KonNx Shield Part A/B - Standard/Fast Cure

AusProof (Pty) Ltd

Chemwatch Hazard Alert Code: **2**

Chemwatch: **9642-80**
Version No: **3.1**
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Initial Date: **07/08/2026**
Revision Date: **10/08/2026**
Print Date: **10/08/2026**
L.GHS.AUS.EN.E

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

Product Identifier

Product name	KonNx Shield Part A/B - Standard/Fast Cure
Chemical Name	Not Applicable
Synonyms	Not Available
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	**AusProof (Pty) Ltd**
Address	6 Shona Ave, Gladstone QLD 4680 Australia
Telephone	+617 4978 4000
Fax	Not Available
Website	www.ausproof.com.au
Email	ausproof@ausproof.com.au

Emergency telephone number

Association / Organisation	**CHEMWATCH EMERGENCY RESPONSE (24/7)**
Emergency telephone number(s)	+61 1800 951 288 (ID#: 9642-80)
Other emergency telephone number(s)	+61 3 9573 3188

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Serious Eye Damage/Eye Irritation Category 2B
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)	Not Applicable
Signal word	Warning

Hazard statement(s)

H320	Causes eye irritation.

Precautionary statement(s) Prevention

P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.

Precautionary statement(s) Storage

Page 1 continued...

Not Applicable

Precautionary statement(s) Disposal

Not Applicable
No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
68083-19-2	55	dimethylsiloxane polymer, vinyl-terminated
63148-62-9	13-14.8	polydimethylsiloxane
7631-86-9	30	silica amorphous
308068-56-6	0-2	carbon nanotubes
68478-92-2	0-0.31	1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum
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	▸ Immediately give a glass of water. ▸ First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 Firefighting measures

Extinguishing media

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

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) silicon dioxide (SiO_2) ▸ other pyrolysis products typical of burning organic material. May emit poisonous fumes.

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	May emit corrosive fumes. **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	Not Applicable

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. Slippery when spilt. ▸ Remove all ignition sources. ▸ 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	Environmental hazard - contain spillage. Moderate hazard. ▸ 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. ▸ 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	▸ **DO NOT** allow clothing wet with material to stay in contact with skin ▸ Avoid skin 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	▸ 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	▸ Metal can or drum ▸ Packaging as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▸ Avoid strong acids, bases. ▸ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Continued...

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	silica amorphous	Silica gel	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica amorphous	Diatomaceous earth (uncalcined)	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica amorphous	Silica - Amorphous: Fume (thermally generated)(respirable dust)	2 mg/m3	Not Available	Not Available	(e) Containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica amorphous	Fumed silica (respirable dust)	2 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Silica - Amorphous: Diatomaceous earth (uncalcined)	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica amorphous	Silica - Amorphous: Fumed silica (respirable dust)	2 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Silica - Amorphous: Precipitated silica	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica amorphous	Silica - Amorphous: Silica gel	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica amorphous	Precipitated silica	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Workplace exposure limits for airborne contaminants (WEL list) (Effective from 1 December 2026) - Appendix A - Workplace Exposure Limits	silica amorphous	Silica - Amorphous: Silica Fume (thermally generated) (respirable dust)	2 mg/m3	Not Available	Not Available	Containing no asbestos and < 1% crystalline silica.
Australia Workplace exposure limits for airborne contaminants (WEL list) (Effective from 1 December 2026) - Appendix A - Workplace Exposure Limits	silica amorphous	Silica - Amorphous: Diatomaceous earth (uncalcined)	10 mg/m3	Not Available	Not Available	Containing no asbestos and < 1% crystalline silica.
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Australia Workplace exposure limits for airborne contaminants (WEL list) (Effective from 1 December 2026) - Appendix A - Workplace Exposure Limits	silica amorphous	Silica - Amorphous: Precipitated silica	10 mg/m3	Not Available	Not Available	Containing no asbestos and < 1% crystalline silica.

MATERIAL DATA

for nanomaterials:
In addressing the health and environmental impact of nanomaterials we need to differentiate between two types of nanostructures: (1) Nanocomposites, nanostructured surfaces and nanocomponents (electronic, optical, sensors etc.), where nanoscale particles are incorporated into a substance, material or device (“fixed” nano-particles); and (2) “free” nanoparticles, where at some stage in production or use individual nanoparticles of a substance are present. These free nanoparticles could be nanoscale species of elements, or simple compounds, but also complex compounds where for instance a nanoparticle of a particular element is coated with another substance (“coated” nanoparticle or “core-shell” nanoparticle). There seems to be consensus that, although one should be aware of materials containing fixed nanoparticles, the immediate concern is with free nanoparticles.
Nanoparticles are very different from their everyday counterparts, so their adverse effects cannot be derived from the known toxicity of the macro-sized material. This poses significant issues for addressing the health and environmental impact of free nanoparticles.
To complicate things further, in talking about nanoparticles it is important that a powder or liquid containing nanoparticles almost never be monodisperse but contain instead a range of particle sizes. This complicates the experimental analysis as larger nanoparticles might have different properties from smaller ones. Also, nanoparticles show a tendency to aggregate, and such aggregates often behave differently from individual nanoparticles.
Nanomaterials have the greatest potential to enter the body through the respiratory system if they are airborne and in the form of respirable-sized particles (nanoparticles). They may also come into contact with the skin or be ingested.
Based on results from human and animal studies, airborne nanoparticles can be inhaled and deposit in the respiratory tract; and based on animal studies, nanoparticles can enter the blood stream, and translocate to other organs.
Experimental studies in rats have shown that equivalent mass doses of insoluble incidental nanoparticles are more potent than large particles of similar composition in causing pulmonary inflammation and lung tumors. Results from in vitro cell culture studies with similar materials are generally supportive of the biological responses observed in animals.
Experimental studies in animals, cell cultures, and cell-free systems have shown that changes in the chemical composition, crystal structure, and size of particles can influence their oxidant generation properties and cytotoxicity.
Studies in workers exposed to aerosols of some manufactured or incidental microscopic (fine) and nanoscale (ultrafine) particles have reported adverse lung effects including lung function decrements and obstructive and fibrotic lung diseases. The implications of these studies to engineered nanoparticles, which may have different particle properties, are uncertain.

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Until more information becomes available on the mechanisms underlying nanomaterial toxicity, it is uncertain what measurement technique should be used to monitor exposures in the workplace. Current research indicates that mass and bulk chemistry may be less important than particle size and shape, surface area, and surface chemistry (or activity) for some nanostructured materials.
Many of the sampling techniques that are available for measuring airborne nanoaerosols vary in complexity but can provide useful information for evaluating occupational exposures with respect to particle size, mass, surface area, number concentration, and composition. Unfortunately, relatively few of these techniques are readily applicable to routine exposure monitoring. NIOSH has initiated exposure assessment studies in workplaces that manufacture or use engineered nanoparticles.
Regardless of the metric or measurement method used for evaluating nanoaerosol exposures, it is critical that background nanoscale particle measurements be conducted before the production, processing, or handling of nanomaterials.
When feasible, personal sampling is preferred to ensure an accurate representation of the worker s exposure, whereas area sampling (e.g., size-fractionated aerosol samples) and real-time (direct reading) exposure may not give an accurate picture.The real-time (direct-reading) measurement of nanometer aerosol concentrations is limited by the sensitivity of the instrument to detect small particles.measurements may be more useful for evaluating the need for improvement of engineering controls and work practices.
The proportion of inhaled nanoparticles likely to deposit in any region of the human respiratory tract is approximately 30%-90% depending on factors such as breathing rate and particle size. Up to 50% of nanoparticles in the 10-100 nm size range may deposit in the alveolar region, while nanoparticles smaller than 10 nm are more likely to deposit in the head and thoracic regions [ICRP 1994]. The mass deposition fraction of inhaled nanoparticles in the gas-exchange region of the lungs is greater than that for larger respirable particles.
If nanomaterials are detected in the process area at elevated concentrations relative to background particle number concentrations, then a pair of filter-based, area air samples should be collected for particle analysis via transmission electron microscopy (TEM) and for determining mass concentration.Transmission electron microscopy can provide an estimate of the particle size distribution and, if equipped with an energy dispersive X-ray analyzer (EDS), a determination of elemental composition.
For amorphous crystalline silica (precipitated silicic acid):
Amorphous crystalline silica shows little potential for producing adverse effects on the lung and exposure standards should reflect a particulate of low intrinsic toxicity. Mixtures of amorphous silicas/ diatomaceous earth and crystalline silica should be monitored as if they comprise only the crystalline forms.
The dusts from precipitated silica and silica gel produce little adverse effect on pulmonary functions and are not known to produce significant disease or toxic effect.
IARC has classified silica, amorphous as Group 3: **NOT** classifiable as to its carcinogenicity to humans.
Evidence of carcinogenicity may be inadequate or limited in animal testing.
The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of 4.0 um (+-) 0.3 um and with a geometric standard deviation of 1.5 um (+-) 0.1 um, i.e..generally less than 5 um.
Occupational exposure to soluble complex salts of platinum (such as the chloroplatinates, e.g. diamminedichloroplatinum) but not platinum, have caused progressive allergic reactions that may lead to pronounced asthmatic symptoms. The term "salt" may be confusing as in this case it includes covalent compounds of platinum. The TLV-TWA is recommended to minimise the potential for platinum-salt induced asthma and sensitisation.
A separate exposure value is recommended for platinum metal dust.

Exposure controls

Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.

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. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Individual protection measures, such as personal protective equipment



Eye and face protection

- Safety glasses with side shields.
- Chemical goggles.[AS/NZS 1337.1, EN166 or national equivalent]
- 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].

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Skin protection	See Hand protection below
Hands/feet protection	‣ Wear chemical protective gloves, e.g. PVC. ‣ Wear safety footwear or safety gumboots, e.g. Rubber **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. ‣ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. 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.
Body protection	See Other protection below
Other protection	‣ Overalls. ‣ P.V.C apron. ‣ Barrier cream. ‣ Skin cleansing cream. ‣ Eye wash unit.

Respiratory protection

Type A-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 10 x ES	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-PAPR-2 P2 ^

^ - 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	Viscous white/black liquid.

Physical state	Liquid	**Relative density (Water = 1)**	1.6-1.8
Odour	Slight	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available

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pH (as supplied)	Not Available	**Decomposition temperature (°C)**	>200
Melting point / freezing point (°C)	Not Available	**Viscosity (mm2/s)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Available	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Applicable	**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	Immiscible	**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

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	Based on available data, the classification criteria are not met.
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	Based on available data, the classification criteria are not met.
h) STOT - Single Exposure	Based on available data, the classification criteria are not met.
i) STOT - Repeated Exposure	Based on available data, the classification criteria are not met.
j) Aspiration Hazard	Based on available data, the classification criteria are not met.

Inhaled	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. 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 low vapour pressure of silicone fluids make exposures to potentially harmful vapours unlikely. The vapours of a low molecular weight member of this family, hexamethyldisiloxane, were tolerated by guinea pigs at concentrations of 25000 ppm for 30 minutes without apparent ill-effect. Higher saturated vapour concentrations (39000-40000 ppm) produced death in 15-20 minutes; deaths appeared to occur as a result of respiratory failure as animals removed from exposure, prior to death, almost always survived. Although animal studies show that silicone fluids are removed very slowly from the lungs, their presence is not expected to produce adverse effects; exposure to aerosols is unlikely to result in damage to the health. When heated at high temperatures, the fumes and oxidation products of methyl silicones can be both irritating and produce toxic effects following inhalation. Massive exposures of heated silicone oil can produce central nervous system depression leading to death. Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.
Ingestion	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 (e.g 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.
Skin Contact	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.

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	Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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. Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.
Eye	This material causes serious eye irritation.
Chronic	On the basis of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

	TOXICITY	IRRITATION
KonNx Shield Part A/B - Standard/Fast Cure	Not Available	Not Available
dimethylsiloxane polymer, vinyl-terminated	Dermal (rabbit) LD50: >15840 mg/kg[2]	Not Available
	Oral (Rat) LD50: >15840 mg/kg[2]	
polydimethylsiloxane	Dermal (rabbit) LD50: >3000 mg/kg[2]	Eye (Rodent - rabbit): 100mg/1H - Mild
	Oral (Rat) LD50: >35000 mg/kg[2]	Eye (Rodent - rabbit): 100uL/24H - Mild
		Eye (Rodent - rabbit): 100uL/24H - Moderate
		Skin (Rodent - rabbit): 500uL/24H - Mild
silica amorphous	dermal (rat) LD50: >2000 mg/kg[1]	Eye (Rodent - rabbit): 25mg/24H - Mild
	Inhalation (Rat) LC50: >0.09<0.84 mg/l4h[1]	Eye: no adverse effect observed (not irritating)[1]
	Oral (Rat) LD50: >1000 mg/kg[1]	Skin: no adverse effect observed (not irritating)[1]
carbon nanotubes	dermal (rat) LD50: >2000 mg/kg[1]	Eye (Rodent - rabbit): 0.25% - Mild
	Oral (Rat) LD50: >=5000 mg/kg[1]	Eye: adverse effect observed (irritating)[1]
		Skin (Rodent - rabbit): 1% - Mild
		Skin: no adverse effect observed (not irritating)[1]
1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum	Oral (Rat) LD50: >5000 mg/kg[1]	Not Available

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*

POLYDIMETHYLSILOXANE	No toxic response noted during 90 day subchronic inhalation toxicity studies The no observable effect level is 450 mg/m3. Non-irritating and non-sensitising in human patch test. [Xerox]* The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
SILICA AMORPHOUS	Reports indicate high/prolonged exposures to amorphous silicas induced lung fibrosis in experimental animals; in some experiments these

Continued...

	effects were reversible. [PATTYS]
CARBON NANOTUBES	The toxicity of carbon nanotubes (CNTs) has been an important question in nanotechnology. Data are fragmentary and subject to criticism. Results highlight the difficulties in evaluating the toxicity of this heterogeneous material. Parameters such as structure, size distribution, surface area, surface chemistry, surface charge, and agglomeration state as well as purity of the samples, have considerable impact on the reactivity of carbon nanotubes. However, available data clearly show that, under some conditions, nanotubes can cross membrane barriers, which suggests that, if raw materials reach the organs, they can induce harmful effects such as inflammatory and fibrotic reactions. One study shows that CNTs can enter human cells and accumulate in the cytoplasm, causing cell death. Results of rodent studies collectively show that regardless of the process by which CNTs were synthesized and the types and amounts of metals they contained, CNTs were capable of producing inflammation, epithelioid granulomas (microscopic nodules), fibrosis, and biochemical/toxicological changes in the lungs. Comparative toxicity studies in which mice were given equal weights of test materials showed that single-walled carbon nanotubes (SWCNTs) were more toxic than quartz, which is considered a serious occupational health hazard when chronically inhaled. As a control, ultrafine carbon black was shown to produce minimal lung responses The needle-like fiber shape of CNTs is similar to asbestos fibers. This raises the idea that widespread use of carbon nanotubes may lead to mesothelioma, which is a cancer of the lining of the lungs often caused by exposure to asbestos. A recently-published pilot study supports this prediction. Scientists exposed the mesothelial lining of the body cavity of mice to long multiwalled carbon nanotubes and observed asbestos-like, length-dependent, pathogenic behavior that included inflammation and formation of lesions known as granulomas. Although further research is required, the available data suggests that under certain conditions, especially those involving chronic exposure, carbon nanotubes can pose a serious risk to human health It is very unlikely that new manufactured nanoparticles could be introduced into humans in doses sufficient to cause health effects that have been associated with the nanoparticles in polluted air. However, some may be inhaled in certain work places in significant amounts and steps should be taken to minimize exposure. Toxicological studies have investigated nanoparticles of low solubility and low surface activity. Newer nanoparticles with characteristics that differ substantially from these should be treated with particular caution. The physical characteristics of carbon and other nanotubes mean that they may have toxic properties similar to those of asbestos fibers, although preliminary studies suggest they may not readily escape into the air as individual fibers. Opinions are divided on the possible health hazards of carbon nanotubes Some workers have pointed out the physical similarities between nanotubes and asbestos fibers, which are both extended structures around 10 nm in diameter and a few micrometers long.It has been known since the early 1960?s that asbestos can be a cause of pneumoconiosis, a serious lung disease, and mesothelioma, a cancer of the lining of the chest which is often fatal. However, the mechanism by which the silicate fibers cause the damage, at least in the case of mesothelioma, is believed to involve the catalytic formation of reactive oxygen compounds. It seems unlikely that (plain carbon) nanotubes would have the same effect. Nevertheless, in the lack of any definite information on the toxicity of Fullerene-related carbons, it is wise to err on the side of caution when preparing and handling these materials. The tendency of single strands of synthetic DNA to bind to nanotubes may add to longtime concerns that nanotubes can breach the cell membranes of living things. Bucky balls, a spherical form of carbon and an important material in the field of nanotechnology, can cause extensive brain damage in fish. Bucky balls also altered the behavior of genes in liver cells of the juvenile largemouth bass. Exposures to high-dose (5 mg/kg) of single-wall carbon nanotubes (SWCNT) produced mortality in ~15% of the SWCNT instilled rats within 24 h post instillation. This mortality resulted from mechanical blockage of the upper airways by the instillate and was not due to inherent pulmonary toxicity of the instilled SWCNT particulate. Exposures to SWCNT produced transient inflammatory and cell injury effects. SWCNT was administered to mice by intratracheal instillation. All nanotube products induced dose-dependent epithelioid granulomas and, in some cases, interstitial inflammation in the animals after 7 days. These lesions persisted and were more pronounced after 90 days; the lungs of some animals also revealed peri bronchial inflammation and necrosis that had extended into the alveolar septa. The lungs of mice treated with carbon black were normal, whereas those treated with high dose quartz revealed mild to moderate inflammation. These results show that, for the test conditions described here and on an equal-weight basis, if carbon nanotubes reach the lungs, they are much more toxic than carbon black and can be more toxic than quartz, which is considered a serious occupational health hazard in chronic inhalation exposures Several findings have strengthened the association between inflammation and cancer and between the particle surface area dose of poorly soluble low toxicity (PSLT) particles and the pulmonary inflammation response in mice and the proinflammatory effects in lung cells in vitro. Other evidence suggests that in addition to a cancer mechanism involving indirect genotoxicity through inflammation and oxidative stress, nanoparticles may act as direct carcinogens . Carbon black appears to act like other poorly soluble low toxicity (PSLT) particles, which can elicit lung tumours in rats following prolonged exposure to sufficiently high concentrations of particles. Particle surface area dose was found to be most predictive of pulmonary inflammation and tumour response in rats when comparing the dose-response relationships for various types and sizes of PSLT including carbon black. Compared to fine PSLT, much lower concentrations of ultrafine PSLT (e.g. 2.5, 6.5 or 11.5 mg/m3 carbon black and ~10 mg/m3 ultrafine titanium dioxide) were associated with impaired clearance, persistent inflammation, and malignant lung tumours in chronic inhalation studies in rats. Most evidence suggests that carbon black and other PSLT-elicited lung tumours occurs through a secondary genotoxic mechanism, involving chronic inflammation and oxidative stress. Experimental studies have shown that when the particle lung dose reaches a sufficiently high concentration (e.g.,mass dose of ~0.5 mg fine-sized PSLT/g lung in rats), the alveolar macrophage-medicated clearance process begins to be impaired (complete impairment occurs at ~10 mg/g lung. Overloading of lung clearance is accompanied by pulmonary inflammation, leading to increased production of reactive oxygen and nitrogen species, depletion of antioxidants and/or impairment of other defense mechanisms, cell injury, cell proliferation, fibrosis, and as seen in rats, induction of mutations and eventually cancer. Rats appear to be more sensitive to carbon black and other PSLT than other rodent species. Although studies in humans have not shown a direct link between inhaled PSLT and lung cancer, many of the steps in the mechanism observed in rats have also been observed in humans who work in dusty jobs, including increased particle lung retention and pulmonary inflammation in workers exposed to coal dust or crystalline silica and elevated lung cancer has been observed in some studies of workers exposed to carbon black, crystalline silica, and diesel exhaust particles
KonNx Shield Part A/B - Standard/Fast Cure & CARBON NANOTUBES	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.
KonNx Shield Part A/B - Standard/Fast Cure & 1,3-DIETHENYL-1,1,3,3-TETRAMETHYLDISILOXANE PLATINUM	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.
KonNx Shield Part A/B - Standard/Fast Cure & DIMETHYLSILOXANE POLYMER, VINYL-TERMINATED & POLYDIMETHYLSILOXANE & 1,3-DIETHENYL-1,1,3,3-TETRAMETHYLDISILOXANE PLATINUM	For siloxanes: Effects which based on the reviewed literature do not seem to be problematic are acute toxicity, irritant effects, sensitization and genotoxicity. Some studies indicate that some of the siloxanes may have endocrine disrupting properties, and reproductive effects have caused concern about the possible effects of the siloxanes on humans and the environment. Only few siloxanes are described in the literature with regard to health effects, and it is therefore not possible to make broad conclusions and comparisons of the toxicity related to short-chained linear and cyclic siloxanes based on the present evaluation. Data are primarily found on the cyclic siloxanes D4 (octamethylcyclotetrasiloxane) and D5 (decamethylcyclopentasiloxane) and the short-linear HMDS (hexamethyldisiloxane). These three siloxanes have a relatively low order of acute toxicity by oral, dermal and inhalatory routes and do not require classification for this effect. They are not found to be irritating to skin or eyes and are also not found sensitizing by skin contact. Data on respiratory sensitization have not been identified.

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	Subacute and subchronic toxicity studies show that the liver is the main target organ for D4 which also induces liver cell enzymes. This enzyme induction contributes to the elimination of the substance from the tissues. Primary target organ for D5 exposure by inhalation is the lung. D5 has an enzyme induction profile similar to that of D4. Subacute and subchronic inhalation of HMDS affect in particular the lungs and kidneys in rats. None of the investigated siloxanes show any signs of genotoxic effects *in vitro* or *in vivo*. Preliminary results indicate that D5 has a potential carcinogenic effect. D4 is considered to impair fertility in rats by inhalation and is classified as a substance toxic to reproduction in category 3 with the risk phrase R62 ('Possible risk of impaired fertility'). The results of a study to screen for oestrogen activity indicate that D4 has very weak oestrogenic and antioestrogenic activity and is a partial agonist (enhances the effect of the estrogen). It is not uncommon for compounds that are weakly oestrogenic to also have antioestrogenic properties. Comparison of the oestrogenic potency of D4 relative to ethinyloestradiol (steroid hormone) indicates that D4 is 585,000 times less potent than ethinyloestradiol in the rat stain Sprague- Dawley and 3.7 million times less potent than ethinyloestradiol in the Fisher-344 rat strain. Because of the lack of effects on other endpoints designated to assess oestrogenicity, the oestrogenicity as mode of action for the D4 reproductive effects has been questioned. An indirect mode of action causing a delay of the LH (luteinising hormone) surge necessary for optimal timing of ovulation has been suggested as the mechanism. Based on the reviewed information, the critical effects of the siloxanes are impaired fertility (D4) and potential carcinogenic effects (uterine tumours in females). Furthermore there seem to be some effects on various organs following repeated exposures, the liver (D4), kidney (HMDS) and lung (D5 and HMDS) being the target organs. A possible oestrogenic effect contributing to the reproductive toxicity of D4 is debated. There seems however to be some indication that this toxicity may be caused by another mechanism than oestrogen activity. Studies are available for linear siloxanes from an analogue group comprising di- to hexa- siloxanes, as well as key physicochemical properties, The results of the acute toxicity studies for this analogue group are in agreement: there is no evidence from any of the available studies that the substances in this group have any potential for acute toxicity (in terms of either lethality or adverse clinical effects) by any route up to and exceeding the maximum dose levels tested according to current OECD guidelines. It is therefore valid to read-across the lack of acute toxicity between the members of the group where there are data gaps The metabolism of silanes and siloxanes is influenced by the chemistry of silicon, and it is fundamentally different from that of carbon compounds. These differences are due to the fact that silicon is more electropositive than carbon; Si-Si bonds are less stable than C-C bonds and Si-O bonds form very readily, the latter due to their high bond energy. Functional groups such as -OH, -CO2H, and -CH2OH are commonly seen in organic drug metabolites. If such functionalities are formed from siloxane metabolism, they will undergo rearrangement with migration of the Si atom from carbon to oxygen. Consequently, alpha hydroxysilanes may isomerise to silanols and this provides a mechanism by which very polar metabolites may be formed from highly hydrophobic alkylsiloxanes in relatively few metabolic steps
KonNx Shield Part A/B - Standard/Fast Cure & SILICA AMORPHOUS	For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification. Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser. Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact. Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure. Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m3 to 150 mg/m3. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m3. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m3. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL. Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected. For Synthetic Amorphous Silica (SAS) Repeated dose toxicity Oral (rat), 2 weeks to 6 months, no significant treatment-related adverse effects at doses of up to 8% silica in the diet. Inhalation (rat), 13 weeks, Lowest Observed Effect Level (LOEL) =1.3 mg/m3 based on mild reversible effects in the lungs. Inhalation (rat), 90 days, LOEL = 1 mg/m3 based on reversible effects in the lungs and effects in the nasal cavity. For silane treated synthetic amorphous silica: Repeated dose toxicity: oral (rat), 28-d, diet, no significant treatment-related adverse effects at the doses tested. There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS. The substance is classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.
KonNx Shield Part A/B - Standard/Fast Cure & DIMETHYLSILOXANE POLYMER, VINYL-TERMINATED & CARBON NANOTUBES & 1,3-DIETHENYL-1,1,3,3-TETRAMETHYLDISILOXANE PLATINUM	No significant acute toxicological data identified in literature search.

Acute Toxicity	✗	**Carcinogenicity**	✗
Skin Irritation/Corrosion	✗	**Reproductivity**	✗
Serious Eye Damage/Irritation	✓	**STOT - Single Exposure**	✗
Respiratory or Skin sensitisation	✗	**STOT - Repeated Exposure**	✗

Continued...

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

KonNx Shield Part A/B - Standard/Fast Cure

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

dimethylsiloxane polymer, vinyl-terminated

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

polydimethylsiloxane

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

silica amorphous

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	14.1mg/l	2
EC50	48h	Crustacea	>86mg/l	2
EC0(ECx)	24h	Crustacea	>=10000mg/l	1
EC50	96h	Algae or other aquatic plants	217.576mg/l	2
LC50	96h	Fish	1033.016mg/l	2

carbon nanotubes

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	2.16mg/l	2
EC50	48h	Crustacea	0.821-1.994mg/l	4
EC50	96h	Algae or other aquatic plants	0.82mg/l	4
NOEC(ECx)	96h	Algae or other aquatic plants	0.042mg/l	4
LC50	96h	Fish	>10mg/l	2

1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	96h	Fish	>=10mg/l	2

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. US EPA, Ecotox database - Aquatic Toxicity Data 4. ECETOC Aquatic Hazard Assessment Data 5. NITE (Japan) - Bioconcentration Data 6. METI (Japan) - Bioconcentration Data 7. Vendor Data*

Toxic to bees.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
silica amorphous	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
dimethylsiloxane polymer, vinyl-terminated	LOW (LogKOW = 8.87)
silica amorphous	LOW (LogKOW = 0.5294)
1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum	HIGH (LogKOW = 4.86)

Mobility in soil

Ingredient	Mobility
silica amorphous	LOW (Log KOC = 23.74)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal

- 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.

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

Continued...

	▸ 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. ▸ **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. ▸ Recycle wherever possible or consult manufacturer for recycling options. ▸ Consult State Land Waste Authority for disposal. ▸ Bury or incinerate residue at an approved site. ▸ Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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
dimethylsiloxane polymer, vinyl-terminated	Not Applicable
polydimethylsiloxane	Not Applicable
silica amorphous	Not Applicable
carbon nanotubes	Not Applicable
1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
dimethylsiloxane polymer, vinyl-terminated	Not Applicable
polydimethylsiloxane	Not Applicable
silica amorphous	Not Applicable
carbon nanotubes	Not Applicable
1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum	Not Applicable

SECTION 15 Regulatory information

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

dimethylsiloxane polymer, vinyl-terminated is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 10 / Appendix C
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australian Inventory of Industrial Chemicals (AIIC)

polydimethylsiloxane is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 10 / Appendix C
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australian Inventory of Industrial Chemicals (AIIC)

silica amorphous is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

carbon nanotubes is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

Continued...

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (carbon nanotubes)
Canada - DSL	No (carbon nanotubes)
Canada - NDSL	No (dimethylsiloxane polymer, vinyl-terminated; polydimethylsiloxane; carbon nanotubes; 1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum)
China - IECSC	No (carbon nanotubes)
Europe - EINEC / ELINCS / NLP	No (dimethylsiloxane polymer, vinyl-terminated; polydimethylsiloxane; carbon nanotubes)
Japan - ENCS	No (carbon nanotubes; 1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum)
Korea - KECI	No (carbon nanotubes)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (carbon nanotubes)
USA - TSCA	TSCA Inventory 'Active' substance(s) (dimethylsiloxane polymer, vinyl-terminated; polydimethylsiloxane; silica amorphous; 1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum); No (carbon nanotubes)
Taiwan - TCSI	Yes
Mexico - INSQ	No (carbon nanotubes)
Vietnam - NCI	Yes
Russia - FBEPH	No (carbon nanotubes; 1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum)
UAE - Control List (Banned/Restricted Substances)	No (dimethylsiloxane polymer, vinyl-terminated; polydimethylsiloxane; silica amorphous; carbon nanotubes; 1,3-diethenyl-1,1,3,3-tetramethyldisiloxane platinum)
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

Revision Date	10/08/2026
Initial Date	07/08/2026

SDS Version Summary

Version	Date of Update	Sections Updated
3.1	10/08/2026	Physical and chemical properties - Appearance, Name

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

Continued...

- 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

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