

Material Safety Data Sheet

SOLUBLE
OIL
TYPE DB

Date prepared: 15th November 1995 Date revised: N/A (first issue)

0CON 225

1. Identification of the Substance/Preparation and the Company/ Undertaking

Substance or preparation trade name: **SOLUBLE OIL TYPE DB**

Unique reference number(s): **0CON-225**

Company/undertaking name & address: **Logitech Ltd.,
Erskine Ferry Road, Old Kilpatrick, Glasgow
G605EU, Scotland, UK**

Telephone: **(+44) 1389 875444**

Emergency telephone number: **As above**

2. Composition

Soluble Oil Type DB is a preparation manufactured from mineral oils, alkaline surfactant emulsifiers, and additives. The following components which have health effects are present at significant concentrations.

Substance:	Synthetic sodium sulphonates	Fatty acid amine esters	Hexylene Glycol (2-methylpentan-2,4-diol)
% content:	<10%	<3%	1.5%
Class	<i>Xi</i>	<i>Xi</i>	<i>Xi</i>
Risk phases	<i>R36/38: Irritating to eyes and skin</i>	<i>R36/38: Irritating to eyes and skin</i>	<i>R36/38: Irritating to eyes and skin</i>

Exposure limit values exist for the constituents: Oil mist, Mineral. Hexylene Glycol

3. Hazards Identification

Soluble Oil Type DB is not classified as dangerous for supply or conveyance. It contains mineral oil and Hexylene Glycol (2-methylpentan-2,4-diol), to which exposure limits apply. Mineral oil will not biodegrade in anaerobic conditions and, hence can be persistent. It contains components which have a high potential to bioaccumulate.

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4. First Aid Measures

Inhalation:	<i>Under normal conditions of use inhalation of vapours is not feasible or likely to present an acute hazard.</i>
Skin contact:	<i>Skin contact does not normally require first aid., but oil soaked clothing should be removed, and contaminated skin washed with soap and water. If persistent irritation occurs, medical advice should be sought without delay. Where a high pressure injection injury has occurred, medical attention should be obtained immediately. Show this data sheet to the physician drawing attention to "Notes for Doctors" in Section 11 below</i>
Eye contact:	<i>Flush the eye with copious quantities of water. If irritation persists refer for medical attention.</i>
Ingestion:	<i>DO NOT INDUCE VOMITING. If ingestion is suspected, wash out the mouth with water, and send to hospital immediately. Show this Data Sheet to the physician drawing attention to "Notes for Doctors" in Section 11 below.</i>
Note to physician:	<i>Treatment should be directed at preventing absorption, administering to the symptoms as they occur, and providing supportive therapy.</i>

5. Fire-Fighting Measures

Extinguishants - Large Fire:	<i>Foam/Water fog - NEVER USE WATER JET</i>
- Small Fire:	<i>Foam/Dry powder/Co₂/Sand /Earth</i>

6. Accidental Release Measures

The first concern should be to prevent entry to drains or watercourses

Large Spills:	<i>Large spills should be banded by a suitable medium such as sand or earth. The liquid should be reclaimed directly or in an adsorbent medium and then transferred to suitable, clearly marked containers and disposed of in accordance with local bye-laws and the requirements of the Environment Protection Act 1990.</i>
Small Spills:	<i>Small spills should be soaked up with sand or earth and disposed of as for large spills.</i>

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7. Handling and Storage

Handling:	<i>Soluble Oil Type DB does not require any special handling techniques, but it should be handled in suitable containers and spillage avoided.</i>
Storage:	<i>The storage of Soluble Oil Type DB is not subject to any special controls or restrictions. It should be stored in properly designed, closable, labelled containers, e.g. Mild steel or high density polyethylene (HDPE)</i>

8. Exposure Controls

The following limits are taken from The Health and Safety Executive's Guidance Note EH40 Occupational Exposure Limits 1993.

UK occupational Exposure Standards:	<i>Oil Mist, Mineral.</i>	<i>Hexylene Glycol (2-methylpentan-2,4-diol)</i>
	<i>5mg/cubic metre 8-hour TWA value. 10mg /cubic metre 10-min TWA value</i>	<i>125mg/cubic metre 8-hour TWA value 125mg/cubic metre 10-min TWA value</i>
Protective Clothing:	<i>Impervious gloves and overalls where regular contact is likely, and goggles if there is a risk of splashing.</i>	

9. Physical and Chemical Properties

Physical state:	<i>Liquid at ambient temperature</i>
Appearance:	<i>Clear, Brown</i>
Odour:	<i>Mild</i>
pH:	<i>9.0 in 5% solution</i>
Initial boiling point:	<i>>100°C</i>
Pour point:	<i><0°C</i>
Flashpoint (°C):	<i>>100°C</i>
Flammability:	<i>N/A</i>
Explosive properties:	<i>N/A</i>
Vapour pressure @ 20°C:	<i>circa. 17.5mm Hg</i>
Relative density @ 15°C:	<i>0.950</i>
Solubility: water	<i>Emulsifiable</i>
Solubility: fat/solvent	<i>N/E</i>
Vapour density (air = 1):	<i>>5</i>
Viscosity @ 40°C:	<i>>7cSt.</i>

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10. Stability and Reactivity

Conditions to avoid:	<i>Extremes of temperature. Store between 4 and 40°C.</i>
Materials to avoid:	<i>Strong oxidising agents, e.g. chlorates which may be used in agriculture. May soften some rubbers.</i>
Product decomposition: The following substances may be expected from normal combustion:	<i>Carbon dioxide Polycyclic Aromatic Hydrocarbons Carbon monoxide Water Particulate matter Unburnt hydrocarbons Unidentified organic and inorganic compounds Nitrogen oxides</i>

11. Toxicological Information

Acute health hazards and advice:	<i>Toxicity following single exposure to high levels (orally, dermally or by inhalation) is of a low order. The main hazards are: in the unlikely event of ingestion, aspiration into the lungs with possible resultant chemically induced pneumonia; and, if the products are handled under high pressures, of high pressure injection injuries.</i>
Inhalation:	<i>Under normal conditions of use inhalation of vapours is not feasible or likely to present an acute hazard.</i>
Skin:	<i>Skin contact presents no acute health hazard except in the case of high pressure injection injuries. These can lead to the loss of the affected limbs if not treated immediately and properly.</i>
Precautions:	<i>Avoid contact with the skin by the use of suitable protective clothing. Where skin contact is unavoidable, a high standard of personal hygiene must be practised. Extreme care must be exercised where the product is likely to be encountered at high pressures, when it is recommended that safe systems of work be employed.</i>
First aid:	<i>Skin contact does not normally require first aid, but oil soaked clothing should be removed, and contaminated skin washed with soap and water. If persistent irritation occurs, medical advice should be sought without delay. Where a high pressure injection injury has occurred, medical attention should be obtained immediately. Show this Data Sheet to the physician drawing attention to "Notes for Doctors" below.</i>
Eyes:	<i>Eye contact may cause some discomfort.</i>
Precautions:	<i>If there is a risk of splashing while handling the liquid, suitable eye protection should be used.</i>

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First aid:	<i>Flush the eye with copious quantities of water. If irritation persists refer for medical attention.</i>
Ingestion:	<i>The main hazard following ingestion is of aspiration into the lungs during subsequent vomiting.</i>
Precautions:	<i>Accidental ingestion is unlikely. Normal handling and hygiene precautions should be taken to avoid ingestion.</i>
First aid:	<i>DO NOT INDUCE VOMITING. If ingestion is suspected, wash out the mouth with water and send to hospital immediately. Show this Data Sheet to the physician drawing attention to "Notes for Doctors" below.</i>
Chronic health hazard and advice:	<i>Prolonged and repeated contact with oil products can be detrimental to health. The main hazards arise from skin contact and in the inhalation of mists. Skin contact under conditions of poor hygiene and over prolonged periods can lead to defatting of the skin, dermatitis, erythema, oil acne and oil folliculitis. Excessive and prolonged inhalation of oily mists may cause a chronic inflammatory reaction of the lungs and a form of pulmonary fibrosis.</i>
"Notes for Doctors" High pressure injection injuries:	<i>High pressure injection injuries require surgical intervention and possibly steroid therapy to minimise tissue damage and loss of function. Because entry wounds are small and do not reflect the seriousness of the underlying damage, surgical exploration to determine the extent of involvement may be necessary. Local anaesthetics or hot soaks should be avoided because they can contribute to swelling, vasospasm and ischaemia. PROMPT surgical decompression, debridement and evacuation of foreign material should be performed under general anaesthetic, and wide exploration is essential.</i>

"Notes for Doctors"
Ingestion and aspiration of
petroleum products:

There may be a risk to health where low viscosity products are aspirated into the lungs following vomiting, although this is uncommon in adults. Such aspiration would cause intense local irritation and chemical pneumonitis. Children, and those in whom consciousness is impaired, will be more at risk. Emesis of lubricants is not usually necessary, unless a large amount has been ingested, or some other compound has been dissolved in the product. If this is indicated - for example, when there is rapid onset of CNS depression from a large ingested volume -gastric lavage under controlled hospital conditions, with full protection of the airway is required. Supportive care may include oxygen, arterial blood gas monitoring, respiratory support and, if aspiration has occurred, treatment with corticosteroids and antibiotics. Seizures should be controlled with Diazepam, or appropriate equivalent drug.

12. Ecological Information

The information given below refers to the Mineral Oil component of Soluble Oil Type DB.

Air:

Mineral Oil is a mixture of non-volatile components, which are not expected to be released to air in any significant quantities.

Water:

If released to water, Soluble Oil Type DB will disperse as an emulsion, and its components will not evaporate to any great extent. Dissolved components will be absorbed in sediments. In aerobic water and sediments they will biodegrade, but in anaerobic conditions they will persist. Mineral Oil is not toxic to aquatic organisms but all components have a high potential to bioaccumulate. It is unlikely to persist in the aquatic environment for sufficient time to pose a significant hazard.

Soil:

Small volumes released on land will be absorbed in the upper soil layers and be subject to biodegradation. Larger volumes may penetrate into anaerobic soil layers in which the Mineral Oil will persist. It may reach the water table in which it will disperse. The high soil absorption coefficient of the components may prevent significant contamination of ground water. The product will move with the ground-water. The movement of the product can lead to the contamination of sources of drinking water. Mammalian toxicity is expected to be of a low order. Mineral Oil has a high potential to bioaccumulate.

13. Disposal Considerations

Soluble Oil Type DB should be disposed of to a licensed waste contractor. Any disposal route should comply with local bye-laws and the requirements of the Environmental Protection Act, 1990.

14. Transport Information

Not dangerous for conveyance

15. Regulatory Information

This material has been classified according to the requirements of the Dangerous Substances Directive 67/548/EEC as last amended by the 6th Amendment 67/548/EEC, the 12th Adaptation to Technical Progress 91/325/EEC, and the Preparations Directive 88/379.

Not dangerous for supply.

NOTE: THIS DATA SHEET DOES NOT CONSTITUTE A USER'S ASSESSMENT OF WORKPLACE RISK AS REQUIRED BY HSW ACT, COSHH, MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS, OR OTHER HEALTH AND SAFETY LEGISLATION.

16. Other Information

The references set out below give further information on specific aspects.

Abbreviations:

N/E: Not established

N/A: Not applicable