

Formica Decorated Board

Laminex Group Pty Ltd

Chemwatch Hazard Alert Code: 1

Chemwatch: 4772-04

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Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

L.GHS.AUS.EN

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Formica Decorated Board
Chemical Name	Not Applicable
Synonyms	CrystalGloss Surfaces Clear; CrystalGloss Surfaces Metallic
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	<p>Panels used for the manufacture of doors, cabinets, furniture, wall linings and feature panels. Decorated melamine board finished on one or two sides with clear two pack polyurethane or clear coat over metallic base coat. Supplied as panels or finished components.</p> <p>Use according to manufacturer's directions.</p>
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Details of the supplier of the safety data sheet

Registered company name	Laminex Group Pty Ltd
Address	90-94 Tram Road Doncaster VIC 3108 Australia
Telephone	+61 3 9840 4347
Fax	+61 3 9840 6513
Website	www.laminex.com.au
Email	Sant.quaremba@laminex.com.au

Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+61 1800 951 288
Other emergency telephone numbers	+61 2 9186 1132

Once connected and if the message is not in your preferred language then please dial 01

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Not Applicable

Label elements

Hazard pictogram(s)	Not Applicable
Signal word	Not Applicable

Formica Decorated Board

Hazard statement(s)

Not Applicable

Precautionary statement(s) Prevention

Not Applicable

Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
Not Available		wood panel containing
Not Available	>60	wood fibre
Not Available		bonded together with
Not Available	10-<30	resin, determined not to be hazardous
Not Available	<10	cured coating
50-00-0	trace	<u>formaldehyde</u>
26471-62-5	trace	<u>toluene diisocyanate</u>
Not Available		dust from sawing and forming operations will contain
Not Available	NotSpec	<u>wood dust softwood</u>
Not Available	NotSpec	cured binder

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	In the event of eye contact with small particles from panel cutting and/or trimming - Wash out immediately with water. If irritation continues, seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	Gently brush or vacuum off adherent particles Wash affected areas thoroughly with water (and soap if available). Seek medical attention if irritation exists and persists.
Inhalation	If combustion products are inhaled remove from contaminated area. Ask patient to rinse mouth with water but to not drink water. Rinse mouth with water. <ul style="list-style-type: none"> ▶ If dust is inhaled, remove from contaminated area. ▶ Encourage patient to blow nose to ensure clear breathing passages. ▶ Ask patient to rinse mouth with water but to not drink water. ▶ Seek immediate medical attention.
Ingestion	Not normally a hazard due to physical form of product. <ul style="list-style-type: none"> ▶ Immediately give a glass of water. ▶ First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 Firefighting measures

Extinguishing media

- ▶ There is no restriction on the type of extinguisher which may be used.

Continued...

Formica Decorated Board

▶ Use extinguishing media suitable for surrounding area.

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
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Consider evacuation (or protect in place).
Fire/Explosion Hazard	Combustible. Will burn if ignited. Combustion products include: carbon monoxide (CO) carbon dioxide (CO ₂) and minor amounts of hydrogen cyanide other pyrolysis products typical of burning organic material.
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	Refer to major spills.
Major Spills	<ul style="list-style-type: none"> ▶ 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.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	In the event of trimming, cutting or drilling panels - Avoid contact of dust with eyes. Wash and dry hands after using. Use good occupational work practices. Observe manufacturers storing and handling procedures
Other information	▶ Store away from incompatible materials.

Conditions for safe storage, including any incompatibilities

Suitable container	No restriction on the type of containers. Packing as recommended by manufacturer. Check all material is clearly labelled.
Storage incompatibility	▶ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	formaldehyde.	Formaldehyde	1 ppm / 1.2 mg/m ³	2.5 mg/m ³ / 2 ppm	Not Available	Not Available
Australia Exposure Standards	toluene diisocyanate	Toluene-2,4-diisocyanate (TDI)	0.02 mg/m ³	0.07 mg/m ³	Not Available	Not Available

Formica Decorated Board

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	wood dust softwood	Wood dust (soft wood)	5 mg/m3	10 mg/m3	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
formaldehyde.	Not Available	Not Available	Not Available
toluene diisocyanate	0.02 ppm	0.083 ppm	0.51 ppm
toluene diisocyanate	Not Available	Not Available	Not Available
toluene diisocyanate	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
formaldehyde.	20 ppm	Not Available
toluene diisocyanate	2.5 ppm	Not Available
wood dust softwood	Not Available	Not Available

MATERIAL DATA


NOTE D: Certain substances which are susceptible to spontaneous polymerisation or decomposition are generally placed on the market in a stabilised form. It is in this form that they are listed on Annex I

When they are placed on the market in a non-stabilised form, the label must state the name of the substance followed by the words "non-stabilised"

European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.</p> <ul style="list-style-type: none"> ▶ Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction. ▶ Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace. ▶ If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might consist of: <ul style="list-style-type: none"> (a): particle dust respirators, if necessary, combined with an absorption cartridge; (b): filter respirators with absorption cartridge or canister of the right type; (c): fresh-air hoods or masks ▶ Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding. ▶ Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting. <p>Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently remove the contaminant.</p>	
	Type of Contaminant:	Air Speed:
	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 ft/min)
	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 ft/min)
	Within each range the appropriate value depends on:	
	Lower end of the range	Upper end of the range
	1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
	2: Contaminants of low toxicity or of nuisance value only	2: Contaminants of high toxicity
	3: Intermittent, low production.	3: High production, heavy use
	4: Large hood or large air mass in motion	4: Small hood-local control only
<p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 ft/min) for extraction of crusher dusts generated 2 metres distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction</p>		

	apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.
Personal protection	
Eye and face protection	The panel can be expected to be trimmed, cut or drilled. When such operations are necessary - wear safety glasses
Skin protection	See Hand protection below
Hands/feet protection	Good industrial hygiene includes the use of appropriate gloves and safety boots when handling and using these panels.
Body protection	See Other protection below
Other protection	The panel can be expected to be trimmed, cut or drilled. When such operations are necessary - Avoid breathing dust by wearing an appropriate dust mask or by using dust removal equipment The softwood TLV-TWA reflects the apparent low risk for upper respiratory tract involvement amongst workers in the building industry. A separate TLV-TWA, for hard woods, is based on impaired nasal mucociliary function reported to contribute to nasal adenocarcinoma and related hyperplasia found in furniture workers.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

Formica Decorated Board

Material	CPI
BUTYL	A
PE/EVAL/PE	A
TEFLON	A
VITON	A
NATURAL RUBBER	B
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
PE	C
PVA	C
PVC	C
SARANEX-23	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

Type BAX-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	BAX P1 Air-line*	- -	BAX PAPR-P1 -
up to 50 x ES	Air-line**	BAX P2	BAX PAPR-P2
up to 100 x ES	-	BAX P3 Air-line*	-
100+ x ES	-	Air-line**	BAX PAPR-P3

* - 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)

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Pressed board manufactured from wood fibres bonded together with resin.		
Physical state	Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available

Formica Decorated Board

Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Available	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 (Not Available%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	Product is considered stable and 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

Inhaled	Trimming, milling and sanding operations may be required. These operations may produce dust. Not normally a hazard due to physical form of product.
Ingestion	Trimming, milling and sanding operations may be required. These operations may produce dust. Not normally a hazard due to physical form of product.
Skin Contact	Trimming, milling and sanding operations may be required. These operations may produce dust. The material is not thought to be a skin irritant (as classified by EC Directives using animal models). Abrasive damage however, may result from prolonged exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.
Eye	Trimming, milling and sanding operations may be required. These operations may produce dust. Not normally a hazard due to physical form of product.
Chronic	This manufactured article is considered to have low hazard potential if handling and personal protection recommendations are followed.

Formica Decorated Board	TOXICITY	IRRITATION
	Not Available	Not Available
formaldehyde.	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 270 mg/kg ^[2]	Eye (human): 4 ppm/5m
	Inhalation(Rat) LC50; <463 ppm4h ^[1]	Eye (rabbit): 0.75 mg/24H SEVERE
	Oral (Rat) LD50; 100 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
		Skin (human): 0.15 mg/3d-I mild
		Skin (rabbit): 2 mg/24H SEVERE
	Skin: adverse effect observed (corrosive) ^[1]	

toluene diisocyanate	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >9400 mg/kg ^[1]	Eye: adverse effect observed (irritating) ^[1]
	Inhalation(Mouse) LC50; 0.069 mg/L4h ^[2]	Skin: adverse effect observed (irritating) ^[1]
	Oral (Rat) LD50; >2000 mg/kg ^[1]	
wood dust softwood	TOXICITY	IRRITATION
	Not Available	Not Available
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	

FORMALDEHYDE.	<p>WARNING: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS. Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen [National Toxicology Program: U.S. Dep. of Health & Human Services 2002]</p>
TOLUENE DIISOCYANATE	<p>Isocyanate vapours/mists are irritating to the upper respiratory tract and lungs; the response may be severe enough to produce bronchitis with wheezing, gasping and severe distress, even sudden loss of consciousness, and pulmonary oedema. Possible neurological symptoms arising from isocyanate exposure include headache, insomnia, euphoria, ataxia, anxiety neurosis, depression and paranoia. Gastrointestinal disturbances are characterised by nausea and vomiting. Pulmonary sensitisation may produce asthmatic reactions ranging from minor breathing difficulties to severe allergic attacks; this may occur following a single acute exposure or may develop without warning after a period of tolerance. A respiratory response may occur following minor skin contact. Skin sensitisation is possible and may result in allergic dermatitis responses including rash, itching, hives and swelling of extremities.</p> <p>Isocyanate-containing vapours/ mists may cause inflammation of eyes and nasal passages. Onset of symptoms may be immediate or delayed for several hours after exposure. Sensitised people can react to very low levels of airborne isocyanates. Unprotected or sensitised persons should not be allowed to work in situations allowing exposure to this material.</p> <p>for diisocyanates:</p> <p>In general, there appears to be little or no difference between aromatic and aliphatic diisocyanates as toxicants. In addition, there are insufficient data available to make any major distinctions between polymeric (<1000 MW) and monomeric diisocyanates. Based on repeated dose studies in animals by the inhalation route, both aromatic and aliphatic diisocyanates appear to be of high concern for pulmonary toxicity at low exposure levels. Based upon a very limited data set, it appears that diisocyanate prepolymers exhibit the same respiratory tract effects as the monomers in repeated dose studies. There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route. Most members of the diisocyanate category have not been tested for carcinogenic potential. Though the aromatic diisocyanates tested positive and the one aliphatic diisocyanate tested negative in one species, it is premature to make any generalizations about the carcinogenic potential of aromatic versus aliphatic diisocyanates. In the absence of more human data, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Diisocyanates are moderate to strong dermal sensitisers in animal studies. Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates.</p> <p>For monomers, effects on the respiratory tract (lungs and nasal cavities) were observed in animal studies at exposure concentrations of less than 0.005 mg/L. The experimental animal data available on prepolymeric diisocyanates show similar adverse effects at levels that range from 0.002 mg/L to 0.026 mg/L.</p> <p>There is also evidence that both aromatic and aliphatic diisocyanates are acutely toxic via the inhalation route</p> <p>Oncogenicity: Most members of the diisocyanate category have not been tested for carcinogenic potential. Commercially available Poly-MDI was tested in a 2-year inhalation study in rats. The tested material contained 47% aromatic 4,4'-methylenediphenyl diisocyanate (MDI) and 53% higher molecular weight oligomers. Interim sacrifices at one year showed that males and females in the highest dose group (6 mg/m³) had treatment related histological changes in the nasal cavity, lungs and mediastinal lymph nodes. The incidence and severity of degeneration and basal cell hyperplasia of the olfactory epithelium and Bowman's gland hyperplasia were increased in males at the mid and high doses and in females at the high dose following the two year exposure period. Pulmonary adenomas were found in 6 males and 2 females, and pulmonary adenocarcinoma in one male in the high dose group. However, aliphatic hexamethylene diisocyanate (HDI) was found not to be carcinogenic in a two year repeated dose study in rats by the inhalation route. HDI has not been tested in mice by the inhalation route.</p> <p>Though the oral route is not an expected route of exposure to humans, it should be noted that in two year repeated dose studies by the oral route, aromatic toluene diisocyanate (TDI) and 3,3'-dimethoxy-benzidine-4,4'-diisocyanate (dianisidine diisocyanate, DADI) were found to be carcinogenic in rodents. TDI induced a statistically significant increase in the incidence of liver tumors in rats and mice as well as dose-related hemangiosarcomas of the circulatory system and has been classified by the Agency as a B2 carcinogen. DADI was found to be carcinogenic in rats, but not in mice, with a statistically increase in the incidence of pancreatic tumors observed.</p> <p>Respiratory and Dermal Sensitization: Based on the available toxicity data in animals and epidemiologic studies of humans, aromatic diisocyanates such as TDI and MDI are strong respiratory sensitisers. Aliphatic diisocyanates are generally not active in animal models for respiratory sensitization. However, HDI and possibly isophorone diisocyanate (IPDI), are reported to be associated with respiratory sensitization in humans. Symptoms resulting from occupational exposure to HDI include shortness of breath, increased bronchoconstriction reaction to histamine challenges, asthmatic reactions, wheezing and coughing. Two case reports of human exposure to IPDI by inhalation suggest IPDI is a respiratory sensitiser in humans. In view of the information from case reports in humans, it would be prudent at this time to assume that both aromatic and aliphatic diisocyanates are respiratory sensitisers. Studies in both human and mice using TDI, HDI, MDI and dicyclohexylmethane-4,4'-diisocyanate (HMDI) suggest cross-reactivity with the other diisocyanates, irrespective of whether the challenge compound was an aliphatic or</p>

Formica Decorated Board

aromatic diisocyanate. Diisocyanates are moderate to strong dermal sensitizers in animal studies. There seems to be little or no difference in the level of reactivity between aromatic and aliphatic diisocyanates.

Dermal Irritation: Skin irritation studies performed on rabbits and guinea pigs indicate no difference in the effects of aromatic versus aliphatic diisocyanates. The level of irritation ranged from slightly to severely irritating to the skin. One chemical, hydrogenated MDI (1,1-methylenebis-4-isocyanatocyclohexane), was found to be corrosive to the skin in guinea pigs.

No significant acute toxicological data identified in literature search.

For wood dusts:

Wood dusts may cause respiratory symptoms including sensitisation and diminished respiratory function and may also be carcinogenic.

OSHA has determined that the health evidence for the toxicity of wood dust cannot be separately distinguished for soft wood and hard wood. A final OSHA ruling however establishes an 8-hour TWA PEL of 2.5 mg/m³ for Western red cedar wood dust, based on its widely recognized ability to cause immune-system-mediated allergic sensitization. Evidence in the record demonstrates the seriousness of this effect.

Wood dust is defined as any wood particles arising from the processing or handling of woods. Hard woods derive from the deciduous broad-leaved flowering species of trees, and soft woods include the coniferous species that do not shed their leaves in the winter. The distinction between hard woods and soft woods is purely botanical. Many so-called "softwoods" are actually hard (i.e., Douglas fir as a softwood is harder than the hardwood birch) and one of the softest woods in existence (balsa) is botanically a hardwood.

Some commentators were of the opinion that many other woods, such as Douglas fir, pine, red and white oak, redwood, walnut, spruce, boxwood, cocobolo, teak, mahogany, and others, should also be designated by OSHA as allergenic in this rulemaking. However, OSHA finds that "it is unlikely that species other than WRC are responsible for large numbers of cases of respiratory allergies".

Other commonly used woods such as oak, birch, redwood, pine, teak, alder, and hemlock, produce pulmonary effects that are less well described than the asthma responses to Western red cedar.

OSHA is establishing a PEL of 5 mg/m³ as an 8-hour TWA and 10 mg/m³ as a 15-minute STEL for hard and soft wood dust, with the exception of Western red cedar. OSHA concludes that promulgation of these exposure limits will substantially reduce the significant risk of material impairment in the form of pulmonary dysfunction (including changes in peak flow, interference with mucociliary clearance, respiratory symptoms, and chronic effects) that is associated with exposure to wood dust at the higher levels that would be permitted in the absence of any limit.

Carcinogenicity The association between occupational exposure to wood dust and various forms of cancer has been explored in many studies and in many countries. In 1987, the International Agency for Research on Cancer (IARC) classified furniture manufacturing in Category I (confirmed human carcinogen) and carpentry in Category 2B (suspected human carcinogen). IARC concludes that there is sufficient evidence in humans for the carcinogenicity of wood dust. (Group 1) Wood dust causes cancer of the nasal cavity and paranasal sinuses and of the nasopharynx. IARC also concludes that there is inadequate evidence in experimental animals for the carcinogenicity of wood dust.

In 1998, IARC issued the results of its detailed analyses of the combined results from 17 studies of nasal cancers and wood dust exposures. These analyses supported IARC's earlier conclusions and led to the following findings:

- Excess sino-nasal cancers were seen primarily in studies of European furniture makers
- The degree of risk was increased in workers with the highest level and length of exposure
- Observed risk levels were lower in studies of U.S. populations, possibly due to differences in the types of exposures that had occurred (e.g., exposures to different types of wood).

Based on its analyses, IARC has concluded that wood dust may cause "adenocarcinomas of the nasal cavities and paranasal sinuses". This is a specific type of cancer in a specific region in the respiratory tract. IARC did not find sufficient evidence to associate wood dust exposure with other types of cancer of the nasal cavities (e.g., squamous cell carcinomas) or cancers in other parts of the body, such as the oropharynx, hypopharynx, lung, lymphatic and haematopoietic systems, stomach, colon or rectum.

Dust particles may act as carriers for genotoxic agents. Chromium compounds are often present in oak and beech dusts as they are frequently used in the wood-processing industry, particularly as potassium dichromate in stains as well as fixing agents in wood preservatives. Stained furniture is made largely from oak and beech as they contain enough tannic acid to allow for chemical staining. Direct genotoxic effects of wood dust extracts were summarized by IARC (1995).

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Exposure to hexavalent chromium has been associated with the development of sinonasal cancers.

NIOSH (Ex. 8-47) considers both hard and soft wood dust to be potentially carcinogenic in humans; for soft wood dust, NIOSH recommends a separate 6(b) rulemaking (Ex. 8-47, Table N6B). NIOSH concurred, however, with the proposed PEL of 1 mg/m³ TWA for hard wood dust.

Several chemicals were isolated from wood extracts, but only quercetin and delta-3-carene were shown to be mutagenic (IARC, 1995)

Summary of evidence for nasal and sinus cavity cancers. NIOSH (1987a/Ex. 1-1005) concluded that the literature clearly demonstrates an association between occupational wood dust exposure and nasal cancer. English studies first identified this link by showing a 10- to 20-times-greater incidence of nasal adenocarcinoma among woodworkers in the furniture industry than among other woodworkers and 100 times greater than in the general population. In the United States, three studies have reported a fourfold risk of nasal cancer or adenocarcinoma in furniture workers, and another study noted a similar relationship between nasal cancer and wood dust exposure. One other study failed to find such an association for furniture workers, but did find an increase among logging and timber industry workers.

The association between lung cancer and occupational wood dust exposure is inconclusive, although several epidemiological studies have reported increases in lung cancer among wood-dust-exposed workers. A significant excess of malignant tumours of

WOOD DUST SOFTWOOD

the bronchus and lung in carpenters and joiners. Only construction workers showed a statistically significant increase in lung cancer rate.

Although the data are conflicting, several epidemiological studies of U.S. workers do report increases in the incidence of Hodgkin's disease among woodworkers. This excess is particularly apparent among carpenters.

Data on the relationship between occupational exposure to wood dust and the development of cancers other than nasal, Hodgkin's disease, or lung cancers are insufficient and inconclusive.

Copper chrome arsenic (CCA) is used widely to treat timber in both industrial and domestic situations. CCA is a water-borne preservative and contains copper, chromium and arsenic salts dissolved in water. Exposure to CCA is considered a potential health risk mainly because some arsenic and chromium compounds are known to cause cancer. It is recommended practice that freshly treated timber is stored at the treatment plant for at least two weeks (and up to 6 weeks) to ensure fixation and surface drying of the CCA. Timber for domestic or playground use should also be surface washed prior to distribution.

Exposure to wood dust has long been associated with a variety of adverse health effects, including dermatitis, allergic respiratory effects, mucosal and non-allergic respiratory effects, and cancer. The toxicity data in animals are limited, particularly with regard to exposure to wood dust alone; there are, however, a large number of studies in humans. There are a large number of case reports, epidemiological studies, and other data on the health effects of wood dust exposure in humans. Dermatitis caused by exposure to wood dusts is common, and can be caused either by chemical irritation, sensitization (allergic reaction), or both of these together. As many as 300 species of trees have been implicated in wood-caused dermatitis.

Allergic respiratory responses are mediated by the immune system, as is also the case with allergic dermatitis. Asthma is the most common response to wood dust exposure, and the allergic nature of such reactions has been demonstrated by the presence of IgE antibodies and positive skin reactions on patch testing. The best-studied of the allergic reactions to wood dust is Western red cedar (WRC) asthma; it is estimated that 5 percent of the workers handling this species are allergic to it.

The symptoms of sensitization are redness, scaling, and itching, which may progress to vesicular dermatitis and, after repeated exposures, to chronic dermatitis. The parts of the body most often affected are the hands, forearms, eyelids, face, neck, and genitals. This form of dermatitis generally appears after a few days or weeks of contact.

The chemicals associated with allergic reactions are generally found in the inner parts of a tree, e.g., the heartwood, and the workers most prone to these reactions are those involved in secondary wood processing (e.g., carpenters, joiners, and finishers). Cereal flours are used in the wood industry to improve the quality of the glues necessary to produce veneer panels and are a potential source of sensitising substances. Cereal alpha-amylase inhibitors have been previously described as important occupational allergens responsible for baker's asthma. IgE proteins belong to the cereal alpha-amylase inhibitor family have been identified in the sera of several wood workers.

Exposure to microorganisms that grow on wood can also cause potential health effects. Endotoxins from bacteria and allergenic fungi growing on wood are the main biohazards found in wood processing workplaces. Exposure to these biohazards can cause adverse health effects such as organic dust toxic syndrome (ODTS), bronchitis, asthma, extrinsic allergic alveolitis (EAA), and mucous membrane irritation. The fungi predominantly associated with EAA and ODTS are dry spored species such as *Aspergillus* and *Penicillium*.

A large number of studies have demonstrated that occupational exposure to wood dust causes both statistically significant and non-significant increases in respiratory symptoms at exposure levels as low as 2 mg/m³. These symptoms range from irritation to bleeding, wheezing, sinusitis, and prolonged colds. In addition, chronic wood dust exposure causes mucociliary stasis (i.e., the absence of effective clearance) in the nose and, in some workers, also causes changes in the nasal mucosa. Several studies have demonstrated decreased pulmonary function among wood-dust-exposed workers, although other studies have not confirmed these findings. One study relates exposure level to ventilatory function. In that study, exposure to concentrations of 2 mg/m³ of WRC dust caused significant decreases in forced vital capacity and forced expiratory volume. Exposures to concentrations above 3 mg/m³ produced eye irritation.

Mucosal and non-allergic respiratory effects have also been demonstrated. These changes include nasal dryness, irritation, bleeding, and obstruction; coughing, wheezing, and sneezing; sinusitis; and prolonged colds. These symptoms have been observed even at wood dust concentrations below 4 mg/m³. Workers (carpenters, sawmill workers, woodworkers) exposed from 3 to 24 years to the dust of several different hard woods showed radiologic evidence of pulmonary abnormalities. In all of these workers, mucociliary movement was markedly depressed, leading these authors to conclude that exposure to wood dust in the furniture industry for 10 years or more can impair mucociliary clearance. A respiratory survey in pulp and paper mill workers showed that workers exposed to wood dust at a mean total dust concentration of 0.5 mg/m³ had a slight but statistically significant decrease in pulmonary function values compared with controls. The authors concluded that the chemical preservatives used to treat the wood could also have been responsible for these adverse effects.

A further study found that exposure to higher (10+ mg-years/m³), as compared with lower (0 to 2 mg-years/m³), dust concentrations was associated with a statistically significant and higher incidence of decreased pulmonary function. However, dose-response effects were observed only for soft wood (i.e., pine) dusts. Yet another study found no correlation between years of exposure to pine wood dust and pulmonary function.

A study of Italian woodworkers showed that the number of wood-dust-exposed workers who had developed anosmia (loss of smell) was significantly higher than in a control group of non-exposed workers. This confirmed was confirmed in other workers exposed to hardwood dusts.

Exposure to wood dust can cause chronic obstructive lung disease. Exposure to saw fumes containing terpenes, which is a constituent of wood, also causes chronic obstructive impairment in lung function.

Medium density fibre boards (MDF) is widely used in the joinery and furniture industry as well as in building and housing construction. The major constituents of MDF particle boards are pulverised softwood and urea-formaldehyde resin, both of which are recognised as potential health hazards in the working environment. MDF produces very fine dust during processing and the dust particles act as a carrier of absorbed formaldehyde to the lower airways of the lungs. Wood dust and formaldehyde together have been reported to cause respiratory irritation with symptoms of dryness of the throat, rhinitis and eye irritation as well as occupational skin disease.

Groups of male guinea pigs were injected intratracheally with suspensions containing 75 mg of sheesham or mango wood dust or of hemp or bagasse fibers, or 20 mg of jute fiber. Lung examination revealed that, at 90 days, Grade I fibrosis of the lungs had occurred in the guinea pigs injected with mango or jute, while those treated with sheesham or hemp had developed Grade II pulmonary fibrosis.

In another experiment involving guinea pigs, animals were exposed by inhalation to average respirable dust concentrations of

	<p>1143 mg/m3 for 30 minutes/day, 5 days/week for 24 weeks. Histopathological examination showed lung changes, described as moderate to severe, in all exposed guinea pigs. The changes seen included an increase in septal connective tissue components and aggregation of lymphocytes; however, no pulmonary fibrosis or extensive destruction of the parenchymal tissue occurred. The study concluded that exposure to fir bark dust may cause inflammatory changes in the lung.</p> <p>Two studies examined the effect of exposing Syrian golden hamsters to beech wood dust by inhalation, with or without concurrent administration of the known carcinogen diethylnitrosamine (DEN).</p> <p>In Study I was given the DEN doses only (positive control), and the fourth group was given no exposure at all (negative control). Four hamsters exposed to wood dust and DEN exhibited squamous cell papillomas of the trachea, as did three animals in the positive control group and one in the negative control group. No differences in organs other than the respiratory organs were seen between the treated and control groups.</p> <p>In Study II, there were 24 animals in each of four groups. Two groups of animals were exposed to fresh beech wood dust at a mean total dust concentration of 30 mg/m3 for six hours/day, five days/week for 40 weeks. All DEN-exposed hamsters had nasal lesions ranging from hyperplasias and dysplasias to papillomas. In addition, half of all DEN-exposed hamsters developed nasal adenocarcinomas, whether or not they had also been exposed to wood dust. Half of the DEN-exposed animals also had papillomas of the larynx and trachea. In the wood-dust-exposure-only group, two of the animals had nasal lesions, one of which was an unclassifiable malignant nasal tumor and the other of which consisted of focal metaplasia with mild dysplasia. The study concluded that exposure to wood dust did not increase the tumour incidence in DEN-exposed animals but did affect the respiratory tract of all exposed animals.</p> <p>WARNING: Inhalation of wood dust by workers in the furniture and cabinet making industry has been related to nasal cancer [I.L.O. Encyclopedia] Use control measures to limit all exposures.</p>		
<p>FORMALDEHYDE. & TOLUENE DIISOCYANATE</p>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. 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. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p>		
<p>TOLUENE DIISOCYANATE & WOOD DUST SOFTWOOD</p>	<p>Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.</p>		
<p>Acute Toxicity</p>	<p>✗</p>	<p>Carcinogenicity</p>	<p>✗</p>
<p>Skin Irritation/Corrosion</p>	<p>✗</p>	<p>Reproductivity</p>	<p>✗</p>
<p>Serious Eye Damage/Irritation</p>	<p>✗</p>	<p>STOT - Single Exposure</p>	<p>✗</p>
<p>Respiratory or Skin sensitisation</p>	<p>✗</p>	<p>STOT - Repeated Exposure</p>	<p>✗</p>
<p>Mutagenicity</p>	<p>✗</p>	<p>Aspiration Hazard</p>	<p>✗</p>

Legend: ✗ – Data either not available or does not fill the criteria for classification
 ✓ – Data available to make classification

Formica Decorated Board

SECTION 12 Ecological information

Toxicity

Formica Decorated Board	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
formaldehyde.	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	96h	Algae or other aquatic plants	0.005mg/l	4
	LC50	96h	Fish	1.607mg/L	4
	EC50	72h	Algae or other aquatic plants	1.034-1.984mg/l	4
	EC50	48h	Crustacea	3.26mg/l	4
	EC50	96h	Algae or other aquatic plants	0.375-0.579mg/l	4
toluene diisocyanate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	96h	Algae or other aquatic plants	3230mg/l	1
	LC50	96h	Fish	~0.4mg/l	2
	EC50	48h	Crustacea	12.5mg/l	1
	NOEC(ECx)	504h	Crustacea	>=0.5mg/l	1
wood dust softwood	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
formaldehyde.	LOW (Half-life = 14 days)	LOW (Half-life = 2.97 days)
toluene diisocyanate	LOW (Half-life = 1 days)	LOW (Half-life = 0.13 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
formaldehyde.	LOW (LogKOW = 0.35)
toluene diisocyanate	LOW (BCF = 5)

Mobility in soil

Ingredient	Mobility
formaldehyde.	HIGH (KOC = 1)
toluene diisocyanate	LOW (KOC = 9114)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	Waste treatment methods
	Recycle wherever possible or consult manufacturer for recycling options. Consult State Land Waste Management Authority for disposal. Recycle packaging if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

Label	Requirement
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

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
formaldehyde.	Not Available
toluene diisocyanate	Not Available
wood dust softwood	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
formaldehyde.	Not Available
toluene diisocyanate	Not Available
wood dust softwood	Not Available

SECTION 15 Regulatory information

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

formaldehyde. is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 10 / Appendix C

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

toluene diisocyanate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans

wood dust softwood is found on the following regulatory lists

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (formaldehyde.; toluene diisocyanate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes

National Inventory	Status
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
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	01/11/2019
Initial Date	25/11/2011

SDS Version Summary

Version	Date of Update	Sections Updated
4.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

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
 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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