

SEAL KING INC.
14 MELANIE DR. UNIT 15
BRAMPTON, ON L6T 4L3

SAFETY DATA SHEET

PRODUCT: PAVING STONE SEALER

SECTION 1: MATERIAL IDENTIFICATION AND USE

TDG CLASSIFICATION Not regulated
UN NUMBER Flammable Liquid UN1268
PACKING GROUP Packing Group III
WHMIS CLASSIFICATION B2 D2A D2B
CHEMICAL FORMULA Not applicable
CHEMICAL FAMILY Acrylic Resin Solution
MOLECULAR WEIGHT Not applicable
MATERIAL USE Paving Stone Sealer

SECTION 2: HAZARDOUS INGREDIENTS

HAZARDOUS INGREDIENTS	%	CAS#	LD ₅₀ (species & route)	LC ₅₀ (species & route)
Acrylic Resin	22-27% High Gloss 10-15% Semi Gloss	ACR CAS	-	-
TBAC (Tert Butyl Acetate)	36-45%	108-88-3	5500-7300 mg/kg (oral, rat)	8000 ppm/4h
DMC (Dimethyl Carbonate)	36-45%	616-38-6	9000 mg/kg (oral, rat)	> 5000 mg/kg (Rabbit, skin)

SECTION 3: PHYSICAL DATA

APPEARANCE Water white, viscous liquid
ODOUR Solvent odour
FREEZING POINT (°C) Not available
BOILING POINT (°C) 232 °F
ODOUR THRESHOLD (ppm) Not available
VAPOUR PRESSURE (mm HG) 54 mm/lHg at 70°F (Toluene)
VAPOUR DENSITY (air=1) 3.2
PERCENT VOLATILE Not available
EVAPORATION RATE (nBuAc=1) Not available
pH Not available
SPECIFIC GRAVITY (water=1) 0.9
COEFF. OF WATER/OIL DISTRIBUTION Not available
SOLUBILITY IN WATER Insoluble

SECTION 4: FIRE AND EXPLOSION DATA

EXTINGUISHING MEDIA Water spray, foam, alcohol foam, CO₂, dry chemical.
SPECIAL PROCEDURES Wear goggles and positive pressure, self-contained breathing apparatus.
FIRE and EXPLOSION HAZARDS Explosive mixtures can form with air, toxic fumes are released in fire situation, vapours may travel to the source of ignition and then flash back.

FLASHPOINT (°C) and METHOD.....	7°C TCC
AUTO-IGNITION TEMPERATURE (°C)	480°C
LOWER FLAMMABLE LIMIT	1.2% vol.
UPPER FLAMMABLE LIMIT.....	7.1% vol.
HAZARDOUS COMBUSTION PRODUCTS	Not available
SENSITIVITY TO STATIC DISCHARGE	Not available
SENSITIVITY TO MECHANICAL IMPACT	Not available

SECTION 5: REACTIVITY DATA

CHEMICAL STABILITY	Stable under normal storage conditions. Avoid excessive heat, open flames, ignition sources.
INCOMPATIBILITY	(Specific Materials To Avoid) Oxidizing materials.
HAZARDOUS DECOMPOSITION PRODUCTS	Thermal decomposition may yield acrylic monomers
HAZARDOUS POLYMERIZATION	Will not occur.

SECTION 6: TOXICOLOGICAL EFFECTS

ROUTES OF ENTRY:

INGESTION	Harmful if swallowed can cause gastro-intestinal track irritation, nausea, vomiting and diarrhea.
SKIN ABSORPTION.....	A single prolonged exposure is not likely to result in the material being absorbed through the skin in harmful amounts.
SKIN CONTACT	Prolonged exposure may cause skin irritation.
EYE CONTACT.....	May cause severe irritation with corneal injury. Vapours may irritate eyes. May cause lachrymation (tears)
INHALATION	Excessive vapour concentrations are attainable and could be hazardous on single exposure. Signs and symptoms of excessive exposure may be anaesthetic or narcotic effects. Excessive exposure may cause irritation to upper respiratory tract, headache, nausea, vomiting, dizziness and drowsiness. Inhalation of high solvent vapour or mist may cause death.

CARCINOGENICITY	None
REPRODUCTIVE TOXICITY	Showed effects on fetus of lab animals
SYSTEMATIC & OTHER EFFECTS	Prolonged or repeated overexposure to solvents can cause the following: Irritation of the respiratory track, enlarged liver, kidney effects, cardiac sensitization.

EXPOSURE LIMIT OF MATERIAL	
THRESHOLD LIMIT VALUE	50 ppm (ACG111-TLV & OSHA PEL)
LD ₅₀ OF MATERIAL..	Not known
LC ₅₀ OF MATERIAL..	Not known

SECTION 7: PREVENTIVE MEASURES

PERSONAL PROTECTIVE EQUIPMENT:

GLOVES.....	Rubber or PVA Gloves
RESPIRATOR	Atmosphere levels should be maintained below the exposure guideline. When respiratory protection is required for certain operations, use an approved air-purifying respirator.

EYE	Use chemical goggles. If vapour exposure causes eye irritation, use a full face respirator.
FOOTWEAR.....	Neoprene boots
CLOTHING.....	Wear impervious protective clothing.
OTHER.....	Maintain a sink, eye bath, and safety shower in the work area.
ENGINEERING CONTROLS.....	Provide general and/or local exhaust ventilation to control airborne concentrations below the recommended exposure guidelines. Local exhaust ventilation should be explosion proof with the minimum velocity 100r/min.
LEAK and SPILL PROCEDURES	Soak up spills in absorbent material such as sand and collect suitable containers. Residual resin may be removed using steam or hot soapy water. Solvents are not recommended for clean up unless the recommended exposure guidelines and safe handling practices for the specific solvent are followed. For large spills, evacuate upwind of spills and contain dike.
WASTE DISPOSAL.....	Resin can be disposed of through burning in an adequate incinerator or burying in an approved landfill in accordance with federal, state/provincial and local regulations.
HANDLING PROCEDURES and EQUIPMENT.....	Treat as flammable liquid: keep heat, flame, or spark inducing equipment away. Protect personnel from vapours. Practice good care and caution to avoid skin and eye contact and to avoid breathing vapours. Eye wash fountain should be located in immediate work area.
STORAGE REQUIREMENTS	Keep containers closed when not in use. Ground all equipment to avoid static accumulation. Do not cut, drill or weld in the storage area.
SPECIAL SHIPPING INFO.	Keep container tightly closed.

SECTION 8: FIRST AID MEASURES

EYE CONTACT.....	Irrigate with flowing water immediately and continuously for 15 minutes. Consult medical professional.
SKIN CONTACT	Remove contaminated clothing. Wash off in flowing water and soap or shower.
INGESTION.....	Do not induce vomiting. Call a physician and/or transport to emergency facility. If breathing is difficult, give oxygen. Call a physician.
INHALATION	Remove to fresh air. If breathing is difficult, oxygen may be given. Seek medical attention.
SOURCES USED.....	Raw materials and suppliers data sheets
ADDITIONAL INFORMATION.....	NOTE TO PHYSICIAN: The decision of whether to induce vomiting or not should be made by the attending physician. Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach. No specific antidote. Supportive care. Treatment based on judgement of the physician in response to the reactions of the patient.

SECTION 9: PREPARATION DATE OF SDS

ORIGINAL PREPARATION BY LINO TATONE
DATE..... JANUARY 01, 2019

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