Quantum Carfentrazone 400 EC Herbicide

Quantum Agrosciences Holdings Pty Ltd

Chemwatch Hazard Alert Code: **3**

Chemwatch: **7981-79**
Version No: **2.1**
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Initial Date: **15/10/2025**
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Print Date: **15/10/2025**
S.GHS.AUS.EN.E

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

Product Identifier

Product name	Quantum Carfentrazone 400 EC Herbicide
Chemical Name	Not Applicable
Synonyms	APVMA number : 91876/150250
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains carfentrazone-ethyl)
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	Use according to manufacturer's directions.

Details of the manufacturer or importer of the safety data sheet

Registered company name	**Quantum Agrosciences Holdings Pty Ltd**
Address	Suite 2, Level 7, 330 Collins Street, Melbourne, Victoria 3000 Australia
Telephone	1300 658 988
Fax	Not Available
Website	www.quantumag.au
Email	vincent@quantumag.au

Emergency telephone number

Association / Organisation	**CHEMWATCH EMERGENCY RESPONSE (24/7)**
Emergency telephone number(s)	+61 1800 951 288 (ID#: 7981-79)
Other emergency telephone number(s)	+61 3 9573 3188

SECTION 2 Hazards identification

Classification of the substance or mixture

COMBUSTIBLE LIQUID, regulated for storage purposes only

Poisons Schedule	S5
Classification [1]	Flammable Liquids Category 4, Aspiration Hazard Category 1, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2A, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Reproductive Toxicity Category 1A, Hazardous to the Aquatic Environment Long-Term Hazard Category 1
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	**Danger**

Hazard statement(s)

H227	Combustible liquid.
H304	May be fatal if swallowed and enters airways.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.
H360D	May damage the unborn child.
H410	Very toxic to aquatic life with long lasting effects.

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Precautionary statement(s) Prevention

P202	Do not handle until all safety precautions have been read and understood.
P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P273	Avoid release to the environment.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P331	Do NOT induce vomiting.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.
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.
P337+P313	If eye irritation persists: Get medical advice/attention.
P391	Collect spillage.
P302+P352	IF ON SKIN: Wash with plenty of water.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

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 hazardous or special waste collection point in accordance with any local regulation.

No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
128639-02-1	30-50	carfentrazone-ethyl
Various	30-50	liquid hydrocarbons
872-50-4	10-20	N-methyl-2-pyrrolidone
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 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	▸ Avoid giving milk or oils. ▸ Avoid giving alcohol. ▸ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus. ▸ **IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.** ▸ For advice, contact a Poisons Information Centre or a doctor. ▸ Urgent hospital treatment is likely to be needed.

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- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.

Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

- **INDUCE** vomiting with fingers down the back of the throat, **ONLY IF CONSCIOUS**. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

Indication of any immediate medical attention and special treatment needed

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.
Due to their role in detoxifying potentially toxigenic xenobiotics and widespread nature throughout numerous organ systems, CYP enzymes are subject to a myriad of potential reactions and serve as a backbone in clinical research. The various effects of medications and other compounds on CYP enzymes are key in drug development to determine their safety and efficacy in the general public. Certain drugs are known inhibitors and inducers of specific CYP enzymes and require careful monitoring in patients taking multiple agents metabolized by the same subfamily. Two isozymes, CYP3A4 and CYP2D6, make up the bulk of drug metabolism, and drugs that interact with these enzymes should, therefore, merit closer evaluation and monitoring.[
Most medications can still be administered despite this issue, barring any potential comorbidities, such as cirrhosis or viral hepatitis, that can alter the baseline activity of these enzymes. This is due to their intrinsic capacity to catalyze multiple substrates simultaneously at different sites. However, if patients develop any signs of significant dysfunction, it is essential to look at a detailed patient history, including medications and a review of associated adverse effects. In cases of drug toxicity due to CYP inhibition, presenting symptoms would display signs of overdose. These instances can typically be treated by withholding the causative agent until plasma levels of the drug stabilize, or in more urgent scenarios, antidotes may work for rapid reversal. In cases of treatment failure due to CYP induction, treatment goals would not be adequately met and would warrant an adjustment in medication dosage or change in medication
Treat symptomatically.
For petroleum distillates
· In case of ingestion, gastric lavage with activated charcoal can be used promptly to prevent absorption - decontamination (induced emesis or lavage) is controversial and should be considered on the merits of each individual case; of course the usual precautions of an endotracheal tube should be considered prior to lavage, to prevent aspiration.
· Individuals intoxicated by petroleum distillates should be hospitalized immediately, with acute and continuing attention to neurologic and cardiopulmonary function.
· Positive pressure ventilation may be necessary.
· Acute central nervous system signs and symptoms may result from large ingestions of aspiration-induced hypoxia.
· After the initial episode,individuals should be followed for changes in blood variables and the delayed appearance of pulmonary oedema and chemical pneumonitis. Such patients should be followed for several days or weeks for delayed effects, including bone marrow toxicity, hepatic and renal impairment Individuals with chronic pulmonary disease will be more seriously impaired, and recovery from inhalation exposure may be complicated.
· Gastrointestinal symptoms are usually minor and pathological changes of the liver and kidneys are reported to be uncommon in acute intoxications.
· Chlorinated and non-chlorinated hydrocarbons may sensitize the heart to epinephrine and other circulating catecholamines so that arrhythmias may occur.Careful consideration of this potential adverse effect should precede administration of epinephrine or other cardiac stimulants and the selection of bronchodilators.
For employees potentially exposed to antineoplastic and/ or cytotoxic agents on a regular basis, a preplacement physical examination and history (noting risk factors) is recommended. Periodic follow-up examinations should also be undertaken and should be overseen by a physician familiar with the toxic effects of the substance and full details of the nature of work undertaken by the employee.
Following administration of antineoplastics, control of nausea and vomiting may be attempted by giving phenothiazines such as perphenazine, prochlorperazine, promethazine or thiethylperazine. In bone-marrow depression, transfusion of blood or platelets reduces the risk of life-threatening haemorrhage. Granulocyte transfusions and injection of antibiotics may be necessary to combat infection in the neutropenic patient. Hyperuricaemia is avoided by the addition of allopurinol to treatment schedules and measures such as alkalisation of the urine and hydration may be adopted. MARTINDALE: The Extra Pharmacopoeia, 28th Edition.

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

NOTE: Injuries may not seem serious at first, but within a few hours tissue may become swollen, discoloured and extremely painful with extensive subcutaneous necrosis. Product may be forced through considerable distances along tissue planes.
As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).
For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema.
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.
- **DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.
EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

SECTION 5 Firefighting measures

Extinguishing media

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

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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 full body protective clothing with breathing apparatus. ‣ Prevent, by any means available, spillage from entering drains or water course. ‣ Use water delivered as a fine spray to control fire and cool adjacent area. ‣ Avoid spraying water onto liquid pools. ‣ **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.
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). ‣ May emit acrid smoke. ‣ Mists containing combustible materials may be explosive. Combustion products include: carbon dioxide (CO_2) hydrogen chloride phosgene hydrogen fluoride nitrogen oxides (NOx) other pyrolysis products typical of burning organic material. **CARE**: Water in contact with hot liquid may cause foaming and a steam explosion with wide scattering of hot oil and possible severe burns. Foaming may cause overflow of containers and may result in possible fire.
HAZCHEM	•3Z

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	Environmental hazard - contain spillage. It is recommended that areas handling final finished product have cytotoxic spill kits available. Spill kits should include: ‣ impermeable body covering, ‣ shoe covers, ‣ latex and utility latex gloves, ‣ goggles, ‣ approved respirator (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent), see Section 8, ‣ disposable dust pan and scoop, ‣ absorbent towels, ‣ spill control pillows, ‣ disposable sponges, ‣ sharps container, ‣ disposable garbage bag and ‣ hazardous waste label Where spills are treated with loose absorbents, such as vermiculite, ensure dust exposure is strictly avoided. To avoid accidental exposure due to waste handling of cytotoxics: ‣ Place waste residue in a segregated sealed plastic container. ‣ Used syringes, needles and sharps should not be crushed, clipped, recapped, but placed directly into an approved sharps container. ‣ Dispose of any cleanup materials and waste residue according to all applicable laws and regulations e.g, secure chemical landfill disposal. Slippery when spilt. All personnel likely to involved in a antineoplastic (cytotoxic) spill must receive practical training in: ‣ the correct procedures for handling cytotoxic drugs or waste in order to prevent and minimise the risk of spills ‣ the location of the spill kit in the area ‣ the arrangements for medical treatment of any affected personnel ‣ the procedure for containment of the spill, and decontamination of personnel and the environment, including the different procedures for major and minor spills ‣ the procedure for waste disposal according to the nature and extent of the spill ‣ 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. ‣ Place in a suitable, labelled container for waste disposal.
Major Spills	‣ Clean up all spills immediately. ‣ Avoid breathing dust and contact with skin and eyes. ‣ Wear protective clothing, gloves, safety glasses and dust respirator. ‣ Wet residue with water to prevent dusting ‣ Sweep up, shovel up or ‣ Vacuum up (consider explosion-proof machines designed to be grounded during storage and use). ‣ Place spilled material in clean, dry, sealable, labelled container. Environmental hazard - contain spillage. Slippery when spilt. Moderate hazard. ‣ Clear area of personnel and move upwind.

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	▸ 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. ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area 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 SDS.

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ Containers, even those that have been emptied, may contain explosive vapours. ▸ Do NOT cut, drill, grind, weld or perform similar operations on or near containers. ▸ **DO NOT** allow clothing wet with material to stay in contact with skin ▸ 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. ▸ Avoid smoking, naked lights or ignition sources. ▸ 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. ▸ 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.
Other information	Consider storage under inert gas. Antineoplastics (cytotoxics): ▸ should be clearly identifiable to all personnel involved in their handling ▸ should be stored in impervious break-resistant containers ▸ should be stored in separate, clearly marked storage areas to minimise the risk of breakage, and to limit contamination in the event of leakage. Spill kits should be available in storage areas. ▸ 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	▸ Glass container is suitable for laboratory quantities ▸ Metal can or drum ▸ Packaging as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▸ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	N-methyl-2-pyrrolidone	1-Methyl-2-pyrrolidone	25 ppm / 103 mg/m3	309 mg/m3 / 75 ppm	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
carfentrazone-ethyl	Not Available	Not Available
liquid hydrocarbons	Not Available	Not Available
N-methyl-2-pyrrolidone	Not Available	Not Available

Exposure controls

Appropriate engineering controls	**For potent pharmacological agents:** **Solutions Handling:** ▸ Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area. ▸ Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation. ▸ In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges

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	until the enclosure is validated for use. ▸ Ensure gloves are protective against solvents in use. **Unless written procedures, specific to the workplace are available, the following is intended as a guide:** ▸ **For Laboratory-scale handling of Substances assessed to be toxic by inhalation.** ***Quantities of up to 25 grams*** may be handled in Class II biological safety cabinets *; ***Quantities of 25 grams to 1 kilogram*** may be handled in Class II biological safety cabinets* or equivalent containment systems; ***Quantities exceeding 1 kg*** may be handled either using specific containment, a hood or Class II biological safety cabinet*, ▸ HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours. ▸ The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated. Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated. When handling: ***Quantities of up to 25 grams***, an approved respirator with HEPA filters or cartridges should be considered; ***Quantities of 25 grams to 1 kilogram,*** a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. ***Quantities in excess of 1 kilogram*****,** a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered. Written procedures, specific to a particular work-place, may replace these recommendations * For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added, Laminar flow cabinets do not provide sufficient protection when handling these materials unless especially designed to do so. **Pilot Plant and Production** ▸ Wear appropriate gloves; lab coat, nylon coveralls or disposable Tyvek suit; safety glasses, safety shoes, and disposable booties. Use good manufacturing practices (i.e., cGMPs). ▸ Protective garment (coveralls, Tyvek, lab coat) is not to be worn outside the work area. ▸ Clean/dirty/decontamination areas are to be established. ▸ Negative/positive air pressure relationships and buffer zones required (i.e., ante-room/degowning room/airlock). ▸ Area access is to be restricted. ▸ High-energy operations such as milling, particle sizing, spraying or fluidising should be done within an approved emission control or containment system. ▸ Develop cleaning procedures and techniques that limit potential exposure
Individual protection measures, such as personal protective equipment	
Eye and face protection	▸ Chemical protective goggles with full seal. [AS/NZS 1337.1, EN166 or national equivalent] ▸ Shielded mask (gas-type). ▸ 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].
Skin protection	See Hand protection below
Hands/feet protection	The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. ▸ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▸ Double gloving should be considered. ▸ PVC gloves. ▸ Change gloves frequently and when contaminated, punctured or torn. ▸ Wash hands immediately after removing gloves. ▸ Protective shoe covers. [AS/NZS 2210] ▸ Head covering.
Body protection	See Other protection below

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Other protection	▸ When handling antineoplastic materials, it is recommended that a disposable work-uniform (such as Tyvek or closed front surgical-type gown with knit cuffs) is worn. ▸ Potentially contaminated bodily fluids should be handled in accordance with local standards or codes of practice (appendix 10 of 'Cytotoxic Drugs and Related Waste' - Workcover New South Wales, HSE Information Sheet MISC615, OSHA Technical Manual (OTM) Section VI: Chapter 2) ▸ For quantities up to 500 grams a laboratory coat may be suitable. ▸ For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs. ▸ For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers. ▸ For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection. ▸ Eye wash unit. ▸ Ensure there is ready access to an emergency shower. ▸ For Emergencies: Vinyl suit

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:
"Forsberg Clothing Performance Index".
The effect(s) of the following substance(s) are taken into account in the ***computer-generated*** selection:
Quantum Carfentrazone 400 EC Herbicide

Material	CPI
BUTYL	A
PE/EVAL/PE	A
NATURAL RUBBER	B
PVA	B

* 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)

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 5 x ES	AK-AUS / Class 1 P2	-	AK-PAPR-AUS / Class 1 P2
up to 25 x ES	Air-line*	AK-2 P2	AK-PAPR-2 P2
up to 50 x ES	-	AK-3 P2	-
50+ x ES	-	Air-line**	-

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

- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Yellow to orange liquid; emulsifies in water.

Physical state	Liquid	**Relative density (Water = 1)**	Not Available
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Applicable	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	>61	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Combustible.	**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
Heat of Combustion (kJ/g)	Not Available	**Ignition Distance (cm)**	Not Available
Flame Height (cm)	Not Available	**Flame Duration (s)**	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	**Enclosed Space Ignition Deflagration Density (g/m3)**	Not Available

Continued...

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

a) Acute Toxicity	Based on available data, the classification criteria are not met.
b) Skin Irritation/Corrosion	There is sufficient evidence to classify this material as skin corrosive or irritating.
c) Serious Eye Damage/Irritation	There is sufficient evidence to classify this material as eye damaging or irritating
d) Respiratory or Skin sensitisation	Based on available data, the classification criteria are not met.
e) Mutagenicity	Based on available data, the classification criteria are not met.
f) Carcinogenicity	Based on available data, the classification criteria are not met.
g) Reproductivity	There is sufficient evidence to classify this material as toxic to reproductivity
h) STOT - Single Exposure	There is sufficient evidence to classify this material as toxic to specific organs through single exposure
i) STOT - Repeated Exposure	Based on available data, the classification criteria are not met.
j) Aspiration Hazard	There is sufficient evidence to classify this material as an aspiration hazard

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo. Inhalation hazard is increased at higher temperatures. Inhaling high concentrations of mixed hydrocarbons can cause narcosis, with nausea, vomiting and lightheadedness. Low molecular weight (C2-C12) hydrocarbons can irritate mucous membranes and cause incoordination, giddiness, nausea, vertigo, confusion, headache, appetite loss, drowsiness, tremors and stupor. Central nervous system (CNS) depression may include general discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal.
Ingestion	Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result. (ICSC13733) Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. 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. Aromatic hydrocarbons may produce sensitivity and redness of the skin. They are not likely to be absorbed into the body through the skin but branched species are more likely to.
Eye	This material causes serious eye irritation.
Chronic	Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Ample evidence exists that developmental disorders are directly caused by human exposure to the material. Ample evidence exists, from results in experimentation, that developmental disorders are directly caused by human exposure to the material. Based on experience with similar materials, there is a possibility that exposure to the material may reduce fertility in humans at levels which do not cause other toxic effects. Sulfonylureas, imidazolinones, sulfonoanilides and triazolo-pyrimidines are used extensively as herbicides because of their wide-spectrum effects on weeds and their low toxicity to mammals. They work by inhibition of the synthesis of amino acid precursors, which are common to both plants and mammals, but there is no evidence so far of the potential for toxic effects in mammals. In animal testing, N-methyl-2-pyrrolidone (NMP) has not been shown to cause cancer. There is no evidence of it being toxic to the kidney. In animals, reproductive effects have been reported, and very high doses are toxic to the embryo. Oil may contact the skin or be inhaled. Extended exposure can lead to eczema, inflammation of hair follicles, pigmentation of the face and warts on the soles of the feet. Constant or exposure over long periods to mixed hydrocarbons may produce stupor with dizziness, weakness and visual disturbance, weight loss and anaemia, and reduced liver and kidney function. Skin exposure may result in drying and cracking and redness of the skin. Anti-cancer drugs used for chemotherapy can depress the bone marrow with reduction in the number of white blood cells and platelets and bleeding. Susceptibility to infections and bleeding is increased, which can be life- threatening. Oral administration of C20-24 alkenes has not been shown to exhibit significant toxicity in humans. Triazole pesticides are the products of plant, fungal and animal bioconversion. They are toxic and are metabolised into variable products depending on the nature of the parent compound. Studies done with animals showed that they may be slightly irritating to the skin, but severely irritating to the eye. They affect the nervous, reproductive and blood systems, and have been shown to developmental toxicity. Limited evidence predicts that they are not likely to cause genetic damage but may cause cancers especially of the liver and thyroid. Azole fungicides show broad antifungal activity, and can be used to prevent or cure fungal infections. They are therefore important in agricultural production.

Quantum Carfentrazone 400 EC Herbicide	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
carfentrazone-ethyl	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >4000 mg/kg[2]	Not Available

Continued...

	Inhalation (Rat) LC50: 5.09 mg/L4h[2]	
	Oral (Rat) LD50: 5143 mg/kg[2]	

liquid hydrocarbons	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

N-methyl-2-pyrrolidone	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 8000 mg/kg[2]	Eye (Human): 530ppm/30M - Mild
	Inhalation (Rat) LC50: 3.1-8.8 mg/l4h[2]	Eye (Rodent - rabbit): 0.1mL
	Oral (Rat) LD50: 3914 mg/kg[2]	Eye (Rodent - rabbit): 100mg - Moderate
		Eye: adverse effect observed (irritating)[1]
		Skin: adverse effect observed (irritating)[1]

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***

CARFENTRAZONE-ETHYL

* Sigma Aldrich SDS Carfentrazone-ethyl acts as an inhibitor of protoporphyrinogen oxidase, which in mammals interferes with the heme biosynthetic pathway and results in increased porphyrin levels. Carfentrazone-ethyl has low acute oral, dermal, and inhalation toxicity .It is minimally irritating to the eyes, non-irritating to the skin, and is not a skin sensitiser The mutagenic test battery demonstrated that carfentrazone-ethyl is not mutagenic. In carcinogenicity studies in mice and rats, there was no indication of increased incidence of neoplasms and spontaneous tumor formation at the doses tested. .
For Protoporphyrinogen Oxidase (PPO) Inhibitors:
PPO inhibition at high doses resulted in a range of observations in mammalian toxicology studies. As oxidised porphyrin is a key component of mammalian haemoglobin, a common finding at comparatively high doses in toxicology studies was a slight reduction in haemoglobin levels and related blood parameters. Inhibition of porphyrin synthesis results in precursor porphyrins accumulating in the liver where they are excreted in the bile coupled with cholesterol. This process results in deposition of pigment in the liver and other tissues, as well as alterations in cholesterol levels due to increased production to compensate for that lost with the porphyrin excretion.
The developmental toxicity studies conducted on rats and rabbits indicate that the majority of the compounds did not show any reproductive, developmental, or teratogenic abnormalities, except at very high doses that elicit maternal toxicity. The developmental toxicity correlates with PPO herbicide accumulation
The PPO inhibitor herbicides are either not readily absorbed and/or are rapidly degraded by metabolism and/or excreted. The mammalian metabolites are similar to photochemical degradation products. In mammals, there are remarkable species differences in the levels of porphyrin accumulation resulting from exposure to PPO inhibitors. There is no bioaccumulation risk in animals. Metabolism of PPO inhibitors has been studied in a number of species, including rats, rabbits, goats, sheep, cattle, and chicken. In general, the metabolic degradation of these compounds by animals includes nitroreduction, deesterification, and conjugation to GSH, cysteine, and carbohydrates. Most of the metabolites are excreted in urine, with small amounts excreted in faeces and milk. In chickens, 95% of the metabolites are eliminated in excreta, with small amounts (0.09%) eliminated in the eggs
PPO inhibition in mammals may disrupt heme synthesis, which in turn causes anemia. In the submitted studies, decreased hematological parameters [decreased red blood cells (RBC), decreased hematocrit (Ht), decreased mean corpuscular haemoglobin concentration (MCHC), and mean corpuscular volume (MCV)] were observed at about the same dose level across species, with the exception of the dog, where effects were observed at a slightly higher dose. These effects occurred around the same dose level from short- through long-term exposures, without increasing in severity. Effects were also seen in the liver (increased weight, centrilobular fatty change, lymphoid infiltrate) in mice, the spleen (increased spleen weight and extramedullary hematopoiesis) in rats, and in both these organs (increased iron storage in the liver and extramedullary haematopoiesis in the spleen) in dogs..These effects also occurred around the same dose level from short- through long-term exposures, without increasing in severity. No dermal toxicity was seen at the limit dose in a 28-day dermal toxicity study in rats
Toxicology studies with PPO inhibitors have shown that certain chemicals cause embryo lethality,teratogenicity and growth retardation in rats but not in other mammals such as rabbits. In these studies it was shown that the effect of 30 mg/ kg of S-52482, a phenylimide PPO inhibitor, on embryo development in rats was correlated with the accumulation of protoporphyrin IX (Proto IX) in the embryo with a concomitant loss of haeme. However, 3000 mg/kg of S-52482 caused no accumulation of Proto IX in rabbit embryos and there was no adverse effect on the embryos. The authors concluded that this difference was due to the relative sensitivity of PPO in rats versus rabbits. Thus, the effects of PPO-inhibiting herbicides on mammals is species-dependent. The mammalian toxicity of these herbicides appears to be minimal at the rates they are used.
Protoporphyrinogen oxidase (PPO, E.C.1.3.3.4) catalyzes the oxygen-dependent oxidation of protoporphyrinogen IX to protoporphyrin IX (Proto IX).
In the presence of light, accumulated protoporphyrin can generate highly reactive oxygen species and induce membrane lipid peroxidation. The peroxidation of the lipid can result in a chain reaction and cause fragmentation and destruction of the lipid. The consequence of lipid peroxidation for a cell is loss of the membrane function.
Protoporphyrin IX (Proto IX) is an important precursor to biologically essential prosthetic groups such as heme, cytochrome c, and chlorophylls. As a result, a number of organisms are able to synthesize this tetrapyrrole from basic precursors such as glycine and succinyl CoA, or glutamate. Despite the wide range of organisms that synthesize protoporphyrin IX the process is largely conserved from bacteria to mammals with a few distinct exceptions in higher plants.
The inhibition or functional loss of PPO is more than merely blocking the production of heme and chlorophyll. When the enzyme is inhibited, the substrate protoporphyrinogen-IX will accumulate in the cytoplasm and will be slowly oxidized by O2 in the mitochondrion and chloroplast to produce protoporphyrin-IX. This spontaneous production can have dire consequences: In the presence of light, the photosensitive protoporphyrin-IX generates singlet oxygen that causes lipid peroxidation and cell death.
The inhibition or functional loss of PPO is more than merely blocking the production of heme and chlorophyll. When the enzyme is inhibited, the substrate protoporphyrinogen-IX will accumulate in the cytoplasm and will be slowly oxidized by O2 in the mitochondrion and chloroplast to produce protoporphyrin-IX. This spontaneous production can have dire consequences: In the presence of light, the photosensitive protoporphyrin-IX generates singlet oxygen that causes lipid peroxidation and cell death.
Variegate porphyria (VP) is also an autosomal dominant disorder caused by the deficiency of protoporphyrinogen oxidase.
Symptoms may be cutaneous or neurovisceral with similar inciting factors as acute intermittent porphyria (AIP), but the cutaneous symptoms are more difficult to treat and persist longer. Like hereditary coproporphyria, may be associated with acute episodes (as seen in acute intermittent porphyria) and with photocutaneous manifestations (as seen in porphyria cutanea tarda). Protoporphyrin can lead to reactive singlet oxygen formation in the presence of light, and photodermatitis within variegate porphyria (VP) patients is thought to be caused by photooxidation of protoporphyrinogen and increased production of reactive oxygen species within skin fibroblasts The symptom of VP and its highly variable penetrance of infected individuals make the study of the nature of PPO causing the disease of great interest. Besides, protoporphyrin-IX is an extremely effective photosensitizer, but it is not useful before activation. PPO inhibitors could activate the photosensitizer protoporphyrin-IX and cause its accumulation within tumor cells. Hence, an important medical application of PPO inhibitors is associated with photodynamic therapy (PDT), which has been used in the detection and treatment of cancer
Currently PDT is performed by administering photosensitizers to patients and attempting to establish high concentrations in the tumors. These tumors are then exposed to irradiation with light with the appropriate wavelength to activate the photosensitizers and destroy the cells. Proto IX is an extremely effective photosensitizer, but it cannot be used since it does not accumulate within tumors after parenteral

Continued...

	administration. PPO inhibitors could cause the accumulation of Proto IX within tumor cells. The levels reached after treatment with certain PPO analogs was tenfold higher than the critical levels needed for effective PDT. The use of PPO inhibitors for PDT is being further. explored
LIQUID HYDROCARBONS	For olefins: Studies have shown that normal alpha olefins have little or no toxic effect on animals except if inhaled in high concentrations. They may produce minimal skin and eye irritation, but do not sensitise the skin. Exposure to very high levels of C6-C16 normal alpha olefin vapours caused central nervous system effects, including anaesthesia (loss of sensation). If C20+ products are heated, fumes may produce nausea and irritation of the upper airway. The available data indicate normal alpha olefins do not cause mutations. Repeated exposure in animals has affected the liver and kidney. Olefins are not expected to cause reproductive or developmental toxicity. Based on the available evidence, this group of substances does not cause genetic toxicity. Although there is no available data regarding cancer-causing potential, the structure of these substances does not raise concern for humans. No significant acute toxicological data identified in literature search.
N-METHYL-2-PYRROLIDONE	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 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. For N-methyl-2-pyrrolidone (NMP): Acute toxicity: Animal testing shows NMP is quickly absorbed after inhalation, swallowing and administration on skin, distributed throughout the body, and eliminated mostly by hydroxylation to polar compounds, which are excreted in the urine. In animal testing NMP has a low potential for skin irritation and a moderate potential for eye irritation. Repeated daily doses of high amounts on the skin have caused severe, painful bleeding and eschar formation. In general, animal testing suggests NMP has low acute toxicity. Exposure to toxic amounts caused functional disturbances and depression of the central nervous system. Local irritation of the airway occurred after inhalation, and irritation of the gastrointestinal tract occurred after swallowing in animals. Repeat dose toxicity: There is no clear toxicity profile for NMP after multiple administration. In animal testing, shrinking of the testes and thymus gland were observed, together with an increase in red blood cells, after exposure to high amounts. There is no data for humans after repeated-dose exposure. Cancer-causing potential: NMP did not show any clear evidence for cancer-causing ability in an animal test for inhalation. Genetic toxicity: The potential for NMP to cause mutations is rare. Tests do reveal that NMP may cause chromosome aberrations with bacteria and yeast. No tests involving human cells are available. Reproductive toxicity: In animal tests, exposure to NMP resulted in a decrease in foetal weight. Developmental toxicity: Animal testing showed that NMP can result in decreased foetal weights and delayed bone development. A substance (or part of a group of chemical substances) of very high concern (SVHC) - or product containing an SVHC: It is proposed that use within the European Union be subject to authorisation under the REACH Regulation.Indeed, listing of a substance as an SVHC by the European Chemicals Agency (ECHA) is the first step in the procedure for authorisation or restriction of use of a chemical. The criteria are given in article 57 of the REACH Regulation. A substance may be proposed as an SVHC if it meets one or more of the following criteria: ▸ it is carcinogenic *; ▸ it is mutagenic *; ▸ it is toxic for reproduction *; ▸ it is persistent, bioaccumulative and toxic (PBT substances); ▸ it is very persistent and very bioaccumulative (vPvB substances); ▸ there is "scientific evidence of probable serious effects to human health or the environment which give rise to an equivalent level of concern"; such substances are identified on a case-by-case basis. * Collectively described as CMR substances The "equivalent concern" criterion is significant because it is this classification which allows substances which are, for example, neurotoxic, endocrine-disrupting or otherwise present an unanticipated environmental health risk to be regulated under REACH] Simply because a substance meets one or more of the criteria does not necessarily mean that it will be proposed as an SVHC. Many such substances are already subject to restrictions on their use within the European Union, such as those in Annex XVII of the REACH Regulation SVHCs are substances for which the current restrictions on use (where these exist) might be insufficient. There are three priority groups for assessment: ▸ PBT substances and vPvB substances; ▸ substances which are widely dispersed during use; ▸ substances which are used in large quantities.

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

Quantum Carfentrazone 400 EC Herbicide

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

carfentrazone-ethyl

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	0.006mg/l	Not Available
EC50	48h	Crustacea	>9.8mg/l	Not Available
EC50(ECx)	72h	Algae or other aquatic plants	0.006mg/l	Not Available

Continued...

	LC50	96h	Fish	1.6mg/l	Not Available

liquid hydrocarbons

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

N-methyl-2-pyrrolidone

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>500mg/l	1
EC50	48h	Crustacea	ca.4897mg/l	1
NOEC(ECx)	504h	Crustacea	12.5mg/l	2
LC50	96h	Fish	464mg/l	1

Legend: ***Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 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***

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
carfentrazone-ethyl	HIGH	HIGH
N-methyl-2-pyrrolidone	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
carfentrazone-ethyl	LOW (LogKOW = 3.36)
N-methyl-2-pyrrolidone	LOW (BCF = 0.16)

Mobility in soil

Ingredient	Mobility
carfentrazone-ethyl	LOW (Log KOC = 6858)
N-methyl-2-pyrrolidone	LOW (Log KOC = 20.94)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.
A Hierarchy of Controls seems to be common - the user should investigate:
- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.
- Antineoplastic (cytotoxic) wastes must be packed directly, ready for incineration, into colour-coded, secure, labelled, leak-proof containers sufficiently robust to withstand handling without breaking, bursting or leaking.
- Containers of special design are available for particular needs (such as disposal of sharps) and should be used.
- Once filled and closed, such containers must never be re-opened.
- Immediate containers must bear a nationally accepted symbol or device depicting cytotoxic substances and be labelled with the words: CYTOTOXIC WASTE - INCINERATE in a style of lettering approved by the national/ state authority.
- Where policies and procedures permit the merging of cytotoxic wastes with medical waste in an outer container used for medical waste, cytotoxic waste must first be placed in identifiable colour-coded/ labelled cytotoxic containers prior to merging.
- Management procedures must ensure that merged medical and cytotoxic waste is subjected to the incineration requirements appropriate for the total destruction of the cytotoxic waste.

WASTE STORAGE OF CYTOTOXIC WASTES
For the storage of cytotoxic waste, segregated or merged with medical waste, provide:
- special storage areas with adequate lighting.
- waste security and restriction of access to authorised persons.
- storage areas designed to facilitate easy routine cleaning and maintenance to hygienic standards, or post-spill decontamination.
- storage of cytotoxic waste in standard, identifying bins or other appropriate containers.

COLLECTION OF CYTOTOXIC WASTES
- Procedures for the collection of cytotoxic wastes, which are compatible with existing operational needs, and which protect workers, other people and the environment, must be developed.
- Waste must be removed from the site by contractors whose workers have been instructed in the protective methods to be used against the hazards involved, and who comply with the safe work practices established by internal and/or national/ state policies. Contractors must instruct, train and direct their personnel in the safe and legal handling of cytotoxic wastes. Contractor's personnel should observe the operating procedures of the waste-generator.
- Transport of cytotoxic wastes, through the community, must comply with the appropriate national/ state codes.

DESTRUCTION OF CYTOTOXIC WASTES
- Destruction of cytotoxic wastes should be carried out in multi-chambered incinerators, licensed for this purpose, operating at 1100 deg. C. or more, with a residence time of at least 1 second.
- Operators must be trained in handling procedures and hazards involved with handling the waste.

Continued...

- Waste which arrives at the incinerator inappropriately packaged should **NOT** be returned to the waste generator. An authorised representative of the waste generator must attend the incinerator site to rectify the situation.
- **DO NOT** allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- 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 SDS and observe all notices pertaining to the product.

SECTION 14 Transport information

Labels Required

Marine Pollutant

HAZCHEM •3Z

Land transport (ADG)

14.1. **UN number or ID number**	3082
14.2. **UN proper shipping name**	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains carfentrazone-ethyl)
14.3. **Transport hazard class(es)**	Class: 9 Subsidiary Hazard: Not Applicable
14.4. **Packing group**	III
14.5. **Environmental hazard**	Environmentally hazardous
14.6. **Special precautions for user**	Special provisions: 274 331 335 375 AU01 Limited quantity: 5 L

Environmentally Hazardous Substances meeting the descriptions of UN 3077 or UN 3082
are not subject to this Code when transported by road or rail in;
(a) packagings;
(b) IBCs; or
(c) any other receptacle not exceeding 500 kg(L).
- Australian Special Provisions (SP AU01) - ADG Code 7th Ed.

Air transport (ICAO-IATA / DGR)

14.1. **UN number**	3082
14.2. **UN proper shipping name**	Environmentally hazardous substance, liquid, n.o.s. (contains carfentrazone-ethyl)
14.3. **Transport hazard class(es)**	ICAO/IATA Class: 9 ICAO / IATA Subsidiary Hazard: Not Applicable ERG Code: 9L
14.4. **Packing group**	III
14.5. **Environmental hazard**	Environmentally hazardous
14.6. **Special precautions for user**	Special provisions: A97 A158 A197 A215 Cargo Only Packing Instructions: 964 Cargo Only Maximum Qty / Pack: 450 L Passenger and Cargo Packing Instructions: 964 Passenger and Cargo Maximum Qty / Pack: 450 L Passenger and Cargo Limited Quantity Packing Instructions: Y964 Passenger and Cargo Limited Maximum Qty / Pack: 30 kg G

Sea transport (IMDG-Code / GGVSee)

14.1. **UN number**	3082
14.2. **UN proper shipping name**	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains carfentrazone-ethyl)
14.3. **Transport hazard class(es)**	IMDG Class: 9

Continued...

	IMDG Subsidiary Hazard	Not Applicable
14.4. **Packing group**	III	
14.5 **Environmental hazard**	Marine Pollutant	
14.6. **Special precautions for user**	EMS Number	F-A, S-F
	Special provisions	274 335 969
	Limited Quantities	5 L

14.7. Maritime transport in bulk according to IMO instruments

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

Not Applicable

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

Product name	Group
carfentrazone-ethyl	Not Applicable
liquid hydrocarbons	Not Applicable
N-methyl-2-pyrrolidone	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
carfentrazone-ethyl	Not Applicable
liquid hydrocarbons	Not Applicable
N-methyl-2-pyrrolidone	Not Applicable

SECTION 15 Regulatory information

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

carfentrazone-ethyl is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

liquid hydrocarbons is found on the following regulatory lists

Not Applicable

N-methyl-2-pyrrolidone is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (carfentrazone-ethyl)
Canada - DSL	No (carfentrazone-ethyl)
Canada - NDSL	No (carfentrazone-ethyl; N-methyl-2-pyrrolidone)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (carfentrazone-ethyl)
Japan - ENCS	No (carfentrazone-ethyl)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (carfentrazone-ethyl)
USA - TSCA	TSCA Inventory 'Active' substance(s) (N-methyl-2-pyrrolidone); No (carfentrazone-ethyl)
Taiwan - TCSI	Yes
Mexico - INSQ	No (carfentrazone-ethyl)
Vietnam - NCI	Yes
Russia - FBEPH	No (carfentrazone-ethyl)
UAE - Control List (Banned/Restricted Substances)	No (carfentrazone-ethyl; N-methyl-2-pyrrolidone)
Legend:	***Yes = All CAS declared ingredients are on the inventory*** ***No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.***

SECTION 16 Other information

Continued...

Revision Date	15/10/2025
Initial Date	15/10/2025

SDS Version Summary

Version	Date of Update	Sections Updated
2.1	15/10/2025	Composition / information on ingredients - Ingredients

Other information

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

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

Definitions and abbreviations

- PC—TWA: Permissible Concentration-Time Weighted Average
- PC—STEL: Permissible Concentration-Short Term Exposure Limit
- IARC: International Agency for Research on Cancer
- ACGIH: American Conference of Governmental Industrial Hygienists
- STEL: Short Term Exposure Limit
- 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
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration
- MARPOL: International Convention for the Prevention of Pollution from Ships
- IMSBC: International Maritime Solid Bulk Cargoes Code
- IGC: International Gas Carrier Code
- IBC: International Bulk Chemical Code

- 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