

化 学 品 安 全 技 术 说 明 书

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MSDS标题

QUEST PP 2132 MSDS报告

产品标题

异丁子香酚

CAS号

97-54-1

化学品及企业标识

PRODUCT NAME

QUEST PP 2132

NFPA

Flammability	0
Toxicity	2
Body Contact	0
Reactivity	0
Chronic	2
SCALE: Min/Nil=0 Low=1 Moderate=2 High=3 Extreme=4	

PRODUCT USE

Perfume compound, for manufacturing use only.

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

May cause SENSITIZATION by inhalation and skin contact.
HARMFUL - May cause lung damage if swallowed.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual. Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result. (ICSC13733). Essential oils cause mild irritation of the mouth if taken orally, causing more saliva to be produced and a warm feeling. Large amounts affect the digestive system causing nausea, vomiting and diarrhea. Sometimes urination may be affected, causing difficulty or pain in urinating, reduced urine output, blood in the urine, unconsciousness and shallow breathing. Lung swelling and inflammation are possible complications. Stupor, excitement and respiratory failure may result, as well as convulsions; the central nervous system may either be depressed or stimulated. The kidneys may be damaged, and swelling and severe clogging can occur in the lungs, skin and kidneys. Essential oils increase the rate of miscarriage, but in low doses do not usually cause an abortion. Some phenol derivatives can cause damage to the digestive system. If absorbed, profuse sweating, thirst, nausea, vomiting, diarrhea, cyanosis, restlessness, stupor, low blood pressure, gasping, abdominal pain, anemia, convulsions, coma and lung swelling can happen followed by pneumonia. There may be respiratory failure and kidney damage. Chemical burns, seizures and irregular heartbeat may result. Estimated acceptable daily intake of eugenol; up to 2.5 milligram per kilogram body weight. Eugenol was not considered to have carcinogenic potential. Twenty-sixth Report of the Joint FAO/WHO Expert Committee on Food Additives Tech. Rep. Ser. Wld Hlth Org. No. 683, 1982.

EYE

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

SKIN

The material is not thought to produce adverse health effects or skin irritation following contact (as classified using animal models).

Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. 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.

INHALED

The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified using animal models). Nevertheless, adverse 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 and that suitable control measures be used in an occupational setting.

CHRONIC HEALTH EFFECTS

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. There is some evidence that inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population. Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. This was shown by placebo-controlled challenges of nine patients to "perfume mix". The same patients were also subject to perfume provocation, with or without a carbon filter mask, to ascertain whether breathing through a filter with active carbon would prevent symptoms. The patients breathed through the mouth, during the provocations, as a nose clamp was used to prevent nasal inhalation. The patient's earlier symptoms were verified; breathing through the carbon filter had no protective effect. The symptoms were not transmitted via the olfactory nerve but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes. Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits. Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water. Long-term exposure to phenol derivatives can cause skin inflammation, loss of appetite and weight, weakness, muscle aches and pain, liver damage, dark urine, loss of nails,

skin eruptions, diarrhea, nervous disorders with headache, salivation, fainting, discoloration of the skin and eyes, vertigo and mental disorders, and damage to the liver and kidneys. Certain substances, commonly found in perfumes or perfumed products, produce hypersensitivity. Sensitising constituents have been classified as Class A (common sensitisers) or Class B (rare sensitisers) in a Japanese study (Nakayama 1998). Contact allergy to perfumes occurs with a relatively high incidence, such incidence only surpassed by nickel allergy in the community. In a Danish study, it was found that about 1.1% of the population was allergic to Peru balsam or "fragrance mix". There is no cure for perfume allergy. Once sensitised, exposure to even minute amounts of the perfume, gives rise to eruptions and eczema. These symptoms may be treated with steroid creams, although frequent recourse to this treatment produces unwanted side- effects.

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