ESKO SUNGARD SPF 50+ DRY TOUCH SUNSCREEN
ESKO SAFETY

Chemwatch Hazard Alert Code: **2**

Chemwatch: **5466-56**
Version No: **2.1.4.1**
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

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SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	ESKO SUNGARD SPF 50+ DRY TOUCH SUNSCREEN
Chemical Name	Not Applicable
Synonyms	Sunscreen. Follow on pack instructions.
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Sunscreen. Follow on pack instructions. SDS are intended for use in the workplace. For domestic-use products, refer to consumer labels. Use according to manufacturer's directions.

Details of the supplier of the safety data sheet

Registered company name	**ESKO SAFETY**
Address	56 HURLSTONE DRIVE NEW PLYMOUTH 4312 New Zealand
Telephone	+64 (0)6 753 2124
Fax	+64 (0)6 753 2124
Website	eskosafety.com
Email	sales@eskosafety.com

Emergency telephone number

Association / Organisation	**CHEMWATCH EMERGENCY RESPONSE**
Emergency telephone numbers	+61 2 9186 1132
Other emergency telephone numbers	+61 1800 951 288

Once connected and if the message is not in your prefered language then please dial 01

SECTION 2 Hazards identification

Classification of the substance or mixture

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

ChemWatch Hazard Ratings

	Min	Max
Flammability	0	
Toxicity	1	
Body Contact	2	
Reactivity	0	
Chronic	0	

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	Not Applicable
Classification [1]	Eye Irritation Category 2A
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

Hazard pictogram(s)	
Signal word	Warning

Hazard statement(s)

H319	Causes serious eye irritation.

Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read carefully and follow all instructions.

Precautionary statement(s) Prevention

P280	Wear protective gloves/protective clothing/eye protection/face protection/hearing protection.

Precautionary statement(s) Response

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.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
118-56-9	5-<10	homo-menthyl salicylate
118-60-5	5-<10	2-ethylhexyl salicylate
61791-14-8	1-<5	cocoamine, ethoxylated
Not Available	balance	Ingredients determined not to be hazardous
Not Available		includes
7732-18-5	30-60	water
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available*	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Wash out immediately with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin 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.
Inhalation	▸ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▸ Other measures are usually unnecessary.
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

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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
Treat symptomatically.

SECTION 5 Firefighting measures

Extinguishing media

The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.
Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.
In such an event consider:
- foam.
- dry chemical powder.
- carbon dioxide.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves in the event of a fire. ▸ Prevent, by any means available, spillage from entering drains or water courses. ▸ Use fire fighting procedures suitable for surrounding 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	▸ Non combustible. ▸ Not considered to be a significant fire risk. ▸ Expansion or decomposition on heating may lead to violent rupture of containers. ▸ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke. carbon dioxide (CO_2) nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.
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	▸ 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. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up.

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	▸ Place in a suitable, labelled container for waste 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. ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Neutralise/decontaminate residue (see Section 13 for specific agent). ▸ 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	▸ 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. ▸ 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	▸ 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	▸ 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, bases and strong reducing agents. ▸ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
ESKO SUNGARD SPF 50+ DRY TOUCH SUNSCREEN	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
homo-menthyl salicylate	Not Available	Not Available
2-ethylhexyl salicylate	Not Available	Not Available
cocoamine, ethoxylated	Not Available	Not Available
water	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
homo-menthyl salicylate	E	≤ 0.1 ppm
2-ethylhexyl salicylate	E	≤ 0.1 ppm
cocoamine, ethoxylated	E	≤ 0.1 ppm
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.*	

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Exposure controls

Appropriate engineering controls	General exhaust is adequate under normal operating conditions.
Personal protection	
Eye and face protection	No special equipment for minor exposure i.e. when handling small quantities. OTHERWISE: ▸ Safety glasses with side shields. ▸ 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]
Skin protection	See Hand protection below
Hands/feet protection	No special equipment needed when handling small quantities. **OTHERWISE**: Wear general protective gloves, e.g. light weight rubber gloves.
Body protection	See Other protection below
Other protection	No special equipment needed when handling small quantities. **OTHERWISE:** ▸ Overalls. ▸ Barrier cream. ▸ Eyewash unit.

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:
ESKO SUNGARD SPF 50+ DRY TOUCH SUNSCREEN

Material	CPI
BUTYL	A
NEOPRENE	A
VITON	A
NATURAL RUBBER	C
PVA	C

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

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

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AK-AUS / Class1 P2	-
up to 50	1000	-	AK-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	AK-2 P2
up to 100	10000	-	AK-3 P2
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
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	White to off-white, smooth, glossy lotion; mixes with water.

Physical state	Free-flowing 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

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pH (as supplied)	6-7	**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	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▸ 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 either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
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. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	This material can cause eye irritation and damage in some persons.
Chronic	Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk. Speculative discussions suspects that the absorption of UVB by the sunscreens chemical agents may enhance free radical formation, DNA damage and possible increase in melanoma formation as well as, decrease in Vitamin D production, which has been suggested to potentiate melanoma, breast and colonic cancer formation.

ESKO SUNGARD SPF 50+ DRY TOUCH SUNSCREEN	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
homo-menthyl salicylate	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >5000 mg/kg[1]	Not Available
	Oral(Rat) LD50; >5000 mg/kg[1]	
2-ethylhexyl salicylate	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >5000 mg/kg[1]	Skin (rabbit): 500 mg/24h - mild
	Oral(Rat) LD50; >5000 mg/kg[1]	
cocoamine, ethoxylated	**TOXICITY**	**IRRITATION**
	Oral(Rat) LD50; 750 mg/kg[2]	Eye (rabbit): 100 mg - moderate
water	**TOXICITY**	**IRRITATION**
	Oral(Rat) LD50; >90000 mg/kg[2]	Not Available

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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*

2-ETHYLHEXYL SALICYLATE	For certain benzyl derivatives: The members of this group are rapidly absorbed through the gastrointestinal tract, metabolised primarily in the liver, and excreted primarily in the urine either unchanged or as conjugates of benzoic acid derivatives. At high dose levels, gut micro-organisms may act to produce minor amounts of breakdown products. However, no adverse effects have been reported even at repeated high doses. Similarly, no effects were observed on reproduction, foetal development and tumour potential. A member or analogue of a group of hydroxy and alkoxy-substituted benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption. metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances. All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals. The structural features common to all members of the group is a primary oxygenated functional group bonded directly to a benzene ring. The ring also contains hydroxy or alkoxy substituents. The hydroxy- and alkoxy- substituted benzyl derivatives are raidly absorbed by the gastrointestinal tract, metabolised in the liver to yield benzoic acid derivatives and excreted primarily in the urine either unchanged or conjugated. It is expected than aromatic esters and acetals will be hydrolysed in vivo through the catalytic activity of carboxylesterases, (A-esterases), Acetals hydrolyse uncatalysed in gastric juices and intestinal fluids to yield acetaldehydes. Substituted benzyl esters and benzaldehyde acetals are hydrolysed to the corresponding alcoholic alcohols and carboxylic acid. In general hydroxy- and alkoxy- derivatives of benzaldehyde and benzyl alcohol are oxidised to the corresponding benzoic aid derivatives and, to a lesser extent reduced to corresponding benzyl alcohol derivatives. Following conjugation these are excreted in the urine. Benzyl alcohol derivatives may also be reduced in gut microflora to toluene derivatives. Flavor and Extract Manufacturers Association (FEMA) The salicylates are well absorbed by mouth, and oral bioavailability is assumed to be total. In humans, absorption through skin is more limited. The salicylates are expected to be broken down to salicylic acid, mostly in the liver, and then conjugated with glycine or glucuronide and excreted in the urine. The expected metabolism of the salicylates do not present toxicological concerns. Animal testing shows that acute toxicity by skin contact is very low, while acute toxicity by mouth is moderate. Salicylates do not possess genetic toxicity, and generally do not have the potential to cause cancer. The reproductive and developmental toxicity data on methyl salicylate shows that high doses which are toxic to the mother may cause toxicity to the embryo and birth defects. At concentrations likely to be encountered through their use as fragrance ingredients, salicylates are considered to be non-irritating to the skin. The salicylates in general have no, or very limited, potential to sensitise skin. They do not possess light-mediated toxicity and do not cause light-mediated irritation or allergies.
COCOAMINE, ETHOXYLATED	Alkyl amine polyalkoxylates are not acutely toxic by the oral and dermal routes of exposure, or via inhalation under normal use conditions. Concentrated materials are generally corrosive, eye and skin irritants and may be dermal sensitizers. There is no evidence that alkyl amine polyalkoxylates are neurotoxic, mutagenic, or clastogenic. Surfactants are surface-active materials that can damage the structural integrity of cellular membranes at high dose levels. Thus, surfactants are often corrosive and irritating in concentrated solutions, as indicated by the acute toxicity studies for these inert materials. It is possible that some of the observed toxicity seen in the repeated studies, such as diarrhea or decreased body weight gain, can be attributed to the corrosive and irritating nature of these surfactants. Generally, lower molecular weight AAPs (lower carbon chain units and less alkoxylation) may potentially be more bioavailable because they may be more easily absorbed and distributed than higher molecular weight compounds. Thus overall, the longer chain carbon amine higher polyalkoxylates should be less bioavailable. There are no dermal absorption data on the AAPs. However, data on functionally and structurally similar surfactants suggest that dermal absorption of the AAPs is likely to be low. Following subchronic exposure to rats, some gastrointestinal irritation was observed, but no specific target organ toxicity or neurotoxicity was seen. In subchronic studies in rats and/or dogs, the most sensitive effects noted were increased mortality, clinical signs (salivation, wheezing, emesis, and/or soft faeces), cataracts, cellular changes in the stomach, and liver effects characterized by enzyme induction, and pigment accumulation in Kupffer cells and bile canaliculi. There was no increased susceptibility to the offspring of rats following in utero exposure in two prenatal developmental toxicity studies. However, there is evidence of increased susceptibility in a reproductive screening study in rats. In rat developmental studies, no adverse fetal effects were seen, even at maternally toxic doses. No effects were observed on estrous cyclicity, spermatogenic endpoints, or testosterone and thyroid levels in a two-generation rat reproduction study. However, reproductive and offspring toxicity were noted for AAPs based on litter loss, increase mean number of unaccounted-for implantation sites and decreased mean number of pups born, live litter size and postnatal survival from birth to LD 4. Very little metabolism information is available for the alkyl amine polyalkoxylates. However, it is possible to predict mammalian metabolism based on studies for the alkyl alcohol alkoxylates, which are another class of surfactants. It has been proposed that the primary metabolic pathway involves the excretion of the polyalkoxylate moiety and conversion of the alkyl amine group to a fatty acid that is then converted via oxidative degradation to carbon dioxide and water. In general, the gastrointestinal absorption of AAPs with relatively short alkoxylate chain lengths is expected to be rapid and extensive, while less absorption is likely for the more extensively polyalkoxylated AAPs with larger molecular weights. No structural alerts for potential carcinogenicity of both a representative alkyl amine polyalkoxylate, as well as a possible metabolite/degradate of alkyl amine polyalkoxylate that had been extensively dealkylated, with the amine group intact have been identified Alkyl amine polyalkoxylates are not expected to be carcinogenic. Therefore a cancer dietary exposure assessment is not necessary to assess cancer risk. The US EPA has not found alkyl amine polyalkoxylates to share a common mechanism of toxicity with any other substances, and alkyl amine polyalkoxylates do not appear to produce a toxic metabolite produced by other substances. For the purposes of this tolerance action, therefore, EPA has assumed that alkyl amine polyalkoxylates do not have a common mechanism of toxicity with other substances Alkyl Amine Polyalkoxylates (JITF CST 4 Inert Ingredients). Human Health Risk Assessment to Support Proposed Exemption from the Requirement of a Tolerance When Used as Inert Ingredients in Pesticide Formulations. June 2009 http://beta.regulations.gov/document/EPA-HQ-OPP-2008-0738-0005 Most undiluted cationic surfactants satisfy the criteria for classification as Harmful (Xn) with R22 and as Irritant (Xi) for skin and eyes with R38 and R41. Laboratory testing shows that the fatty acid amide, cocoamide DEA, causes occupational allergic contact dermatitis, and that allergy to this substance is becoming more common. Alkanolamides are manufactured by condensation of diethanolamine and the methyl ester of long chain fatty acids. Polyethers (such as ethoxylated surfactants and polyethylene glycols) are highly susceptible to being oxidized in the air. They then form complex mixtures of oxidation products. Animal testing reveals that whole the pure, non-oxidised surfactant is non-sensitizing, many of the oxidation products are sensitisers. The oxidization products also cause irritation. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
HOMO-MENTHYL SALICYLATE & COCOAMINE, ETHOXYLATED	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal

Continued...

	lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
HOMO-MENTHYL SALICYLATE & WATER	No significant acute toxicological data identified in literature search.

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

ESKO SUNGARD SPF 50+ DRY TOUCH SUNSCREEN

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

homo-menthyl salicylate

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	96h	Fish	>=82mg/l	2
EC50	48h	Crustacea	>100mg/l	2
LC50	96h	Fish	>82mg/l	2

2-ethylhexyl salicylate

Endpoint	Test Duration (hr)	Species	Value	Source
EC10(ECx)	48h	Crustacea	1.7mg/l	2
EC50	48h	Crustacea	10mg/l	2
LC50	96h	Fish	>82mg/l	2

cocoamine, ethoxylated

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	48h	Crustacea	0.1mg/l	2
LC50	96h	Fish	0.1-1mg/l	2
EC50	48h	Crustacea	0.17mg/l	2

water

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

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
homo-menthyl salicylate	HIGH	HIGH
2-ethylhexyl salicylate	LOW	LOW
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
homo-menthyl salicylate	HIGH (LogKOW = 6.1619)
2-ethylhexyl salicylate	HIGH (LogKOW = 5.9678)

Mobility in soil

Ingredient	Mobility
homo-menthyl salicylate	LOW (KOC = 10760)
2-ethylhexyl salicylate	LOW (KOC = 8562)

SECTION 13 Disposal considerations

Continued...

Waste treatment methods

Product / Packaging disposal	▸ Recycle wherever possible or consult manufacturer for recycling options. ▸ Consult State Land Waste Authority for disposal. ▸ Bury or incinerate residue at an approved site. ▸ Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

Marine Pollutant	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

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

Product name	Group
homo-menthyl salicylate	Not Available
2-ethylhexyl salicylate	Not Available
cocoamine, ethoxylated	Not Available
water	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
homo-menthyl salicylate	Not Available
2-ethylhexyl salicylate	Not Available
cocoamine, ethoxylated	Not Available
water	Not Available

SECTION 15 Regulatory information

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

homo-menthyl salicylate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

2-ethylhexyl salicylate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

cocoamine, ethoxylated is found on the following regulatory lists

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

Australian Inventory of Industrial Chemicals (AIIC)

water is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (homo-menthyl salicylate; 2-ethylhexyl salicylate; cocoamine, ethoxylated; water)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	No (homo-menthyl salicylate; 2-ethylhexyl salicylate)
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (homo-menthyl salicylate)
Vietnam - NCI	No (homo-menthyl salicylate)
Russia - FBEPH	No (homo-menthyl salicylate)

Continued...

National Inventory	Status
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	07/05/2021
Initial Date	07/05/2021

SDS Version Summary

Version	Date of Update	Sections Updated
2.1.2.1	26/04/2021	Regulation Change
2.1.3.1	03/05/2021	Regulation Change
2.1.4.1	06/05/2021	Regulation Change
2.1.4.1	07/05/2021	Classification

Other information

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

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit
IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations
ES: Exposure Standard
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index
AIIC: Australian Inventory of Industrial Chemicals
DSL: Domestic Substances List
NDSL: Non-Domestic Substances List
IECSC: Inventory of Existing Chemical Substance in China
EINECS: European INventory of Existing Commercial chemical Substances
ELINCS: European List of Notified Chemical Substances
NLP: No-Longer Polymers
ENCS: Existing and New Chemical Substances Inventory
KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances
TSCA: Toxic Substances Control Act
TCSI: Taiwan Chemical Substance Inventory
INSQ: Inventario Nacional de Sustancias Químicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances