Dy-Mark 34800400 Markal Thermomelts 400F/204C

Dy-Mark

Chemwatch Hazard Alert Code: **2**

Chemwatch: **4783-20**
Version No: **4.1.1.1**
Material Safety Data Sheet according to NOHSC and ADG requirements

Issue Date: **08/12/2014**
Print Date: **21/01/2015**
Initial Date: **Not Available**
S.Local.AUS.EN

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

Product Identifier

Product name	Dy-Mark 34800400 Markal Thermomelts 400F/204C
Chemical Name	Not Applicable
Synonyms	34800400, Product Code: 86733, 87223, 89400
Proper shipping name	Not Applicable
Chemical formula	Not Applicable
Other means of identification	Not Available
CAS number	Not Applicable

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

Relevant identified uses	Use according to manufacturer's directions. Surface temperature indicator.

Details of the manufacturer/importer

Registered company name	Dy-Mark
Address	89 Formation Street Wacol 4076 QLD Australia
Telephone	+61 7 3271 2222
Fax	+61 7 3271 2751
Website	Not Available
Email	info@dymark.com.au

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	+61 403 186 708
Other emergency telephone numbers	+61 403 186 708

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

Poisons Schedule	Not Applicable	
Risk Phrases [1]	**R36/37/38**	Irritating to eyes, respiratory system and skin.
	R43	May cause SENSITISATION by skin contact.
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI*	
GHS Classification [1]	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2, Skin Sensitizer Category 1, STOT - SE (Resp. Irr.) Category 3	
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI*	

Label elements

GHS label elements	

SIGNAL WORD	WARNING

Hazard statement(s)

Continued...

H315	Causes skin irritation
H319	Causes serious eye irritation
H317	May cause an allergic skin reaction
H335	May cause respiratory irritation

Supplementary statement(s)

Not Applicable

CLP classification (additional)

Not Applicable

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P302+P352	IF ON SKIN: Wash with plenty of water and soap
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised chemical landfill or if organic to high temperature incineration

Label elements

Relevant risk statements are found in section 2

Indication(s) of danger	Xi

SAFETY ADVICE

S24	Avoid contact with skin.
S25	Avoid contact with eyes.
S26	In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.
S37	Wear suitable gloves.
S39	Wear eye/face protection.
S40	To clean the floor and all objects contaminated by this material, use water and detergent.
S46	If swallowed, seek medical advice immediately and show this container or label.
S56	Dispose of this material and its container at hazardous or special waste collection point.
S64	If swallowed, rinse mouth with water (only if the person is conscious).

Other hazards

	Skin contact and/or ingestion may produce health damage*.
	Cumulative effects may result following exposure*.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
99-96-7	60-90	p-hydroxybenzoic acid
124-04-9	5-10	adipic acid

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Continued...

Eye Contact	If this product comes in contact with eyes: ▸ Wash out immediately with water. ▸ If irritation continues, seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation. In case of burns: ▸ Immediately apply cold water to burn either by immersion or wrapping with saturated clean cloth. ▸ **DO NOT** remove or cut away clothing over burnt areas. **DO NOT** pull away clothing which has adhered to the skin as this can cause further injury. ▸ **DO NOT** break blister or remove solidified material. ▸ Quickly cover wound with dressing or clean cloth to help prevent infection and to ease pain. ▸ For large burns, sheets, towels or pillow slips are ideal; leave holes for eyes, nose and mouth. ▸ **DO NOT** apply ointments, oils, butter, etc. to a burn under any circumstances. ▸ Water may be given in small quantities if the person is conscious. ▸ Alcohol is not to be given under any circumstances. ▸ Reassure. ▸ Treat for shock by keeping the person warm and in a lying position. ▸ Seek medical aid and advise medical personnel in advance of the cause and extent of the injury and the estimated time of arrival of the patient.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay.
Ingestion	▸ If swallowed do **NOT** induce vomiting. ▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▸ Observe the patient carefully. ▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▸ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

for salicylate intoxication:

- Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. Do not give ipecac after charcoal.
- Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

- Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[*GOSSELIN, et.al.: Clinical Toxicology of Commercial Products*]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

HyperTox 3.0 http://www.ozemail.com.au/-ouad/SALI0001.HTA

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

	▸ Water spray or fog. ▸ Alcohol stable foam. ▸ Dry chemical powder. ▸ Carbon dioxide.

Continued...

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear 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.
Fire/Explosion Hazard	▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO).

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Minor Spills	▸ Clean up all spills immediately. ▸ Secure load if safe to do so. ▸ Bundle/collect recoverable product. ▸ Collect remaining material in containers with covers for disposal.
Major Spills	▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ Prevent concentration in hollows and sumps.
Other information	▸ Store away from incompatible materials.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Polyethylene or polypropylene container. ▸ Packing as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▸ Avoid reaction with oxidising agents

+	X	+	X	X	+

X — Must not be stored together
0 — May be stored together with specific preventions
+ — May be stored together

PACKAGE MATERIAL INCOMPATIBILITIES

Not Available

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
p-hydroxybenzoic acid	Hydroxybenzoic acid, 4-; (p-Salicylic acid)	15 mg/m3	41 mg/m3	240 mg/m3
adipic acid	Adipic acid	15 mg/m3	330 mg/m3	1000 mg/m3

Ingredient	Original IDLH	Revised IDLH
p-hydroxybenzoic acid	Not Available	Not Available
adipic acid	Not Available	Not Available

Exposure controls

Continued...

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.
Personal protection	
Eye and face protection	▸ Safety glasses with side shields. ▸ Chemical goggles. ▸ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.
Skin protection	See Hand protection below
Hands/feet protection	▸ Wear chemical protective gloves, e.g. PVC. ▸ Wear safety footwear or safety gumboots, e.g. Rubber **NOTE:** ▸ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▸ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ P.V.C. apron. ▸ Barrier cream.
Thermal hazards	Not Available

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:
Dy-Mark 34800400 Markal Thermomelts 400F/204C Not Available

Material	CPI

* 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

Not Applicable

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Pale yellow odourless stick with a labelled holder; partially miscible with water.

Physical state	Manufactured	**Relative density (Water = 1)**	>1
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Applicable	**Decomposition temperature**	>330
Melting point / freezing point (°C)	204	**Viscosity (cSt)**	Not Applicable
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 Applicable	**Explosive properties**	Not Available
Flammability	Not Available	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Applicable
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	VOC = 0% by wt
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water (g/L)	Partly Miscible	**pH as a solution(1%)**	Not Applicable
Vapour density (Air = 1)	Not Applicable	**VOC g/L**	Not Available

Continued...

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	Product is considered stable and 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 can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. High oral doses of salicylates, such as aspirin, may cause a mild burning pain in the throat and stomach, causing vomiting. This is followed (within hours) by deep, rapid breathing, tiredness, nausea and further vomiting, thirst and diarrhoea.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Open cuts, abraded or irritated skin should not be exposed to this material Molten material is capable of causing burns.
Eye	This material can cause eye irritation and damage in some persons.
Chronic	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Adipic acid may damage to the liver and lungs.

	TOXICITY	IRRITATION
Dy-Mark 34800400 Markal Thermomelts 400F/204C	Not Available	Not Available
p-hydroxybenzoic acid	Intraperitoneal (mouse) LD50: 210 mg/kg	
	Intraperitoneal (rat) LD50: 340 mg/kg	
	Oral (mouse) LD50: 2200 mg/kg	
	Subcutaneous (mouse) LD50: 1050 mg/kg	
	Not Available	Not Available
adipic acid	Dermal (Rabbit) LD50: >7940 mg/kg *	Eye (rabbit): 20 mg/24h-moderate
	Inhalation (Rat) LC50: >31 mg/l *	
	Oral (Mouse) LD50: 1900 mg/kg *	
	Oral (rat) LD50: 3600 mg/kg	
	Not Available	Not Available

** Value obtained from manufacturer's msds*
unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances

Dy-Mark 34800400 Markal Thermomelts 400F/204C	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.
ADIPIC ACID	Non-mutagenic* Draize Eye Irritation Test: Rabbit, Score 18.2/110 - moderately irritating. Skin irritation (rabbit): 4 hr (FSHA); 0.0 on an scale of 8.0 - non-irritating.* Non-sensitising to rabbit skin * * Supreme Resources MSDS
P-HYDROXYBENZOIC ACID, ADIPIC ACID	Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.

Continued...

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 required to make classification available*
✘ *– Data available but does not fill the criteria for classification*
⊘ *– Data Not Available to make classification*

CMR STATUS

Not Applicable

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Environmental Fate: Adipic acid undergoes deprotonating under environmental conditions thus it usually exists as an anion. It is non-volatile and has low adsorptive potential that prefers to enter the water environment. Study shows that adipic acid is readily biodegradable.
Terrestrial Fate: When adipic acid is released on land, it will leach into the ground and may undergo biodegradation.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
p-hydroxybenzoic acid	LOW	LOW
adipic acid	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
p-hydroxybenzoic acid	LOW (LogKOW = 1.58)
adipic acid	LOW (LogKOW = 0.08)

Mobility in soil

Ingredient	Mobility
p-hydroxybenzoic acid	LOW (KOC = 23.47)
adipic acid	LOW (KOC = 21.48)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▸ Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

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

SECTION 15 REGULATORY INFORMATION

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

p-hydroxybenzoic acid(99-96-7) is found on the following regulatory lists	"Australia Inventory of Chemical Substances (AICS)"
adipic acid(124-04-9) is found on the following regulatory lists	"Australia Inventory of Chemical Substances (AICS)","Australia Hazardous Substances Information System - Consolidated Lists"

SECTION 16 OTHER INFORMATION

Continued...

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.
A list of reference resources used to assist the committee may be found at:
www.chemwatch.net/references

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

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