

## GENERAL DATA

Floor covering elements with surface layers consisting of a 2.2mm nominal thick solid wood, on a core board of Hevea of HDF (high density fibre board) and a 1 – 2mm thick backing layer of spruce or pine wood. All layers are glued together with Melamine-ureum-formaldehyde glue. The top layer is lacquered or oiled.

## HAZARDOUS INGREDIENTS

<b>Identification 1:</b>	<b>Formaldehyde</b>
Exposure Limits:	ACGIH Limit = 1 ppm 8hrs TWA 2ppm STEL OSHA Limit = 1 ppm 8hrs TWA 2ppm STEL
Formaldehyde Emissions:	<0.021 mg/m <sup>2</sup> /hr (as per ASTM D5116)
<b>Identification 2:</b>	<b>Fine residue</b>
Exposure Limits:	OSHA PEL-TWA 5mg/m3 OSHA PEL-STEL 10mg/m3
Potential Airborne Releases:	Manual or mechanical cutting or abrasion processes performed on the product can result in the generation of fine residue.

## PHYSICAL CHARACTERISTICS

Boiling Point:	N/A
Density:	≥600kg/m <sup>3</sup>
Vapour Pressure:	N/A
Melting Point:	N/A
Vapour Density:	N/A
Reactivity in Water:	N/A
Evaporation Rate:	N/A
Appearance:	Varies by species and style

## FIRE AND EXPLOSION DATA

Flash Point:	N/A
Fire Classification:	CHF 4.6kw/m <sup>2</sup>   Smoke 13%min (as per AS9239)
Explosive Limits in Air:	The product listed in this MSDS is not an explosion hazard. Sawing, sanding or machining could result in the by-product fine residue. Fine residue may present a strong to severe explosion hazard if a dust cloud contacts an ignition source.
Fire Extinguishing Media:	Water Fog   Carbon Dioxide   Foam   Dry Chemical   Sand
Special Firefighting Procedures:	

## HEALTH HAZARD DATA

### 1.1 Formaldehyde Vapour / Signs and Symptoms of Exposure:

Acute:	May cause temporary irritation of skin, eyes or respiratory systems. May cause sensitization in susceptible individuals.
Chronic:	Numerous epidemiological studies have failed to demonstrate a relationship between Formaldehyde exposure and nasal cancer or pulmonary diseases such as emphysema or lung cancer. UAREP concluded that there was no "convincing evidence" that Formaldehyde exposure causes cancer in humans. Rats exposed to 14 ppm of Formaldehyde for 24 months in a laboratory developed nasal cancer. Exposure of 6 ppm did not result in statistically significant levels. The NCI epidemiology study of 26,000 workers found little evidence linking Formaldehyde exposure to cancer.  Formaldehyde is classified by OSHA, NTP and IARC as a probable or potential carcinogen.

### 1.2 Medical Conditions Aggravated by Formaldehyde Exposure

Respiratory conditions or allergies.

### 1.3 Emergency First Aid Procedures

Inhalation:	Dust mask or dust extraction should be used to minimise inhalation of fine residue.
Eyes:	Remove to fresh air
Skin:	Remove to fresh air
Ingestion:	N/A

*If irritation of other symptoms persists, consult a physician.*

### 2.1 Fine residue

Eye Contact:	Fine residue can cause mechanical irritation
Skin Contact:	Fine residue may evoke allergies in sensitive individuals
Ingestion:	Not likely to occur
Burning:	Per ISO/DIS 5660 tests; the toxicity index of fire effluents was small but there are many compounds in smoke oases which can cause irritation to eyes, nose and throat.
Inhalation of fine residue:	Fine residue may cause nasal dryness, irritation and obstruction
Coughing, wheezing and sneezing:	Sinusitis and prolonged colds have also been reported

*Depending on species, fine residue may cause dermatitis. Prolonged and/or repetitive contact may cause respiratory sensitizations/irritation. IARC classifies fine residue as a carcinogen to humans (Group 1). This classification is based primarily on IARC's evaluation of increased risk in the occurrence of Aden carcinomas of the nasal cavities and para nasal sinuses associated with the exposure to fine residue. IARC did not find sufficient evidence to associate cancer of the oropharynx, hypo pharynx, lung, lymphatic and hematopoietic systems, stomach, colon or rectum with exposure to fine residue.*

*Fine residue classification from ACGIH: Hardwoods and Softwoods (non-allergenic); "A4 irritation, mucostasis" except Birch and Oak.*

### 2.2 Emergency and First Aid Procedures

Eye Contact:	Flush eyes with large amounts of water. Enable fresh air to reach affected area. If irritation persists, get medical attention.
Skin Contact:	Wash affected areas with soap and water. If irritation persists, get medical attention.
Inhalation:	Remove to fresh air. If irritation persists or severe coughing/breathing difficulties occur, get medical attention.
Ingestion:	N/A

## REACTIVITY DATA

Conditions Contributing to Instability:	Stable under normal conditions.
Incompatibility:	Avoid contact with oxidizing agents and strong acids. Avoid open flame.
Hazardous Decomposition Products:	Thermal and/or thermal-oxidative decompositions can produce irritation and toxic fumes and gases; including carbon monoxide, aldehydes and organic acids.
Hazardous Polymerization:	N/A

#### PRECAUTIONS / SAFE HANDLING

Personal Protective Equipment:

Wear goggles or safety glasses when manufacturing or machining the product. Wear NIOSH/MSHA approved respirator when allowable exposure limits may be exceeded. Other protective equipment such as gloves and outer garments may be needed depending on dust conditions. All cutting equipment should be fitted with dust extraction and fine filtrations, to control fine residue.

Waste Disposal Method:

Incinerate or landfill in accordance with local, state and federal regulations.

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