

SYSTEMIC (OTHER TARGET ORGAN) EFFECTS: Alcohol consumed before or after exposure may increase adverse effects. Trichloroethylene is reported to have caused hearing loss in laboratory animals upon repeated exposure to 2500 ppm or higher (orders of magnitude greater than the current occupational exposure standards). However, the relevance of this to humans is unknown. Repeated exposure may cause central or possibly even peripheral nervous system effects; high levels have caused liver or kidney effects in laboratory animals.

CANCER INFORMATION: Tumors were observed in mice given large doses of trichloroethylene. A very low incidence of tumors has been observed in male rats at high levels of trichloroethylene which caused reduced survival, rendering these studies inadequate. Data suggest a nongenotoxic mechanism for tumor formation that implies that nontoxic doses of trichloroethylene should pose little or no carcinogenic hazard. Human data have not established an association between trichloroethylene exposure and cancer. Trichloroethylene is not believed to pose a measurable carcinogenic risk to man when handled as recommended. Butylene oxide has been shown to produce benign and malignant tumors in rats but not mice. These tumors occurred only following high exposure levels which first produced chronic upper respiratory tract irritation. Butylene oxide is not believed to pose a carcinogenic risk to man when handled as recommended. This mixture contains a component(s) which are listed as potential carcinogens for hazard communication purposes under OSHA Standard 29CFR 1910.1200. Components listed by IARC: trichloroethylene.

TERATOLOGY (BIRTH DEFECTS): Birth defects are unlikely. Exposures having no effect on the mother should have no effect on the fetus. Did not cause birth defects in animals; other effects were seen in the fetus only at doses which caused toxic effects to the mother.

REPRODUCTIVE EFFECTS: Animal data on butylene oxide and trichloroethylene do not suggest any reproductive hazard from exposure.

4. FIRST AID

EYE: Flush eyes with plenty of water.

SKIN: Wash off in flowing water or shower.

INGESTION: Do not induce vomiting. Call a physician and/or transport to emergency facility immediately.

INHALATION: Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, oxygen should be administered by qualified personnel. Call a physician or transport to a medical facility.

NOTE TO PHYSICIAN: Because rapid absorption may occur through lungs if aspirated and cause systemic effects, the decision of whether to induce vomiting or not should be made by a physician. If lavage is performed, suggest endotracheal and/or esophageal control. Danger from lung aspiration must be

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