

DENTSPLY ESTHET X FLOW LIQUID MICRO HYBRID RESTORATIVE

ChemWatch Material Safety Data Sheet
Issue Date: Wed 28-Jul-2004

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

DENTSPLY ESTHET X FLOW LIQUID MICRO HYBRID RESTORATIVE

SYNONYMS

Part Number 648001 - 648020

PRODUCT USE

Medicine

SUPPLIER

Company: Dentsply (Australia) Pty Ltd

Address:

11-21 Gilby Road
Mount Waverley
VIC, 3149
AUS

Telephone: +61 03 9538 8240

Emergency Tel: 0413 830 239

Fax: 03 9538 8260

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

Contact with acids liberates very toxic gas.
Irritating to eyes, respiratory system and skin.
Inhalation may produce health damage*.
Cumulative effects may result following exposure*.
Possible respiratory and skin sensitiser*.
Possible cancer-causing agent*.
May be harmful to the foetus/ embryo*.
May possibly affect fertility*.
* (limited evidence)

SAFETY

Keep container in a well ventilated place.

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Section 2 - HAZARDS IDENTIFICATION ...

Avoid exposure - obtain special instructions before use.
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 you feel unwell contact Doctor or Poisons Information Centre. (Show the label if possible).

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
frits chemical	65997-18-4	>60
2,2-bis[4-(2-methacryloxy)ethoxy]phenyl]propane	24448-20-2	<15
bisphenol A glycidylmethacrylate	1565-94-2	<15
triethylene glycol dimethacrylate	109-16-0	<10
urethane modified Bis-GMA dimethacrylate		<10
silica, dimethylsiloxane treated	67762-90-7	<5
titanium dioxide	13463-67-7	<2

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.
- 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.

EYE

- If this product comes in contact with the eyes:
- Immediately hold eyelids apart and flush the eye continuously with 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.
 - Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
 - Transport to hospital or doctor without delay.
 - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

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Section 4 - FIRST AID MEASURES ...

SKIN

If skin or hair contact occurs:

- 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.
- 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.

NOTES TO PHYSICIAN

Treat symptomatically.

- Signs symptoms of acute cyanide poisoning reflect cellular hypoxia and are often non-specific.
- Cyanosis may be a late finding.
- A bradycardic, hypertensive and tachypneic patient suggests poisoning especially if CNS and cardiovascular depression subsequently occurs.
- Immediate attention should be directed towards assisted ventilation, administration of 100% oxygen, insertion of intravenous lines and institution of cardiac monitoring.
- Obtain an arterial blood gas immediately and correct any severe metabolic acidosis (pH below 7.15).
- Mildly symptomatic patients generally require supportive care alone. Nitrites should not be given indiscriminately - in all cases of moderate to severe poisoning, they should be given in conjunction with thiosulfate. As a temporizing measure supply amyl nitrite perles (0.2ml inhaled 30 seconds every minute) until intravenous lines for sodium nitrite are established. 10 ml of a 3% solution is administered over 4 minutes to produce 20% methaemoglobin in adults. Follow directly with 50 ml of 25% sodium thiosulfate, at the same rate, IV. If symptoms reappear or persist within 1/2-1 hour, repeat nitrite and thiosulfate at 50% of initial dose. As the mode of action involves the metabolic conversion of the thiosulfate to thiocyanate, renal failure may enhance thiocyanate toxicity.
- Methylene blue is not an antidote. [Ellenhorn and Barceloux: Medical Toxicology]

If amyl nitrite intervention is employed then Medical Treatment Kits should contain the following:

- One box containing one dozen amyl nitrite ampoules
- Two sterile ampoules of sodium nitrite solution (10 mL of a 3% solution in each)
- Two sterile ampoules of sodium thiosulfate solution (50 mL of a 25% solution in each)
- One 10 mL sterile syringe. One 50 mL sterile syringe. Two sterile intravenous needles. One tourniquet.
- One dozen gauze pads.
- Latex gloves
- A "Biohazard" bag for disposal of bloody/contaminated equipment.
- A set of cyanide instructions on first aid and medical treatment.
- Notes on the use of amyl nitrite:-

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Section 4 - FIRST AID MEASURES ...

- AN is highly volatile and flammable - do not smoke or use around a source of ignition.
- If treating patient in a windy or draughty area provide some shelter or protection (shirt, wall, drum, cupped hand etc.) to prevent amyl nitrite vapour from being blown away. Keep ampoule upwind from the nose, the objective is to get amyl nitrite into the patients lungs.
- Rescuers should avoid AN inhalation to avoid becoming dizzy and losing competence.
- Lay the patient down. Since AN dilates blood vessels and lowers blood pressure, lying down will help keep patient conscious.
- DO NOT overuse - excessive use might put the patient into shock. Experience at DuPont plants has not shown any serious after-effects from treatment with amyl nitrite.

ADDITIONAL NOTES:

- Major medical treatment procedures may vary e.g. US (FDA method as recommended by DuPont) uses amyl nitrite as a methaemoglobin generator, followed by treatment with sodium nitrite and then sodium thiosulfate.

MODES OF ACTION: Amyl nitrite (AN) reacts with haemoglobin (HB) to form about 5% methaemoglobin (MHB). Sodium nitrite (NaNO_2) reacts with haemoglobin to form approximately 20-30% methaemoglobin. Methaemoglobin attracts cyanide ions (CN) from tissue and binds with them to become cyanmethaemoglobin (CNMHB). Sodium thiosulfate ($\text{Na}_2\text{S}_2\text{O}_3$) converts cyanmethaemoglobin to thiocyanate (HSCN) which is excreted by the kidneys. i.e. $\text{AN} + \text{HB} = \text{MHB}$ $\text{NaNO}_2 + \text{HB} = \text{MHB}$ $\text{CN} + \text{MHB} = \text{CNMHB}$ $\text{Na}_2\text{S}_2\text{O}_3 + \text{CNMHB} + \text{O}_2 = \text{HSCN}$

- The administration of the antidote salts is intravenous in normal saline, Ringers lactate or other available IV fluid.
- European practice may use 4-dimethylaminophenol (DMAP) as a methaemoglobin generator. Also hydroxycobalamin (Vitamin B12a) is used. Hydroxycobalamin works by reacting with cyanide to form cyanocobalamin (Vitamin B12) which is excreted in the urine.
- European and Australian NOHSC (Worksafe) propose dicobalt edetate (Kelocyanor) as antidote. This acts by chelating cyanide to form stable cobalticyanide, which is excreted in the urine. In all cases hyperbaric therapy may increase the efficiency of a cyanide antidote kit.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

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.
- Use fire fighting procedures suitable for surrounding area.

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Section 5 - FIRE FIGHTING MEASURES ...

- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Non combustible.
- Not considered a significant fire risk, however containers may burn.

Decomposition may produce toxic fumes of
carbon dioxide (CO₂)
sulfur oxides (SO_x)
metal oxides

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

FIRE INCOMPATIBILITY

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

HAZCHEM

None

Personal Protective Equipment

Glasses:
Full face- shield.

Gloves:
PVC chemical resistant type.

Respirator:
Type -P2 Filter of sufficient capacity

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear impervious gloves and safety goggles.
- Trowel up/scrape up.
- Place spilled material in clean, dry, sealed container.
- Flush spill area with water.

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Section 6 - ACCIDENTAL RELEASE MEASURES ...

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- When handling DO NOT eat, drink or smoke.
- Always wash hands with soap and water after handling.
- Avoid physical damage to containers.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.

SUITABLE CONTAINER

- Polyethylene or polypropylene container.
- Packing as recommended by manufacturer
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Exposure to light, free radical initiators, iron, rust and strong bases, and storage beyond expiration date, may initiate polymerisation.
Avoid reaction with oxidising agents

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- 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 storing and handling recommendations.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

EXPOSURE STANDARDS FOR MIXTURE

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

Composite Exposure Standard for Mixture (TWA) :0.052 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 (mg/m ³)	Mixture Conc (%)
frits chemical	0.0499	96.0
2,2-bis[4-(2-methacryloxy)ethoxy]p	0.0005	1.0
bisphenol A glycidylmethacrylate	0.0005	1.0
titanium dioxide	0.0005	1.0
silica, dimethylsiloxane treated	0.0005	1.0

INGREDIENT DATA

FRITS CHEMICAL:

TLV TWA: 2.5 mg/m³ A4;BEI [ACGIH]

PEL TWA: 1 mg/m³ [OSHA Z1]

antimony and compounds as Sb

TLV TWA: 0.5 mg/m³

ES TWA: 0.5 mg/m³

IDLH Level: 50 mg/m³ (as Sb)

The wide-ranging effects of antimony compounds have made it difficult to recommend an exposure standard which characterises the toxicology of these substances. One criteria, reflecting the irritant properties of antimony pentachloride, produced a calculated value of 5.0 mg/m³ (as antimony), which on the basis of experience was felt to be too high but did act as an "out-rider".

The present value reflects this thinking.

fluorides, as F (A.Wt: 19.00)

ES TWA: 2.5 mg/m³

TLV TWA: 2.5 mg/m³

OES TWA: 2.5 mg/m³

IDLH Level: 500 mg/m³

Based on a study in which the threshold for minimum increase in bone density due to fluoride exposure was 3.38 mg/m³ (as fluoride), the present TLV-TWA has been adopted to prevent irritant effects and disabling bone changes. There is also support for the proposition that occupational exposure below the TLV will have no adverse effect on pregnant women or off-spring. IARC has classified fluorides in drinking water as Group 3 carcinogens; i.e. Not classifiable as to its carcinogenicity to humans. Equivocal evidence of carcinogenic activity (osteosarcoma) has been found in male rats administered sodium fluoride in drinking water. (0-175 ppm) Evidence was not found in female rats or in male or

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female mice.

ES TWA: 0.15 mg/m³

ES* TWA: 0.15 mg/m³ (fumes)

TLV TWA: 0.05 mg/m³, A3

NIOSH REL-TWA: 0.1 mg Pb/m³ for inorganic lead

IDLH Level: 100 mg/m³ (as Pb)

CAUTION: This substance has been classified by the ACGIH as A3

Animal Carcinogen (at relatively high doses).

The lead concentration in air is to be maintained so that the lead concentration in workers' blood remains below 0.060 mg/100 g of whole blood. The recommended TLV-TWA has been derived following a review of reports of adverse effects on reproduction, blood-pressure and other end-points of toxicity. A particular focus was an assessment of pre-natal blood lead (PbB) levels and post-natal cognitive levels. The fact that lead is a cumulative toxicant which can produce subtle, persistent and apparently permanent effects in the off-spring of lead exposed women is of particular concern. A current view holds that the identification of the PbB levels, that are protective during a working lifetime, is a necessary prerequisite in the recommendation of the TLV because PbB values, rather than workplace air lead concentrations, are more clearly related to adverse health effects.

(see Biological Exposure Index - BEI - in "Advice to Doctor".)

ES TWA: 1 mg/m³

OES TWA: 5 mg/m³

IDLH Level: 500 mg/m³

A number of studies have shown that susceptibility to the effects of manganese at or about 1 - 5 mg/m³ (TWA) can lead to clinical manifestations of manganism or more commonly to the development of indicators of sub-clinical manganism (e.g. hand tremor, exaggerated reflexes, short-term memory deficits, poor psychomotor performance). Controlling long-term exposure to the recommended ES TWA level or below should provide protection for those individuals susceptible to neurological effects of prolonged exposure.

nickel, insoluble compounds, as Ni (A. Wt. 58.69)

TLV TWA: 0.2 mg/m³ A1 (insoluble compounds, inhalable particulate fraction)

WARNING: Classified by the ACGIH as A1 - CONFIRMED HUMAN CARCINOGEN

ES TWA: 1 mg/m³ SENSITISER (for nickel metal) (Substance Requiring Review)

MEL TWA: 0.5 mg/m³

NOTE: Detector tubes for nickel, measuring in excess of 0.25 mg/m³ (as Ni) are commercially available.

Use control measures / protective gear to avoid personal contact. Animal inhalation studies with insoluble nickel dusts (other than nickel sulfide) at concentrations of 1 to 3 mg/m³ show no difference in respiratory cancer between exposed and control animals.

These studies do not provide evidence that there is no excess risk of lung and nasal cancer - in view of limited exposure data and the absence of guidance for a TLV based on epidemiological studies of nickel induced respiratory tract cancer, it has been necessary to incorporate the results of animal studies that have demonstrated the production of pulmonary pathology. These studies have shown consistent pulmonary damage following inhalation of 0.1 to 1 mg/m³ insoluble inorganic nickel compounds. Individuals who may be hypersusceptible or otherwise unusually responsive to industrial chemicals may not be adequately protected against adverse health effects from nickel or its compounds at concentrations below the recommended or proposed TLV.

ES TWA: 5 mg/m³; STEL: 10 mg/m³

TLV TWA: 5 mg/m³; STEL: 10 mg/m³

OES TWA: 5 mg/m³; STEL: 10 mg/m³

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION ...

IDLH Level: 50 mg/m³

OSHA concluded that the recommended TLV-TWA and STEL would protect workers from any significant risk of pulmonary effects. NIOSH conclude that a separate limit should be considered for zirconium tetrachloride (because of the irritancy of hydrogen chloride derived from hydrolysis). This was based on a 60-day inhalation study at 6 mg/m³ zirconium tetrachloride which found an increase in mortality of rats and guinea pigs due to respiratory infection and reductions of borderline statistical significance in circulating hemoglobin and erythrocyte counts in dogs.

For each of the following

2,2-BIS[4-(2-METHACRYLOXY)ETHOXY]PHENYL]PROPANE:

BISPHENOL A GLYCIDYLMETHACRYLATE:

CEL TWA: 1 mg/m³ [compare WEEL-TWA* for multifunctional acrylates (MFAs)]
Exposure to MFAs has been reported to cause contact dermatitis in humans and serious eye injury in laboratory animals. Exposure to some MFA-resin containing aerosols has also been reported to cause dermatitis. As no assessment of the possible effects of long-term exposure to aerosols was found, a conservative Workplace Environmental Exposure Level (WEEL) was suggested by the American Industrial Hygiene Association (AIHA).

TRIETHYLENE GLYCOL DIMETHACRYLATE:

No exposure limits set by NOHSC or ACGIH

SILICA, DIMETHYLSILOXANE TREATED:

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

TITANIUM DIOXIDE:

TLV TWA: 10 mg/m³ A4 [ACGIH]

PEL Total particulate: 15)mg/m³ [OSHA Z1]

TLV TWA: 10 mg/m³ A4

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as causing Cancer in humans

ES TWA: 10 mg/m³

(total dust containing no asbestos and < 1% crystalline silica)

OES TWA: 10 mg/m³ total inhalable dust

OES TWA: 4 mg/m³ respirable dust

IDLH Level: 5000 mg/m³

Animal studies at 10 mg/m³ show no significant fibrosis, possibly reversible tissue reaction and the architecture of lung air spaces remains intact.

PERSONAL PROTECTION

EYE

- Chemical goggles.
- Full face shield.
- Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION ...

HANDS/FEET

Wear protective gloves, eg. PVC.

NOTE: The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

OTHER

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

RESPIRATOR

Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
10 x ES	P2 Air-line*	-	-
50 x ES	Air-line**	P2 Air-line*	PAPR-P2
100 x ES	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow

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

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection.

Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations.

Provide adequate ventilation in warehouse or closed storage area.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Various shades of viscous paste with a sweet acrylic ester odour;

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES ...

PHYSICAL PROPERTIES

Does not mix with water.
Sinks in water.
Contact with acids liberates very toxic gas.

Molecular Weight: Not Applicable
Melting Range (°C): Not Available
Solubility in water (g/L): Immiscible
pH (1% solution): Not Available
Volatile Component (%vol): Not Available
Relative Vapour Density (air=1): Not Applicable
Lower Explosive Limit (%): Not Applicable
Autoignition Temp (°C): Not Applicable
State: Non Slump Paste

Boiling Range (°C): Not Applicable
Specific Gravity (water=1): 1.8
pH (as supplied): Not Available
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

SWALLOWED

(No Oral LD50, any animal species) The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (eg. liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

EYE

There is some evidence to suggest that this material can cause eye irritation and damage in some persons.

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Section 11 - TOXICOLOGICAL INFORMATION ...

SKIN

There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons.

Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.

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.

INHALED

Not normally a hazard due to non-volatile nature of product

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.

The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of the material, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.

Effects on lungs are significantly enhanced in the presence of respirable particles.

CHRONIC HEALTH EFFECTS

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

There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.

There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population.

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

Bisphenol A may have effects similar to female sex hormones and when administered to pregnant women, may damage the foetus. It may also damage male reproductive organs and sperm.

Sensitisation may give severe responses to very low levels of exposure, i.e. hypersensitivity. Sensitised persons should not be allowed to work in situations where exposure may occur.

Dentsply Esthet X flow liquid micro hybrid restorative

Not available. Refer to individual constituents.
unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances

FRITS CHEMICAL:

No significant acute toxicological data identified in literature search.

2,2-BIS[4-(2-METHACRYLOXY)ETHOXY]PHENYL]PROPANE:

No significant acute toxicological data identified in literature search.

Based on the available oncogenicity data and without a better understanding of

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Section 11 - TOXICOLOGICAL INFORMATION ...

the carcinogenic mechanism the Health and Environmental Review Division (HERD), Office of Toxic Substances (OTS), of the US EPA previously concluded that all chemicals that contain the acrylate or methacrylate moiety ($\text{CH}_2=\text{CHCOO}$ or $\text{CH}_2=\text{C}(\text{CH}_3)\text{COO}$) should be considered to be a carcinogenic hazard unless shown otherwise by adequate testing.

This position has now been revised and acrylates and methacrylates are no longer de facto carcinogens.

BISPHENOL A GLYCIDYLMETHACRYLATE:
Not available. Refer to individual constituents.

TRIETHYLENE GLYCOL DIMETHACRYLATE:
IRRITATION TOXICITY
Nil reported Oral (rat) LD50: 10837 mg/kg
Oral (mouse) LD50: 10750 mg/kg

SILICA, DIMETHYLSILOXANE TREATED:
TOXICITY IRRITATION
Oral (rat) LD50: >5000 mg/kg Skin: 0/8 non-irritating
Eyes: 0.7/110 @ 24hr Draize
non-irritating

[Cabot]

TITANIUM DIOXIDE:
TOXICITY IRRITATION
Nil reported Skin (human): 0.3 mg/3d-l mild

Section 12 - ECOLOGICAL INFORMATION

Transport and distribution of nickel particulates between different environmental compartments, is strongly influenced by particle size. Fine particulate matter has a longer residence time in the environment and is carried a long distance from its source; larger particles are deposited near the emission source. Atmospheric residence time for nickel particulates is estimated to be 5.4-7.9 days. Water solubility and bioavailability is affected by soil pH; decrease in pH generally mobilises nickel, thus acid rain can mobilise nickel from the soil and increase nickel concentrations in ground water. Nickel bioaccumulates in the food chain but is not bioconcentrated.

Drinking Water Standards:

Nickel 50 ug/l (UK max.)

20 ug/l (WHO guideline)

Soil Guidelines:

Dutch Criteria: 35 mg/kg (target)

210 mg/kg (intervention)

DO NOT discharge into sewer or waterways.

Section 13 - DISPOSAL CONSIDERATIONS

- Consult manufacturer for recycling options and recycle where possible .
- Consult State Land Waste Management Authority for disposal.
- Incinerate residue at an approved site.

continued...

DENTSPLY ESTHET X FLOW LIQUID MICRO HYBRID RESTORATIVE

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Section 13 - DISPOSAL CONSIDERATIONS ...

· Recycle containers if possible, or dispose of in an authorised landfill.
Puncture containers to prevent re-use and bury at an authorised landfill.

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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