

Titan Iprodione 500 (Titan Iprodione Aquaflow 500 Fungicide)

Titan Ag

Chemwatch: 7644-385

Version No: 3.1

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Chemwatch Hazard Alert Code: 2

Initial Date: 18/11/2025

Revision Date: 29/04/2026

Print Date: 03/06/2026

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

Product Identifier

Product name	Titan Iprodione 500 (Titan Iprodione Aquaflow 500 Fungicide)
Chemical Name	Not Applicable
Synonyms	65494
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains iprodione)
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	Agricultural fungicide. Use according to manufacturer's directions.
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Details of the manufacturer or importer of the safety data sheet

Registered company name	Titan Ag
Address	Princes Street Marina, Suite 15/16 Princes Street Newport NSW 2106 Australia
Telephone	+61 2 9999 6655
Fax	+61 2 9999 0483
Website	https://www.titanag.com.au/
Email	titanorders@titanag.com.au

Emergency telephone number

Association / Organisation	Titan Ag
Emergency telephone number(s)	1800 033 111 (24 hours)
Other emergency telephone number(s)	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification ^[1]	Carcinogenicity Category 2, Reproductive Toxicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 1
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	Warning

Hazard statement(s)

H351	Suspected of causing cancer.
H361fd	Suspected of damaging fertility. Suspected of damaging the unborn child.
H373	May cause damage to organs through prolonged or repeated exposure.
H410	Very toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P202	Do not handle until all safety precautions have been read and understood
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P272	Do not handle until all safety precautions have been read and understood.
P260	Do not breathe mist/vapours/spray.
P280	Wear protective gloves and protective clothing.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P314	Get medical advice/attention if you feel unwell.
P391	Collect spillage.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
36734-19-7	45-55	<u>iprodione</u>
Not Available	balance	Ingredients determined not to be hazardous
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	If this product comes in contact with the eyes: ▶ Wash out immediately with fresh 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. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▶ Other measures are usually unnecessary.
Ingestion	▶ 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.
For employees potentially exposed to antineoplastic and/ or cytotoxic agents on a regular basis, a preplacement physical examination and history (noting risk factors) is recommended. Periodic follow-up examinations should also be undertaken and should be overseen by a physician familiar with the toxic effects of the substance and full details of the nature of work undertaken by the employee.
Following administration of antineoplastics, control of nausea and vomiting may be attempted by giving phenothiazines such as perphenazine, prochlorperazine, promethazine or thiethylperazine. In bone-marrow depression, transfusion of blood or platelets reduces the risk of life-threatening haemorrhage. Granulocyte transfusions and injection of antibiotics may be necessary to combat infection in the neutropenic patient. Hyperuricaemia is avoided by the addition of allopurinol to treatment schedules and measures such as alkalinisation of the urine and hydration may be adopted. MARTINDALE: The Extra Pharmacopoeia, 28th Edition.

SECTION 5 Firefighting measures

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
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Advice for firefighters

Fire Fighting	▶ Alert Fire Brigade and tell them location and nature of hazard.
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	▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ 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.
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 dioxide (CO₂) hydrogen chloride phosgene nitrogen oxides (NO_x) ▶ other pyrolysis products typical of burning organic material.
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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	Environmental hazard - contain spillage. It is recommended that areas handling final finished product have cytotoxic spill kits available. Spill kits should include: ▶ impermeable body covering, ▶ shoe covers, ▶ latex and utility latex gloves, ▶ goggles, ▶ approved respirator (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent), see Section 8, ▶ disposable dust pan and scoop, ▶ absorbent towels, ▶ spill control pillows, ▶ disposable sponges, ▶ sharps container, ▶ disposable garbage bag and ▶ hazardous waste label Where spills are treated with loose absorbents, such as vermiculite, ensure dust exposure is strictly avoided. To avoid accidental exposure due to waste handling of cytotoxics: ▶ Place waste residue in a segregated sealed plastic container. ▶ Used syringes, needles and sharps should not be crushed, clipped, recapped, but placed directly into an approved sharps container. ▶ Dispose of any cleanup materials and waste residue according to all applicable laws and regulations e.g. secure chemical landfill disposal. All personnel likely to be involved in an antineoplastic (cytotoxic) spill must receive practical training in: ▶ the correct procedures for handling cytotoxic drugs or waste in order to prevent and minimise the risk of spills ▶ the location of the spill kit in the area ▶ the arrangements for medical treatment of any affected personnel ▶ the procedure for containment of the spill, and decontamination of personnel and the environment, including the different procedures for major and minor spills ▶ the procedure for waste disposal according to the nature and extent of the spill ▶ Clean up all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	Environmental hazard - contain spillage. Moderate hazard. ▶ Clear area of personnel and move upwind. ▶ 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 course. ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Absorb remaining product with sand, earth or vermiculite. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

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Safe handling	Australian Standard (AS2639) and the National Institute of Health (USA) recommends that the preparation of injectable antineoplastic drugs should be performed in a Class II laminar flow biological safety cabinet and that personnel preparing drugs of this class should wear appropriate personal protective gear. Emphasise controls on containment. ▶ 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. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ 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. ▶ 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.
Other information	Antineoplastics (cytotoxics): ▶ should be clearly identifiable to all personnel involved in their handling ▶ should be stored in impervious break-resistant containers ▶ should be stored in separate, clearly marked storage areas to minimise the risk of breakage, and to limit contamination in the event of leakage. Spill kits should be available in storage areas. ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	▶ Glass container is suitable for laboratory quantities ▶ Metal can or drum ▶ Packaging as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▶ Avoid strong acids, bases. · Imidazole may be regarded as possessing pyrrole and pyridine like properties and therefore its reactivity might resemble that of the others. In general imidazole, in common with pyrazole, is less reactive than pyrrole and more reactive than benzene. · One peculiarity of imidazole is the impossibility to distinguish the two nitrogen atoms in solution. The hydrogen moves according to a tautomeric equilibria (that is exactly 50% of each form) from one nitrogen to the other. · In imidazole C4 and C5 are electron rich, whilst C2 is electron deficient. Imidazole can behave as both an electrophile and a nucleophile. The nucleophilic reaction leads to N-substituted imidazoles. · Imidazole is an amphoteric substance. The acid - base behaviour of imidazole is important in determining its reactivity, because it is not just an amphoteric substance, thanks to the pyrrole-like and pyridine-like nitrogen but is also consistently more basic than pyridine (pKa of the conjugated acid 5.3) and more acidic than pyrrole (pKa 17.5). It all depends on the symmetry of the nitrogen atoms, that can equally stabilize either the positive (a proton) or the negative charge. ▶ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

MATERIAL DATA

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- ▶ cause inflammation
- ▶ cause increased susceptibility to other irritants and infectious agents
- ▶ lead to permanent injury or dysfunction
- ▶ permit greater absorption of hazardous substances and
- ▶ acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

CEL TWA: 0.001 mg/m³

(CEL=Chemwatch Exposure Limit)

Exposure controls

Appropriate engineering controls	For potent pharmacological agents: Solutions Handling: ▶ Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area. ▶ Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation. ▶ In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use. ▶ Ensure gloves are protective against solvents in use.
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Unless written procedures, specific to the workplace are available, the following is intended as a guide:

- ▶ For Laboratory-scale handling of Substances assessed to be toxic by inhalation. **Quantities of up to 25 grams** may be handled in Class II biological safety cabinets *; **Quantities of 25 grams to 1 kilogram** may be handled in Class II biological safety cabinets* or equivalent containment systems; **Quantities exceeding 1 kg** may be handled either using specific containment, a hood or Class II biological safety cabinet*.
- ▶ HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.
- ▶ The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated. Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated. When handling: **Quantities of up to 25 grams**, an approved respirator with HEPA filters or cartridges should be considered; **Quantities of 25 grams to 1 kilogram**, a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. **Quantities in excess of 1 kilogram**, a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered.

Written procedures, specific to a particular work-place, may replace these recommendations

* For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added, Laminar flow cabinets do not provide sufficient protection when handling these materials unless especially designed to do so.

Pilot Plant and Production

- ▶ Wear appropriate gloves; lab coat, nylon coveralls or disposable Tyvek suit; safety glasses, safety shoes, and disposable booties. Use good manufacturing practices (i.e., cGMPs).
- ▶ Protective garment (coveralls, Tyvek, lab coat) is not to be worn outside the work area.
- ▶ Clean/dirty/decontamination areas are to be established.
- ▶ Negative/positive air pressure relationships and buffer zones required (i.e., ante-room/degowning room/airlock).
- ▶ Area access is to be restricted.
- ▶ High-energy operations such as milling, particle sizing, spraying or fluidising should be done within an approved emission control or containment system.
- ▶ Develop cleaning procedures and techniques that limit potential exposure

Individual protection measures, such as personal protective equipment



Eye and face protection

- ▶ Chemical protective goggles with full seal.[AS/NZS 1337.1, EN166 or national equivalent]
- ▶ Shielded mask (gas-type).
- ▶ 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

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Contaminated gloves should be replaced.

As defined in ASTM F-739-96 in any application, gloves are rated as:

- Excellent when breakthrough time > 480 min
- Good when breakthrough time > 20 min
- Fair when breakthrough time < 20 min
- Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.

Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.
- Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

- ▶ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- ▶ Double gloving should be considered.
- ▶ PVC gloves.
- ▶ Change gloves frequently and when contaminated, punctured or torn.
- ▶ Wash hands immediately after removing gloves.
- ▶ Protective shoe covers. [AS/NZS 2210]
- ▶ Head covering.

Body protection

See Other protection below

Other protection

- ▶ When handling antineoplastic materials, it is recommended that a disposable work-uniform (such as Tyvek or closed front surgical-type gown with knit cuffs) is worn.

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- ▶ Potentially contaminated bodily fluids should be handled in accordance with local standards or codes of practice (appendix 10 of 'Cytotoxic Drugs and Related Waste' - Workcover New South Wales, HSE Information Sheet MISC615, OSHA Technical Manual (OTM) Section VI: Chapter 2)
- ▶ Overalls.
- ▶ P.V.C apron.
- ▶ Barrier cream.
- ▶ Skin cleansing cream.
- ▶ Eye wash unit.

Respiratory protection

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class1	-
up to 50	1000	-	A-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	A-2
up to 100	10000	-	A-3
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand

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)

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	White liquid with mild odour; partly mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	4-6	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	~100	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	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 Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	*2.37 @20C (water)	Gas group	Not Available
Solubility in water	Partly miscible	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

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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	Based on available data, the classification criteria are not met.
c) Serious Eye Damage/Irritation	Based on available data, the classification criteria are not met.
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	There is sufficient evidence to classify this material as carcinogenic
g) Reproductivity	There is sufficient evidence to classify this material as toxic to reproductivity
h) STOT - Single Exposure	Based on available data, the classification criteria are not met.
i) STOT - Repeated Exposure	There is sufficient evidence to classify this material as toxic to specific organs through repeated exposure
j) Aspiration Hazard	Based on available data, the classification criteria are not met.

Inhaled	The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic 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.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Antineoplastic action is dependent on cytotoxic action which is not selective for malignant cells alone but may affect all rapidly dividing cells. The spectrum of effects seen with these agents is therefore similar although differences do arise. Acute adverse effects commonly produced by these agents include anorexia, nausea and vomiting (often central in origin and occurring minutes or hours after administration), allergic reaction (skin rashes, pruritus, erythema, hypotension, malaise, and anaphylaxis) and local irritant effects. Hyperuricaemia and acute renal failure (due to uric acid nephropathy) may result from the lysis of large numbers of cells and breakdown of nucleoproteins. Aromatase inhibitors (including triazoles and azoles) produce several side effects including mood swing, depression, weight gain, hot flushes, vaginal dryness, bloating, early onset of menopause. Long-term use may result in bone weakness, increased risk of blood clots, gastrointestinal disturbance, and sweats. Aromatase inhibitors lower the level of oestrogen in post-menopausal women who have hormone-receptor-positive breast cancers. Prior to menopause oestrogen is mostly produced in the ovaries. Post-menopausal women produce oestrogen from another hormone, androgen. Aromatase inhibitors prevent the enzyme, aromatase from catalysing this reaction. Breast cancer cell growth in post-menopausal women is stimulated by oestrogen. Hydantoin derivatives may damage the stem cell which acts as the precursor to components of the blood and, as a result, produce blood dyscrasias. Most blood cells originate from a single pluripotent stem cell which are present in the circulating blood, but differentiates only in intact bone marrow. When the number stem cells decreases to below 10% of their normal value, pancytopenia (a reduction in the number of red and white blood cells and platelets) develops in the peripheral blood, with a latency period corresponding to the lifetime of the individual blood cells. Granulocytopenia (a reduction in granular leukocytes) develops within days and thrombocytopenia (a disorder involving platelets), within 1-2 weeks, whilst loss of erythrocytes (red blood cells) need months to become clinically manifest. The erythrocyte count reveals 0.8% loss per day, on average, following the complete stop of red blood cell formation. Aplastic anaemia develops due to complete destruction of the stem cells. Hydantoin is cardiotoxic, producing dysrhythmias or other conduction disturbances. Some hydantoin derivatives (such as phenytoin) are able to cross the placenta and are embryotoxic and/or teratogenic.
Skin Contact	The liquid may be miscible with fats or oils and may degrease the skin, producing a skin reaction described as non-allergic contact dermatitis. The material is unlikely to produce an irritant dermatitis as described in EC Directives. 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	Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	On the basis, primarily, of animal experiments, concern has been expressed 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. Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Harmful: 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. Exposure to the material may cause concerns for human fertility, generally on the basis that results in animal studies provide sufficient evidence to cause a strong suspicion 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. Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects. Azole antifungals cause hepatotoxicity by inducing the expression of liver cytochrome P450 enzymes (CYP1, CYP2, and CYP3 families), which in turn increases the abundance of reactive oxygen species in liver cells, resulting in lipid peroxidation and DNA damage. In addition, azole antifungals have the potential to inhibit liver P450 enzymes, interfering in the phase I metabolism of xenobiotics. Disruption of the endocrine system, by azoles, can lead to impaired reproduction, alterations in sexual differentiation, impaired growth and development, and the formation of hormone-dependent cancers. Azole antifungals disrupt the endocrine system by inhibiting several highly substrate-selective cytochrome P450 enzymes involved in mammalian steroid hormone biosynthesis. These include aromatase (CYP19) (which catalyzes the C-10 demethylation of androgens to estrogens), CYP11A (which converts cholesterol to pregnenolone), steroid 21-hydroxylase (CYP21), aldosterone synthase (CYP11B2), steroid 11β-hydroxylase (CYP11B1), steroid 17α-hydroxylase/17,20-lyase (CYP17), and lanosterol 14α-demethylase (CYP51), disturbing the in vivo hormonal balance. Azole fungicides show a broad antifungal activity and are used either to prevent fungal infections or to cure an infection. Therefore, they are important tools in integrated agricultural production. According to their chemical structure, azole compounds are classified into triazoles and imidazoles; however, their antifungal activity is due to the same molecular mechanism. The difference between the imidazoles and the triazoles involves the mechanism of inhibition of the cytochrome P450 enzyme. The N3 of the imidazole compound binds to the heme iron atom of ferric cytochrome P450, whereas the N4 of the triazoles bind to the heme group. The triazoles have been shown to have a higher specificity for the cytochrome P450 than imidazoles, thereby making them more potent than the imidazoles. The cell membrane assembly of fungi and yeast is disturbed by blocking the synthesis of the essential membrane component ergosterol. This fundamental biochemical mechanism is the basis for the use of azole fungicides in agriculture and in human and veterinary antimycotic

Continued...

Titan Iprodione 500 (Titan Iprodione Aquaflow 500 Fungicide)

therapies. The enzyme involved is sterol 14[alpha]-demethylase, which is found in several phyla. In mammals, it converts lanosterol into the meiosis-activating sterols (MAS) which regulate or modify cell division. These precursors of cholesterol have been discovered to moderate the development of male and female germ (sexual) cells. Several metabolites of lanosterol have been regarded only as precursors of cholesterol without any biological function in animals. This view dramatically changed recently with the observation that FF-MAS isolated from human follicle fluid and T-MAS isolated from bull testis as well as the MAS-412 and MAS-414 induced resumption of meiosis in cultivated mouse oocytes

Aromatase is another target enzyme of azole compounds. In steroidogenesis, it converts androgens into the corresponding oestrogens. The importance of androgens and oestrogens for the development of reproductive organs, for fertility, and in certain sex steroid-dependent diseases is well known. Therefore, azole compounds can be directed against aromatase to treat oestrogen-responsive diseases. Based on the inhibitory activity of azoles on key enzymes involved in sex steroid hormone synthesis, it is likely that effects on fertility, sexual behavior, and reproductive organ development will occur depending on dose level and duration of treatment of laboratory animals. Several azole compounds were shown to inhibit the aromatase and to disturb the balance of androgens and estrogens in vivo. In fact, the clinical use of azole compounds in estrogen-dependent diseases is based on this effect. Additionally, azole antifungals developed to inhibit the sterol 14[alpha]-demethylase of fungi and yeast in agriculture and medicine are also inhibiting aromatase. Therefore, these antifungals may unintentionally disturb the balance of androgens and estrogens. Until now, it is not clear whether this effect is compensated by an increased expression of aromatase or by other unknown mechanisms.

The broad use of biologically active compounds in human therapy as well as in nonhuman applications may involve some risks, as exemplified by emerging antibiotic resistance. In agriculture, fungi and yeast are well known to develop resistance to azoles, and some molecular mechanisms of resistance development have been described. The significance of the agricultural azole resistance for human clinical antimycotic therapies has been discussed in Europe, but is not clarified yet. The actual target enzyme of azole antifungals, the fungal sterol 14[alpha]-demethylase, is expressed in many species including humans, and it is highly conserved through evolution. Hence, it seems reasonable to assume that most of the azole antifungals used in agriculture and medicine as well as azoles used in management of breast cancer also act as inhibitors on human sterol 14[alpha]-demethylase to an unknown extent. The toxicologic profiles of individual azole fungicides provide evidence for endocrine effects. In fact, many of these fungicides have effects on prostate, testis, uterus, and ovaries as well as on fertility, development, and sexual behavior. The current database does not allow us to establish causal relationships of these effects with inhibition of sterol 14[alpha]-demethylase and/or aromatase, but the overall view strongly suggests a connection with disturbed steroidogenesis.

Zam et al; Environmental Health Perspectives-3/1/2003

Some azoles have been associated with prolongation of the QT interval on the electrocardiogram.

Dicarboximides are endocrine disruptors and have been shown to have antiandrogenic effects, i.e. decrease levels of male hormones.

Animal studies with vinclozolin and procymidone show irregular reproductive development due to their function as androgen receptor antagonists that inhibit androgen-activated gene expression. Even with low doses of antiandrogenic pesticides, developmental effects such as reduced anogenital distance and induction of areolas were seen in male rats.

The material may exhibit antiandrogenic activity or estrogenic activity in humans. Although increased levels of developmental or environmental estrogens have been linked to the increased incidence of prostate disease, chemicals with antiandrogenic activity are potentially of greater importance because androgens are critical to establishing the male phenotype. Environmental chemicals with antiandrogenic activity offer profound implications with regard to recent clinical observations that suggest an increasing incidence of human male genital tract malformations, male infertility, and female breast cancer.

During foetal and neonatal life, reproductive tract development is hormonally regulated, and the reproductive tract is in an undifferentiated state, lacking compensatory homeostatic mechanisms to prevent adverse effects of EDCs. This has the potential to alter the action of gonadal steroid hormones. Thus, the organisational effects of EDCs on the developing reproductive tract can be permanent and irreversible. When EDCs upset the balance of hormones or otherwise delay, block or scramble necessary messages offspring may have abnormalities ranging from reproductive impairment, feminisation/ demasculinisation, embryonic deformities, and abnormalities in sexual development later in life.

Exposure to antiandrogens, in rodents, during reproductive tract development induces malformations such as cryptorchidism, hypospadias, and Leydig cell hyperplasia, and permanent changes in sexually dimorphic structures, such as anogenital distance (AGD) and areola/nipple retention.

Androgens are critical for specifying prostate development, with the foetal prostate sensitive to altered hormone levels and endocrine-disrupting chemicals (EDCs) that exhibit estrogenic or antiandrogenic properties. In later life EDCs may be the cause of prostatic inflammation (prostatitis). Prostatitis affects 9% of men of all ages, and > 90% of cases are of unknown etiology. Most prostatitis cases are ascribed to unknown (nonbacterial) origins, and the symptoms, both acute and chronic, are common, bothersome, and burdensome in terms of health-related quality of life. Prostatitis is a common feature of endocrine disruption by estrogenic and antiandrogenic chemicals.

The role of the endocrine system and EDCs in cancerous tumor production in humans and wildlife is still unclear. Still, a sizable body of evidence links EDCs to certain types of cancer and impaired immune functions.

Research suggests that endocrine -disrupting chemicals may in fact be much more common to many or most plastics than was previously realised. In 2011 researchers looked at 455 common plastic products and found that 70% tested positive for oestrogenic activity. After the products had been washed or microwaved the proportion rose to 95%. The study concluded:

"Almost all commercially available plastic products we sampled, independent of the type of resin, product, or retail source, leached chemicals having reliably-detectable EA [endocrine activity], including those advertised as BPA-free. In some cases, BPA-free products released chemicals having more EA than BPA-containing products."

A 2011 study found that people are being exposed to high levels of BPS in cash register thermal paper receipts and many of the other products that engendered concerns about the health effects of BPA. The researchers found BPS in all the receipt paper they tested, 87 percent of the samples of paper currency and 52 percent of recycled paper. The study found that people may be absorbing 19 times more BPS through their skin than the amount of BPA they absorbed when it was more widely used.

BPS appears to share similar problems to BPA in that it has been found to be an oestrogen hormone disruptor even at extremely low levels of exposure.

Imidazole is structurally related to histamine and has been used as an antagonist to counteract the effects of excess histamine found in certain induced physiological conditions (it therefore acts as an antihistamine).

Imidazoles have been reported to disrupt male fertility through disruption of testicular function.

Certain imidazole fungicides provoke histamine release by a non-immunological mechanism, induce airway constriction in guinea-pigs and hence may be harmful to spray operators who might inhale fungicide aerosols used for plant protection.

Imidazole fungicides inhibit the cytochrome P450 (CYP) complex, including the 14alpha-demethylase (CYP51) enzyme required for ergosterol biosynthesis, in fungal cell membranes. In addition, intracellular accumulation of toxic methylated sterols occurs and the synthesis of triglycerides and phospholipids is altered. Disturbances in oxidative and peroxidative enzyme activities lead to an intracellular toxic concentration of hydrogen peroxide. As a result, intracellular organelle destruction then leads to cell necrosis.

2-Methylimidazole decreased luteinising hormone secretion and tissue interstitial fluid testosterone concentration two hours after injection into Sprague Dawley rats.

Imidazoles bind to cytochrome P450 haeme, resulting in inhibition of catalysis. However, 2-substituted imidazoles are considered to be poor inhibitors. Imidazole is probably an inducer of cytochrome P4502E1. In general, inducers of this isozyme stabilise the enzyme by preventing phosphorylation of a serine which leads to haeme loss.

Several drugs containing an imidazole moiety were retained and bound in connective tissue when administered to laboratory animals. The bound material was primarily recovered from elastin (70%) and the collagen. It is postulated that reaction with aldehydes gives an aldol condensation pro

Delayed or long-term effects may result from the action of antineoplastic agents on rapidly dividing normal cells in the bone marrow, lymphoreticular tissue, gastrointestinal mucosa, skin, gonads and foetus. The most common of these is bone-marrow depression with leucopenia, anaemia, thrombocytopenia and bleeding. Immunosuppressant effects involve both antibody and cell-mediated immunity and may increase susceptibility to infection and increase the risk of haemorrhage, both potentially life-threatening. GI effects may include stomatitis, mouth ulcers, oesophagitis, abdominal pain, haemorrhage, diarrhoea and intestinal ulceration and perforation. Reversible baldness (alopecia) may result from the action of these drugs on active hair follicles. Wound healing may be delayed. Long-term effects on the gonads may result in amenorrhoea and the inhibition of spermatogenesis.

Most antineoplastics are potentially mutagenic or teratogenic and coupled with the effects of prolonged immunosuppression may also be carcinogenic.

Titan Iprodione 500 (Titan Iprodione Aquaflow 500 Fungicide)

Titan Iprodione 500 (Titan Iprodione Aquaflow 500 Fungicide)	TOXICITY	IRRITATION
	Not Available	Not Available
iprodione	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[2]	Not Available
	Inhalation (Rat) LC50: >3.3 mg/L4h ^[2]	
	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		

Titan Iprodione 500 (Titan Iprodione Aquaflow 500 Fungicide)	Incidents of liver injury or failure among modern antifungal medicines are very low to non-existent. However, some can cause allergic reactions in people.[There are also many drug interactions. Patients must read in detail the enclosed data sheet(s) of any medicine. For example, the azole antifungals such as ketoconazole or itraconazole can be both substrates and inhibitors of the P-glycoprotein, which (among other functions) excretes toxins and drugs into the intestines.] Azole antifungals also are both substrates and inhibitors of the cytochrome P450 family CYP3A4.[] causing increased concentration when administering, for example, calcium channel blockers, immunosuppressants, chemotherapeutic drugs, benzodiazepines, tricyclic antidepressants, macrolides and SSRIs.[35] Before oral antifungal therapies are used to treat nail disease, a confirmation of the fungal infection should be made.[Approximately half of suspected cases of fungal infection in nails have a non-fungal cause.[The side effects of oral treatment are significant and people without an infection should not take these drugs.] Azoles are the group of antifungals which act on the cell membrane of fungi. They inhibit the enzyme 14-alpha-sterol demethylase, a microsomal CYP, which is required for biosynthesis of ergosterol for the cytoplasmic membrane. This leads to the accumulation of 14-alpha-methylsterols resulting in impairment of function of certain membrane-bound enzymes and disruption of close packing of acyl chains of phospholipids, thus inhibiting growth of the fungi. Some azoles directly increase permeability of the fungal cell membrane. Antifungal resistance is a subset of antimicrobial resistance, that specifically applies to fungi that have become resistant to antifungals. Resistance to antifungals can arise naturally, for example by genetic mutation or through aneuploidy. Extended use of antifungals leads to development of antifungal resistance through various mechanisms. Some fungi (e.g. Candida krusei and fluconazole) exhibit intrinsic resistance to certain antifungal drugs or classes, whereas some species develop antifungal resistance to external pressures. Antifungal resistance is a One Health concern, driven by multiple extrinsic factors, including extensive fungicidal use, overuse of clinical antifungals, environmental change and host factors.] Unlike resistance to antibacterials, antifungal resistance can be driven by antifungal use in agriculture. Currently there is no regulation on the use of similar antifungal classes in agriculture and the clinic. The emergence of Candida auris as a potential human pathogen that sometimes exhibits multi-class antifungal drug resistance is concerning and has been associated with several outbreaks globally. The WHO has released a priority fungal pathogen list, including pathogens with antifungal resistance		
IPIRODIONE	ADI 0.2 mg/kg b.w. * Toxicity Class WHO Table 5; EPA IV * NOEL (2 y) for rats 150 mg/kg diet; (1 y) for dogs 18 mg/kg b.w. * [* The Pesticides Manual, Incorporating The Agrochemicals Handbook, 10th Edition, Editor Clive Tomlin, 1994, British Crop Protection Council]		
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					
Titan Iprodione 500 (Titan Iprodione Aquaflow 500 Fungicide)	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
iprodione	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	0.25mg/l	Not Available
	EC50	96h	Algae or other aquatic plants	6.05mg/l	4
	NOEC(ECx)	48h	Crustacea	0.075mg/l	1
	LC50	96h	Fish	3.7mg/l	Not Available
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					

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

Dicarboximide fungicides are rapidly converted into 3,5-dichloroaniline in soil. Repeated use of dicarboximides over several years reduce their effectiveness. Resistance has developed against all dicarboximides in many plant species, including vines, strawberries and protected crops, and are recommended to be used in conjunction with other fungicides.

For antineoplastics:

Ecotoxicity:

Because antineoplastics are genotoxic, mutagenic and carcinogenic concerns are warranted for their potential effect in the environment. There are a number of known mammalian toxic and nausea effects associated with antineoplastic treatment, which could indicate that similar effects, might be expected in non-target mammals, and possibly also in non-target species other than mammals. Total dosage over a whole therapy protocol is approximately 150 mg /kg body weight. Approximately 14-53% of the administered pharmaceutical is excreted unmetabolised into urine.

Antineoplastics as a class of drugs are of potential concern for environmental impacts, not just for their acute toxicity but perhaps more for their ability to effect subtle genetic changes, the cumulative impact of which over time can lead to more profound ecologic change. Hospitals are the major source of genotoxic drugs. publicly-owned waste-water treatment works (POTWs) that service hospitals, especially multiple hospitals, are likely candidates for releasing these chemicals into surface waters.

Antineoplastics are highly [geno]toxic compounds, primarily from hospitals, with poor removal from sewage treatment plants (STWs). Antineoplastic agents, antitumour agents primarily used only within hospitals for chemotherapy, are found sporadically and in a range of concentrations, probably because only small amounts are introduced to STWs via domestic sewage because of their long-lived physiologic retention.

These compounds act as nonspecific alkylating agents (i.e., specific receptors are not involved) and therefore have the potential to act as either acute or long-felt stressors (mutagens carcinogens/ teratogens/ embryotoxins) in any organism.

Using well-established QSAR modelling techniques almost 1/5 of the commonly used antineoplastics were predicted to be very toxic to algae, and close to 1/3 were predicted to be non-toxic to plants. A third of the compounds were predicted to be very toxic to daphnids, and almost half were predicted to be non-toxic to daphnids. Slightly more than 1/5 were predicted to be very toxic to fish, and 47% were predicted to be non-toxic to fish.

For azole-containing substances.

Azole fungicides and systemically used antifungal drugs directly interfere with steroidogenesis by acting as potent inhibitors of steroidogenic enzymes and are known to cause endocrine disruption mainly via this mechanism.

An important P450 enzyme involved in the steroidogenesis is aromatase. Aromatase demethylates C10 and specifically converts androstenedione and testosterone. On the protein level, the amino acid sequence homology between aromatase from fish and humans is about 50% and between rats and humans is about 78% .In mammals, aromatase is mainly expressed in the brain and the gonads, but it is also found in placental, adipose, and bone tissue . The physiologic balance between different sex steroid hormones is crucial for the development, maintenance, and function of the reproductive system as well as for the differentiation of the sexual phenotype during ontogeny. Oestrogens (estrone and estradiol) are products of the androgens (androstenedione and testosterone), and the reaction is catalysed by aromatase. In mammals, differentiation of the male phenotype depends not only on testosterone but also on estradiol generated from testosterone by neuronal aromatase in central nervous system. Therefore, disturbances in aromatase expression and/or changes in its catalytic activity are expected to exhibit negative effects on reproduction parameters

Azole-containing compounds produce profound effects in the environment. In part this is due to inhibition of several enzyme systems including those involving sterol 14[alpha]-demethylase. Sterol 14[alpha]-demethylase is a member of the superfamily of haeme-containing cytochrome P450 enzymes involved in metabolism of endogenous and xenobiotic substances. The antifungal effect of azoles is due to inhibition of sterol 14[alpha]-demethylase in fungi and yeast, thereby blocking the biosynthesis of ergosterol The subsequent lack of ergosterol is detrimental because ergosterol is an essential sterol component in the membranes of fungi and yeast. Sterol 14[alpha]-demethylase is not only expressed in fungi and yeast but is also found in many other species ranging from bacteria to mammals. In plants, the sterol 14[alpha]-demethylase reaction metabolises obtusifoliol and provides precursors for biosynthesis of phytosterols. In animals, the sterol 14[alpha]-demethylase reaction is part of the metabolic pathway leading to biosynthesis of cholesterol. Cholesterol in turn is the substrate for the production of many other sterols (e.g., the sex steroid hormones).

The DNA sequences encoding sterol 14[alpha]-demethylase of many fungi and yeast are known, as well as the sequences of mice, rats, pigs, and humans . On the protein level, the amino acid sequences are highly conserved along the phylogenetic tree. This fact is considered by many authors as an indication of the pivotal role of sterol 14[alpha]-demethylase in all organisms. The homology of the amino acid sequence level between rats and humans is 93% and 40% between fungi and humans. In humans, the sterol 14[alpha]-demethylase is expressed in many different tissues

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
iprodione	LOW (BCF = 46.8)

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. ▶ Antineoplastic (cytotoxic) wastes must be packed directly, ready for incineration, into colour-coded, secure, labelled, leak-proof containers sufficiently robust to withstand handling without breaking, bursting or leaking. ▶ Containers of special design are available for particular needs (such as disposal of sharps) and should be used. ▶ Once filled and closed, such containers must never be re-opened. ▶ Immediate containers must bear a nationally accepted symbol or device depicting cytotoxic substances and be labelled with the words: CYTOTOXIC WASTE - INCINERATE in a style of lettering approved by the national/ state authority. ▶ Where policies and procedures permit the merging of cytotoxic wastes with medical waste in an outer container used for medical waste, cytotoxic waste must first be placed in identifiable colour-coded/ labelled cytotoxic containers prior to merging. ▶ Management procedures must ensure that merged medical and cytotoxic waste is subjected to the incineration requirements appropriate for the total destruction of the cytotoxic waste. WASTE STORAGE OF CYTOTOXIC WASTES For the storage of cytotoxic waste, segregated or merged with medical waste, provide: ▶ special storage areas with adequate lighting. ▶ waste security and restriction of access to authorised persons. ▶ storage areas designed to facilitate easy routine cleaning and maintenance to hygienic standards, or post-spill decontamination. ▶ storage of cytotoxic waste in standard, identifying bins or other appropriate containers. COLLECTION OF CYTOTOXIC WASTES ▶ Procedures for the collection of cytotoxic wastes, which are compatible with existing operational needs, and which protect workers, other people and the environment, must be developed.
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- Waste must be removed from the site by contractors whose workers have been instructed in the protective methods to be used against the hazards involved, and who comply with the safe work practices established by internal and/or national/ state policies. Contractors must instruct, train and direct their personnel in the safe and legal handling of cytotoxic wastes. Contractor's personnel should observe the operating procedures of the waste-generator.
 - Transport of cytotoxic wastes, through the community, must comply with the appropriate national/ state codes.
- DESTRUCTION OF CYTOTOXIC WASTES**
- Destruction of cytotoxic wastes should be carried out in multi-chambered incinerators, licensed for this purpose, operating at 1100 deg. C. or more, with a residence time of at least 1 second.
 - Operators must be trained in handling procedures and hazards involved with handling the waste.
 - Waste which arrives at the incinerator inappropriately packaged should **NOT** be returned to the waste generator. An authorised representative of the waste generator must attend the incinerator site to rectify the situation.
 - DO NOT allow wash water from cleaning or process equipment to enter drains.**
 - It may be necessary to collect all wash water for treatment before disposal.
 - In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
 - Where in doubt contact the responsible authority.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	
HAZCHEM	•3Z

Land transport (ADG)

14.1. UN number or ID number	3082				
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains iprodione)				
14.3. Transport hazard class(es)	<table><tr><td>Class</td><td>9</td></tr><tr><td>Subsidiary Hazard</td><td>Not Applicable</td></tr></table>	Class	9	Subsidiary Hazard	Not Applicable
Class	9				
Subsidiary Hazard	Not Applicable				
14.4. Packing group	III				
14.5. Environmental hazard	Environmentally hazardous				
14.6. Special precautions for user	<table><tr><td>Special provisions</td><td>274 331 335 375 AU01</td></tr><tr><td>Limited quantity</td><td>5 L</td></tr></table>	Special provisions	274 331 335 375 AU01	Limited quantity	5 L
Special provisions	274 331 335 375 AU01				
Limited quantity	5 L				

Environmentally Hazardous Substances meeting the descriptions of UN 3077 or UN 3082 are not subject to this Code when transported by road or rail in;

(a) packagings;

(b) IBCs; or

(c) any other receptacle not exceeding 500 kg(L).

- Australian Special Provisions (SP AU01) - ADG Code 7th Ed.

Air transport (ICAO-IATA / DGR)

14.1. UN number	3082														
14.2. UN proper shipping name	Environmentally hazardous substance, liquid, n.o.s. (contains iprodione)														
14.3. Transport hazard class(es)	<table><tr><td>ICAO/IATA Class</td><td>9</td></tr><tr><td>ICAO / IATA Subsidiary Hazard</td><td>Not Applicable</td></tr><tr><td>ERG Code</td><td>9L</td></tr></table>	ICAO/IATA Class	9	ICAO / IATA Subsidiary Hazard	Not Applicable	ERG Code	9L								
ICAO/IATA Class	9														
ICAO / IATA Subsidiary Hazard	Not Applicable														
ERG Code	9L														
14.4. Packing group	III														
14.5. Environmental hazard	Environmentally hazardous														
14.6. Special precautions for user	<table><tr><td>Special provisions</td><td>A97 A158 A197 A215</td></tr><tr><td>Cargo Only Packing Instructions</td><td>964</td></tr><tr><td>Cargo Only Maximum Qty / Pack</td><td>450 L</td></tr><tr><td>Passenger and Cargo Packing Instructions</td><td>964</td></tr><tr><td>Passenger and Cargo Maximum Qty / Pack</td><td>450 L</td></tr><tr><td>Passenger and Cargo Limited Quantity Packing Instructions</td><td>Y964</td></tr><tr><td>Passenger and Cargo Limited Maximum Qty / Pack</td><td>30 kg G</td></tr></table>	Special provisions	A97 A158 A197 A215	Cargo Only Packing Instructions	964	Cargo Only Maximum Qty / Pack	450 L	Passenger and Cargo Packing Instructions	964	Passenger and Cargo Maximum Qty / Pack	450 L	Passenger and Cargo Limited Quantity Packing Instructions	Y964	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G
Special provisions	A97 A158 A197 A215														
Cargo Only Packing Instructions	964														
Cargo Only Maximum Qty / Pack	450 L														
Passenger and Cargo Packing Instructions	964														
Passenger and Cargo Maximum Qty / Pack	450 L														
Passenger and Cargo Limited Quantity Packing Instructions	Y964														
Passenger and Cargo Limited Maximum Qty / Pack	30 kg G														

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	3082
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains iprodione)

Titan Iprodione 500 (Titan Iprodione Aquaflow 500 Fungicide)

14.3. Transport hazard class(es)	IMDG Class	9
	IMDG Subsidiary Hazard	Not Applicable
14.4. Packing group	III	
14.5 Environmental hazard	Marine Pollutant	
14.6. Special precautions for user	EMS Number	F-A, S-F
	Special provisions	274 335 375 969
	Limited Quantities	5 L

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
iprodione	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
iprodione	Not Applicable

SECTION 15 Regulatory information

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

iprodione is found on the following regulatory lists

Australia Chemicals with non-industrial uses removed from the Australian Inventory of Chemical Substances (old Inventory)

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Chemical Footprint Project - Chemicals of High Concern List

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (iprodione)
Canada - NDSL	No (iprodione)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (iprodione)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (iprodione)
USA - TSCA	No (iprodione)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
UAE - Control List (Banned/Restricted Substances)	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	29/04/2026
Initial Date	18/11/2025

SDS Version Summary

Titan Iprodione 500 (Titan Iprodione Aquaflow 500 Fungicide)

Version	Date of Update	Sections Updated
2.1	01/12/2025	Toxicological information - Acute Health (eye), Toxicological information - Acute Health (inhaled), Toxicological information - Acute Health (skin), Toxicological information - Acute Health (swallowed), Physical and chemical properties - Appearance, Toxicological information - Chronic Health, Hazards identification - Classification, Disposal considerations - Disposal, Composition / information on ingredients - Ingredients, Stability and reactivity - Instability Condition, Accidental release measures - Spills (major), Identification of the substance / mixture and of the company / undertaking - Supplier Information, Identification of the substance / mixture and of the company / undertaking - Synonyms, Transport Information, Name
3.1	29/04/2026	First Aid measures - Advice to Doctor, Hazards identification - Classification, Exposure controls / personal protection - Exposure Standard, Exposure controls / personal protection - Personal Protection (other), Accidental release measures - Spills (major), Handling and storage - Storage (storage requirement), Toxicological information - Toxicity and Irritation (Other), Identification of the substance / mixture and of the company / undertaking - Use

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
- ▶ NDSSL: 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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