Apparent Axle Flowable Seed Dressing

AIRR Apparent Pty Ltd.

Chemwatch Hazard Alert Code: **2**

Chemwatch: **9656-03**
Version No: **2.1**
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Initial Date: **14/10/2026**
Revision Date: **14/10/2026**
Print Date: **23/11/2026**
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SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Apparent Axle Flowable Seed Dressing
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains tebuconazole and cypermethrin)
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	Agricultural seed dressing fungicide for wheat, barley and oats. Use according to manufacturer's directions.

Details of the manufacturer or importer of the safety data sheet

Registered company name	**AIRR Apparent Pty Ltd.**
Address	15/16 Princes Street, Newport NSW 2106 Australia
Telephone	+61 3 5820 8400
Fax	Not Available
Website	www.apparent.com.au
Email	enquiries@apparentag.com.au

Emergency telephone number

Association / Organisation	**AIRR Apparent Pty Ltd.**
Emergency telephone number(s)	1800 033 111 (24 Hours)
Other emergency telephone number(s)	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	S5
Classification [1]	Acute Toxicity (Oral) Category 4, Hazardous to the Aquatic Environment Long-Term Hazard Category 2
Legend:	***1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI***

Label elements

Hazard pictogram(s)	
Signal word	**Warning**

Hazard statement(s)

H302	Harmful if swallowed.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P264	Wash all exposed external body areas thoroughly after handling.

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P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P330	Rinse mouth.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
107534-96-3	<=2.5	tebuconazole
52315-07-8	<=0.5	cypermethrin
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: ▸ 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.
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	▸ **IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.** ▸ For advice, contact a Poisons Information Centre or a doctor. ▸ Urgent hospital treatment is likely to be needed. ▸ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. ▸ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. ▸ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. **Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:** ▸ **INDUCE** vomiting with fingers down the back of the throat, **ONLY IF CONSCIOUS**. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. **NOTE:** Wear a protective glove when inducing vomiting by mechanical means.

Indication of any immediate medical attention and special treatment needed

For employees potentially exposed to antineoplastic and/ or cytotoxic agents on a regular basis, a preplacement physical examination and history (noting risk factors) is recommended. Periodic follow-up examinations should also be undertaken and should be overseen by a physician familiar with the toxic effects of the substance and full details of the nature of work undertaken by the employee.
Following administration of antineoplastics, control of nausea and vomiting may be attempted by giving phenothiazines such as perphenazine, prochlorperazine, promethazine or thiethylperazine. In bone-marrow depression, transfusion of blood or platelets reduces the risk of life-threatening haemorrhage. Granulocyte transfusions and injection of antibiotics may be necessary to combat infection in the neutropenic patient. Hyperuricaemia is avoided by the addition of allopurinol to treatment schedules and measures such as alkalisation of the urine and hydration may be adopted. MARTINDALE: The Extra Pharmacopoeia, 28th Edition.

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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 substance 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) ‣ other pyrolysis products typical of burning organic material.
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SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

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

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	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	Australian Standard (AS2639) and the National Institute of Health (USA) recommends that the preparation of injectable antineoplastic drugs should be performed in a Class II laminar flow biological safety cabinet and that personnel preparing drugs of this class should wear appropriate personal protective gear. Emphasise controls on containment. ▸ 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. ▸ **DO NOT** allow clothing wet with material to stay in contact with skin
Other information	Antineoplastics (cytotoxics): ▸ should be clearly identifiable to all personnel involved in their handling ▸ should be stored in impervious break-resistant containers ▸ should be stored in separate, clearly marked storage areas to minimise the risk of breakage, and to limit contamination in the event of leakage. Spill kits should be available in storage areas. ▸ Store in original containers. ▸ Keep containers securely sealed. ▸ 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 reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

MATERIAL DATA

For pyrethrum and its active components:
IDLH Level: 5000 mg/m3
Pyrethrum and/or its active components, the pyrethrins, cause dermatitis and sensitisation. Ingestion of massive doses can induce convulsions, vomiting and bradycardia. Animals exhibit liver damage and death through respiratory failure. The recommended TLV-TWA is equivalent to an occupational dose of 0.7 mg/kg/day and is thought to minimise the potential for systemic effects. The TLV may NOT prevent the development of hypersensitisation, particularly among those with pre-existing allergies to pollen and related agents.
Synthetic pyrethrins (pyrethroids) often produce a range of toxic effects resembling pyrethrum; in the absence of a regulated exposure limit prudence dictates that the value for pyrethrum serves as a reference.

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.

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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

- Chemical protective goggles with full seal.[AS/NZS 1337.1, EN166 or national equivalent]
- Shielded mask (gas-type).
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

Skin protection

See Hand protection below

Hands/feet protection

- 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

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	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	‣ When handling antineoplastic materials, it is recommended that a disposable work-uniform (such as Tyvek or closed front surgical-type gown with knit cuffs) is worn. ‣ Potentially contaminated bodily fluids should be handled in accordance with local standards or codes of practice (appendix 10 of 'Cytotoxic Drugs and Related Waste' - Workcover New South Wales, HSE Information Sheet MISC615, OSHA Technical Manual (OTM) Section VI: Chapter 2) ‣ Overalls. ‣ P.V.C apron. ‣ Barrier cream. ‣ Skin cleansing cream. ‣ Eye wash unit.

Respiratory protection

Type A Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class1	-
up to 50	1000	-	A-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	A-2
up to 100	10000	-	A-3
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
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	Red liquid.

Physical state	Liquid	**Relative density (Water = 1)**	1.037
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	5.0-6.5	**Decomposition temperature (°C)**	Not Available
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	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available
Heat of Combustion (kJ/g)	Not Available	**Ignition Distance (cm)**	Not Available
Flame Height (cm)	Not Available	**Flame Duration (s)**	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	**Enclosed Space Ignition Deflagration Density (g/m3)**	Not Available

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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	There is sufficient evidence to classify this material as acutely toxic.
b) Skin Irritation/Corrosion	Based on available data, the classification criteria are not met.
c) Serious Eye Damage/Irritation	Based on available data, the classification criteria are not met.
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	The material is not classified as causing respiratory irritation under Regulation (EC) No 1272/2008 (CLP), as amended. Nevertheless, inhalation of vapours, fumes or aerosols, particularly following prolonged exposure, may cause respiratory discomfort and, occasionally, respiratory distress. Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severe damage to the health of the individual. Relatively small amounts absorbed through the lungs may prove fatal. In common with natural pyrethrins, the material may produce central nervous system stimulation with nausea, vomiting, gastroenteritis, diarrhoea, hypersensitivity, incoordination, tremors, muscle paralysis, convulsion, coma, and respiratory failure. Synthetic pyrethroids are neuropoisons acting on the axons in the peripheral and central nervous systems by interacting with sodium channels in mammals and/or insects. A single dose produces toxic signs in mammals, such as tremors, hyperexcitability, salivation, choreoathetosis (a condition characterised by aimless muscle movements and involuntary motions), and paralysis. The signs disappear fairly rapidly, and the animals recover, generally within a week. At near-lethal dose levels, synthetic pyrethroids cause transient changes in the nervous system, such as axonal swelling and/or breaks and myelin degeneration in the sciatic nerves. They are not considered to cause delayed neurotoxicity of the kind induced by some organophosphorus compounds. Pyrethroids have at least two distinct actions- a short-term pharmacological effect at near-lethal dose levels and a more long-term neurotoxic effect that results in sparse axonal nerve damage. This synthetic pyrethroid produces Type II syndrome (or CS syndrome characteristic of those ester containing the alpha-cyano substituent) and, in rats, causes coarse tremors, clonic seizures , sinus writhing (choreoathetosis) and profuse salivation without lachrymation: hence the term CS (choreoathetosis/salivation) syndrome. The bulk of evidence indicates that Type II syndrome principally involves an action in the mammalian central nervous system. In poorly ventilated spaces, exposure may result in toxic effects in humans. Ingestion (associated with sloppy handling) of deltamethrin, fenvalerate and cypermethrin (all Type II compounds), amongst Chinese cotton crop workers, produced epigastric pain, nausea and vomiting, headache, dizziness, anorexia, fatigue, tightness of the chest, blurred vision, paraesthesia, palpitations, course muscular fasciculations in large muscle extremities and disturbances of consciousness. Severe poisonings produced convulsive attacks (lasting 30-120 seconds) accompanied by flexion of upper limbs, extension of lower limbs and loss of consciousness. These seizures occurred between 10 and 20 times a day in the first week after exposure, gradually decreasing in frequency, with complete recovery in two to three weeks. direct neurotoxicity) there is little evidence of allergic-type responses amongst humans exposed to the synthetic pyrethroid esters.
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. Antineoplastic action is dependent on cytotoxic action which is not selective for malignant cells alone but may affect all rapidly dividing cells. The spectrum of effects seen with these agents is therefore similar although differences do arise. Acute adverse effects commonly produced by these agents include anorexia, nausea and vomiting (often central in origin and occurring minutes or hours after administration), allergic reaction (skin rashes, pruritus, erythema, hypotension, malaise, and anaphylaxis) and local irritant effects. Hyperuricaemia and acute renal failure (due to uric acid nephropathy) may result from the lysis of large numbers of cells and breakdown of nucleoproteins.
Skin Contact	Skin contact is not expected to produce harmful health effects, and the material is not classified as a skin irritant under Regulation (EC) No 1272/2008 (CLP), as amended. However, systemic effects have been identified following exposure of animals by at least one other route, and the material may still cause adverse health effects following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.
Eye	Although the liquid is not classified as an eye irritant under Regulation (EC) No 1272/2008 (CLP), as amended, direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).
Chronic	Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. On the basis, primarily, of animal experiments, concern has been expressed 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. 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

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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.

Harmful: 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.
Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects.

Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects.
Delayed or long-term effects may result from the action of antineoplastic agents on rapidly dividing normal cells in the bone marrow, lymphoreticular tissue, gastrointestinal mucosa, skin, gonads and foetus. The most common of these is bone-marrow depression with leucopenia, anaemia, thrombocytopenia and bleeding. Immunosuppressant effects involve both antibody and cell-mediated immunity and may increase susceptibility to infection and increase the risk of haemorrhage, both potentially life-threatening. GI effects may include stomatitis, mouth ulcers, oesophagitis, abdominal pain, haemorrhage, diarrhoea and intestinal ulceration and perforation. Reversible baldness (alopecia) may result from the action of theses drugs on active hair follicles. Wound healing may be delayed. Long-term effects on the gonads may result in amenorrhoea and the inhibition of spermatogenesis.
Most antineoplastics are potentially mutagenic or teratogenic and coupled with the effects of prolonged immunosuppression may also be carcinogenic.

Apparent Axle Flowable Seed Dressing	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

tebuconazole	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >5000 mg/kg[2]	Not Available
	Inhalation (Rat) LC50: >0.8 mg/L4h[2]	
	Oral (Mouse) LD50; 2000 mg/kg[2]	

cypermethrin	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >1600 mg/kg[2]	Skin: adverse effect observed (irritating)[1]
	Inhalation (Rat) LC50: 7.889 mg/L4h[2]	Skin: no adverse effect observed (not irritating)[1]
	Oral (Mouse) LD50; 24.57 mg/kg[2]	

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***

TEBUCONAZOLE

(aerosol) NOEL (2 y)* for rats, 300 mg/kg diet for dogs, 100 mg/kg " for mice, 20 mg/kg " ADI 0.03 mg/kg b.w. * Toxicity Class WHO III; EPA III *
Side effects of antiestrogens include hot flashes, osteoporosis, breast atrophy, vaginal dryness, and vaginal atrophy. In addition, they may cause depression and reduced libido.
The antiestrogen withdrawal response is a paradoxical improvement in breast cancer caused by discontinuation of antiestrogen therapy for breast cancer. It has been documented rarely with the selective estrogen receptor modulators (SERMs) tamoxifen and raloxifene. The phenomenon indicates that these agents can somehow result in stimulation of breast cancer tumor progression under certain circumstances.
One proposed theory for the mechanism is that the sensitivity of breast cells to estrogens shifts with estrogen deprivation, and upon antiestrogen withdrawal, endogenous estrogen acts in the manner of high-dose estrogen therapy in the breast to inhibit breast cancer growth and induce breast cancer cell death. The antioestrogen withdrawal syndrome is analogous to but less common and well-known than the antiandrogen withdrawal syndrome, a phenomenon in which paradoxical improvement in prostate cancer occurs upon discontinuation of antiandrogen therapy.
aromatase inhibitors (AIs) are commonly used in breast cancer treatment, but they can cause various side effects, primarily due to estrogen depletion. Common side effects include musculoskeletal problems like joint pain (arthralgia), muscle stiffness, and bone loss leading to osteoporosis and fractures. Additionally, women may experience menopausal symptoms such as hot flashes, vaginal dryness, and sexual dysfunction. Other potential side effects include fatigue, insomnia, and an increased risk of cardiovascular events.
ther Common Side Effects:
Fatigue: Many patients report feeling tired or weak.
Insomnia: Sleep disturbances are also common.
Cardiovascular Events: While less frequent, there's a slightly increased risk of heart problems, especially in women with pre-existing conditions.
Weight Gain: AIs can contribute to weight gain.
Mood Changes: Some women experience depression or mood swings.
Less Common but Serious Side Effects:
Liver Problems: AIs can occasionally affect liver function.
Skin Reactions: Skin rashes and other skin changes can occur.
Cardiovascular Risks: Some studies suggest an increased risk of heart attack or stroke.
Cytochrome P450 (CYP) enzyme modulators can cause adverse effects, primarily through drug-drug interactions. Specifically, CYP inhibitors can increase the concentration of other drugs in the body, leading to toxicity or adverse reactions, while CYP inducers can decrease drug concentrations, potentially causing therapeutic failure.
CYP inhibitors, particularly those affecting CYP3A4, can cause a range of adverse effects due to their impact on drug metabolism. These effects include increased risk of toxicity from other drugs, arrhythmias like torsades de pointes, rhabdomyolysis, and even potentially fatal outcomes

Continued...

epending on the specific CYP inhibitor and the other drugs involved, adverse effects can include gastrointestinal disorders, liver damage, and neurological problems.
CYP inhibitors can reduce the metabolism of other drugs, leading to higher concentrations in the bloodstream and potentially increasing the risk of side effects and toxicity
People metabolize drugs differently, and factors like age, sex, genetics, and other medical conditions can influence how CYP inhibitors affect them.
Incidents of liver injury or failure among modern antifungal medicines are very low to non-existent. However, some can cause allergic reactions in people.[
There are also many drug interactions. Patients must read in detail the enclosed data sheet(s) of any medicine. For example, the azole antifungals such as ketoconazole or itraconazole can be both substrates and inhibitors of the P-glycoprotein, which (among other functions) excretes toxins and drugs into the intestines.] Azole antifungals also are both substrates and inhibitors of the cytochrome P450 family CYP3A4,[] causing increased concentration when administering, for example, calcium channel blockers, immunosuppressants, chemotherapeutic drugs, benzodiazepines, tricyclic antidepressants, macrolides and SSRIs.[35]
Before oral antifungal therapies are used to treat nail disease, a confirmation of the fungal infection should be made.[Approximately half of suspected cases of fungal infection in nails have a non-fungal cause.[The side effects of oral treatment are significant and people without an infection should not take these drugs.[
Azoles are the group of antifungals which act on the cell membrane of fungi. They inhibit the enzyme 14-alpha-sterol demethylase, a microsomal CYP, which is required for biosynthesis of ergosterol for the cytoplasmic membrane. This leads to the accumulation of 14-alpha-methylsterols resulting in impairment of function of certain membrane-bound enzymes and disruption of close packing of acyl chains of phospholipids, thus inhibiting growth of the fungi. Some azoles directly increase permeability of the fungal cell membrane.
vntifungal resistance is a subset of antimicrobial resistance, that specifically applies to fungi that have become resistant to antifungals. Resistance to antifungals can arise naturally, for example by genetic mutation or through aneuploidy. Extended use of antifungals leads to development of antifungal resistance through various mechanisms.
Some fungi (e.g. Candida krusei and fluconazole) exhibit intrinsic resistance to certain antifungal drugs or classes, whereas some species develop antifungal resistance to external pressures. Antifungal resistance is a One Health concern, driven by multiple extrinsic factors, including extensive fungicidal use, overuse of clinical antifungals, environmental change and host factors.]
Unlike resistance to antibacterials, antifungal resistance can be driven by antifungal use in agriculture. Currently there is no regulation on the use of similar antifungal classes in agriculture and the clinic.
The emergence of Candida auris as a potential human pathogen that sometimes exhibits multi-class antifungal drug resistance is concerning and has been associated with several outbreaks globally. The WHO has released a priority fungal pathogen list, including pathogens with antifungal resistance
The relatively poor selectivity of the agricultural azoles for the fungal CYP51 over the human homolog raises the concern that exposure to azole fungicide residues might disrupt sterol biosynthesis and other endogenous downstream cytochrome P450 metabolic systems, such as human steroidogenesis and phase I metabolism of xenobiotics in the liver.
agricultural azoles have the general ability to inhibit the P450 enzymes in steroidogenesis, albeit with different potencies. Since the introduction of large-scale use of azole antifungals increasing evidence of hepatotoxicity and associated hepatic tumors has been reported with liver tissue concentrations of ketoconazole and itraconazole being reported as 22- and 10-fold higher, respectively, than plasma levels (58), indicating azole toxicity in the liver being more acute than in other tissues.
Rapidly multiplying cancer cells synthesize greater amounts of cholesterol to build their membranes.
Sterol 14alpha-demethylase (CYP51) is potentially is a specific drug target because of its role in the production of cholesterol in animals
Sterol biosynthesis is an essential metabolic pathway in most eukaryotes and in some bacteria. Sterols (cholesterol in humans, sitosterol in plants, ergosterol and its C24-alkylated derivatives in fungi and protozoa) are required components of eukaryotic membranes, where they control fluidity and permeability and modulate functions of membrane-bound enzymes, receptors, and ion channels. These sterols also serve as precursors for multiple regulatory molecules that are crucial for cell division, growth, and development.
Sterol biosynthesis is the target for many drugs. Statins, as inhibitors of HMG-CoA reductase (EC.1.1.1.34), act upstream in the pathway at the step of mevalonate production and serve as major cholesterol-lowering drugs in humans, while azoles, as inhibitors of fungal and protozoan cytochrome P450 sterol 14a-demethylase (CYP51, EC.1.14.13.70), act downstream in the pathway at its postsqualene portion and are widely used as antimicrobial agent.
Human CYP51 [<35% amino acid sequence identity with fungal and <25% identity with protozoan orthologs (9)] has also been considered as a drug target.
Due to the side effects of statins, alternative drugs that target cholesterol biosynthesis in humans more specifically would be highly desirable, and CYP51, the lanosterol demethylase, is a target of interest in that several more distal (post-lanosterol) steps in the cholesterol synthesis pathway are known to be associated with hereditary diseases when they are attenuated (40). For instance, a loss of the sterol 7-reductase (DHCR7) is associated with a severe disease, Smith-Lemli-Opitz syndrome (41). Deficiency in the 3ß-hydroxysteroid dehydrogenase (NSDHL) is responsible for congenital hemidysplasia, ichthyosiform nevus, and limb defects (CHILD) syndrome (42). Mutations in the ?7,?8-sterol isomerase (EBP) are associated with Conradi-Hünermann-Happle syndrome, or X-linked dominant chondrodysplasia punctate type 2 (CDPX2) (40), and mutations in sterol 5-desaturase (SC5D) cause lathosterolosis (43). Compared with these problems, attenuating lanosterol 14-demethylation seems very favourable.
It is now generally accepted that cancer cells have elevated levels of cholesterol in lipid rafts and contain more lipid rafts than their normal cell line counterparts (26, 27, 29, 31, 44). Enhanced expression of enzymes of the cholesterol pathway has been reported in many cancer cell types (31, 45–47). Furthermore, certain types of cancer exhibit CYP51 gene amplification (https://www.cbioportal.org). It is likely that the earlier attempts to develop human CYP51 inhibitors were unsuccessful because they concentrated on substrate analogs, which had rather low inhibitory potency (10) and could not compete in efficiency with statins.
in comparison with orthologs from other biological kingdoms, human CYP51 has a broader substrate profile, displays faster catalytic rates, and is resistant to inhibition with the azole drugs and drug candidates that target CYP51s of microbial pathogens.
in comparison with orthologs from other biological kingdoms, human CYP51 has a broader substrate profile, displays faster catalytic rates, and is resistant to inhibition with the azole drugs and drug candidates that target CYP51s of microbial pathogens.
However, screening a variety of commercial and experimental inhibitors of microbial CYP51 orthologs revealed that most of them (including all clinical antifungals) weakly inhibit human CYP51 activity,
Present in all animals, plants, fungi, in some protozoa and bacteria, the CYP51 protein located in the inner face of the endoplasmic reticulum is a membrane monospanning enzyme Its N-terminus includes an amphipathic helix, which links the catalytic subunit to the lipid bilayer.
Sterol synthesis is a very ancient pathway. After the appearance of molecular oxygen in the atmosphere, squalene-2,3-epoxide is formed and then cyclized to steroid precursors, such as lanosterol. Under the oxidative removal of methyl groups by CYP51, these precursors were transformed into ergosterol, which is critical in membrane permeability and fluidity in the fungal kingdom.
Cytochrome P450s (P450s, CYP) are an abundant hemease superfamily. As the first group of enzymes ranked as “superfamily,” cytochrome P450s play an important role in the primary as well as secondary metabolic pathway.
These members are important for catalyzing the oxidative process of various organic substrates, and play a critical role during heterogeneous metabolism and steroid conversion in biological kingdoms.
Unlike other CYP enzymes, CYP51 has a strong specificity. It only catalyzes the demethylation of a very narrow range of substrates, including lanoserol, obtusifoliol, 24,25-dihydrolanosterol, 24-methylenedihydrolanosterol and 4 beta-desmethyllanosterol. The CYP51-involved catalytic reaction consists of three steps, each of which requires one molecule of oxygen and two molecules of NADPH-sourced reduction equivalent. The first two steps are typical cytochrome P450 monooxygenation processes, during which the 14a methyl is converted to methyl alcohol and further converted to methyl aldehyde. And in the last step, the aldehyde group is transformed into formic acid and detached, accompanied with the synthesis of the delta-14, 15 double bond.
The 14a-demethylase is the only invariant P450 present in all sterol biosynthetic pathways, suggesting that all sterol 14a-demethylases share a common prokaryotic ancestor CYP51s are widely distributed in the fungal kingdom. However, in different species of fungi, there are still differences in the types and subtypes, as shown in the phylogenetic tree.
As potential anticancer agents, human CYP51 inhibitors are expected to have generally the same mode of action as statins in vivo, yet present certain important advantages. First, their specificity for the biosynthesis of cholesterol would help to avoid side effects of statins due to inhibition of other metabolic pathways. Second, as with systemic clinical antifungal azoles, which kill pathogenic cells that invade multiple organs and tissues, they should have broad tissue distribution. Finally, because all mammalian CYP51 enzymes share very high amino acid

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	sequence identity (e.g., human/mouse 88%, human/dog 96%), animal in vivo models should produce highly relevant outcomes in preclinical trials. Potent inhibitors of human CYP51 may also have advantages as alternative medications for treatment of other cholesterol-related human diseases. The dual occupancy may be important in the mechanism of human CYP51 inhibition. Sterol biosynthesis is an essential metabolic pathway in most eukaryotes and in some bacteria. Sterols (cholesterol in humans, sitosterol in plants, ergosterol and its C24-alkylated derivatives in fungi and protozoa) are required components of eukaryotic membranes, where they control fluidity and permeability and modulate functions of membrane-bound enzymes, receptors, and ion channels. These sterols also serve as precursors for multiple regulatory molecules that are crucial for cell division, growth, and development. 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However, screening a variety of commercial and experimental inhibitors of microbial CYP51 orthologs revealed that most of them (including all clinical antifungals) weakly inhibit human CYP51 activity, Present in all animals, plants, fungi, in some protozoa and bacteria, the CYP51 protein located in the inner face of the endoplasmic reticulum is a membrane monospanning enzyme Its N-terminus includes an amphipathic helix, which links the catalytic subunit to the lipid bilayer. Sterol synthesis is a very ancient pathway. After the appearance of molecular oxygen in the atmosphere, squalene-2,3-epoxide is formed and then cyclized to steroid precursors, such as lanosterol. Under the oxidative removal of methyl groups by CYP51, these precursors were transformed into ergosterol, which is critical in membrane permeability and fluidity in the fungal kingdom. Cytochrome P450s (P450s, CYP) are an abundant hemease superfamily. 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Enhanced expression of enzymes of the cholesterol pathway has been reported in many cancer cell types. Furthermore, certain types of cancer exhibit CYP51 gene amplification. It is likely that the earlier attempts to develop human CYP51 inhibitors were unsuccessful because they concentrated on substrate analogs, which had rather low inhibitory potency and could not compete in efficiency with statins. As potential anticancer agents, human CYP51 inhibitors are expected to have generally the same mode of action as statins in vivo, yet present certain important advantages. First, their specificity for the biosynthesis of cholesterol would help to avoid side effects of statins due to inhibition of other metabolic pathways. Second, as with systemic clinical antifungal azoles, which kill pathogenic cells that invade multiple organs and tissues, they should have broad tissue distribution. Finally, because all mammalian CYP51 enzymes share very high amino acid sequence identity (e.g., human/mouse 88%, human/dog 96%), animal in vivo models should produce highly relevant outcomes in preclinical trials. Potent inhibitors of human CYP51 may also have advantages as alternative medications for treatment of other cholesterol-related human diseases. The dual occupancy may be important in the mechanism of human CYP51 inhibition.
CYPERMETHRIN	ADI: 0.05 mg/kg/day NOEL: 4.7 mg/kg/day Somnolence, convulsions, tremor, spasticity, muscle weakness, respiratory obstruction, lachrymation, normocytic anaemia, leukopenia, ataxia, microcytosis without anaemia, changes in erythrocyte/ leucocyte (WBC), allergic disease in cellular and humoral immune response, proteinuria, hypoglycaemia, cutaneous sensitisation, delayed hypersensitivity, tumours, effects on newborn, effects on embryo/ foetus, paternal effects, specific developmental abnormalities (urogenital system, blood and lymphatic systems, immune and reticuloendothelial system) recorded. Tumourigenic/ neoplastic by RTECS criteria (facilitates the action of a known carcinogen) Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production. For cypermethrin: Toxicological Effects: Acute toxicity: Cypermethrin is a moderately toxic material by dermal absorption or ingestion . Symptoms of high dermal exposure include numbness, tingling, itching, burning sensation, loss of bladder control, incoordination, seizures, and possible death . Pyrethroids like cypermethrin may adversely affect the central nervous system . Symptoms of high-dose ingestion include nausea, prolonged vomiting, stomach pains, and diarrhea which progresses to convulsions, unconsciousness, and coma. Cypermethrin is a slight skin or eye irritant, and may cause allergic skin reactions . The oral LD50 for cypermethrin in rats is 250 mg/kg (in corn oil) or 4123 mg/kg (in water) . EPA reports an oral LD50 of 187 to 326 mg/kg in male rats and 150 to 500 mg/kg in female rats . The oral LD50 varies from 367 to 2000 mg/kg in female rats, and from 82 to 779 mg/kg in mice, depending on the ratio of cis/trans- isomers present . This wide variation in toxicity may reflect different mixtures of isomers in the materials tested. The dermal LD50 in rats is 1600 mg/kg and in rabbits is greater than 2000 mg/kg . Chronic toxicity: Long-term exposure to cypermethrin during adulthood is found to induce dopaminergic neurodegeneration in rats, and postnatal exposure enhances the susceptibility of animals to dopaminergic neurodegeneration if rechallenged during adulthood Reproductive effects: No adverse effects on reproduction were observed in a three-generation study with rats given doses of 37.5 mg/kg/day, the highest dose tested . A Chinese study in male rats, showed that cypermethrin can exhibit a toxic effect on the reproductive system. After 15 days of continual dosing, both androgen receptor levels and serum testosterone levels were significantly reduced. These data suggested that cypermethrin can induce impairments of the structure of seminiferous tubules and spermatogenesis in male rats. Teratogenic effects: Cypermethrin is not teratogenic No birth defects were observed in the offspring of rats given doses as high as 70 mg/kg/day nor in the offspring of rabbits given doses as high as 30 mg/kg/day If exposed to cypermethrin during pregnancy, rats give birth to offspring with developmental delays. In male rats exposed to cypermethrin, the proportion of abnormal sperm increases. It causes genetic damage: chromosomal abnormalities increased in bone marrow and spleen cells when mice were exposed to cypermethrin. Mutagenic effects: Cypermethrin is not mutagenic, but tests with very high doses on mice caused a temporary increase in the number of bone marrow cells with micronuclei. Other tests for mutagenic effects in human, bacterial, and hamster cell cultures and in live mice have been negative . Carcinogenic effects: EPA has classified cypermethrin as a possible human carcinogen because available information is inconclusive. It caused benign lung tumors in female mice at the highest dose tested (229 mg/kg/day); however, no tumours occurred in rats given high

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	doses of up to 75 mg/kg/day . Cypermethrin has been linked to an increase in bone marrow micronuclei in both mice and humans. One study showed that cypermethrin inhibits “gap junctional intercellular communication”, which plays an important role in cell growth and is inhibited by carcinogenic agents Organ toxicity: Pyrethroids like cypermethrin may cause adverse effects on the central nervous system. Rats fed high doses (37.5 mg/kg) of the cis-isomer of cypermethrin for five weeks exhibited severe motor incoordination, while 20 to 30% of rats fed 85 mg/kg died 4 to 17 days after treatment began. Long-term feeding studies have shown increased liver and kidney weights and adverse changes in liver tissues in test animals.. Pathological changes in the cortex of the thymus, liver, adrenal glands, lungs, and skin were observed in rabbits repeatedly fed high doses of cypermethrin . Fate in humans and animals: In humans, urinary excretion of cypermethrin metabolites was complete 48 hours after the last of five doses of 1.5 mg/kg/day . Studies in rats have shown that cypermethrin is rapidly metabolized by hydroxylation and cleavage, with over 99% being eliminated within hours. The remaining 1% becomes stored in body fat. This portion is eliminated slowly, with a half-life of 18 days for the cis-isomer and 3.4 days for the trans-isomer. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis). **NOTE:** Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.
Apparent Axle Flowable Seed Dressing & CYPERMETHRIN	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. No significant acute toxicological data identified in literature search.
Apparent Axle Flowable Seed Dressing & TEBUCONAZOLE	conazoles are azole antifungals used in agricultural and pharmaceutical products. Exposure to conazole fungicides leads to several toxic endpoints, including reproductive and endocrine. The results of animal experiments have shown that various conazole fungicides at high doses affect the structure and functions of reproductive organs. In males, adverse effects of conazole fungicides are manifested in the testes, prostate, sperm viability, fertility and sexual behaviour. Reduced testis weight, testis atrophy and reduced or absent sperm production were frequently observed. In female genitalia, structural changes in the ovaries and uterus have been observed. The extent of the changes depends on the dose and duration of treatment. Triazoles affected the expression of multiple genes involved in steroid hormone metabolism and modulate enzyme activity of multiple cytochrome P450 (CYP) and other metabolic enzymes in mammalian liver and other tissues. Conazole fungicides act as endocrine disruptors. Conazoles have been reported to reduce oestradiol and testosterone production and to increase progesterone concentration, indicating the inhibition of enzymes involved in the conversion of progesterone to testosterone. The reproductive effects are consistent with impairment of testosterone homeostasis. The disruption in steroid homeostasis is a common mode of action, leading to abnormal reproductive development and diminished reproductive function. At high doses, azole fungicides affect reproductive organs and fertility in several species.

Acute Toxicity	✔	**Carcinogenicity**	✘
Skin Irritation/Corrosion	✘	**Reproductivity**	✘
Serious Eye Damage/Irritation	✘	**STOT - Single Exposure**	✘
Respiratory or Skin sensitisation	✘	**STOT - Repeated Exposure**	✘
Mutagenicity	✘	**Aspiration Hazard**	✘

Legend: ✘ *– Data either not available or does not fill the criteria for classification*
✔ *– Data available to make classification*

SECTION 12 Ecological information

Toxicity

Apparent Axle Flowable Seed Dressing

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

tebuconazole

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	672h	Crustacea	0.001mg/L	4
EC50	72h	Algae or other aquatic plants	2.09-3.01mg/l	4
EC50	48h	Crustacea	2.1-3.94mg/L	4
EC50	96h	Algae or other aquatic plants	1.45mg/L	4
LC50	96h	Fish	6.4mg/l	Not Available

cypermethrin

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	120.42mg/l	4
EC50	48h	Crustacea	<0.001mg/L	4
EC50	96h	Algae or other aquatic plants	112.45mg/l	4
NOEC(ECx)	672h	Crustacea	<0.001mg/L	4
LC50	96h	Fish	<0.001mg/L	4

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 8. User defined data***

Continued...

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
For antineoplastics:
Ecotoxicity:
Because antineoplastics are genotoxic, mutagenic and carcinogenic concerns are warranted for their potential effect in the environment. There are a number of known mammalian toxic and nausea effects associated with antineoplastic treatment, which could indicate that similar effects, might be expected in non-target mammals, and possibly also in non-target species other than mammals. Total dosage over a whole therapy protocol is approximately 150 mg /kg body weight. Approximately 14-53% of the administered pharmaceutical is excreted unmetabolised into urine.
Antineoplastics as a class of drugs are of potential concern for environmental impacts, not just for their acute toxicity but perhaps more for their ability to effect subtle genetic changes, the cumulative impact of which over time can lead to more profound ecologic change. Hospitals are the major source of genotoxic drugs. publicly-owned waste-water treatment works (POTWs) that service hospitals, especially multiple hospitals, are likely candidates for releasing these chemicals into surface waters.
Antineoplastics are highly [geno]toxic compounds, primarily from hospitals, with poor removal from sewage treatment plants (STWs). Antineoplastic agents, antitumour agents primarily used only within hospitals for chemotherapy, are found sporadically and in a range of concentrations, probably because only small amounts are introduced to STWs via domestic sewage because of their long-lived physiologic retention.
These compounds act as nonspecific alkylating agents (i.e., specific receptors are not involved) and therefore have the potential to act as either acute or long-felt stressors (mutagens carcinogens/ teratogens/ embryotoxins) in any organism.
Using well-established QSAR modelling techniques almost 1/5 of the commonly used antineoplastics were predicted to be very toxic to algae, and close to 1/3 were predicted to be non-toxic to plants. A third of the compounds were predicted to be very toxic to daphnids, and almost half were predicted to be non-toxic to daphnids. Slightly more than 1/5 were predicted to be very toxic to fish, and 47% were predicted to be non-toxic to fish.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
tebuconazole	HIGH	HIGH
cypermethrin	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
tebuconazole	LOW (LogKOW = 3.7)
cypermethrin	HIGH (LogKOW = 6.94)

Mobility in soil

Ingredient	Mobility
tebuconazole	LOW (Log KOC = 20660)
cypermethrin	LOW (Log KOC = 108000)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: ▸ Reduction ▸ Reuse ▸ Recycling ▸ Disposal (if all else fails) This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. ▸ **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. ▸ Antineoplastic (cytotoxic) wastes must be packed directly, ready for incineration, into colour-coded, secure, labelled, leak-proof containers sufficiently robust to withstand handling without breaking, bursting or leaking. ▸ Containers of special design are available for particular needs (such as disposal of sharps) and should be used. ▸ Once filled and closed, such containers must never be re-opened. ▸ Immediate containers must bear a nationally accepted symbol or device depicting cytotoxic substances and be labelled with the words: CYTOTOXIC WASTE - INCINERATE in a style of lettering approved by the national/ state authority. ▸ Where policies and procedures permit the merging of cytotoxic wastes with medical waste in an outer container used for medical waste, cytotoxic waste must first be placed in identifiable colour-coded/ labelled cytotoxic containers prior to merging. ▸ Management procedures must ensure that merged medical and cytotoxic waste is subjected to the incineration requirements appropriate for the total destruction of the cytotoxic waste. **WASTE STORAGE OF CYTOTOXIC WASTES** For the storage of cytotoxic waste, segregated or merged with medical waste, provide: ▸ special storage areas with adequate lighting. ▸ waste security and restriction of access to authorised persons. ▸ storage areas designed to facilitate easy routine cleaning and maintenance to hygienic standards, or post-spill decontamination. ▸ storage of cytotoxic waste in standard, identifying bins or other appropriate containers. **COLLECTION OF CYTOTOXIC WASTES** ▸ Procedures for the collection of cytotoxic wastes, which are compatible with existing operational needs, and which protect workers, other people and the environment, must be developed. ▸ Waste must be removed from the site by contractors whose workers have been instructed in the protective methods to be used against the hazards involved, and who comply with the safe work practices established by internal and/or national/ state policies. Contractors must instruct, train and direct their personnel in the safe and legal handling of cytotoxic wastes. Contractor's personnel should observe the operating procedures of the waste-generator. ▸ Transport of cytotoxic wastes, through the community, must comply with the appropriate national/ state codes. **DESTRUCTION OF CYTOTOXIC WASTES**

Continued...

	▸ Destruction of cytotoxic wastes should be carried out in multi-chambered incinerators, licensed for this purpose, operating at 1100 deg. C. or more, with a residence time of at least 1 second. ▸ Operators must be trained in handling procedures and hazards involved with handling the waste. ▸ Waste which arrives at the incinerator inappropriately packaged should **NOT** be returned to the waste generator. An authorised representative of the waste generator must attend the incinerator site to rectify the situation.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	
HAZCHEM	•3Z

Land transport (ADG)

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

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

Air transport (ICAO-IATA / DGR)

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

Sea transport (IMDG-Code / GGVSee)

14.1. **UN number**	3082
14.2. **UN proper shipping name**	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains tebuconazole and cypermethrin)
14.3. **Transport hazard class(es)**	IMDG Class: 9 IMDG Subsidiary Hazard: Not Applicable
14.4. **Packing group**	III
14.5 **Environmental hazard**	Marine Pollutant

Continued...

14.6. **Special precautions for user**	EMS Number	F-A, S-F
	Special provisions	274 335 375 969
	Limited Quantities	5 L

14.7. Maritime transport in bulk according to IMO instruments

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

Not Applicable

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

Product name	Group
tebuconazole	Not Applicable
cypermethrin	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
tebuconazole	Not Applicable
cypermethrin	Not Applicable

SECTION 15 Regulatory information

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

tebuconazole is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

cypermethrin is found on the following regulatory lists

Australia Chemicals with non-industrial uses removed from the Australian Inventory of Chemical Substances (old Inventory)
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 7
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (tebuconazole)
Canada - DSL	No (tebuconazole; cypermethrin)
Canada - NDSL	No (tebuconazole; cypermethrin)
China - IECSC	Yes
Colombia - Colombia National Industrial Chemicals Inventory	No (tebuconazole; cypermethrin)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (cypermethrin)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	No (tebuconazole; cypermethrin)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
UAE - Control List (Banned/Restricted Substances)	Yes
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	14/10/2026

Continued...

Initial Date	14/10/2026

Other information

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

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

Definitions and abbreviations

- PC—TWA: Permissible Concentration-Time Weighted Average
- PC—STEL: Permissible Concentration-Short Term Exposure Limit
- IARC: International Agency for Research on Cancer
- ACGIH: American Conference of Governmental Industrial Hygienists
- STEL: Short Term Exposure Limit
- TEEL: Temporary Emergency Exposure Limit。
- IDLH: Immediately Dangerous to Life or Health Concentrations
- ES: Exposure Standard
- OSF: Odour Safety Factor
- NOAEL: No Observed Adverse Effect Level
- LOAEL: Lowest Observed Adverse Effect Level
- TLV: Threshold Limit Value
- LOD: Limit Of Detection
- OTV: Odour Threshold Value
- BCF: BioConcentration Factors
- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration
- MARPOL: International Convention for the Prevention of Pollution from Ships
- IMSBC: International Maritime Solid Bulk Cargoes Code
- IGC: International Gas Carrier Code
- IBC: International Bulk Chemical Code

- AIIC: Australian Inventory of Industrial Chemicals
- DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China
- EINECS: European INventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances
- NLP: No-Longer Polymers
- ENCS: Existing and New Chemical Substances Inventory
- KECI: Korea Existing Chemicals Inventory
- NZIoC: New Zealand Inventory of Chemicals
- PICCS: Philippine Inventory of Chemicals and Chemical Substances
- TSCA: Toxic Substances Control Act
- TCSI: Taiwan Chemical Substance Inventory
- INSQ: Inventario Nacional de Sustancias Químicas
- NCI: National Chemical Inventory
- FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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