
SECTION 1

Product Name: GLYCOL ETHER EB

Supplier's Name: APCO INDUSTRIES CO. LTD.
10 Industrial Street,
Toronto, Ontario M4G 1Z1

Information Telephone: 416-421-6161

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WHMIS Classification: Class B, Division 3
Class D, Division 1, Subdivision A
Class D, Division 2, Subdivision B

TRANSPORTATION DANGEROUS GOODS CLASSIFICATION
Not a regulated product in Canada.

SECTION 2 - HAZARDOUS INGREDIENTS

2-Butoxyethanol 100% CAS Number 111-76-2
LD50 Rat (Oral) 1746 mg/Kg.
LD50 Dermal (Rabbit) 400 mg/Kg
LC50 (Rat) 450 ppm for 4 hours

SECTION 3 - PHYSICAL/CHEMICAL PROPERTIES

Appearance and Odour :Clear, colorless liquid, mild ether odor
Boiling Point: 169 Deg. C
Vapour Pressure: 0.6 mmHg @ 20 Deg. C
Vapour Density (Air = 1): 4.00
Solubility in Water: Complete
Specific Gravity: 0.902 @ 20/20 Deg. C
% Volatile by Volume: 100

SECTION 4 - FIRE AND EXPLOSION HAZARD

Flash Point: 62 Deg. C
Method Used: Tag closed cup Autoignition Temperature: 238
Deg. C (ASTM D2155)
Flammable Limits (STP in air): LFL: 1.1% Vol.
UFL: 12.7% Vol.
Extinguishing Media: Alcohol Foam, CO2, Dry Chemical.

SECTION 5 - REACTIVITY DATA

Stability: ----
Incompatibility: Oxidizing material.
Hazardous Decomposition Products: None
Hazardous Polymerization: Will not occur.

SECTION 6 - HEALTH HAZARD DATA

Ingestion: Moderate single dose toxicity. LD50 (Rats):
1746 mg/Kg
Eye Contact: Slight pain, moderate irritation and corneal
injury, should heal in 1-2 weeks.
Skin Contact: Essentially non-irritating.
Skin Absorption: Moderately to highly toxic by absorption.
LD50 (Rabbits) 435 mg/Kg - Readily Absorbed.
Effects of Overexposure: Acute Effect: Narcosis. Delayed
Effects: Blood effects and organic injury in liver and
kidney.
Occupation Exposure Limits: 20 ppm (skin), 121 mg/m3 (Skin)
(TLV/TWA) ACGIH

SECTION 7 - PRECAUTIONS FOR SAFE HANDLING AND USE

Ventilation: Recommend control of vapours or mist to
suggested guide.
Respiratory Protection: NIOSH approved respirator protection
required in absence of proper environmental control.
For emergencies, a self-contained breathing apparatus or
a full-face respirator as approved by NIOSH is
recommended.
Protective Clothing: Clean, body-covering clothing. In
addition, impervious gloves, boots, apron, gauntlets,

and a face shield in addition to recommended eye protection depending upon the extent and severity of exposure likely.

Eye Protection: Chemical workers goggles. Eye fountain & washing facilities near work area.

Precautions To Be Taken In Handling & Storage: Ground all equipment. Handle with care. Avoid all skin and eye contact. Avoid breathing vapour.

Action To Take For Spills (Use Appropriate Safety Equipment): Add Absorbent; remove with rubber shovel.

Disposal Method: Burn in accordance with local laws.

SECTION 8 - EMERGENCY FIRST AID PROCEDURES

Eye: Irrigate with flowing water immediately and continuously for fifteen minutes. Refer to medical personnel.

Skin: In case of contact, immediately flush skin with plenty of water for at least fifteen minutes while removing contaminated clothing and shoes. Call a physician. Wash clothing before reuse. Destroy contaminated shoes.

Inhalation: Remove to fresh air if effects occur. Call a physician and/or transport to medical facility.

Ingestion: If swallowed, induce vomiting immediately by giving two glasses of water and sticking finger down throat. Call a physician.

Notes to Physician:

Eyes: May cause corneal injury or burn. Stain for evidence of corneal injury. If cornea is burned, instill antibiotic steroid preparation frequently. Consult ophthalmologist.

Skin: May cause mild irritation. Treat as any contact dermatitis. May be absorbed in acutely toxic amounts.

Respiratory: May cause moderate irritation to lungs. Anesthetic or narcotic effect may occur. Administer oxygen if available. Bronchodilators, expectorants, and antitussives may be of help.

Oral: Moderately toxic.

Systemic: Rat study suggests kidney is primary target organ with overexposure but some liver changes may also be evident. Increased R.B.C. fragility seen with overexposure. Consult standard literature. No specific antidote. Treatment based on sound judgment of the physician and the individual reactions of the patient.

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