ACTFLEX Polyfin PVC Waterproof Membrane Type H

FORSPEC PROTECTIVE COATINGS

Chemwatch Hazard Alert Code: 3

Chemwatch: **9041-04**
Version No: **2.1**
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Initial Date: **30/06/2026**
Revision Date: **30/06/2026**
Print Date: **09/07/2026**
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SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	ACTFLEX Polyfin PVC Waterproof Membrane Type H
Chemical Name	Not Applicable
Synonyms	Not Available
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	Waterproof plugging.

Details of the manufacturer or importer of the safety data sheet

Registered company name	**FORSPEC PROTECTIVE COATINGS**
Address	22/872 Canterbury Rd. Roselands NSW 2196 Australia
Telephone	+61 2 8021 3517
Fax	Not Available
Website	www.forspec.com.au
Email	info@forspec.com.au

Emergency telephone number

Association / Organisation	**FORSPEC PROTECTIVE COATINGS**
Emergency telephone number(s)	+61 2 8021 3517 (Mon-Fri 7.30am to 5pm; Sat 8.30am to 12.30pm)
Other emergency telephone number(s)	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

Chemwatch Hazard Ratings

	Min	Max
Flammability	1	
Toxicity	1	
Body Contact	3	
Reactivity	1	
Chronic	2	

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3
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	**Danger**

Hazard statement(s)

H315	Causes skin irritation.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.

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Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing dust/fumes.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

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
9002-86-2	>60	polyvinyl chloride
6422-86-2	10-30	dioctyl terephthalate
471-34-1	10-30	calcium carbonate
6683-19-8	1-10	pentaerythritol tetrabutylhydroxyhydrocinnamate
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	▸ Generally not applicable. 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	▸ Generally not applicable. If skin contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ Generally not applicable. ▸ 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	▸ Generally not applicable. ▸ 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.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 Firefighting measures

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Extinguishing media

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

Special hazards arising from the substrate 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 breathing apparatus plus protective gloves. ‣ Prevent, by any means available, spillage from entering drains or water courses. ‣ Use water delivered as a fine spray to control fire and cool adjacent area. ‣ **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. ‣ Equipment should be thoroughly decontaminated after use. Slight hazard when exposed to heat, flame and oxidisers.
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 monoxide (CO) ‣ carbon dioxide (CO2) hydrogen chloride phosgene nitrogen oxides (NOx) metal oxides ‣ other pyrolysis products typical of burning organic material. **NOTE:** Burns with intense heat. Produces melting, flowing, burning liquid and dense acrid black smoke. May emit poisonous fumes. May emit corrosive fumes. Articles and manufactured articles may constitute a fire hazard where polymers form their outer layers or where combustible packaging remains in place. Certain substances, found throughout their construction, may degrade or become volatile when heated to high temperatures. This may create a secondary hazard. Does not burn without an external flame.
HAZCHEM	Not Applicable

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	‣ Clean up all spills immediately. ‣ Secure load if safe to do so. ‣ Bundle/collect recoverable product. ‣ Collect remaining material in containers with covers for disposal.
Major Spills	‣ Clean up all spills immediately. ‣ Wear protective clothing, safety glasses, dust mask, gloves. ‣ Secure load if safe to do so. Bundle/collect recoverable product. ‣ Use dry clean up procedures and avoid generating dust. ‣ Vacuum up (consider explosion-proof machines designed to be grounded during storage and use). ‣ Water may be used to prevent dusting. ‣ Collect remaining material in containers with covers for disposal. ‣ Flush spill area with water.

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. ‣ **DO NOT** allow material to come in direct contact with human skin or eyes. ‣ **DO NOT** allow material to come in contact with exposed food or food contact surfaces. ‣ Suitable PPE must be worn at all times. ‣ Avoid contact with incompatible materials. ‣ When handling, **DO NOT** eat, drink or smoke.

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	▸ 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. Launder contaminated clothing before re-use. ▸ 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 are maintained.
Other information	▸ Store away from incompatible materials.

Conditions for safe storage, including any incompatibilities

Suitable container	Generally packaging as originally supplied with the article or manufactured item is sufficient to protect against physical hazards. If repackaging is required ensure the article is intact and does not show signs of wear. As far as is practicably possible, reuse the original packaging or something providing a similar level of protection to both the article and the handler.
Storage incompatibility	▸ Avoid reaction with oxidising agents ▸ Avoid strong acids, bases.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Workplace exposure limits for airborne contaminants (WEL list) (Effective from 1 December 2026) - Appendix A - Workplace Exposure Limits	polyvinyl chloride	Polyvinyl chloride (respirable dust)	1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Workplace exposure limits for airborne contaminants (WEL list) (Effective from 1 December 2026) - Appendix A - Workplace Exposure Limits	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	Containing no asbestos and < 1% crystalline silica.

MATERIAL DATA

Exposure controls

Appropriate engineering controls	Articles or manufactured items, in their original condition, generally don't require engineering controls during handling or in normal use. Exceptions may arise following extensive use and subsequent wear, during recycling or disposal operations where substances, found in the article, may be released to the environment.
Individual protection measures, such as personal protective equipment	
Eye and face protection	No special equipment required due to the physical form of the product. ▸ Safety glasses with side shields. ▸ Chemical goggles.[AS/NZS 1337.1, EN166 or national equivalent] ▸ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].
Skin protection	See Hand protection below
Hands/feet protection	▸ Wear general protective gloves, eg. light weight rubber gloves.
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ P.V.C apron. ▸ Barrier cream. ▸ Skin cleansing cream. ▸ Eye wash unit.

Respiratory protection

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

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	- -	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

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* - Negative pressure demand ** - Continuous flow
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)

Respiratory protection not normally required due to the physical form of the product.
Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.
P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles
Suitable for:
· Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
· Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
· Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Solid with slight odour; insoluble in water and acetone; partially soluble in carbon tetrachloride.

Physical state	Solid	**Relative density (Water = 1)**	1.41
Odour	Slight	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Applicable	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	>200	**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 Applicable
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Applicable	**Gas group**	Not Available
Solubility in water	Immiscible	**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	Based on available data, the classification criteria are not met.
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	Based on available data, the classification criteria are not met.
e) Mutagenicity	Based on available data, the classification criteria are not met.
f) Carcinogenicity	Based on available data, the classification criteria are not met.
g) Reproductivity	Based on available data, the classification criteria are not met.
h) STOT - Single Exposure	There is sufficient evidence to classify this material as toxic to specific organs through single exposure
i) STOT - Repeated Exposure	Based on available data, the classification criteria are not met.
j) Aspiration Hazard	Based on available data, the classification criteria are not met.

Inhaled	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

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	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 hazard is increased at higher temperatures. Not normally a hazard due to non-volatile nature of product
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Phthalates (aromatic dicarboxylic acid esters), in general, exhibit low toxicity, partly because of poor absorption but mainly as a result of rapid metabolism in which the esters are saponified to phthalic acid (which is rapidly excreted) and the parent alcohol (which is subsequently metabolised). The pathology of these compounds seems to be related to the released alcohol and its biological effects. The rate of absorption of ingested phthalate esters is influenced by the content of dietary fat. Ingested phthalate esters may to a lesser degree be absorbed as the monoester derivatives or in the case of di(2-ethylhexyl)phthalate, as the diester. Cumulative toxicity of the phthalates has been observed on repeated administration. Both di-n-octyl phthalate and di(2-ethylhexyl)phthalate were found to have 22-28 times greater toxicity (based on LD50s) following repeated administration to animals. The liver has been shown to be the target organ affected by the phthalates. In general phthalates have induced liver enlargement; this increase in liver weight has been attributed to rapid cell division (hyperplasia) along with the detachment of cells (hypertrophy). The increase in liver weight caused by phthalates has been found to reverse to normal or even below normal levels on prolonged exposure. Exposure to phthalates, in general, has been found to be associated with a reduction in circulating cholesterol and serum triglyceride levels which accounted for a reduction in liver steroidogenesis. The phthalates also effect carbohydrate metabolism in the liver producing depleted glycogen electron transport inhibitors following interaction with mitochondria. Testicular atrophy produced in rats during feeding studies depends on the length and structure of the alcohol; in general the lower molecular weight esters produce the more severe effects. The toxicity of phthalic acid isomers decreases in the order o-phthalic acid, isophthalic acid and terephthalic acid. Phthalic acid is not metabolised but is excreted, unchanged, in the urine and faeces. Terephthalic acid appears to potentiate the biological effects of substances such as antibiotics, thiamine and sulfonamides.
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. 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	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
Chronic	‣ Hazard relates to dust released by sawing, cutting, sanding, trimming or other finishing operations. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. 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. 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. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Exposure to the material may cause concerns for human fertility, on the basis that similar materials provide some evidence of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects. The various phthalates have different uses, chemical structures and toxicity profiles. It is therefore difficult to generalise about the safety of all phthalates as a group. The main health concern associated with some phthalates is that animal studies have shown that high regular doses can affect the reproductive system in developing young, particularly males. While there is no significant risk to the general population, young children may experience higher exposures than the general population if they chew or suck on phthalate-containing toys, or if they ingest phthalates over a long period from other products containing high levels of phthalates. In animal tests, phthalates have been shown to "feminise" male animals, increasing the likelihood of small or undeveloped testes, undescended testicles, and low sperm counts. A 2005 study also linked higher foetal exposure to phthalates through the mother's blood with increased risk of developmental abnormalities in male infants. Higher phthalate levels are also associated with lower testosterone production and reduced sperm count in men. One study suggested that high levels of phthalates may be connected to the current obesity epidemic in children. It was found that obese children show greater exposure to phthalates than non-obese children. It was reported that the obesity risk increases according to the level of the chemical found in the children's bloodstream. in a national cross-section of U.S. men, concentrations of several prevalent phthalate metabolites showed statistically significant correlations with abnormal obesity and insulin resistance. A further study found that people with elevated phthalate levels had roughly twice the risk of developing diabetes compared with those with lower levels. This study also found that phthalates were associated with disrupted insulin production. Much of the current research on effects of phthalate exposure has been focused towards children and men's health, however, women may be at higher risk for potential adverse health effects of phthalates due to increased cosmetic use. According to in vivo and observational studies there is an association between phthalate exposure and endocrine disruption leading to development of breast cancer. This finding may be associated with the demethylation of the oestrogen receptor complex in breast cancer cells. A Russian study describes exposure by workers to mixed phthalates (and other plasticisers) - pain, numbness and spasms in the upper and lower extremities were related to duration of exposures. Symptoms usually developed after the sixth or seventh year of work. Neurological studies revealed the development of polyneuritis in about 30% of the workers involved in this study. About 30% of the workforce showed depression of the vestibular receptors. Because the study described mixed exposures it is difficult to determine what, if any, unique role was played by the phthalates. Increased incidences of anovulatory reproductive cycles and low oestrogen concentrations were reported among Russian women working with phthalate plasticisers; the abnormal cycles were associated with spontaneous abortion. The specific phthalates implicated, dose levels and other data were not reported. It has been alleged that the phthalates mimic or interfere with sex packaging) and are used as ingredients in paints, inks and adhesives. Their potential for entering the human body is marked. They have been added to a list of chemicals (including alkyl phenolics, polycyclic aromatic hydrocarbons (PAHs), polychlorinated biphenyls (PCBs) and dioxins) which are implicated in reducing sperm counts and fertility in males a phenomenon which has apparently arisen since the mid 1960s. Phthalates are generally considered to be in a class of endocrine disruptors known as "xenoestrogens," for their ability to mimic the effect of oestrogen on the body. Although the human foetus is "bathed" in naturally occurring oestrogens during pregnancy it is suggested that it has developed a protective mechanism against natural oestrogens but is not safe from synthetic variants. These tend to accumulate in body fats which sets them apart from the natural product. During early pregnancy, fats are broken down and may flood the body with concentrated pollutants Human phthalate exposure during pregnancy results in decreased anogenital distance among baby boys.Boys born to mothers with the highest levels of phthalates were 7 times more likely to have a shortened anogenital distance. While anogenital distance is routinely used as a measure of foetal exposure to endocrine disruptors in animals, this parameter is rarely assessed in humans, and its significance is unknown One study also found that female animals exposed to higher levels of phthalates experienced increased risk of miscarriage, a common symptom of excessive estrogen levels in human women, and stillbirth. Prematurity may also be linked to phthalate exposure.

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Another study found a link between exposure to phthalates and increased rates of childhood obesity.
In adult human men, phthalates have been linked to greater waist circumference and higher insulin resistance, a common precursor to type 2 (adult onset) diabetes. They have been linked to thyroid irregularities, asthma, and skin allergies in both sexes. Though the exact mechanism is unclear, studies have linked higher rates of respiratory infections and other symptoms in children living in houses with vinyl floors. One possible explanation is inhalation of dust tainted by phthalates, which are used in cosmetics such as nail polishes and hand creams precisely because of their ability to bind to human tissues.
Animal studies have shown increased risks of certain birth defects (including the genital abnormalities and, in rats, extra ribs) and low birth rates in rats whose mothers were fed higher levels of phthalates.
These effects on foetal development are of particular concern because young women of childbearing age often have higher than average phthalate levels in the body thanks to their use of cosmetics, many of which contain phthalates.
The EU has applied limitations to the use of several phthalates in general food contact applications (packaging and closures) and medical device applications. The USA has introduced regulation of phthalate esters as components of children's toys and childcare articles for children under the age of 12 that could be 'placed in the mouth'.
Endocrine disruptors such as phthalates can be add to the effects of other endocrine disruptors, so even very small amounts can interact with other chemicals to have cumulative, adverse "cocktail effects"
Large amounts of specific phthalates fed to rodents have been shown to damage their liver and testes, and initial rodent studies also indicated hepatocarcinogenicity. Later studies on primates showed that the mechanism is specific to rodents - humans are resistant to the effect
Studies conducted on mice exposed to phthalates in utero did not result in metabolic disorder in adults. However, "At least one phthalate, monoethyhexyl phthalate (MEHP) has been found to interact with all three peroxisome proliferator-activated receptors (PPARs) PPARs are members of the nuclear receptor superfamily involved in lipid and carbohdrate metabolism.
Prenatal exposure to phthalates may affect children's mental, motor and behavioral development during the preschool year.
A 2009 study found that prenatal phthalate exposure was related to low birth weight in infants. Low birth weight is the leading cause of death in children under 5 years of age and increases the risk of cardiovascular and metabolic disease in adulthood. Another study found that women who deliver prematurely have, on average, up to three times the phthalate level in their urine compared to women who carry to term.
Several findings point to a statistically significant correlation between urine phthalate concentrations in children and symptoms of attention deficit hyperactivity disorder (ADHD)
Pure calcium carbonate does not produce pneumoconiosis probably being eliminated from the lungs slowly by solution.
As mined, unsterilised particulates can carry bacteria into the air passages and lungs, producing infection and bronchitis.
An epidemiological study conducted with workers engaged in the production of chlorinated derivatives of polyvinyl chlorine, showed an increased frequency of ischaemic heart disease, intermittent lameness and strokes when compared to the unexposed cohort.
Chronic inhalation exposure to polyvinyl chloride dusts produce dyspnea, decreased pulmonary function, occupational asthma with cough and breathlessness, interstitial pneumonitis, pneumoconiosis with diffuse fibrosis, granulomatous tissue and secondary polyglobulia.
Animal studies show exposure produces bronchiolitis, alveolitis, random lung lesions, and pathomorphological degenerative and hyperplastic inflammatory changes in the liver. Foetal mortality was also increased although malformations were not evident.
High blood concentrations of calcium ion may give rise to vasodilation and depress cardiac function leading to hypotension and syncope.
Calcium ions enhance the effects of digitalis on the heart and may precipitate digitalis intoxication. Calcium salts also reduce the absorption of tetracyclines
In neonates calcification of soft-tissue has been observed following therapeutic administration.
Some studies show that large quantities of calcium intake can cause hypercalcemia, which can in turn lead to renal failure Renal failure can occur within hours or days or, alternatively, settles gradually, evolving over several years until it reaches terminal stages. Similarly, acute renal failure can also develop into chronic forms of the disease.
Hypercalcaemia conditions can be associated with normal or reduced calcium serum levels, as the body tends to maintain a balanced metabolism of the mineral, known as the compensation phase. When there is a slight increase in the concentration of ions in the blood, calcium excretion markedly increases, while intestinal absorption decreases After kidney damage has set in, a loss of calcium may occur, thereby decreasing the serum concentration.
Serum protein levels may decrease as a result of proteinuria in cases of renal complications. Proteinuria is an indicator of kidney disease and represents an independent risk factor for the progression of such a condition. Increased serum creatinine levels may represent an important parameter, given that kidney diseases are associated with increased serum creatinine levels. When renal pathology occurs, a progressive loss of glomerular filtration begins, resulting in increased plasma creatinine concentrations. During the course of kidney failure, discrete, but constant, increments in plasma creatinine levels occur.
Renal disease with albuminuria may also be the cause of hypoalbuminemia in patients with liver disease. In cases of established liver damage, increased calcium urinary excretion may occur. Therefore, a similar increase may cause the decline in serum calcium levels in the current study.

ACTFLEX Polyfin PVC Waterproof Membrane Type H	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

polyvinyl chloride	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

dioctyl terephthalate	**TOXICITY**	**IRRITATION**
	Dermal (Guinea Pig) LD50: >19.68 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
	Oral (Mouse) LD50; >3200 mg/kg[2]	Skin (Human): 0.5%/3W - Mild
		Skin: no adverse effect observed (not irritating)[1]

calcium carbonate	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Eye (Rodent - rabbit): 750ug/24H - Severe
	Inhalation (Rat) LC50: >3 mg/l4h[1]	Eye: no adverse effect observed (not irritating)[1]
	Oral (Rat) LD50: >2000 mg/kg[1]	Skin (Rodent - rabbit): 500mg/24H - Moderate
		Skin: no adverse effect observed (not irritating)[1]

pentaerythritol tetrabutylhydroxyhydrocinnamate	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: 3160 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
	Inhalation (Rat) LC50: >1.95 mg/l4h[2]	Skin: no adverse effect observed (not irritating)[1]
	Oral (Rat) LD50: >2000 mg/kg[2]	

Legend:	***1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances***

Continued...

POLYVINYL CHLORIDE	No significant acute toxicological data identified in literature search. The substance is classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.
DIOCTYL TEREPHTHALATE	For terephthalic acid and its ester hydrolysates: **Human Health:** Results from repeated dose and acute toxicity studies via the oral, dermal and inhalation routes indicate that terephthalic acid is of low order of toxicity, and it is non-irritating to the skin and eyes. A 15 week oral repeat dose study in rats reported a LOAEL of 3837 mg/kg b.w./day for male rates and 4523 mg/kg/day for female rats. The NOAEL is 1220 mg/kg b.w./day for male rats and 1456 mg/kg b.w./day for female rats. Repeated exposure inhalation studies up to 10 mg/m 3 (6 hours/day, 5 days/week) using rats or guinea pigs showed no adverse effects, except for mild respiratory irritation in one study with rats. The primary adverse effect of high doses of terephthalic acid to rats is almost completely restricted to the urinary tract. These effects include formation of bladder calculi, and inflammatory changes and hyperplasia of the bladder epithelium. These urinary changes did not occur when exposure was by inhalation. Rats fed terephthalic acid (greater than 2%) 1000 mg/kg b.w./day for two years developed bladder calculi, bladder hyperplasia, and bladder tumors. It is believed that the calculi injure the bladder epithelium and induce cell proliferation, which is probably a critical factor in the induction of bladder tumors by terephthalic acid. Bladder calculi cannot occur unless the solubility of the stone components is exceeded (i.e., unless the product of the concentrations of Ca++ and terephthalate in urine exceeds the solubility product of the calcium-terephthalate complex). Based on urinary solubility of Ca-terephthalate, normal human urine would become saturated with Ca-terephthalate at a terephthalic acid concentration of approximately 8 to 16 mM. Assuming that the average volume of urine excreted by humans is 1.5 liters/day, the amount of terephthalic acid that would have to be absorbed to produce the minimum saturating concentration of terephthalic acid is 2400 mg/day. It is unlikely that humans would ingest enough TPA to induce bladder calculi, and this therefore is of little concern to human health. Terephthalic acid is not a reproductive toxicant; however, in a one-generation reproduction feeding study, postnatal developmental effects were observed in rats (LOAEL and NOAEL approximately equivalent to 1120 mg/kg b.w./day and 280 mg/kg b.w./day respectively). The adverse effects observed in the offspring appear to be the result of maternal toxicity and the formation of renal and bladder calculi in the weanling animals. No developmental effects were seen in rats when the exposure was by inhalation (NOAEC 10 mg/m3, the highest dose tested). Terephthalic acid is not genotoxic. Terephthalic acid did not induce an increase in micronucleated polychromatic erythrocytes (micronuclei) in male or female mice ***in vivo***. For terephthalic acid: **Repeat dose toxicity:** Results from repeated dose and acute toxicity studies via the oral, dermal and inhalation routes indicate that terephthalic acid is of low order of toxicity, and it is non-irritating to the skin and eyes. A 15 week oral repeat dose study in rats reported a LOAEL of 3837 mg/kg b.w./day for male rates and 4523 mg/kg/day for female rats. The NOAEL is 1220 mg/kg b.w./day for male rats and 1456 mg/kg b.w./day for female rats. Repeated exposure inhalation studies up to 10 mg/m 3 (6 hours/day, 5 days/week) using rats or guinea pigs showed no adverse effects, except for mild respiratory irritation in one study with rats. The primary adverse effect of high doses of terephthalic acid to rats is almost completely restricted to the urinary tract. These effects include formation of bladder calculi, and inflammatory changes and hyperplasia of the bladder epithelium. These urinary changes did not occur when exposure was by inhalation. Rats fed terephthalic acid (greater than 2%) 1000 mg/kg b.w./day for two years developed bladder calculi, bladder hyperplasia, and bladder tumors. It is believed that the calculi injure the bladder epithelium and induce cell proliferation, which is probably a critical factor in the induction of bladder tumors by terephthalic acid. Bladder calculi cannot occur unless the solubility of the stone components is exceeded (i.e., unless the product of the concentrations of Ca++ and terephthalate in urine exceeds the solubility product of the calcium-terephthalate complex). Based on urinary solubility of Ca-terephthalate, normal human urine would become saturated with Ca-terephthalate at a terephthalic acid concentration of approximately 8 to 16 mM. Assuming that the average volume of urine excreted by humans is 1.5 liters/day, the amount of terephthalic acid that would have to be absorbed to produce the minimum saturating concentration of terephthalic acid is 2400 mg/day. It is unlikely that humans would ingest enough TPA to induce bladder calculi, and this therefore is of little concern to human health. **Reproductive and developmental toxicity:** Terephthalic acid is not a reproductive toxicant; however, in a one-generation reproduction feeding study, postnatal developmental effects were observed in rats (LOAEL and NOAEL approximately equivalent to 1120 mg/kg b.w./day and 280 mg/kg b.w./day respectively). The adverse effects observed in the offspring appear to be the result of maternal toxicity and the formation of renal and bladder calculi in the weanling animals. No developmental effects were seen in rats when the exposure was by inhalation (NOAEC 10 mg/m3, the highest dose tested). **Genotoxicity:** Terephthalic acid is not genotoxic. Terephthalic acid did not induce an increase in micronucleated polychromatic erythrocytes (micronuclei) in male or female mice ***in vivo***.
CALCIUM CARBONATE	No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.
PENTAERYTHRITOL TETRABUTYLHYDROXYHYDROCINNAMATE	Non-sensitising in Guinea pig skin assay ** * CG ** Clariant For hindered phenols: Available data shows that acute toxicity of these substances is low. **Mutagenicity.** Data from bacterial reverse mutation assays and ***in vitro*** and ***in vivo*** chromosome aberration studies were reviewed. All assays, with and without metabolic activation, were negative. The weight of evidence for mutagenic potential for this category indicates these substances are not mutagenic. **In Vitro Chromosome Aberration Studies.** In vitro chromosome aberration studies are available for several members All except 2,6-di-tert-butyl-p-cresol were negative **In Vivo Chromosome Aberration Studies.** In vivo studies evaluating chromosome damage are available for six of the hindered phenols. All in vivo evaluations were negative. **Repeated Dose Toxicity.** Repeated dose toxicity data of approximately three months (90-day, 12- and 13-week) are available for some of the substances in this group. The liver was the target organ in rats for almost all of the substances with subchronic toxicity data in that species. Other target organs included thyroid and kidney and mesenteric lymph nodes. NOAELs in rats ranged from 100 ppm (approximately 5 mg/kg/day) to 10,000 ppm (500 mg/kg/day **Carcinogenicity:** Data is available for 2,6-di-tert-butyl-p-cresol (128-37-0); and 4,4'-thiobis-6-(t-butyl-m-cresol) (96-69-5). Liver adenomas were reported for 2,6-di-tert-butyl-p-cresol (128-37-0) and a NOAEL was established for the study at 25 mg/kg/day. 4,4'-Thiobis-6-(t-butyl-m-cresol) (96-69-5) was not carcinogenic in rats or mice, but the kidney was identified as a target organ in female rats
POLYVINYL CHLORIDE & CALCIUM CARBONATE	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

Continued...

	completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.

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

ACTFLEX Polyfin PVC Waterproof Membrane Type H

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

polyvinyl chloride

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

dioctyl terephthalate

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>0.86mg/l	2
EC50	48h	Crustacea	>0.001mg/L	2
NOEC(ECx)	504h	Crustacea	>=0.001mg/L	2
LC50	96h	Fish	>984mg/l	2

calcium carbonate

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>14mg/l	2
NOEC(ECx)	1h	Fish	4-320mg/l	4
LC50	96h	Fish	>165200mg/L	4

pentaerythritol tetrabutylhydroxyhydrocinnamate

Endpoint	Test Duration (hr)	Species	Value	Source
BCF	1008h	Fish	<0.2	7
EC50	72h	Algae or other aquatic plants	>100mg/l	1
EC50(ECx)	24h	Crustacea	>86mg/l	1
LC50	96h	Fish	>100mg/l	2

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***

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
polyvinyl chloride	LOW	LOW
dioctyl terephthalate	LOW	LOW
pentaerythritol tetrabutylhydroxyhydrocinnamate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
polyvinyl chloride	LOW (LogKOW = 1.6233)
dioctyl terephthalate	LOW (LogKOW = 8.3918)
pentaerythritol tetrabutylhydroxyhydrocinnamate	LOW (BCF = 2.3)

Mobility in soil

Ingredient	Mobility
polyvinyl chloride	LOW (Log KOC = 23.74)
dioctyl terephthalate	LOW (Log KOC = 162100)

SECTION 13 Disposal considerations

Waste treatment methods

Continued...

Product / Packaging disposal	▸ Recycle wherever possible or consult manufacturer for recycling options. ▸ Consult State Land Waste Management Authority for disposal.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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
polyvinyl chloride	Not Applicable
dioctyl terephthalate	Not Applicable
calcium carbonate	Not Applicable
pentaerythritol tetrabutylhydroxyhydrocinnamate	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
polyvinyl chloride	Not Applicable
dioctyl terephthalate	Not Applicable
calcium carbonate	Not Applicable
pentaerythritol tetrabutylhydroxyhydrocinnamate	Not Applicable

SECTION 15 Regulatory information

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

polyvinyl chloride is found on the following regulatory lists

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)

dioctyl terephthalate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

calcium carbonate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

pentaerythritol tetrabutylhydroxyhydrocinnamate is found on the following regulatory lists

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	Yes
Canada - NDSL	No (polyvinyl chloride; dioctyl terephthalate; pentaerythritol tetrabutylhydroxyhydrocinnamate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (polyvinyl chloride)
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes

Continued...

National Inventory	Status
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
UAE - Control List (Banned/Restricted Substances)	No (polyvinyl chloride; dioctyl terephthalate; calcium carbonate; pentaerythritol tetrabutylhydroxyhydrocinnamate)
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	30/06/2026
Initial Date	30/06/2026

SDS Version Summary

Version	Date of Update	Sections Updated
2.1	30/06/2026	Physical and chemical properties - Appearance, Toxicological information - Chronic Health, Disposal considerations - Disposal, Exposure controls / personal protection - Engineering Control, Composition / information on ingredients - Ingredients, Accidental release measures - Spills (major), Accidental release measures - Spills (minor)

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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