Apparent Deadlock Fungal Seed Dressing

AIRR Apparent Pty Ltd.

Chemwatch Hazard Alert Code: **3**

Chemwatch: **9656-07**
Version No: **2.1**
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Initial Date: **16/10/2026**
Revision Date: **16/10/2026**
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 Deadlock Fungal Seed Dressing
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains thiram)
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. 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	S6
Classification [1]	Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Acute Toxicity (Inhalation) Category 4, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Germ Cell Mutagenicity Category 2, Reproductive Toxicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 1
Legend:	***1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI***

Label elements

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

Hazard statement(s)

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H302	Harmful if swallowed.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H332	Harmful if inhaled.
H335	May cause respiratory irritation.
H341	Suspected of causing genetic defects.
H361d	Suspected of damaging the unborn child.
H373	May cause damage to organs through prolonged or repeated exposure.
H410	Very toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P202	Do not handle until all safety precautions have been read and understood.
P260	Do not breathe mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P302+P352	IF ON SKIN: Wash with plenty of water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330	Rinse mouth.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

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

No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
137-26-8	30-40	thiram
148-79-8	15-20	thiabendazole
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 or hair contact occurs:

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	‣ Immediately flush body and clothes with large amounts of water, using safety shower if available. ‣ Quickly remove all contaminated clothing, including footwear. ‣ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ‣ Transport to hospital, or doctor.
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

Medical literature on human exposure to thiocarbamate derivatives is scarce.
- Animal studies suggest that contact dermatitis and thyroid hyperplasia may occur following exposure.
- These compounds do not have the cholinergic properties of structurally related carbamate insecticides.
- The usual measures for gut and skin contamination are recommended for large doses.
- Some thiocarbamates are structurally similar to disulfiram and may cause the characteristically unpleasant alcohol type reactions lasting for several hours; they may respond to fluids, oxygen and analgesics. Dysrhythmias may occur and patients with serious reactions should have cardiac monitoring.
- Precautions should be taken to prohibit intake of alcohol for 10 days.
- Fats, oils and lipid solvents must not be consumed as they may enhance absorption.

As a general rule thiocarbamates can be absorbed by the skin, mucous membranes and respiratory and gastrointestinal tract. They are eliminated quickly via expired air and urine. Two major pathways exist for the metabolism of thiocarbamates in mammals. One is via sulfoxidation and conjugation with glutathione. The conjugation product is cleaved to the cysteine derivative which is further metabolised to a mercapturic acid compound. The second route involves oxidation of the sulfur to a sulfoxide which is oxidised to a sulfone, or hydroxylation to compounds which enter the carbon metabolic pool.
For thiram intoxication:
Gastric lavage, then treat symptomatically.
No fats, oils or lipid solvents are to be consumed as they enhance absorption. Complete prohibition of alcohol for 10 days.
Contact doctor if alcohol is taken within 48 hours.
[Hazardous Chemicals Data Book]
Thiram induces the accumulation of acetaldehyde in the blood of rats receiving alcohol at the same time. After absorption thiram is distributed in all organs and is excreted mainly unchanged in urine and faeces. Some metabolism does occur with carbon disulfide being exhaled and dimethyl dithiocarbamate being excreted in the urine

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) nitrogen oxides (NOx) sulfur oxides (SOx) hydrogen sulfide (H_2S) ‣ 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. ▸ 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	▸ 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	▸ 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	▸ Glass container is suitable for laboratory quantities ▸ Metal can or drum ▸ Packaging as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▸ Contact with acids produces toxic fumes ▸ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. Thiurams react with: ▸ strong oxidisers and may produce fire and explosion ▸ strong acids or oxidisable materials to produce toxic gases ▸ Thiocarbamates and dithiocarbamates are incompatible with acids, peroxides, and acid halides. ▸ Flammable gases are generated by the combination of thiocarbamates and dithiocarbamates with aldehydes, nitrides, and hydrides. ▸ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	thiram	Thiram	1 mg/m3	Not Available	Not Available	Not Available
Australia Workplace exposure limits for airborne contaminants (WEL list) - Appendix A - Workplace Exposure Limits	thiram	Thiram	1 mg/m3	Not Available	Not Available	Not Available

MATERIAL DATA

Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).
For thiram:
OES TWA: 5 mg/m3; STEL: 10 mg/m3
IDLH Level: 100 mg/m3
Thiram shows a low acute an chronic toxicity, shows no carcinogenicity in rats and mice (in spite of weak genotoxic action in vitro) and has embryotoxic and teratogenic effects in animals only at maternally toxic doses. The TLV-TWA is based on the presence of clinical manifestations in workers exposed to concentrations generally believed to be in excess of
1 mg/m3. These include an antabuse type-reaction (due to the similarities in structure), ocular irritation, dermal lesions ('golf course" dermatitis), coughing, headache, asthenia, sleeping disfunction, fatigue, thoracic pain, bronchitis, tachycardia, epistaxis, myocardiodysthrophia, decreases in blood pressure, anaemia, neurological dysfunctions, mild goiter and subclinical liver dysfunctions
These exposure guidelines have been derived from a screening level of risk assessment and should not be construed as unequivocally safe limits. ORGS represent an 8-hour time-weighted average unless specified otherwise.
CR = Cancer Risk/10000; UF = Uncertainty factor:
TLV believed to be adequate to protect reproductive health:
LOD: Limit of detection
Toxic endpoints have also been identified as:
D = Developmental; R = Reproductive; TC = Transplacental carcinogen
Jankovic J., Drake F.: A Screening Method for Occupational Reproductive
American Industrial Hygiene Association Journal 57: 641-649 (1996)

Exposure controls

Appropriate engineering controls	**For potent pharmacological agents:** **Solutions Handling:** ‣ Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area. ‣ Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation. ‣ In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use. ‣ Ensure gloves are protective against solvents in use. **Unless written procedures, specific to the workplace are available, the following is intended as a guide:** ‣ **For Laboratory-scale handling of Substances assessed to be toxic by inhalation.** ***Quantities of up to 25 grams*** may be handled in Class II biological safety cabinets *; ***Quantities of 25 grams to 1 kilogram*** may be handled in Class II biological safety cabinets* or equivalent containment systems; ***Quantities exceeding 1 kg*** may be handled either using specific containment, a hood or Class II biological safety cabinet*, ‣ HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours. ‣ The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated. Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated. When handling: ***Quantities of up to 25 grams***, an approved respirator with HEPA filters or cartridges should be considered; ***Quantities of 25 grams to 1 kilogram,*** a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. ***Quantities in excess of 1 kilogram*****,** a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered. Written procedures, specific to a particular work-place, may replace these recommendations * For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added, Laminar flow cabinets do not provide sufficient protection when handling these materials unless especially designed to do so. **Pilot Plant and Production** ‣ Wear appropriate gloves; lab coat, nylon coveralls or disposable Tyvek suit; safety glasses, safety shoes, and disposable booties. Use good manufacturing practices (i.e., cGMPs). ‣ Protective garment (coveralls, Tyvek, lab coat) is not to be worn outside the work area. ‣ Clean/dirty/decontamination areas are to be established. ‣ Negative/positive air pressure relationships and buffer zones required (i.e., ante-room/degowning room/airlock). ‣ Area access is to be restricted. ‣ High-energy operations such as milling, particle sizing, spraying or fluidising should be done within an approved emission control or containment system. ‣ Develop cleaning procedures and techniques that limit potential exposure
Individual protection measures, such as personal protective equipment	
Eye and face protection	When handling very small quantities of the material eye protection may not be required. For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs: ‣ Chemical goggles.[AS/NZS 1337.1, EN166 or national equivalent] ‣ Face shield. Full face shield may be required for supplementary but never for primary protection of eyes. ‣ 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	**NOTE:**

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	▸ 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. ▸ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▸ Double gloving should be considered. ▸ PVC gloves. ▸ Change gloves frequently and when contaminated, punctured or torn. ▸ Wash hands immediately after removing gloves. ▸ Protective shoe covers. [AS/NZS 2210] ▸ Head covering.
Body protection	See Other protection below
Other protection	▸ For quantities up to 500 grams a laboratory coat may be suitable. ▸ For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs. ▸ For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers. ▸ For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection. ▸ Eye wash unit. ▸ Ensure there is ready access to an emergency shower. ▸ For Emergencies: Vinyl suit

Respiratory protection

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

^ - 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	Green liquid.

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Physical state	Liquid	**Relative density (Water = 1)**	1.1
Odour	Slight	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	7.5-8.5	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	0	**Viscosity (mm2/s)**	Not Available
Initial boiling point and boiling range (°C)	100	**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	Partly 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

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

Inhaled	Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by inhalation. 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 thiram may cause sneezing, coughing and runny nose. With severe exposure possibly causing respiratory paralysis and death Inhalation of dusts, generated by the material, during the course of normal handling, may be harmful.
Ingestion	Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual. Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by swallowing. Lethal doses of some thiocarbamates have produced muscle weakness and ascending paralysis progressing to respiratory paralysis and death in animals. Exposure to small quantities of thiocarbamates and intake of small quantities of ethanol may produce flushing, breathing

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	difficulties, nausea and vomiting and lowered blood pressure. Sensitisation to alcohol may last as long as 6-14 days following exposure. Thiocarbamates are reversible cholinesterase inhibitors (they bind to cholinesterase active sites but are easily replaced by acetylcholine). In contrast the carbamates are effective cholinesterase inhibitors. Acetylcholine inhibition is the principal toxicological effect of concern in carbamates and is often the end-point used to assess risk. Although thiocarbamates are not particularly effective cholinesterase inhibitors they appear to be direct acting neurotoxic agents. Because the principal toxic effects are neurotoxicity (clinical signs, behavioural effects, and/ or changes in motor activity) and neuropathology, these effects are often used for end-point selection in risk assessments rather than cholinesterase inhibition. Ingestion of thiram may cause nausea, vomiting, persistent diarrhoea, anorexia, headache, lethargy, dizziness, shakes, confusion, drowsiness and coma. Exposure to, or intake of alcohol greatly increases the toxic effects causing violent nausea, vomiting and collapse. Do not consume alcohol on a day when thiram is used. Although no systemic poisonings in man are known, fatalities due to the zinc salt have been reported. On the basis of single oral doses in laboratory animals, the mean lethal dose lies near 0.5 gm/kg. Animals killed by a single oral dose show hyperemia and focal ulceration of the gastro-intestinal tract, focal necrosis of the liver and renal tubules and patchy demyelinisation of the cerebellum and medulla. Clinical studies also indicate the involvement of the brain in human episodes. The acute toxicity of thiocarbamates is generally low. When administered in high doses, signs such as anorexia, squinting, hypersalivation, lachrymation, piloerection, laboured breathing, ataxia, hypothermia, incoordination, depression, pareses and muscular fibrillation may occur. While thiocarbamates and their metabolites can be found in certain organs such as liver and kidney, accumulation does not take place because of their rapid metabolism.
Skin Contact	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. Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by skin contact. The material may accentuate any pre-existing dermatitis condition 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.
Eye	Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	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. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in the development of heritable genetic damage, generally on the basis of - appropriate animal studies, - other relevant information 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. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in impaired fertility on the basis of: - clear evidence in animal studies 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 is not a secondary non-specific consequence of other toxic effects. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in developmental toxicity, generally on the basis of: - clear results in appropriate animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects. 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. Some thiocarbamates have an effect on sperm morphology and therefore reproduction. However no teratogenic effects have been observed. Adequate data on the carcinogenicity of thiocarbamates are not available. A case has been reported of a female kitchen worker who developed urticaria on her wrists after wearing a certain brand of gloves containing zinc diethyldithiocarbamate (ZDC). Patch testing revealed sensitivity to ZDC. Symptoms disappeared when other gloves were used (1). DNA base-substitution mutagenicity has been demonstrated using Salmonella(2). (1) Helander& Makela, Contact Dermatitis, 9, pp 327-328, 1983 (2) Hedenstedt etal, Mutation Research, 68, 313-325, 1979 Some dithiocarbamates have been reported to have teratogenic and/or carcinogenic potential and to affect male reproductive capacity. Ethylene(bis)dithiocarbamates are metabolically converted in animals to ethylene thiourea (ETU), a known carcinogen, teratogen and antithyroid agent. The principal systemic effects in animals after subchronic or chronic exposure to ETU include depression of body weight gains, antithyroid effects, changes in the liver, and increased serum cholesterol secondary to the antithyroid effect. The mechanism by which thioureas exert the latter effect involves the inhibition of iodine uptake and activation by the thyroid. At low doses, a physiological and biological compensation mechanism maintains normal levels of circulating thyroid hormone. Prolonged exposure to high doses of thyroid

Continued...

	inhibitors causes severe hypertrophy and hyperplasia resulting in reduced levels of circulating thyroid hormone. Rats given 0.25% maneb or zineb (the zinc equivalent) in the diet for 2 years developed thyroid hyperplasia and nodular goiter. Acute non-specific decreases in immunological reactivity have also been recorded in rats. Dogs given daily doses of maneb - manganese ethylene(bis)dithiocarbamate - (200 mg/kg for several months) developed neurological disease (tremors, weakness, gastrointestinal disturbance, posterior incoordination, hypotonus and paresis progressing to flaccid paraplegia). This may result from the release of carbon disulfide from dithiocarbamates in the acid environment of the stomach. Dithiocarbamates produce an isothiocyanate radical (-N=C=S) in fungi and other microorganisms; this inactivates SH groups in amino acids contained within individual cells, thus producing biocidal activity. Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. A number of benzimidazoles have been shown to also inhibit mammalian tubulin polymerisation and to be aneugenic ***in vivo.*** Aneugens affect cell division and the mitotic spindle apparatus resulting in loss or gain of whole chromosomes, thereby inducing an "aneuploidy". Mitotic aneuploidy is a characteristic of many types of tumorigenesis (in cancer). Several benzimidazoles have been shown to be genotoxic. Genotoxicity may arise as aneugens may also be clastogens, or may produce clastogenic metabolites. Clastogens increase the rate of genetic mutation by interfering with the function of nucleic acids. A clastogen is a specific mutagen that causes breaks in chromosomes.

Apparent Deadlock Fungal Seed Dressing	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

thiram	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >=2000 mg/kg[2]	Eye (Rodent - rabbit): 100%
	Inhalation (Rat) LC50: >0.1 mg/l4h[2]	Eye (Rodent - rabbit): 100mg - Mild
	Oral (Rat) LD50: 560 mg/kg[2]	Eye (Rodent - rabbit): 100mg/24H - Moderate
		Eye: adverse effect observed (irritating)[1]
		Skin (Rodent - rabbit): 100% - Mild
		Skin: adverse effect observed (irritating)[1]

thiabendazole	**TOXICITY**	**IRRITATION**
	Oral (Mouse) LD50; 1300 mg/kg[2]	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***

THIRAM	Toxicity is greater in the presence of fats, oils and fat solvents. WARNING: Insufficient data is available for the evaluation of the carcinogenicity of this material, but it is known that in conditions of mild acid, e.g. the human stomach, reaction with nitriles will form N-nitrosodimethylamine a carcinogen. *UCB Chemicals Australia MSDS No. 102/2 7/95. ADI: 0.004 mg/kg/day NOEL: 0.4 mg/kg/day **Acute Toxicity:** Acute oral and dermal toxicity data are available for several thiurams. The acute oral LD50 for tetramethyl thiuram monosulfide (TMTM) is 1320 mg/kg, for tetramethyl thiuram disulfide (TMTD), 1080 mg/kg, for tetraethyl thiuram disulfide (TETD), approximately 1300 mg/kg. The acute dermal LD50 for TMTM and TMTD is >2000 mg/kg; for TETD, 2050 mg/kg. The acute inhalation LC50 for TMTD is 4.4 mg/l. Acceptable data on two routes of exposure are available for all three compounds. Given their structural and biological similarity it is expected that the inhalation toxicity of TETD and TMTM would closely resemble that of TMTD. **Mutagenicity:** Bacterial reverse mutation assays, in vitro and in vivo chromosome aberration studies, and other in vitro and in vivo genetic toxicity studies have been conducted on thiurams. Positive and negative results have been observed in essentially all in vitro studies conducted on these compounds. The results of in vivo mutagenicity studies are uniformly negative. It has been concluded that thiurams are weakly mutagenic when tested using in vitro methods and non-mutagenic using in vivo methods. **Repeated Dose Toxicity:** Several 90-day subchronic toxicity studies and an 18-month carcinogenicity study have been conducted on TMTD. A 90-day study and a 2-year carcinogenicity study have been conducted on TETD. Fifteen-day, 28-day and 18- month studies have been conducted on TMTM. In addition, TETD has been used as a human drug for several decades with few adverse effects reported. **Reproductive and Developmental Toxicity:** Developmental toxicity data are available for all three materials; reproductive toxicity data are available for TMTD. The results of these studies show that none of these compounds are selective or specific developmental or reproductive toxins.
THIABENDAZOLE	Skin (g.pig): non-sensitising * ADI: 0.3 mg/kg/day NOEL: 3 mg/kg/day 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
Apparent Deadlock Fungal Seed Dressing & THIRAM	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

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	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. 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. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
Apparent Deadlock Fungal Seed Dressing & THIABENDAZOLE	General side effects of angiogenic inhibitors: · Bleeding: Bleeding is one of the most difficult side effects to manage this complication is somewhat inherent to the effectiveness of the drug. While the mechanisms of bleeding induced by anti-VEGF agents are complicated and not yet totally understood, the most accepted hypothesis is that VEGF could promote endothelial cell survival and integrity in the adult vasculature and its inhibition may decrease capacity for renewal of damaged endothelial cells. · Delayed wound healing. · Increased blood pressure: In one study done a mean blood pressure increase of 8.2 mm Hg systolic and 6.5 mm Hg diastolic was reported in the first 24 hours after the first treatment with sorafenib, a VEGF pathway inhibitor. · Less common side effects: Because these drugs act on parts of the blood and blood vessels, they tend to have side effects that affect these processes. Aside from problems with haemorrhaging and hypertension, less common side effects of these drugs include dry, itchy skin, hand-foot syndrome (tender, thickened areas on the skin, sometimes with blisters on palms and soles), diarrhea, fatigue, and low blood counts. Angiogenesis inhibitors can also interfere with wound healing and cause cuts to re-open or bleed. Rarely, perforations (holes) in the intestines can occur. · Birth deformities: When pregnant women take an anti-angiogenic agent, the developing foetus will not form blood vessels properly, thereby preventing the proper development of foetal limbs and circulatory systems. When a tumour stimulates the growth of new vessels, it is said to have undergone an 'angiogenic switch'. The principal stimulus for this angiogenic switch appears to be oxygen deprivation, although other stimuli such as inflammation, oncogenic mutations and mechanical stress may also play a role. The angiogenic switch leads to tumor expression of pro-angiogenic factors and increased tumor vascularization. Specifically, tumour cells release various pro-angiogenic paracrine factors (including angiogenin, vascular endothelial growth factor (VEGF), fibroblast growth factor (FGF), and transforming growth factor-beta (TGF-beta). These stimulate endothelial cell proliferation, migration and invasion resulting in new vascular structures sprouting from nearby blood vessels. Cell adhesion molecules, such as integrins, are critical to the attachment and migration of endothelial cells to the extracellular matrix. several commonly used medications impair mitochondrial function resulting in adverse effects or toxicities. Drug induced mitochondrial dysfunction may be a consequence of increased production of reactive oxygen species, altered mitochondrial permeability transition, impaired mitochondrial respiration, mitochondrial DNA damage or inhibition of beta-oxidation of fatty acids. The clinical manifestation depends on the specific drug and its effect on mitochondria. Given the ubiquitous presence of mitochondria and its central role in cellular metabolism, drug-mitochondrial interactions may manifest clinically as hepatotoxicity, enteropathy, myelosuppression, lipodystrophy syndrome or neuropsychiatric adverse effects, to name a few. The current review focuses on specific drug groups which adversely affect mitochondria, the mechanisms involved and the clinical consequences based on the data available from experimental and clinical studies. Knowledge of these adverse drug-mitochondrial interactions may help the clinicians foresee potential issues in individual patients, prevent adverse drug reactions or alter drug regimens to enhance patient safety Impaired mitochondrial function is associated with aging () as well as many pathological states including cancer , obesity , and diabetes Conversely, some of the drugs used in the treatment of these conditions can themselves impair mitochondrial function. While some drugs affect mitochondria directly (inhibit electron transport chain [ETC], mitochondrial DNA [mtDNA] transcription, protein production and ATP synthesis) others cause indirect toxicity to mitochondria (by increasing reactive oxygen species [ROS] production which in turn cause mtDNA mutations, membrane depolarization and decreased antioxidant production). For example, troglitazone, a drug used to treat type 2 diabetes mellitus was withdrawn from the market due to hepatotoxicity. Later studies revealed that a potential mechanism behind the liver damage was mtDNA damage, mitochondrial permeability induction and impaired ATP production . Cerivastatin, a lipid-lowering drug, was withdrawn from the market due to drug related fatal rhabdomyolysis leading to renal failure. Impaired skeletal muscle mitochondrial respiration, beta-oxidation, increased mitochondrial swelling, cytochrome C (Cyt C) release and DNA fragmentation have been shown to be associated with rhabdomyolysis . Hence, there are sufficient grounds to investigate the role of drugs in inducing mitochondrial dysfunction and the resulting potential adverse effects or toxicities. Experimental evidence of drug induced mitochondrial dysfunction need not necessarily have direct clinical implications. However, there are well established evidences of mitochondrial toxicities due to commonly used medications, which manifest clinically. Knowledge of these adverse drug-mitochondrial interactions may help the clinicians design safer therapeutic regimens in individual patient

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 Deadlock Fungal Seed Dressing

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

thiram

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	0.04mg/l	4
EC50	48h	Crustacea	0.011mg/L	2
NOEC(ECx)	504h	Fish	0.003mg/l	1

Continued...

	EC50	96h	Algae or other aquatic plants	<0.1mg/l	1
	LC50	96h	Fish	0.003mg/L	1

thiabendazole

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	48h	Crustacea	0.45mg/L	Not Available
EC50(ECx)	48h	Crustacea	0.45mg/L	Not Available
LC50	96h	Fish	19mg/l	Not Available

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***

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
for thiocarbamates:
Environmental fate: Thiocarbamates are volatile and will therefore evaporate from soil. Leaching and lateral movement in the soil may take place because of water-solubility. Some photodegradation may occur.
Factors that influence biodegradation in soil include volatility, soil type, soil moisture, adsorption, pH, temperature, and photodegradation, all of which make it unlikely that long-term contamination of the soil will occur. In plants thiocarbamates are rapidly metabolised in typical oxidation reaction, e.g., thiol sulfoxidation to the corresponding sulfoxides, reactive intermediates that are capable of reacting with sulfhydryl groups to form conjugates. On hydrolysis mercaptans, carbon dioxide and alkylamines may be formed. Soil microorganisms also contribute significantly to the disappearance of thiocarbamates from the soil. In microorganisms and plants thiocarbamates undergo hydrolysis followed by transthiolation and sulfoxidation to form carbon dioxide and compounds that enter the metabolic pool. From limited evidence it appears that thiocarbamates and breakdown products can affect the enzyme activities, respiration and nitrification of soil microorganisms at dose levels of the order of 10 mg/kg dry soil or more.
Absorption of light causes the breakage of the carbonyl C-S bond producing two radicals. These can combine with protons from the solvent giving the formamide and mercaptan. The formamide is further degraded by ultraviolet radiation (UVR) to the dialkylamine by the elimination of carbon monoxide. Collision of two mercaptan radicals would lead to the formation of a disulfide. Because the sulfur-sulfur bond is quite susceptible to photolysis, continued exposure to UVR would result in a return to separate mercaptan radicals, and the possible reformation of the disulfide. Changes in the availability of protons could influence the concentrations of mercaptan and disulfide formed.
Ecotoxicity: The acute toxicity of thiocarbamates for fish is of the order of 5-25 mg/l water. There seems to be little or no risk for birds or honeybees.
for dithiocarbamates:
Environmental fate:
Dithiocarbamates with hydrophilic groups form water-soluble, heavy-metal complexes, while some of the dithiocarbamate metal complexes used as fungicides are insoluble in water but soluble in non-polar solvents. Alkylene bisdithiocarbamates (containing two donor CS2 groups), which form polymeric chelates, are insoluble in both water and non-polar solvents
Information on the environmental impact of dithiocarbamates with respect to persistence and bioaccumulation in different species and food chains is limited. Available information suggests that these compounds are degraded in the presence of moisture, oxygen, etc. to form a number of compounds, some of which are toxicologically important.
Soil organisms are capable of metabolising dithiocarbamates; breakdown products appear to affect enzyme activities, respiration and nitrification at dose levels of the order of 10 mg/kg dry soil or more.
Dithiocarbamates produce an isothiocyanate radical (-N=C=S) in fungi and other microorganisms; this inactivates SH groups in amino acids contained within individual cells, thus producing biocidal activity.
Ecotoxicity:
Generally dithiocarbamates have an LC50 of less than 1 mg/l for invertebrates (Daphnia) and between 1 and 4 mg/l for algae (Chlorella). The acute toxicity in fish is higher. The sac fry and early fry stages of rainbow trout have a higher sensitivity than other early life stages and embryotoxic and teratogenic effects have been induced by certain dithiocarbamates. Bioaccumulation, however, is low (bioconcentration factor <100). Several dithiocarbamates have been shown to affect testicular development and function and to cause nerve fibre degeneration in domestic fowl. General information on the influence of dithiocarbamates on honey-bees is not generally available.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
thiram	HIGH	HIGH
thiabendazole	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
thiram	LOW (BCF = 91)
thiabendazole	LOW (LogKOW = 2.47)

Mobility in soil

Ingredient	Mobility
thiram	LOW (Log KOC = 10)
thiabendazole	LOW (Log KOC = 2212)

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	
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 thiram)
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 thiram)
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
	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains thiram)

Continued...

14.2. **UN proper shipping name**	
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
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
thiram	Not Applicable
thiabendazole	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
thiram	Not Applicable
thiabendazole	Not Applicable

SECTION 15 Regulatory information

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

thiram 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 6
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)
United Nations List of Prior Informed Consent Chemicals

thiabendazole 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
Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (thiabendazole)
Canada - NDSL	No (thiram)
China - IECSC	Yes
Colombia - Colombia National Industrial Chemicals Inventory	No (thiram; thiabendazole)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes

Continued...

National Inventory	Status
Russia - FBEPH	No (thiabendazole)
UAE - Control List (Banned/Restricted Substances)	No (thiabendazole)
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	16/10/2026
Initial Date	16/10/2026

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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