU Scientific Committee for Food (SCF) reviewed the available information on mineral hydrocarbons, which included the petroleum waxes. Their opinion was published in 1995. The SCF reached the following conclusion:</p> <p>There are sufficient data to allow a full Group ADI (Average daily Intake) of 0-20 mg/kg bw for waxes conforming to the following specification: -</p> <ul style="list-style-type: none"> · Highly refined waxes derived from petroleum based or synthetic hydrocarbon feedstocks, with viscosity not less than 11 m³/s (cSt) at 100 deg C · Carbon number not less than 25 at the 5% boiling point · Average molecular weight not less than 500 <p>Studies indicate that normal, branched and cyclic paraffins are absorbed from the mammalian gastrointestinal tract and that the absorption of n-paraffins is inversely proportional to the carbon chain length, with little absorption above C30. With respect to the carbon chain lengths likely to be present in mineral oil, n-paraffins may be absorbed to a greater extent than iso- or cyclo-paraffins.</p> <p>The major classes of hydrocarbons have been shown to be well absorbed by the gastrointestinal tract in various species. In many cases, the hydrophobic hydrocarbons are ingested in association with dietary lipids. The dependence of hydrocarbon absorption on concomitant triglyceride digestion and absorption, is known as the "hydrocarbon continuum hypothesis", and asserts that a series of solubilising phases in the intestinal lumen, created by dietary triglycerides and their digestion products, afford hydrocarbons a route to the lipid phase of the intestinal absorptive cell (enterocyte) membrane. While some hydrocarbons may traverse the mucosal epithelium unmetabolised and appear as solutes in lipoprotein particles in intestinal lymph, there is evidence that most hydrocarbons partially separate from nutrient lipids and undergo metabolic transformation in the enterocyte. The enterocyte may play a major role in determining the proportion of an absorbed hydrocarbon that, by escaping initial biotransformation, becomes available for deposition in its unchanged form in peripheral tissues such as adipose tissue, or in the liver.</p> <p>Tumorigenic in rats</p>
PROPYLENE GLYCOL	<p>The acute oral toxicity of propylene glycol is very low, and large quantities are required to cause perceptible health damage in humans. Serious toxicity generally occurs only at plasma concentrations over 1 g/L, which requires extremely high intake over a relatively short period of time. It would be nearly impossible to reach toxic levels by consuming foods or supplements, which contain at most 1 g/kg of PG. Cases of propylene glycol poisoning are usually related to either inappropriate intravenous administration or accidental ingestion of large quantities by children. The potential for long-term oral toxicity is also low. Because of its low chronic oral toxicity, propylene glycol was classified by the U. S. Food and Drug Administration as "generally recognized as safe" (GRAS) for use as a direct food additive.</p> <p>Prolonged contact with propylene glycol is essentially non-irritating to the skin. Undiluted propylene glycol is minimally irritating to the eye, and can produce slight transient conjunctivitis (the eye recovers after the exposure is removed). Exposure to mists may cause eye irritation, as well as upper respiratory tract irritation. Inhalation of the propylene glycol vapours appears to present no significant hazard in ordinary applications. However, limited human experience indicates that inhalation of propylene glycol mists could be irritating to some individuals. It is therefore recommended that propylene glycol not be used in applications where inhalation exposure or human eye contact with the spray mists of these materials is likely, such as fogs for theatrical productions or antifreeze solutions for emergency eye wash stations.</p> <p>Propylene glycol is metabolised in the human body into pyruvic acid (a normal part of the glucose-metabolism process, readily converted to energy), acetic acid (handled by ethanol-metabolism), lactic acid (a normal acid generally abundant during digestion), and propionaldehyde (a potentially hazardous substance).</p> <p>Propylene glycol shows no evidence of being a carcinogen or of being genotoxic.</p> <p>Research has suggested that individuals who cannot tolerate propylene glycol probably experience a special form of irritation, but that they only rarely develop allergic contact dermatitis. Other investigators believe that the incidence of allergic contact dermatitis to propylene glycol may be</p>

Ilium Dermapred Topical Ointment

	<p>greater than 2% in patients with eczema.</p> <p>One study strongly suggests a connection between airborne concentrations of propylene glycol in houses and development of asthma and allergic reactions, such as rhinitis or hives in children</p> <p>Another study suggested that the concentrations of PGEs (counted as the sum of propylene glycol and glycol ethers) in indoor air, particularly bedroom air, is linked to increased risk of developing numerous respiratory and immune disorders in children, including asthma, hay fever, eczema, and allergies, with increased risk ranging from 50% to 180%. This concentration has been linked to use of water-based paints and water-based system cleansers.</p> <p>Patients with vulvodynia and interstitial cystitis may be especially sensitive to propylene glycol. Women suffering with yeast infections may also notice that some over the counter creams can cause intense burning. Post menopausal women who require the use of an estrogen cream may notice that brand name creams made with propylene glycol often create extreme, uncomfortable burning along the vulva and perianal area.</p> <p>Additionally, some electronic cigarette users who inhale propylene glycol vapor may experience dryness of the throat or shortness of breath . As an alternative, some suppliers will put Vegetable Glycerin in the "e-liquid" for those who are allergic (or have bad reactions) to propylene glycol.</p> <p>Adverse responses to intravenous administration of drugs which use PG as an excipient have been seen in a number of people, particularly with large dosages thereof. Responses may include "hypotension, bradycardia... QRS and T abnormalities on the ECG, arrhythmia, cardiac arrest, serum hyperosmolality, lactic acidosis, and haemolysis". A high percentage (12% to 42%) of directly-injected propylene glycol is eliminated/secreted in urine unaltered depending on dosage, with the remainder appearing in its glucuronide-form. The speed of renal filtration decreases as dosage increases, which may be due to propylene glycol's mild anesthetic / CNS-depressant -properties as an alcohol. In one case, intravenous administration of propylene glycol-suspended nitroglycerin to an elderly man may have induced coma and acidosis.</p> <p>Propylene glycol is an approved food additive for dog food under the category of animal feed and is generally recognized as safe for dogs with an LD50 of 9 mL/kg. The LD50 is higher for most laboratory animals (20 mL/kg)</p> <p>Similarly, propylene glycol is an approved food additive for human food as well. The exception is that it is prohibited for use in food for cats due to links to Heinz body anemia.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>
<p>WHITE MINERAL OIL (PETROLEUM)</p>	<p>Oral (rat) TCLo: 92000 mg/kg/92D-Cont. Generally the toxicity and irritation is of low order. White oils and highly/solvent refined oils have not shown the long term risk of skin cancer that follows persistent skin contamination with some other mineral oils, due in all probability to refining that produces low content of both polyaromatics (PAH) and benz-alpha-pyrenes (BaP)</p>
<p>UNDECYLENIC ACID</p>	<p>Polyunsaturated fats (PUFAs) protect against cardiovascular disease by providing more membrane fluidity than monounsaturated fats (MUFAs), but they are more vulnerable to lipid peroxidation (rancidity). On the other hand, some monounsaturated fatty acids (in the same way as saturated fats) may promote insulin resistance, whereas polyunsaturated fatty acids may be protective against insulin resistance. Furthermore, one the large scale study found that increasing monounsaturated fat and decreasing saturated fat intake could improve insulin sensitivity, but only when the overall fat intake of the diet was low. Studies have shown that substituting dietary monounsaturated fat for saturated fat is associated with increased daily physical activity and resting energy expenditure. More physical activity was associated with a higher-oleic acid diet (a MUFA) than one of a palmitic acid diet (saturated fat). From the study, it is shown that more monounsaturated fats lead to less anger and irritability.</p> <p>Foods containing monounsaturated fats reduce low-density lipoprotein (LDL) cholesterol, while possibly increasing high-density lipoprotein (HDL) cholesterol. However, their true ability to raise HDL is still in debate.</p> <p>Levels of oleic acid along with other monounsaturated fatty acids in red blood cell membranes were positively associated with breast cancer risk. The saturation index (SI) of the same membranes was inversely associated with breast cancer risk. Monounsaturated fats and low SI in erythrocyte membranes are predictors of postmenopausal breast cancer. Both of these variables depend on the activity of the enzyme delta-9 desaturase (delta-9-d).</p> <p>In children, consumption of monounsaturated oils is associated with healthier serum lipid profiles.</p> <p>The Mediterranean Diet is one heavily influenced by monounsaturated fats. People in Mediterranean countries consume more total fat than Northern European countries, but most of the fat is in the form of monounsaturated fatty acids from olive oil and omega-3 fatty acids (PUFAs) from fish, vegetables, and certain meats like lamb, while consumption of saturated fat is minimal in comparison. The diet in Crete is fairly high in total fat (40% of total calories, almost exclusively provided by olive oil - oleic acid) yet affords a remarkable protection from coronary heart disease (and probably colon cancer).</p> <p>For aliphatic fatty acids (and salts)</p> <p>Acute oral (gavage) toxicity:</p> <p>The acute oral LD50 values in rats for both were greater than >2000 mg/kg bw Clinical signs were generally associated with poor condition following administration of high doses (salivation, diarrhoea, staining, piloerection and lethargy). There were no adverse effects on body weight in any study In some studies, excess test substance and/or irritation in the gastrointestinal tract was observed at necropsy.</p> <p>Skin and eye irritation potential, with a few stated exceptions, is chain length dependent and decreases with increasing chain length</p> <p>According to several OECD test regimes the animal skin irritation studies indicate that the C6-10 aliphatic acids are severely irritating or corrosive, while the C12 aliphatic acid is irritating, and the C14-22 aliphatic acids generally are not irritating or mildly irritating.</p> <p>Human skin irritation studies using more realistic exposures (30-minute, 1-hour or 24-hours) indicate that the aliphatic acids have sufficient, good or very good skin compatibility.</p> <p>Animal eye irritation studies indicate that among the aliphatic acids, the C8-12 aliphatic acids are irritating to the eye while the C14-22 aliphatic acids are not irritating.</p> <p>Eye irritation potential of the ammonium salts does not follow chain length dependence; the C18 ammonium salts are corrosive to the eyes.</p> <p>Dermal absorption:</p> <p>The in vitro penetration of C10, C12, C14, C16 and C18 fatty acids (as sodium salt solutions) through rat skin decreases with increasing chain length. At 86.73 ug C16/cm2 and 91.84 ug C18/cm2, about 0.23% and less than 0.1% of the C16 and C18 soap solutions is absorbed after 24 h exposure, respectively.</p> <p>Sensitisation:</p> <p>No sensitisation data were located.</p> <p>Repeat dose toxicity:</p> <p>Repeated dose oral (gavage or diet) exposure to aliphatic acids did not result in systemic toxicity with NOAELs greater than the limit dose of 1000 mg/kg bw. .</p> <p>Mutagenicity</p> <p>Aliphatic acids do not appear to be mutagenic or clastogenic in vitro or in vivo</p> <p>Carcinogenicity</p> <p>No data were located for carcinogenicity of aliphatic fatty acids.</p> <p>Reproductive toxicity</p> <p>No effects on fertility or on reproductive organs, or developmental effects were observed in studies on aliphatic acids and the NOAELs correspond to the maximum dose tested. The weight of evidence supports the lack of reproductive and developmental toxicity potential of the aliphatic acids category.</p> <p>Given the large number of substances in this category, their closely related chemical structure, expected trends in physical chemical properties, and similarity of toxicokinetic properties, both mammalian and aquatic endpoints were filled using read-across to the closest structural analogue, and selecting the most conservative supporting substance effect level.</p> <p>Structure-activity relationships are not evident for the mammalian toxicity endpoints. That is, the low mammalian toxicity of this category of substances limits the ability to discern structural effects on biological activity. Regardless, the closest structural analogue with the most conservative effect value was selected for read across. Irritation is observed for chain lengths up to a "cut-off" at or near 12 carbons).</p> <p>Metabolism:</p> <p>The aliphatic acids share a common degradation pathway in which they are metabolized to acetyl-CoA or other key metabolites in all living systems. Common biological pathways result in structurally similar breakdown products, and are, together with the physico-chemical properties,</p>

Ilium Dermapred Topical Ointment

responsible for similar environmental behavior and essentially identical hazard profiles with regard to human health. Differences in metabolism or biodegradability of even and odd numbered carbon chain compounds or saturated/ unsaturated compounds are not expected; even-and odd-numbered carbon chain compounds, and the saturated and unsaturated compounds are naturally occurring and are expected to be metabolized and biodegraded in the same manner.

The acid and alkali salt forms of the homologous aliphatic acid are expected to have many similar physicochemical and toxicological properties when they become bioavailable; therefore, data read across is used for those instances where data are available for the acid form but not the salt, and vice versa. In the gastrointestinal tract, acids and bases are absorbed in the undissociated (non-ionised) form by simple diffusion or by facilitated diffusion. It is expected that both the acids and the salts will be present in (or converted to) the acid form in the stomach. This means that for both aliphatic acid or aliphatic acid salt, the same compounds eventually enter the small intestine, where equilibrium, as a result of increased pH, will shift towards dissociation (ionised form).

Hence, the situation will be similar for compounds originating from acids and therefore no differences in uptake are anticipated

Note that the saturation or unsaturation level is not a factor in the toxicity of these substances and is not a critical component of the read across process..

Toxicokinetics:

The turnover of the [14C] surfactants in the rat showed that there was no significant difference in the rate or route of excretion of 14C given by intraperitoneal or subcutaneous administration. The main route of excretion was as 14CO₂ in the expired air at 6 h after administration. The remaining material was incorporated in the body. Longer fatty acid chains are more readily incorporated than shorter chains. At ca. 1.55 and 1.64 mg/kg bw, 71% of the C16:0 and 56% of the C18:0 was incorporated and 21% and 38% was excreted as 14CO₂, respectively.

Glycidyl fatty acid esters (GEs), one of the main contaminants in processed oils, are mainly formed during the deodorisation step in the refining process of edible oils and therefore occur in almost all refined edible oils. GEs are potential carcinogens, due to the fact that they readily hydrolyse into the free form glycidol in the gastrointestinal tract, which has been found to induce tumours in various rat tissues. Therefore, significant effort has been devoted to inhibit and eliminate the formation of GEs

GEs contain a common terminal epoxide group but exhibit different fatty acid compositions. This class of compounds has been reported in edible oils after overestimation of 3-monochloropropane-1,2-diol (3-MCPD) fatty acid esters analysed by an indirect method, 3-MCPD esters have been studied as food processing contaminants and are found in various food types and food ingredients, particularly in refined edible oils.

3-Monochloropropane-1,2-diol (3-MCPD) and 2-monochloropropane-1,3-diol (2-MCPD) are chlorinated derivatives of glycerol (1,2,3-propanetriol). 3- and 2-MCPD and their fatty acid esters are among non-volatile chloropropanols. Glycidol is associated with the formation and decomposition of 3- and 2-MCPD. It forms monoesters with fatty acids (GE) during the refining of vegetable oils. Chloropropanols are formed in HVP during the hydrochloric acid-mediated hydrolysis step of the manufacturing process. In food production, chloropropanols form from the reaction of endogenous or added chloride with glycerol or acylglycerol.

Although harmful effects on humans and animals have not been demonstrated, the corresponding hydrolysates, 3-MCPD and glycidol, have been identified as rodent genotoxic carcinogens, ultimately resulting in the formation of kidney tumours (3-MCPD) and tumours at other tissue sites (glycidol). Therefore, 3-MCPD and glycidol have been categorised as "possible human carcinogens" (group 2B) and "probably carcinogenic to humans" (group 2A), respectively, by the International Agency for Research on Cancer (IARC).

Diacylglyceride (DAG) based oils produced by one company were banned from the global market due to "high levels" of GEs.

Several reports have also suggested that a bidirectional transformation process may occur not only between glycidol and 3-MCPD but also their esterified forms in the presence of chloride ions. The transformation rate of glycidol to 3-MCPD was higher than that of 3-MCPD to glycidol under acidic conditions in the presence of chloride ion.

Precursors of GEs in refined oils have been identified as partial acylglycerols, that is, DAGs and monoacylglycerides (MAGs); however, whether they also originate from triacylglycerides (TAGs) is still a topic of controversial debates. Several authors noted that pure TAGs were stable during heat treatment (such as 235 deg C) for 3 h and were therefore not involved in the formation of GEs. However, experimental results have shown that small amounts of GEs are present in a heat-treated oil model consisting of almost 100% TAGs. The formation of GEs from TAGs can be attributed to the pyrolysis of TAGs to DAGs and MAGs. In contrast, 3-MCPD esters in refined oils can be obtained from TAG. Presently, the mechanism for the formation of GE intermediates and the relationship between GEs and 3-MCPD esters are still unknown.

Fatty acid salts are of low acute toxicity. Their skin and eye irritation potential is chain length dependent and decreases with increasing chain length - they are poorly absorbed through the skin nor are they skin sensitisers. The available repeated dose toxicity data demonstrate the low toxicity of the fatty acids and their salts. Also, they are not considered to be mutagenic, genotoxic or carcinogenic, and are not reproductive or developmental toxicants. Accidental ingestion of fatty acid salt containing detergent products is not expected to result in any significant adverse health effects. This assessment is based on toxicological data demonstrating the low acute oral toxicity of fatty acid salts and the fact that not a single fatality has been reported in the UK following accidental ingestion of detergents containing fatty acid salts. Also in a report published by the German Federal Institute for Health Protection of Consumers and Veterinary Medicine, detergent products were not mentioned as dangerous products with a high incidence of poisoning. The estimated total human exposure to fatty acid salts, from the different exposure scenarios for the handling and use of detergent products containing fatty acid salts, showed a margin of exposure (MOE) of 258,620. This extremely large MOE is large enough to be reassuring with regard to the relatively small variability of the hazard data on which it is based. Also, in the UK, the recommended dietary fatty acid intake by the Department of Health is about 100 g of fatty acids per day or 1.7 g (1700 mg) of fatty acids per kilogram body weight per day. This exposure is several orders of magnitude above that resulting from exposure to fatty acid salts in household cleaning products. Based on the available data, the use of fatty acid salts in household detergent and cleaning products does not raise any safety concerns with regard to consumer

The material may produce severe 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) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

NEOMYCIN SULFATE

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances.

Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).

Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

ALPHA-TERPINEOL

For terpenoid tertiary alcohols and their related esters:

Substances assigned to this category, as part of the HPV Challenge Program, possess close structural relationships, similar physicochemical properties and participate in the same pathways of metabolic detoxification and have similar toxicologic potential.

Acute Toxicity: Oral and dermal LD50 values for members of this chemical category indicate a low order of both oral and dermal toxicity. All rabbit dermal, and mouse and rat oral LD50 values exceed 2000 mg/kg with the majority of values greater than 5000 mg/kg

Repeat dose toxicity: In a safety evaluation study, a 50/50 mixture of linalool and citronellol was fed to male and female rats (number and strain not specified) in the diet. The daily intake was calculated to be 50 mg/kg bw of each. Measurements of haematology, clinical chemistry, and

Ilium Dermapred Topical Ointment

urinalysis at weeks 6 and 12 showed no statistically significant differences between test and control groups. Histopathology revealed no dose-related lesions. A slight retardation of growth was observed in males only, but was concluded by the authors to be biologically insignificant.

Reproductive toxicity: Four groups of 10 virgin CrI CD rats were administered 0,250,500, or 1000 mg/kg bw of an essential oil (coriander oil) known to contain 73% linalool by mass. The test material was given by gavage once daily, 7 days prior to cohabitation, through cohabitation (maximum of 7 days), gestation, delivery, and a 4-day post-parturition period. The duration of the study was 39 days. Maternal effects reported included increased body weight and increased food consumption at 250 mg/kg/d, a non-statistically significant decrease in body weight and food consumption and decreased gestation index and decreased length of gestation at 500 mg/kg/d, and a statistically significant decrease in body weight and food consumption, statistically significant decrease in gestation index, length of gestation, and litter size at 1000 mg/kg/d. The only effect on pups was a decrease in viability of pups at the highest dose level. The authors concluded that there were no effects observed in the dams at the low dose of 250 mg/kg bw/d or in the offspring at the 250 and 500 mg/kg bw/d levels. The authors concluded that the maternal NOAEL was 250 mg/kg/d and the developmental NOAEL was 500 mg/kg/d.

Four groups of 10 virgin CrI CD rats were administered 0,375,750, or 1500 mg/kg bw of an essential oil (cardamom oil) known to contain greater than 65 % tertiary terpenoid alcohols with 5 % alpha-terpineol acetate by mass. Maternal observations included a non-statistically significant decrease in body weight gain and food consumption at 375 mg/kg/d.

Mortality, clinical signs, a statistically significant decrease in body weight gain and food consumption, and gross lesions at necropsy were seen at 750 and 1500 mg/kg/d. The only effects on pups were a reduced body weight gain in pups at 750 and 1500 mg/kg/d and increased mortality at 1500 mg/kg/d. The authors concluded that there were no significant adverse effects in the dams or offspring at the 375 mg/kg/d dose. A maternal NOEL was reported to be less than 375 mg/kg/d based on reduced body weight gain and food consumption at 375 mg/kg/d and a developmental NOAEL was reported to be 375 mg/kg/d.

Developmental toxicity: A range finding study and follow-up teratology study was performed with pine oil. Pregnant CrI:CD(SD) BR rats were given 0, 50, 100, 500,750, or 1000 mg/kg/d by gavage in corn oil on days 6 to 20 of gestation. Laparotomies were performed, corpora lutea were counted, and the uterus of each rat was removed, weighed and then examined for number, placement and viability of implantations. Live foetuses were weighed, sexed and gross external alterations were identified. There were no deaths or abortions during the course of this study. Necropsy revealed no gross lesions. Maternal effects included local alopecia, decreased body weight gain and food consumption for the 3 highest dose levels. At 750 and 1000 mg/kg, average gravid uterine weight was reduced. In foetuses, decreased body weight was observed at dose levels of 100 mg/kg and above, and at dose levels of 500 and above there was a slight increase in average number of resorptions/litter. In the follow-up teratology study, pregnant CrI:CD(SD) BR rats were given 0, 50, 600, or 1200 mg/kg/d by gavage in corn oil on days 6 to 20 of gestation. Six of the 25 rats in 1200 mg/kg dose group died and necropsies revealed that adrenal weights were significantly increased in these rats. At 1200 mg/kg/d, foetuses exhibited increased incidences of delayed ossification, delayed brain development, decreased weights, increased embryo -foetal mortality, and sunken eye bulge with associated soft and hard tissue findings, a dose that also resulted in maternal death and a low incidence of embryo-foetal death (resorption). The maternal and developmental NOEL for pine oil was greater than 50 mg/kg/d but less than 600 mg/kg/d.

Genotoxicity: Mutagenicity/genotoxicity testing has been performed on six members of this chemical category, including a complete battery of in vitro genotoxicity tests using linalool. In nineteen separate in vitro tests on the mutagenicity and genotoxicity of terpenoid tertiary alcohols and related esters, all but two were negative. One of the positive results for linalool was observed in a rec assay using differences in growth rates in two strains of *Bacillus subtilis* as a measure of DNA changes. In contrast, no evidence of mutagenicity was observed in the same test at a higher concentrations nor was DNA damage observed in a rat hepatocyte UDS assay. The authors of the mouse lymphoma assay which gave a weak positive result for linalool, emphasized that positive results in this assay are commonly observed for polar substances in the absence of S-9 and may be associated with changes in physiologic culture conditions (pH and osmolality).

Based on a weight of evidence evaluation of the available in vitro and in vivo mutagenicity and genotoxicity assays on terpenoid tertiary alcohols and related esters, this group of flavouring substances would not be expected to exhibit a low genotoxic potential in vivo.

Metabolic fate: Based on the results of hydrolysis, the reactivity of linalool in aqueous media, and data on metabolism it is concluded that members of this chemical category exhibit similar chemical and biochemical fate. The esters are readily hydrolyzed to the corresponding alcohols, linalool and alpha-terpineol. Linalool is then partial converted to alpha-terpineol mainly under acidic conditions. Alicyclic and aliphatic tertiary alcohols are efficiently detoxicated by two principal pathways: conjugation primarily with glucuronic acid and excretion primarily in urine, and omega-oxidation to eventually yield diacids and their reduced or hydrated analogs. These polar metabolites will be efficiently excreted primarily in the urine either unchanged or as the glucuronic acid conjugates. The physicochemical and toxicological properties of these substances are consistent with their known reactivity and common metabolic fate.

Esters belonging to this category can be hydrolysed to their corresponding terpenoid alcohol and organic acid. Hydrolysis can also be catalysed by a class of esters known as carboxylesterases or B-type esterases that predominated in hepatocytes.

Esters of tertiary terpenoid alcohols are readily hydrolyzed in animals, including fish. Once hydrolysed, the resulting alcohols undergo excretion unchanged or as the glucuronic acid conjugate. To a minor extent, CYP-450 mediated oxidation at the omega or omega-1 position yields polar oxidized metabolites capable of excretion primarily in the urine. Terpenoid alcohols formed in the gastrointestinal tract are readily absorbed. During hydrolysis under acidic condition cyclisation may occur.

In humans and animals, terpenoid tertiary alcohols primarily conjugate with glucuronic acid and are excreted in the urine and feces. Terpenoid alcohols with unsaturation may also undergo allylic oxidation to form polar diol metabolites that may be excreted either free or conjugated. If the diol contains a primary alcohol function, it may undergo further oxidation to the corresponding carboxylic acid. In a minor pathway, the endocyclic alkene of alpha-terpineol is epoxidised and then hydrolyzed to yield a triol metabolite 1,2,8-trihydroxy-p-menthane which also has been reported in humans following inadvertent oral ingestion of a pine oil disinfectant containing alpha-terpineol.

Bicyclic tertiary alcohols are conjugated with glucuronic acid and excreted primarily in the urine. In rabbits the structurally related bicyclic tertiary alcohols thujyl alcohol (4-methyl-1-(1-methylethyl)bicyclo[3.1.0]-hexan-3-ol) and beta-santenol (2,3,7-trimethylbicyclo[2.2.1]-heptan-2-ol) are conjugated with glucuronic acid. In a metabolism study using the terpenoid tertiary alcohol trans-sobrerol, in humans, dogs, and rats, ten metabolites were isolated in urine, eight of which were characterised in humans. Two principle modes of metabolism were observed, allylic oxidation of the ring positions and alkyl substituents, and conjugation of the tertiary alcohol fractions with glucuronic acid. These metabolic patterns are common modes of converting tertiary and secondary terpenoid alcohols to polar metabolites, which are easily excreted in the urine and faeces. Menthol forms similar conjugation products in rats.

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.

Contact allergy to fragrance ingredients occurs when an individual has been exposed, on the skin, to a sufficient 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

Ilium Dermaped Topical Ointment

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 being fragrance allergic.

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

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

Photo-reactions Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon. Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products. Phototoxic reactions still occur but are rare.

General/respiratory: Fragrances are volatile and therefore, in addition to skin exposure, a perfume also exposes the eyes and naso-respiratory tract. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma. Asthma-like symptoms can be provoked by sensory mechanisms. In an epidemiological investigation, a significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients, in addition to hand eczema, which were independent risk factors in a multivariate analysis.

Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A **prehapten** is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems.

In the case of prehapten, it is possible to prevent activation outside the body to a certain extent by different measures, e.g. prevention of air exposure during handling and storage of the ingredients and the final product, and by the addition of suitable antioxidants. When antioxidants are used, care should be taken that they will not be activated themselves and thereby form new sensitisers.

Prehapten

Most terpenes with oxidisable allylic positions can be expected to autoxidise on air exposure due to their inherent properties. Depending on the stability of the oxidation products that are formed, a difference in the sensitisation potency of the oxidised terpenes can be seen. Autoxidation is a free radical chain reaction in which hydrogen atom abstraction in combination with addition of oxygen forms peroxy radicals. The reaction shows selectivity for positions where stable radicals can be formed. So far, all fragrance substances that have been investigated with regard to the influence of autoxidation on the allergenic potential, including identification of formed oxidation products, have oxidisable allylic positions that are able to form hydroperoxides and/or hydrogen peroxide as primary oxidation products upon air exposure. Once the hydroperoxides have been formed outside the skin they form specific antigens and act as skin sensitisers. Secondary oxidation products such as aldehydes and epoxides can also be allergenic, thus further increasing the sensitisation potency of the autoxidation mixture. The process of photoactivation may also play a role, but further research is required to establish whether this activation route is currently underestimated in importance due to insufficient knowledge of the true haptens in this context.

It should be noted that activation of substances via air oxidation results in various haptens that might be the same or cross-reacting with other haptens (allergens). The main allergens after air oxidation of linalool and linalyl acetate are the hydroperoxides. If linalyl acetate is chemically hydrolysed outside the skin it can thereafter be oxidised to the same haptens as seen for linalool. A corresponding example is citronellol and citronellyl acetate. In clinical studies, concomitant reactions to oxidised linalool and oxidised linalyl acetate have been observed. Whether these reactions depend on cross-reactivity or are due to exposure to both fragrance substances cannot be elucidated as both have an allergenic effect themselves. Linalool and linalyl acetate are the main components of lavender oil. They autoxidise on air exposure also when present in the essential oil, and form the same oxidation products found in previous studies of the pure synthetic terpenes. Experimental sensitisation studies showed that air exposure of lavender oil increased the sensitisation potency. Patch test results in dermatitis patients showed a connection between positive reactions to oxidised linalool, linalyl acetate and lavender oil.

Prohapten

Compounds that are bioactivated in the skin and thereby form haptens are referred to as prohapten.

In the case of prohapten, 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 geranyl (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 prohapten 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.

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QSAR prediction: The relationships between molecular structure and reactivity that form the basis for structural alerts are based on well established principles of mechanistic organic chemistry. Examples of structural alerts are aliphatic aldehydes (alerting to the possibility of sensitisation via a Schiff base reaction with protein amino groups), and alpha,beta-unsaturated carbonyl groups, C=C-CO- (alerting to the possibility of sensitisation via Michael addition of protein thiol groups). Prediction of the sensitisation potential of compounds that can act via abiotic or metabolic activation (pre- or prohaptens) is more complex compared to that of compounds that act as direct haptens without any activation. The autoxidation patterns can differ due to differences in the stability of the intermediates formed, e.g. it has been shown that autoxidation of the structural isomers linalool and geraniol results in different major haptens/allergens. Moreover, the complexity of the prediction increases further for those compounds that can act both as pre- and prohaptens. In such cases, the impact on the sensitisation potency depends on the degree of abiotic activation (e.g. autoxidation) in relation to the metabolic activation.

A member or analogue of a group of aliphatic and alicyclic terpenoid tertiary alcohols and structurally related substances generally regarded as safe (GRAS based, in part, on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic conversion, and excretion in humans and experimental animals; their low level of flavour use; the wide margins of safety between the conservative estimates of intake and the no-observed-adverse effect levels (NOAEL) determined from subchronic and chronic studies and the lack of genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of aliphatic acyclic and alicyclic terpenoid tertiary alcohols and structurally related substances as natural components of traditional foods is greater than their intake as intentionally added flavoring substances.

Oral median lethal dose (LD50) values have been reported for 24 of the 43 substances in this group. LD50 values range from 1300 to greater than 36300 mg/kg bw, demonstrating that the oral acute toxicity of tertiary alcohols and related esters is extremely low.

Genotoxicity: the testing of representative materials in vitro in bacterial test systems (Ames assay) and in vivo in mammalian test systems (micronucleus assay) showed no evidence of mutagenic or genotoxic potential.

Based on the results of studies under a wide variety of conditions, including aqueous buffered media, simulated gastric juice, simulated human intestinal fluid, blood plasma, whole hepatocytes and liver microsome preparations, terpene esters formed from tertiary alcohols (for example, linalool), and simple aliphatic carboxylic acids are expected to undergo hydrolysis. Bicyclic tertiary alcohols are relatively stable in vivo, but are eventually conjugated with glucuronic acid and excreted. Although differences in the rates of hydrolysis occur under in vitro conditions in gastric juice and intestinal fluids, ready hydrolysis is observed in tissue preparations that have an abundant concentration of carboxylesterases (CES), especially the liver. The most important class of these enzymes is the B-esterases, which are members of the serine esterase superfamily. Generally, CES enzymes are ubiquitous throughout mammalian tissues and are found at the highest levels in hepatocytes.

In general, the esters are hydrolysed to their corresponding alcohol and carboxylic acid. It is expected that the tertiary aromatic alcohols will undergo direct conjugation of the hydroxyl group with glucuronic acid while the tertiary terpenoid alcohols formed as a result of hydrolysis are rapidly absorbed and converted to the glucuronic acid conjugates which are excreted in the urine, or are further oxidised to CO₂ that is subsequently expired.

Aliphatic acyclic and alicyclic terpenoid tertiary alcohols and structurally related substances often have a sweet floral rose to a fruity citrus green organoleptic profile. Twenty-two of the 44 flavor ingredients in this group have been reported to occur naturally, and can be found in chamomile, cocoa, coffee, a variety of fruits and especially citrus fruit varieties and vegetables, lemon juice, black and green teas, calamus, soybean, pepper, strawberry guava, beer and wine.

Flavor and Extract Manufacturers' Association (FEMA)

With few exceptions * (see below) there are no safety concerns regarding certain cyclic and non-cyclic terpene alcohols **, as fragrance ingredients, under the present declared levels of use and exposure for the following reasons

- The non-cyclic and cyclic terpene alcohols have a low order of acute toxicity
- No significant toxicity was observed in repeated dose toxicity tests; it is concluded that these materials have dermal and oral NOAELs of 50 mg/kg body weight/day or greater.
- These materials were inactive in mutagenicity and genotoxicity tests.
- Based on data on metabolism it is concluded that members of this category exhibit similar chemical and biochemical fate.
- Although there is some indication for the production of reactive metabolites by some materials, these metabolites appear to be efficiently detoxicated and not expected to result in overt toxicity. There is no indication for the production of persistent metabolites.
- The results from materials studied to date are indicative of the group and there are no grounds for environmental concern with respect to cyclic and non-cyclic terpene alcohol compounds as currently used in fragrance compounds.
- Human dermatological studies show that, at current use levels, these materials are practically non-irritating.
- The sensitization potential is generally low.
- The margin of safety is generally greater than 100 times the maximum daily exposure.

Sufficient data are available from farnesol, linalool, menthol and a-terpineol, i.e., compounds that contain all key structural elements and potential sites of metabolism of all other members in the group, to demonstrate that the non-cyclic and cyclic terpenes share common metabolic pathways. In most cases, metabolism yields innocuous metabolites. Some materials, however, may generate alpha, b-unsaturated compounds or be oxidized to hydroperoxides. Such compounds have the capacity to participate in a range of nucleophilic and electrophilic addition reactions with biological material.

* Safety concerns exist for the following substances for the following reasons.

- 6,7-Dihydrogeraniol, hydroabietyl alcohol and 6-isopropyl-2-decahydro-naphthalenol are potent skin sensitizers. These materials are prohibited for use in fragrance materials by IFRA Standards.
- Farnesol is a weak sensitizer. Its use in fragrance materials is therefore restricted by IFRA Standards.
- Sclareol and linalool may contain impurities and/or oxidation products that are strong sensitizers. For use in fragrance materials, these compounds must comply with the purity criteria stated in their IFRA Standards.
- No sensitization test results were available for 2(10)-pinen-3-ol, 2,6-dimethyloct-3,5-dien-2-ol, and 3,7-dimethyl-4,6-octadien-3-ol. These materials should be regarded as potential sensitizers until tested.

** The common characteristic structural element of acyclic -noncyclic- and cyclic terpene alcohols is the typically branched isoprene unit 2-methyl-1,3-butadiene

The Research Institute for Fragrance Materials (RIFM) Expert Panel

NITROFURAZONE

Respiratory tract tumours, paternal effects, effects on fertility, foetotoxicity, foetolethality, specific developmental abnormalities (musculoskeletal system) recorded.

PARAFFIN WAX & WHITE MINERAL OIL (PETROLEUM)

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

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

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

The degree of refining influences the carcinogenic potential of the oils. Whereas mild acid / earth refining processes are inadequate to substantially reduce the carcinogenic potential of lubricant base oils, hydrotreatment and / or solvent extraction methods can yield oils with no carcinogenic potential.

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

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

Ilium Dermapred Topical Ointment

Skin irritating is not significant (CONCAWE) based on 14 tests on 10 CASs from the OLBO class (Other Lubricant Base Oils). Each study lasted for 24 hours, a period of time 6 times longer than the duration recommended by the OECD method).

Eye irritation is not significant according to experimental data (CONCAWE studies) based on 9 "in vivo" tests on 7 CASs from the OLBO class (Other Lubricant Base Oils).

Sensitisation: The substance does not cause the sensitization of the respiratory tract or of the skin. (CONCAWE studies based on 14 tests on 11 CASs from the OLBO class (Other Lubricant Base Oils))

Germ cell mutagenicity: The tests performed within the "in vivo" studies regarding gene mutation at mice micronuclei indicated negative results (CONCAWE studies. AMES tests had negative results in 7 studies performed on 4 CASs from the OLBO class (Other Lubricant Base Oils)).

Reproduction toxicity: Reproduction / development toxicity monitoring according to OECD 421 or 422 methods. CONCAWE tests gave negative results in oral gavage studies. Pre-birth studies regarding toxicity in the unborn foetus development process showed a maternal LOAEL (Lowest Observed Adverse Effect Level) of 125 mg/kg body/day, based on dermal irritation and a NOAEL (No Observable Adverse Effect Level) of 2000 mg/kg body/day, which shows that the substance is not toxic for reproduction.

STOT (toxicity on specific target organs) – repeated exposure: Studies with short term repeated doses (28-day test) on rabbit skin indicated the NOAEL value of 1000 mg/kg. NOAEL for inhalation, local effects > 280 mg/m³ and for systemic effects NOAEL > 980 mg/m³.

Sub-chronic toxicity

90-day study Dermal: NOAEL > 2000 mg/kg (CONCAWE studies).

Repeat dose toxicity:

Oral

NOAEL for heavy paraffinic distillate aromatic extract could not be identified and is less than 125 mg/kg/day when administered orally.

Inhalation

The NOAEL for lung changes associated with oil deposition in the lungs was 220 mg/m³. As no systemic toxicity was observed, the overall NOAEL for systemic effects was > 980 mg/m³.

Dermal

In a 90 day subchronic dermal study, the administration of Light paraffinic distillate solvent extract had an adverse effect on survivability, body weights, organ weights (particularly the liver and thymus), and variety of haematology and serum chemistry parameters in exposed animals. Histopathological changes which were treatment-related were most prominent in the adrenals, bone marrow, kidneys, liver, lymph nodes, skin, stomach, and thymus. Based on the results of this study, the NOAEL for the test material is less than 30 mg/kg/day.

Toxicity to reproduction:

Mineral oil (a white mineral oil) caused no reproductive or developmental toxicity with 1 mL/kg/day (i.e., 1000 mg/kg/day) in an OECD 421 guideline study, but did cause mild to moderate skin irritation. Therefore, the reproductive/developmental NOAEL for this study is =1000 mg/kg/day and no LOAEL was determined.

Developmental toxicity, teratogenicity:

Heavy paraffinic distillate furfural extract produced maternal, reproductive and foetal toxicity. Maternal toxicity was exhibited as vaginal discharge (dose-related), body weight decrease, reduction in thymus weight and increase in liver weight (125 mg/kg/day and higher) and aberrant haematology and serum chemistry (125 and/or 500 mg/kg/day). Evidence of potential reproductive effects was shown by an increased number of dams with resorptions and intrauterine death. Distillate aromatic extract (DAE) was developmentally toxic regardless of exposure duration as indicated by increased resorptions and decreased foetal body weights. Furthermore, when exposures were increased to 1000 mg/kg/day and given only during gestation days 10 through 12, cleft palate and ossification delays were observed. Cleft palate was considered to indicate a potential teratogenic effect of DAE.

The following Oil Industry Note (OIN) has been applied: OIN 8 - The classifications as a reproductive toxicant category 2; H361d (Suspected of damaging the unborn child) and specific target organ toxicant category 1; H372 (Causes damage to organs through prolonged or repeated exposure) need not apply if the substance is not classified as carcinogenic

Toxicokinetics of lubricant base oils has been examined in rodents. Absorption of other lubricant base oils across the small intestine is related to carbon chain length; hydrocarbons with smaller chain length are more readily absorbed than hydrocarbons with a longer chain length. The majority of an oral dose of mineral hydrocarbon is not absorbed and is excreted unchanged in the faeces. Distribution of mineral hydrocarbons following absorption has been observed in liver, fat, kidney, brain and spleen. Excretion of absorbed mineral hydrocarbons occurs via the faeces and urine. Based on the pharmacokinetic parameters and disposition profiles, the data indicate inherent strain differences in the total systemic exposure (~4 fold greater systemic dose in F344 vs SD rats), rate of metabolism, and hepatic and lymph node retention of C26H52, which may be associated with the different strain sensitivities to the formation of liver granulomas and MLN histiocytosis.

Highly and Severely Refined Distillate Base Oils

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

When tested for skin and eye irritation, the materials have been reported as "non-irritating" to "moderately irritating"

Testing in guinea pigs for sensitization has been negative

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

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

Reproductive and developmental toxicity: A highly refined base oil was used as the vehicle control in a one-generation reproduction study.

The study was conducted according to the OECD Test Guideline 421. There was no effect on fertility and mating indices in either males or females. At necropsy, there were no consistent findings and organ weights and histopathology were considered normal by the study's authors.

A single generation study in which a white mineral oil (a food/ drug grade severely refined base oil) was used as a vehicle control is reported.

Two separate groups of pregnant rats were administered 5 ml/kg (bw)/day of the base oil via gavage, on days 6 through 19 of gestation. In one of the two base oil dose groups, three malformed foetuses were found among three litters. The study authors considered these malformations to be minor and within the normal ranges for the strain of rat.

Genotoxicity:

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

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

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

**WHITE MINERAL OIL
(PETROLEUM) &
NITROFURAZONE**

The substance is classified by IARC as Group 3:

NOT classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

**UNDECYLENIC ACID &
NEOMYCIN SULFATE &
ALPHA-TERPINEOL**

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating

Ilium Dermapred Topical Ointment

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

The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

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

Legend: ✗ – Data either not available or does not fill the criteria for classification
✓ – Data available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ilium Dermapred Topical Ointment	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

paraffin wax	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	>1-mg/L	2
	EC50	48	Crustacea	>10-mg/L	2
	EC50	72	Algae or other aquatic plants	>1-mg/L	2

propylene glycol	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	>10-mg/L	2
	EC50	48	Crustacea	43-500mg/L	2
	EC50	96	Algae or other aquatic plants	19-mg/L	2
NOEC	168	Fish	11-530mg/L	2	

white mineral oil (petroleum)	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	1.13mg/L	2
	EC50	48	Crustacea	2mg/L	2
EC50	72	Algae or other aquatic plants	1.714mg/L	2	

undecylenic acid	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	32.3mg/L	2
	EC50	48	Crustacea	28mg/L	2
	EC50	72	Algae or other aquatic plants	0.24mg/L	2
NOEC	840	Fish	0.66mg/L	2	

neomycin sulfate	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

alpha-terpineol	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	2.801mg/L	3
	EC50	48	Crustacea	10mg/L	2
	EC50	72	Algae or other aquatic plants	>0.011mg/L	2
NOEC	72	Algae or other aquatic plants	>=0.011mg/L	2	

Nitrofurazone	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	4.637mg/L	3
EC50	48	Crustacea	28.67mg/L	4	

Ilium Dermaped Topical Ointment

	EC50	96	Algae or other aquatic plants	1.45mg/L	4
	EC90	96	Algae or other aquatic plants	5.02mg/L	4
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
propylene glycol	LOW	LOW
undecylenic acid	LOW	LOW
alpha-terpineol	HIGH	HIGH
Nitrofurazone	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
propylene glycol	LOW (BCF = 1)
undecylenic acid	MEDIUM (LogKOW = 3.86)
alpha-terpineol	LOW (LogKOW = 3.28)
Nitrofurazone	LOW (LogKOW = 0.23)

Mobility in soil

Ingredient	Mobility
propylene glycol	HIGH (KOC = 1)
undecylenic acid	LOW (KOC = 160.8)
alpha-terpineol	LOW (KOC = 57.85)
Nitrofurazone	LOW (KOC = 375.7)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ 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. ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal. ▶ Bury or incinerate residue at an approved site. ▶ Recycle containers if possible, or dispose of in an authorised landfill.
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SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

PARAFFIN WAX IS FOUND ON THE FOLLOWING REGULATORY LISTS

Continued...

Ilium Dermapred Topical Ointment

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

PROPYLENE GLYCOL IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

WHITE MINERAL OIL (PETROLEUM) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1 : Carcinogenic to humans

UNDECYLENIC ACID IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

NEOMYCIN SULFATE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

Chemical Footprint Project - Chemicals of High Concern List

ALPHA-TERPINEOL IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

NITROFURAZONE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

National Inventory Status

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (paraffin wax; propylene glycol; white mineral oil (petroleum); undecylenic acid; neomycin sulfate; alpha-terpineol; Nitrofurazone)
China - IECSC	No (Nitrofurazone)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (white mineral oil (petroleum); neomycin sulfate)
Korea - KECI	No (Nitrofurazone)
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Revision Date	08/05/2020
Initial Date	05/05/2020

SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	05/05/2020	Environmental, Fire Fighter (fire/explosion hazard)
3.1.1.1	08/05/2020	Ingredients

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

Continued...

Ilium Dermapred Topical Ointment

TEEL: Temporary Emergency Exposure Limit.
IDLH: Immediately Dangerous to Life or Health Concentrations
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index

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