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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

DUO REGULAR LAUNDRY POWDER

SYNONYMS

Product Code: 005800, 15940, 15990, 17200, 17240

PRODUCT USE

Detergent powder for domestic laundry applications.

Fax: 03 9794 3301

SUPPLIER

Company: Cussons Pty Ltd	Company: Cussons Pty Ltd
Address:	Address:
Locked Bag 1412	282-300 Hammond Road
Dandenong South	Dandenong
VIC, 3164	VIC, 3175
AUSTRALIA	AUSTRALIA
	Telephone: +61 3 9794 3333

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE

HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS.

According to the Criteria of NOHSC, and the ADG Code.

POISONS SCHEDULE

None

RISK

Harmful by inhalation. Irritating to eyes, respiratory system and skin.

Section 2 - HAZARDS IDENTIFICATION ...

Ingestion may produce health damage*. Cumulative effects may result following exposure*. Possible respiratory sensitiser*. Possible cancer-causing agent following repeated inhalation*. * (limited evidence)

SAFETY

Keep container in a well ventilated place. Avoid exposure - obtain special instructions before use. To clean the floor and all objects contaminated by this material, use water. Keep away from food, drink and animal feeding stuffs. Take off immediately all contaminated clothing. In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre. If swallowed, IMMEDIATELY contact Doctor or Poisons Information Centre. (show this container or label). If you feel unwell contact Doctor or Poisons Information Centre. (Show the label if possible).

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
sodium carbonate	497-19-8	30-60
sodium tripolyphosphate	7758-29-4	10-30
builder		30-60
linear alkylbenzene sulfonic acid as		
dodecylbenzenesulfonic acid	27176-87-0	1-9
bacillus alkaline proteinase	9073-77-2	<1
fragrance		<1
additives, unregulated		1-5
NOTE: Manufacturer has supplied full ingredient		
information to allow CHEMWATCH assessment		

Section 4 - FIRST AID MEASURES

SWALLOWED

- · 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.

 \cdot 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.

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Section 4 - FIRST AID MEASURES ...

EYE

If this product comes in contact with the eyes:

· Wash out immediately with fresh running water.

• Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.

· If pain persists or recurs seek medical attention.

• Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If skin contact occurs:

· Immediately remove all contaminated clothing, including footwear

· Flush skin and hair with running water (and soap if available).

· Seek medical attention in event of irritation.

INHALED

· If fumes or combustion products are inhaled remove from contaminated area.

· Lay patient down. Keep warm and rested.

• Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.

 \cdot 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.

NOTES TO PHYSICIAN

For acute or short-term repeated exposures to highly alkaline materials:

• Respiratory stress is uncommon but present occasionally because of soft tissue edema.

· Unless endotracheal intubation can be accomplished under direct vision,

cricothyroidotomy or tracheotomy may be necessary.

· Oxygen is given as indicated.

 \cdot The presence of shock suggests perforation and mandates an intravenous line and fluid administration.

 \cdot Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

· Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

• Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.

- * Activated charcoal does not absorb alkali.
- * Gastric lavage should not be used.

Supportive care involves the following:

· Withhold oral feedings initially.

• If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.

Section 4 - FIRST AID MEASURES ...

 \cdot Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.

• Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

· Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]. Treat symptomatically.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

There is no restriction on the type of extinguisher which may be used. Use extinguishing media suitable for surrounding area

FIRE FIGHTING

· Alert Fire Brigade and tell them location and nature of hazard.

- · Wear breathing apparatus plus protective gloves for fire only.
- Prevent, by any means available, spillage from entering drains or water courses.
- \cdot 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

· Solid which exhibits difficult combustion or is difficult to ignite.

• Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited

• Dry dust can also be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.

· Build-up of electrostatic charge may be prevented by bonding and grounding.

· Powder handling equipment such as dust collectors, dryers and mills may

require additional protection measures such as explosion venting.

Decomposition may produce toxic fumes of.

carbon dioxide (CO2).

other pyrolysis products typical of burning organic material. May emit poisonous fumes.

FIRE INCOMPATIBILITY

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

Section 5 - FIRE FIGHTING MEASURES ...

HAZCHEM

None

Personal Protective Equipment

Glasses: Chemical goggles.

Gloves: 1.NATURALRUBBER 2.NITRILE

Respirator: Type AB-P Filter of sufficient capacity

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- · Remove all ignition sources.
- · Clean up all spills immediately.
- · Avoid contact with skin and eyes.
- · Control personal contact by using protective equipment.
- · Use dry clean up procedures and avoid generating dust.
- · Place in a suitable labelled container for waste disposal.

MAJOR SPILLS

Moderate hazard.

- · CAUTION: Advise personnel in area.
- · Alert Emergency Services and tell them location and nature of hazard.
- · Control personal contact by wearing protective clothing.

 \cdot Prevent, by any means available, spillage from entering drains or water courses.

· Recover product wherever possible.

• IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.

• ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.

· If contamination of drains or waterways occurs, advise Emergency Services.

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

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Section 7 - HANDLING AND STORAGE

PROCEDURE FOR 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 storing and handling recommendations.
- · Atmosphere should be regularly checked against established exposure standards
- to ensure safe working conditions are maintained.

SUITABLE CONTAINER

- · Lined metal can, Lined metal pail/ can
- · Plastic pail
- · Polyliner drum
- · Packing as recommended by manufacturer.
- · Check all containers are clearly labelled and free from leaks.
- DO NOT use aluminium or galvanised containers.
- · Polyethylene or polypropylene container.
- · Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

In presence of moisture, the material is corrosive to aluminium, zinc and tin producing highly flammable hydrogen gas.

· Phosphates are incompatible with oxidising and reducing agents.

· Phosphates are susceptible to formation of highly toxic and flammable

phosphine gas in the presence of strong reducing agents such as hydrides.

• Partial oxidation of phosphates by oxidizing agents may result in the release

of toxic phosphorus oxides.

Avoid reaction with oxidising agents

STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION ...

ODOUR SAFETY FACTOR (OSF) OSF=1.8 (dodecylbenzenesulfonic acid) Exposed individuals are NOT reasonably expected to be warned, by smell, that the Exposure Standard is being exceeded. Odour Safety Factor (OSF) is determined to fall into either Class C, D or E. The Odour Safety Factor (OSF) is defined as: OSF= Exposure Standard (TWA) ppm/ Odour Threshold Value (OTV) ppm Classification into classes follows:

Class	OSF	Description
Α	550	Over 90% of exposed
		individuals are aware by
		smell that the Exposure
		Standard (TLV-TWA for
		example) is being
		reached, even when
		distracted by working
		activities
В	26-550	As "A" for 50-90% of
		persons being distracted
С	1-26	As "A" for less than 50%
		of persons being
		distracted
D	0.18-1	10-50% of persons aware
		of being tested perceive
		by smell that the
		Exposure Standard is
_		being reached
E	<0.18	As "D" for less than 10%
		of persons aware of being
		tested

EXPOSURE STANDARDS FOR MIXTURE

"Worst Case" computer-aided prediction of spray/ mist or fume/ dust components and concentration:

Composite Exposure Standard for Mixture (TWA) :10 mg/m³.

Operations which produce a spray/mist or fume/dust, introduce particulates to the breathing zone.

If the breathing zone concentration of ANY of the components listed below is exceeded, "Worst Case" considerations deem the individual to be overexposed. Component Breathing Zone ppm Breathing Zone mg/m³ Mixture Conc (%)

Component	Breathing Zone	Mixture Conc
	(mg/m³)	(%)
sodium carbonate	6.6667	60.0
sodium tripolyphosphate	3.3333	30.0

INGREDIENT DATA

SODIUM CARBONATE:

TLV TWA: 10 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica,Inhalable fraction) [ACGIH]

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION ...

TLV TWA: 3 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica,Respirable fraction) [ACGIH] Dusts not otherwise classified, as inspirable dust; ES TWA: 10 mg/m³ OEL STEL: (Russia) 5 mg/m³

SODIUM TRIPOLYPHOSPHATE:

TLV TWA: 10 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica,Inhalable fraction) [ACGIH] TLV TWA: 3 mg/m³ (Value for particulate matter containing no asbestos and <1% crystalline silica,Respirable fraction) [ACGIH] Dusts not otherwise classified, as inspirable dust; ES TWA: 10 mg/m³

DODECYLBENZENESULFONIC ACID: No exposure limits set by NOHSC or ACGIH

BACILLUS ALKALINE PROTEINASE:

CEL Ceiling: 0.00006 mg/m³ (sensitiser) (compare TLV-C subtilisins; proteolytic enzymes - 100% crystalline) Exposure at or below the recommended TLV-C is thought to minimise the potential for allergic respiratory sensitization for the majority of immunologically normal persons and to minimise skin irritation and sensitization. TLV compliance is contingent on measurement of workplace air concentrations with a high volume sampler appropriate to capture these proteins for at least 60 minutes. Although the recommended TLV-C is specifically prescribed for subtilisins, the Chemwatch recommendation (CEL) recognizes that all proteins have the potential to produce allergic responses.It should be noted, however, that proteins are typically poorly absorbed through the skin and after inhalation. Literature reports indicate that protein bioavailability, via the lung, is as low as 2%.

PERSONAL PROTECTION

EYE

· Safety glasses with side shields.

· Chemical goggles.

 \cdot Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them. DO NOT wear contact lenses.

HANDS/FEET

Wear chemical protective gloves, eg. PVC. Wear safety footwear or safety gumboots, eg. Rubber

OTHER

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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION ...

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: Substance

sodium carbonate NATURAL RUBBER A NITRILE 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.

RESPIRATOR

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.

Breathing Zone	Maximum Protection	Half-face	Full-Face
Level ppm (volume)	Factor	Respirator	Respirator
1000	10	AB-AUS P	-
1000	50	-	AB-AUS P
5000	50	Airline *	-
5000	100	-	AB-2 P
10000	100	-	AB-3 P
	100+		Airline**

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

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

ENGINEERING CONTROLS

 \cdot Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.

 \cdot Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.

 \cdot If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION ...

consist of:

(a): particle dust respirators, if necessary, combined with an absorption cartridge;

(b): filter respirators with absorption cartridge or canister of the right type;

(c): fresh-air hoods or masks

 \cdot Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.

• Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White granular powder.

PHYSICAL PROPERTIES

Solid. Mixes with water. Alkaline.

Molecular Weight: Not applicable Melting Range (°C): Not available Solubility in water (g/L): Miscible pH (1% solution): 10.5 Volatile Component (%vol): Not applicable Relative Vapour Density (air=1): Not applicable Lower Explosive Limit (%): Not applicable Autoignition Temp (°C): Not applicable State: Divided solid Boiling Range (°C): Not applicable Specific Gravity (water=1): 0.78 pH (as supplied): Not applicable Vapour Pressure (kPa): Not applicable Evaporation Rate: Not applicable Flash Point (°C): Not applicable Upper Explosive Limit (%): Not applicable Decomposition Temp (°C): Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

Section 11 - TOXICOLOGICAL INFORMATION ...

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual; animal experiments indicate that ingestion of less than 150 gram may be fatal.

Phosphates are slowly and incompletely absorbed from the gastrointestinal tract and are unlikely (other than in abuse) to produce the systemic effects which occur when introduced by other routes. Such effects include vomiting, lethargy, fever, diarrhoea, falls in blood pressure, slow pulse, cyanosis, carpal spasm, coma and tetany. These effects result following sequestration of blood calcium.

EYE

Evidence exists, or practical experience predicts, that the material may cause severe eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

SKIN

The material produces mild skin irritation; evidence exists, or practical experience predicts, that the material either

 \cdot produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or

 \cdot produces significant, but mild, 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. Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. 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. 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.

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Section 11 - TOXICOLOGICAL INFORMATION ...

INHALED

Inhalation of dusts, generated by the material, during the course of normal handling, may be harmful.

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

CHRONIC HEALTH EFFECTS

Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray.

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

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. 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 mucous production.

Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population. Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.

On the basis of limited epidemiological or animal data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans.

Chronic inhalation exposure may result in nasal ulceration and/or perforation of nasal septum.

Dogs given daily doses of sodium phosphate dibasic for 9-22 weeks showed calcium deposits in the kidneys (nephrocalcinosis) with disseminated atrophy of the

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Section 11 - TOXICOLOGICAL INFORMATION ...

proximal tubule. Animals fed on sodium phosphate dibasic and potassium dihydrogen phosphate, in both short- and long-term studies, showed increased bone porosity; hyperparathyroidism and soft tissue calcification were also evident.

Absorbed sulfonates are quickly distributed through living systems and are readily excreted. Toxic effects may result from the effects of binding to proteins and the ability of sulfonates to translocate potassium and nitrate (NO3-) ions from cellular to interstitial fluids. Airborne sulfonates may be responsible for respiratory allergies and, in some instances, minor dermal allergies.

Duo Regular Laundry Powder

No data for Duo Regular Laundry Powder.

SODIUM CARBONATE: TOXICITY Oral (rat) LD50: 4090 mg/kg Inhalation (rat) LC50: 2300 mg/m3/2h Eye (rabbit): 100 mg/30s mild Eye (rabbit): 50 mg SEVERE

IRRITATION Skin (rabbit): 500 mg/24h mild Eye (rabbit): 100 mg/24h moderate

SODIUM TRIPOLYPHOSPHATE:TOXICITYIRRITATIONOral (rat) LD50: 5190 mg/kgNil reported

DODECYLBENZENESULFONIC ACID: No significant acute toxicological data identified in literature search. ADI: 2.5 mg/kg/day NOEL: 250 mg/kg/day

BACILLUS ALKALINE PROTEINASE: TOXICITY Oral (rat) TCLo: 273000 mg/kg/13 w - I

IRRITATION Nil reported

Section 12 - ECOLOGICAL INFORMATION

DO NOT discharge into sewer or waterways.

Section 13 - DISPOSAL CONSIDERATIONS

Puncture containers to prevent re-use and bury at an authorised landfill.

· Recycle wherever possible.

• Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.

 \cdot Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)

• Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

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Section 14 - TRANSPORTATION INFORMATION

Shipping Name: NONE Dangerous Goods Class: None UN/NA Number: None ADR Number: Packing Group: None Labels Required: Additional Shipping Information: International Transport Regulations: IMO: None

HAZCHEM

None

Section 15 - REGULATORY INFORMATION

POISONS SCHEDULE

None

Section 16 - OTHER INFORMATION

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