

4-METHYLPENTANE-2-ONE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

4-METHYLPENTANE-2-ONE

OTHER NAMES

C₆-H₁₂-O, CH₃COCH₂CH(CH₃)₂, hexone, isopropylacetone, 2-methyl-4-pentanone, 2-methyl-4-pentanone, MIBK, MIK, "2-pentanone, 4-methyl-", "2-pentanone, 4-methyl-", "iso-butyl methyl ketone", 4-methyl-2-pentanone, 4-methyl-2-pentanone

PROPER SHIPPING NAME

METHYL ISOBUTYL KETONE

PRODUCT USE

Used as a solvent for paints, varnishes, nitrocellulose, lacquers; manufacture of methyl amyl alcohol; extraction processes including extraction of uranium from fission products; organic synthesis; denaturant for alcohol.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,

MUMBAI- 400030.INDIA.

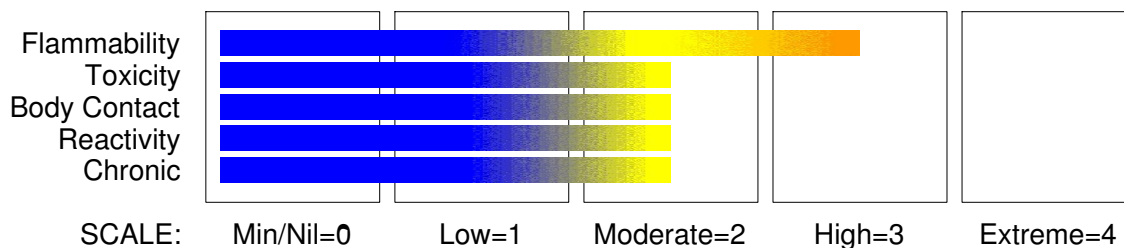
technical@sdfine.com

Telephone: 91- 22- 24959898

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HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 4

Eye Irritation Category 2A

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Section 2 - HAZARDS IDENTIFICATION

Flammable Liquid Category 2
Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 3



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:
H335 H225 H332 H302 H316 H319
May cause respiratory irritation
Highly flammable liquid and vapour
Harmful if inhaled
Harmful if swallowed
Causes mild skin irritation
Causes serious eye irritation

PRECAUTIONARY STATEMENTS

Prevention

Do not eat, drink or smoke when using this product.
Ground/bond container and receiving equipment.
Use only non-sparking tools.
Wash hands thoroughly after handling.
Avoid breathing dust/fume/gas/mist/vapours/spray.
Use only outdoors or in a well ventilated area.
Wear protective gloves and eye/face protection.
Keep container tightly closed.
Keep away from heat/sparks/open flame - No smoking.
Use explosion-proof electrical/ventilating/lighting/equipment
Take precautionary measures against static discharge

Response

IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.
If skin irritation occurs, seek medical advice/attention.
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
Call a POISON CENTER or doctor/physician if you feel unwell.
In case of fire, use foam for extinction.
If on skin or hair: remove/take off immediately all contaminated clothing. Rinse with water/shower.
If eye irritation persists, get medical advice/attention.
Wear eye/face protection.
Specific treatment: refer to Label or MSDS.

Storage

Store locked up.

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Section 2 - HAZARDS IDENTIFICATION

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
methyl isobutyl ketone	108-10-1	>99

Section 4 - FIRST AID MEASURES

SWALLOWED

If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

- If swallowed do NOT induce vomiting.
 - If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
 - Observe the patient carefully.
 - Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
 - Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
 - Seek medical advice.
- Avoid giving milk or oils.
Avoid giving alcohol.

EYE

If this product comes in contact with the eyes:

- Wash out immediately with fresh running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

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.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

NOTES TO PHYSICIAN

Treat symptomatically.

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration

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Section 4 - FIRST AID MEASURES

into the lungs may be delayed up to 48 hours.
for simple ketones:

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5mL/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- Give activated charcoal.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Consider intubation at first sign of upper airway obstruction resulting from oedema.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

For acute or short term repeated exposures to petroleum distillates or related hydrocarbons:

- Primary threat to life, from pure petroleum distillate ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO₂ 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.

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Section 4 - FIRST AID MEASURES

- Lavage is indicated in patients who require decontamination; ensure use of cuffed endotracheal tube in adult patients. [Ellenhorn and Barceloux: Medical Toxicology].

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place).
- Fight fire from a safe distance, with adequate cover.
- If safe, switch off electrical equipment until vapour fire hazard removed.
- Use water delivered as a fine spray to control the 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

- Liquid and vapour are highly flammable.
 - Severe fire hazard when exposed to heat, flame and/or oxidisers.
 - Vapour may travel a considerable distance to source of ignition.
 - Heating may cause expansion or decomposition leading to violent rupture of containers.
 - On combustion, may emit toxic fumes of carbon monoxide (CO).
- Combustion products include: carbon dioxide (CO₂), formaldehyde, other pyrolysis products typical of burning organic material.

FIRE INCOMPATIBILITY

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

Personal Protective Equipment

Breathing apparatus.
Chemical splash suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb small quantities with vermiculite or other absorbent material.
- Wipe up.
- Collect residues in a flammable waste container.

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Section 6 - ACCIDENTAL RELEASE MEASURES

MAJOR SPILLS

Chemical Class: ketones

For release onto land: recommended sorbents listed in order of priority.

SORBENT TYPE	RANK	APPLICATION	COLLECTION	LIMITATIONS
LAND SPILL - SMALL				
cross- linked polymer - particulate	1	shovel	shovel	R, W, SS
cross- linked polymer - pillow	1	throw	pitchfork	R, DGC, RT
sorbent clay - particulate	2	shovel	shovel	R, I, P
wood fiber - pillow	3	throw	pitchfork	R, P, DGC, RT
treated wood fiber - pillow	3	throw	pitchfork	DGC, RT
foamed glass - pillow	4	throw	pitchfork	R, P, DGC, RT
LAND SPILL - MEDIUM				
cross- linked polymer - particulate	1	blower	skiploader	R, W, SS
cross- linked polymer - pillow	2	throw	skiploader	R, DGC, RT
sorbent clay - particulate	3	blower	skiploader	R, I, P
polypropylene - particulate	3	blower	skiploader	R, SS, DGC
expanded mineral - particulate	4	blower	skiploader	R, I, W, P, DGC
polypropylene - mat	4	throw	skiploader	DGC, RT

Legend

DGC: Not effective where ground cover is dense

R; Not reusable

I: Not incinerable

P: Effectiveness reduced when rainy

RT:Not effective where terrain is rugged

SS: Not for use within environmentally sensitive sites

W: Effectiveness reduced when windy

Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control;

R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.

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Section 6 - ACCIDENTAL RELEASE MEASURES

- Consider evacuation (or protect in place).
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Water spray or fog may be used to disperse /absorb vapour.
- Contain spill with sand, earth or vermiculite.
- Use only spark-free shovels and explosion proof equipment.
- 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.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

methyl isobutyl ketone 500 ppm

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:

methyl isobutyl ketone 250 ppm

other than mild, transient adverse effects without perceiving a clearly defined odour is:

methyl isobutyl ketone 75 ppm

The threshold concentration below which most people will experience no appreciable risk of health effects:

methyl isobutyl ketone 75 ppm

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	$\geq 0.1\%$	Toxic (T)	$\geq 3.0\%$
R50	$\geq 0.25\%$	Corrosive (C)	$\geq 5.0\%$
R51	$\geq 2.5\%$		
else	$\geq 10\%$		

where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

DO NOT allow clothing wet with material to stay in contact with skin.

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Section 7 - HANDLING AND STORAGE

- Avoid all personal 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, heat or ignition sources.
- When handling, DO NOT eat, drink or smoke.
- Vapour may ignite on pumping or pouring due to static electricity.
- DO NOT use plastic buckets.
- Earth and secure metal containers when dispensing or pouring product.
- Use spark-free tools when handling.
- Avoid contact with incompatible materials.
- Keep containers securely sealed.
- 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 storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.

The substance accumulates peroxides which may become hazardous only if it evaporates or is distilled or otherwise treated to concentrate the peroxides. The substance may concentrate around the container opening for example.

Purchases of peroxidisable chemicals should be restricted to ensure that the chemical is used completely before it can become peroxidised.

- A responsible person should maintain an inventory of peroxidisable chemicals or annotate the general chemical inventory to indicate which chemicals are subject to peroxidation. An expiration date should be determined. The chemical should either be treated to remove peroxides or disposed of before this date.
- The person or laboratory receiving the chemical should record a receipt date on the bottle. The individual opening the container should add an opening date.
- Unopened containers received from the supplier should be safe to store for 18 months.
- Opened containers should not be stored for more than 12 months.

SUITABLE CONTAINER

- Packing as supplied by manufacturer.
- Plastic containers may only be used if approved for flammable liquid.
- Check that containers are clearly labelled and free from leaks.
- For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : Where a can is to be used as an inner package, the can must have a screwed enclosure.
- For materials with a viscosity of at least 2680 cSt. (23 deg. C)
- For manufactured product having a viscosity of at least 250 cSt. (23 deg. C)
- Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C)
 - (i) : Removable head packaging;
 - (ii) : Cans with friction closures and
 - (iii) : low pressure tubes and cartridges may be used.
- Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages
- In addition, where inner packagings are glass and contain liquids of packing group I there must be sufficient inert absorbent to absorb any spillage, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents.

WARNING: Long standing in contact with air and light may result in the formation

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Section 7 - HANDLING AND STORAGE

of potentially explosive peroxides.

STORAGE REQUIREMENTS

- Store in original containers in approved flame-proof area.
- No smoking, naked lights, heat or ignition sources.
- DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
- Keep containers securely sealed.
- Store away from incompatible materials in a cool, dry well ventilated area.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- methyl isobutyl ketone: CAS:108- 10- 1

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
methyl isobutyl ketone		500

ODOUR SAFETY FACTOR (OSF)

OSF=29 (METHYL ISOBUTYL KETONE)

MATERIAL DATA

Exposed individuals are reasonably expected to be warned, by smell, that the Exposure Standard is being exceeded.

Odour Safety Factor (OSF) is determined to fall into either Class A or B.

The Odour Safety Factor (OSF) is defined as:

$OSF = \text{Exposure Standard (TWA) ppm} / \text{Odour Threshold Value (OTV) ppm}$

Classification into classes follows:

Class	OSF	Description
A	550	Over 90% of exposed individuals are aware by smell that the Exposure Standard (TLV- TWA for example) is being reached, even when distracted by working activities
B	26- 550	As " A" for 50- 90% of persons being distracted
C	1- 26	As " A" for less than 50% of persons being distracted
D	0.18- 1	10- 50% of persons aware of being tested perceive by smell that the Exposure Standard is being reached
E	<0.18	As " D" for less than 10% of persons aware of being tested

Unfatigued, odour recognition threshold (100% test panel) is 0.3 - 0.5 ppm.

Distinct odour at 15 ppm.

Odour is objectionable and vapours are irritating to eyes at 200 ppm.

NOTE: Detector tubes for methyl isobutyl ketone, measuring in excess of

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

50 ppm, are commercially available.

Exposure at or below the recommended TLV-TWA should provide sufficient protection against the potential irritant effects, headache and nausea, neurasthenic symptoms and other systemic toxicities (including liver and kidney damage) produced by MIBK.

PERSONAL PROTECTION



EYE

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens 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].

HANDS/FEET

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber.

OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the computer-generated selection: methyl isobutyl ketone

Protective Material

BUTYL/NEOPRENE	A
PE/EVAL/PE	A
PVA	A
TEFLON	A
BUTYL	B
NATURAL RUBBER	C
NEOPRENE	C
NITRILE+PVC	C
PVC	C
NATURAL+NEOPRENE	C

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

NITRILE

C

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

RESPIRATOR

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.

Breathing Zone Level ppm (volume)	Maximum Protection Factor	Half- face Respirator	Full- Face Respirator
1000	10	A- AUS	-
1000	50	-	A- AUS
5000	50	Airline *	-
5000	100	-	A- 2
10000	100	-	A- 3
	100+		Airline**

* - Continuous Flow

** - Continuous-flow or positive pressure demand.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

For flammable liquids and flammable gases, local exhaust ventilation or a process enclosure ventilation system may be required. Ventilation equipment should be explosion -resistant.

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:
solvent, vapours, degreasing etc., evaporating from tank (in still air).
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)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)

Air Speed:
0.25- 0.5 m/s (50- 100 f/min.)

0.5- 1 m/s (100- 200 f/min.)

1- 2.5 m/s (200- 500 f/min.)

Within each range the appropriate value depends on:

Lower end of the range

Upper end of the range

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only.
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Clear colourless, highly flammable liquid with sharp, mint-like odour; part mixes with water. Mixes with alcohol, ether, acetone, and most organic solvents

PHYSICAL PROPERTIES

Liquid.

Molecular Weight: 100.16
Melting Range (°C): - 84.7
Solubility in water (g/L): 2.0% Miscible
pH (1% solution): Not applicable
Volatile Component (%vol): 100
Relative Vapour Density (air=1): 3.5
Lower Explosive Limit (%): 1.2
Autoignition Temp (°C): 449
State: Liquid

Boiling Range (°C): 116.8
Specific Gravity (water=1): 0.80
pH (as supplied): Not applicable
Vapour Pressure (kPa): 0.8 @ 20 deg C
Evaporation Rate: 1.62 (BuAc=1)
Flash Point (°C): 17.8
Upper Explosive Limit (%): 8.0
Decomposition Temp (°C): Not Available
Viscosity: Not Available

log Kow (Sangster 1997): 1.31
log Kow: 1.19-1.31

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

continued...

ACUTE HEALTH EFFECTS

SWALLOWED

Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result. (ICSC13733).

The material is not thought to produce adverse health effects following ingestion (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum.

Accidental ingestion of the material may be damaging to the health of the individual. Considered an unlikely route of entry in commercial/industrial environments. The liquid may produce gastrointestinal discomfort and may be harmful if swallowed. Ingestion may result in nausea, pain and vomiting. Vomit entering the lungs by aspiration may cause potentially lethal chemical pneumonitis.

EYE

Evidence exists, or practical experience predicts, that the material may cause severe 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. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants 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.

Although the liquid is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).

SKIN

The material may produce mild skin irritation; limited evidence or practical experience suggests, that the material either:

- produces mild inflammation of the skin in a substantial number of individuals following direct contact, and/or
- produces significant, but mild, 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 (non allergic). 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.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

The liquid may be miscible with fats or oils and may degrease the skin, producing a skin reaction described as non-allergic contact dermatitis. The material is unlikely to produce an irritant dermatitis as described in EC Directives .

Repeated exposure may cause skin cracking, flaking or drying following normal handling

4-METHYLPENTANE-2-ONE

Section 11 - TOXICOLOGICAL INFORMATION

and use.

INHALED

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

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation.

In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.

Exposure to ketone vapours may produce nose, throat and mucous membrane irritation. High concentrations of vapour may produce central nervous system depression characterised by headache, vertigo, loss of coordination, narcosis and cardiorespiratory failure. Some ketones produce neurological disorders (polyneuropathy) characterised by bilateral symmetrical paresthesia and muscle weakness primarily in the legs and arms.

Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination.

Central nervous system (CNS) depression may include nonspecific discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal.

If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.

CHRONIC HEALTH EFFECTS

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. 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. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS].

Experiments with rats have shown nerve changes characteristic of neuropathy (disease of the peripheral nerves usually causing weakness and numbness).

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 2080 mg/kg

Oral (rat) LD50: 2460 mg/kg

IRRITATION

Eye (human): 200 ppm/15m

Skin (rabbit): 500 mg/24h - Mild

Eye (rabbit): 40 mg - SEVERE

continued...

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Section 11 - TOXICOLOGICAL INFORMATION

Eye (rabbit): 500 mg/24h - Mild

Section 12 - ECOLOGICAL INFORMATION

Hazardous Air Pollutant:	Yes
Fish LC50 (96hr.) (mg/l):	460 (24hr)
Algae IC50 (72hr.) (mg/l):	136- 725
log Kow (Sangster 1997):	1.31
BOD5:	2.06 (4.4%)
COD:	2.16 (79%)
ThOD:	2.72
Half- life Soil - High (hours):	168024
Half- life Soil - Low (hours):	45.5
Half- life Air - High (hours):	4.6
Half- life Air - Low (hours):	468
Half- life Surface water - High (hours):	24
Half- life Surface water - Low (hours):	336
Half- life Ground water - High (hours):	48
Half- life Ground water - Low (hours):	168
Aqueous biodegradation - Aerobic - High (hours):	24
Aqueous biodegradation - Aerobic - Low (hours):	672
Aqueous biodegradation - Anaerobic - High (hours):	96
Aqueous biodegradation - Anaerobic - Low (hours):	22%
Photolysis maximum light absorption - High (nano- m):	283
Photolysis maximum light absorption - Low (nano- m):	232
Photooxidation half- life air - High (hours):	45.5
Photooxidation half- life air - Low (hours):	4.6

DO NOT discharge into sewer or waterways.

Drinking Water Standards:

hydrocarbon total: 10 ug/l (UK max.).

log Kow: 1.19-1.31

Koc: 19-106

Half-life (hr) air: 15-17

Half-life (hr) H₂O surface water: 15-33

Henry's atm m³ /mol: 9.40E-05

BOD 5 if unstated: 0.12-2.14,4.4%

COD: 2.16,79%

ThOD: 2.72

BCF: 2-5

Toxicity invertebrate: cell mult. inhib.115-980mg/L

Bioaccumulation: not sig

Effects on algae and plankton: cell mult. inhib. algae 90-125mg/L

Degradation Biological: sig

processes Abiotic: RxnOH*,photol, no hydrol&oxid

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material).
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

continued...

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Section 13 - DISPOSAL CONSIDERATIONS

- 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 MSDS and observe all notices pertaining to the product.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: FLAMMABLE LIQUID
HAZCHEM: 3[Y]E

UNDG:

Dangerous Goods Class:	3	Subrisk:	None
UN Number:	1245	Packing Group:	II
Shipping Name:METHYL ISOBUTYL KETONE			

Air Transport IATA:

ICAO/IATA Class:	3	ICAO/IATA Subrisk:	None
UN/ID Number:	1245	Packing Group:	II
ERG Code:	3L		
Shipping name:METHYL ISOBUTYL KETONE			

Maritime Transport IMDG:

IMDG Class:	3	IMDG Subrisk:	None
UN Number:	1245	Packing Group:	II
EMS Number:	F- E, S- D		
Shipping name:METHYL ISOBUTYL KETONE			

Section 15 - REGULATORY INFORMATION

REGULATIONS

methyl isobutyl ketone (CAS: 108-10-1) is found on the following regulatory lists;
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
OECD Representative List of High Production Volume (HPV) Chemicals

Section 16 - OTHER INFORMATION

REPRODUCTIVE HEALTH GUIDELINES

Established occupational exposure limits frequently do not take into consideration

continued...

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Section 16 - OTHER INFORMATION

reproductive end points that are clearly below the thresholds for other toxic effects. Occupational reproductive guidelines (ORGs) have been suggested as an additional standard. These have been established after a literature search for the reproductive no-observed-adverse effect-level (NOAEL) and the lowest-observed-adverse-effect-level (LOAEL). In addition the US EPA's procedures for risk assessment for hazard identification and dose-response assessment as applied by NIOSH were used in the creation of such limits. Uncertainty factors (UFs) have also been incorporated.

Ingredient	ORG	UF	Endpoint	CR	Adeq TLV
methyl isobutyl ketone	205 mg/m ³	NA	NA	NA	Yes

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).

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