

Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)

Titan Ag

Chemwatch: 23957-36

Version No: 2.1

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

Chemwatch Hazard Alert Code: 4

Initial Date: 04/06/2026

Revision Date: 04/06/2026

Print Date: 09/06/2026

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

Product Identifier

Product name	Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains isoxaflutole)
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 herbicide. 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	S5
Classification ^[1]	Serious Eye Damage/Eye Irritation Category 2B, Carcinogenicity Category 1A, 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	Danger

Hazard statement(s)

H320	Causes eye irritation.
H350	May cause cancer.
H361d	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.
P260	Do not breathe dust/fume.
P280	Wear protective gloves and protective clothing.
P273	Avoid release to the environment.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P314	Get medical advice/attention if you feel unwell.
P337+P313	If eye irritation persists: Get medical advice/attention.
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
141112-29-0	75	isoxaflutole
1332-58-7	<=10	kaolin
14808-60-7	<=1	silica crystalline - quartz
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 dust is inhaled, remove from contaminated area. - Encourage patient to blow nose to ensure clear passage of breathing. - If irritation or discomfort persists seek medical attention.
Ingestion	- 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

Accidental ingestion of HPPD inhibitors by individuals eating normal diets not restricted in tyrosine and phenylalanine will result in elevated tyrosine levels. Elevated levels of tyrosine have been associated with corneal opacities and hyperkeratotic lesions. Restriction of tyrosine and phenylalanine in the diet should limit toxicity associated with this type of tyrosinaemia. No information about specific treatment of overdose is available. The patient should be provided with clear instructions on the restricted diet and on the importance of adherence to the restricted diet. The patient's compliance to the diet should be checked regularly by monitoring plasma tyrosine levels. During regular monitoring, it is appropriate to follow urine succinylacetone, liver function test values and alpha-fetoprotein levels if urine succinylacetone is still detectable one month after the start of treatment. When used in a therapeutic setting HPPD inhibitor treatment should be initiated and supervised by a physician experienced in the treatment of patients. Treat symptomatically.

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

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Fire Incompatibility

► Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Advice for firefighters

Fire Fighting

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- **DO NOT** approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

Fire/Explosion Hazard

- Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions.
 - Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions).
 - Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.
 - In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC).
 - When processed with flammable liquids/vapors/mists, ignitable (hybrid) mixtures may be formed with combustible dusts. Ignitable mixtures will increase the rate of explosion pressure rise and the Minimum Ignition Energy (the minimum amount of energy required to ignite dust clouds - MIE) will be lower than the pure dust in air mixture. The Lower Explosive Limit (LEL) of the vapour/dust mixture will be lower than the individual LELs for the vapors/mists or dusts.
 - A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people.
 - Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type.
 - Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
 - Build-up of electrostatic charge 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.
 - All movable parts coming in contact with this material should have a speed of less than 1-meter/sec.
 - A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or pressure, may result in ignition especially in the absence of an apparent ignition source.
 - One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapours).
 - Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases.
- Combustion products include:
- carbon monoxide (CO)
 - carbon dioxide (CO₂)
- hydrogen fluoride
nitrogen oxides (NO_x)
sulfur oxides (SO_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.
- Clean up waste regularly and abnormal spills immediately.
 - Avoid breathing dust and contact with skin and eyes.
 - Wear protective clothing, gloves, safety glasses and dust respirator.
 - Use dry clean up procedures and avoid generating dust.
 - Vacuum up or sweep up. **NOTE:** Vacuum cleaner must be fitted with an exhaust micro filter (H-Class HEPA type) (consider explosion-proof machines designed to be grounded during storage and use). H-Class HEPA filtered industrial vacuum cleaners should **NOT** be used on wet materials or surfaces.
 - Dampen with water to prevent dusting before sweeping.
 - Place in suitable containers for disposal.

Major Spills

- Environmental hazard - contain spillage.
Moderate hazard.
- **CAUTION:** Advise personnel in area.
 - Alert Emergency Services and tell them location and nature of hazard.
 - Control personal contact by wearing protective clothing.
 - Prevent, by any means available, spillage from entering drains or water courses.
 - Recover product wherever possible.
 - **IF DRY:** Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. **IF WET:** Vacuum/shovel up and place in labelled containers for disposal.
 - **ALWAYS:** Wash area down with large amounts of water and prevent runoff into drains.
 - If contamination of drains or waterways occurs, advise Emergency Services.

Continued...

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▶ Avoid skin contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ DO NOT allow material to come in direct contact with human skin or eyes. ▶ DO NOT allow material to come in contact with exposed food or food contact surfaces. ▶ Suitable PPE must be worn at all times. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. ▶ Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) ▶ Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. ▶ Establish good housekeeping practices. ▶ Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds. ▶ Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area. ▶ Do not use air hoses for cleaning. ▶ Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used. ▶ Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition. ▶ Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance. ▶ Do not empty directly into flammable solvents or in the presence of flammable vapors. ▶ The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges. Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source. ▶ Do NOT cut, drill, grind or weld such containers. ▶ In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.
Other information	▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry area protected from environmental extremes. ▶ 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. For major quantities: ▶ Consider storage in banded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams). ▶ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.

Conditions for safe storage, including any incompatibilities

Suitable container	▶ Polyethylene or polypropylene container. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▶ Many isoxazoles decompose exothermically with release of much gas, after heating in sealed capsules. Several do so in open crucibles. ▶ 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	kaolin	Kaolin	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Workplace exposure limits for airborne contaminants (WEL list) (Effective from 1 December 2026) - Appendix A - Workplace Exposure Limits	kaolin	Kaolin	10 mg/m3	Not Available	Not Available	Containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Workplace exposure limits for airborne contaminants (WEL list) (Effective from 1 December 2026) - Appendix A - Workplace Exposure Limits	silica crystalline - quartz	Silica - crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Workers exposed to this chemical may require specific health monitoring (see regulations 368-378, Schedule 14 to the model WHS Regulations). The use, handling and storage of this chemical is subject to restriction or prohibition (see regulations 340, 380 - 384 and Schedule 10 to the model WHS Regulations).

MATERIAL DATA

WARNING: For inhalation exposure **ONLY:**
This substance has been classified by the ACGIH as A2 Suspected Human Carcinogen.
For kaolin:
Kaolin dust appears to have fibrogenic potential even in the absence of crystalline silica. Kaolinitis can exist as simple and complicated forms with the latter often associated with respiratory symptoms. Crystalline silica enhances the severity of the pneumoconiosis.

The concentration of respirable dust for application of this limit is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative lognormal function with a median aerodynamic volume of 4.0 µm (+-) 0.3 µm and with a geometric standard deviation of 1.5 µm (+-) 0.1 µm, i.e.. less than 5 µm.

The TLV-TWA is thought to be sufficiently low to prevent changes in pre- employment chest X-ray findings in exposed employees, in some cases following decades of exposure. The limit is thought to be protective against disabling pneumoconiosis.

WARNING: For inhalation exposure **ONLY:** This substance has been classified by the IARC as Group 1: **CARCINOGENIC TO HUMANS**

The International Agency for Research on Cancer (IARC) has classified occupational exposures to **respirable** (<5 µm) crystalline silica as being carcinogenic to humans . This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.

* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).
NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.

Animals exposed by inhalation to 10 mg/m3 titanium dioxide show no significant fibrosis, possibly reversible tissue reaction. The architecture of lung air spaces remains intact.

- The label on a package containing 1% or more of titanium oxide with aerodynamic diameter equal or below 10 microns shall bear the following statement: EUH211 "Warning! Hazardous respirable droplets may be formed when sprayed. Do NOT breathe spray or mist
- The label on the packaging of solid mixtures containing 1% or more of titanium dioxide shall bear the following statement: EUH212" "Warning! Hazardous respirable dust may be formed when used. Do not breathe dust".

In addition, the label on the packaging of liquid and solid mixtures not intended for the general public and not classified as hazardous which are labelled EUH211 or EU212 shall bear statement EUH210: "Safety data sheet available on request."

The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of 4.0 µm (+-) 0.3 µm and with a geometric standard deviation of 1.5 µm (+-) 0.1 µm, i.e..generally less than 5 µm.

Because the margin of safety of the quartz TLV is not known with certainty and given the associated link between silicosis and lung cancer it is recommended that quartz concentrations be maintained as far below the TLV as prudent practices will allow.

Exposure to respirable crystalline silicas (RCS) represents a significant hazard to workers, particularly those employed in the construction industry where respirable dusts of cement and concrete are common. Cutting, grinding and other high speed processes, involving their finished products, may further result in dusty atmospheres. Bricks are also a potential source of RCSs under such circumstances.

It is estimated that half of the occupations, involved in construction work, are exposed to levels of RCSs, higher than the current allowable limits. Beaudry et al: Journal of Occupational and Environmental Hygiene 10: 71-77; 2013

Exposure controls

Appropriate engineering controls	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. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. 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. ▶ 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: (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. 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. <table><tr><th>Type of Contaminant:</th><th>Air Speed:</th></tr><tr><td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td><td>1-2.5 m/s (200-500 ft/min)</td></tr><tr><td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).</td><td>2.5-10 m/s (500-2000 ft/min)</td></tr></table> Within each range the appropriate value depends on: <table><tr><th>Lower end of the range</th><th>Upper end of the range</th></tr><tr><td>1: Room air currents minimal or favourable to capture</td><td>1: Disturbing room air currents</td></tr><tr><td>2: Contaminants of low toxicity or of nuisance value only</td><td>2: Contaminants of high toxicity</td></tr><tr><td>3: Intermittent, low production.</td><td>3: High production, heavy use</td></tr><tr><td>4: Large hood or large air mass in motion</td><td>4: Small hood-local control only</td></tr></table>	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)	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
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	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 apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.
Individual protection measures, such as personal protective equipment	    
Eye and face protection	▶ Safety glasses with side shields. ▶ Chemical goggles.[AS/NZS 1337.1, EN166 or national equivalent] ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].
Skin protection	See Hand protection below
Hands/feet protection	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. Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present. ▶ polychloroprene. ▶ nitrile rubber. ▶ butyl rubber. ▶ fluorocautchouc. ▶ polyvinyl chloride. Gloves should be examined for wear and/ or degradation constantly.
Body protection	See Other protection below
Other protection	▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Respiratory protection

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

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

* - Negative pressure demand ** - Continuous flow

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Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)

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)

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.

Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.

Filtration rate: Filters at least 99.95% of airborne particles

Suitable for:

- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS
- Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos

Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Brown granules.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Characteristic	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature (°C)	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 Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Partly miscible	pH as a solution (1%)	4-6
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	- Unstable in the presence of incompatible materials. - Product is considered stable. - Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

a) Acute Toxicity	Based on available data, the classification criteria are not met.
b) Skin Irritation/Corrosion	Based on available data, the classification criteria are not met.
c) Serious Eye Damage/Irritation	There is sufficient evidence to classify this material as eye damaging or irritating

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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 adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.
Ingestion	The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.
Skin Contact	The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. 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 of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans. Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. 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 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. HPPD inhibitors may produced elevated tyrosine levels; these have been associated with toxicity to eyes, skin, and the nervous system. The health hazards associated with bentonite, kaolin, and common clay, which are commercially important clay products, as well as the related phyllosilicate minerals montmorillonite, kaolinite, and illite, have an extensive literature. Fibrous clay minerals, such as sepiolite, attapulgite, and zeolites, have a separate literature. The biological effects of clay minerals are influenced by their mineral composition and particle size. The decreasing rank order of the potencies of quartz, kaolinite, and montmorillonite to produce lung damage is consistent with their known relative active surface areas and surface chemistry. Clays are chemically all described as aluminosilicates; these are further classified as bentonite, kaolin and common clays. Bentonite is a rock formed of highly colloidal and plastic clays composed mainly of montmorillonite, a clay mineral of the smectite group. Kaolin or china clay is a mixture of different minerals. Its main component is kaolinite; in addition, it frequently contains quartz, mica, feldspar, illite, and montmorillonite. The main components of common clay and shale are illite and chlorite. Illite is also a component of ball clays. Illite closely resembles micas, From the limited data available from studies on bentonite-exposed persons, retained montmorillonite appears to effect only mild nonspecific tissue changes, which are similar to those that have been described in the spectrum of changes of the "small airways mineral dust disease" (nodular peribronchiolar dust accumulations containing refractile material [montmorillonite] in association with limited interstitial fibrosis). In some of the studies, radiological abnormalities have also been reported Long-term occupational exposures to bentonite dust may cause structural and functional damage to the lungs. However, available data are inadequate to conclusively establish a dose-response relationship or even a cause-and-effect relationship due to limited information on period and intensity of exposure and to confounding factors, such as exposure to silica and tobacco smoke. Long-term exposure to kaolin may lead to a relatively benign pneumoconiosis, in an exposure-related fashion. known as kaolinosis. Deterioration of lung function has been observed only in cases with prominent radiological alterations. Based on data from china clay workers in the United Kingdom, it can be very roughly estimated that kaolin is at least an order of magnitude less potent than quartz.. Clearcut deterioration of respiratory function and related symptoms have been reported only in cases with prominent radiological findings. The composition of the clay - i.e., quantity and quality of minerals other than kaolinite — is an important determinant of the effects. Bentonite, kaolin, and other clays often contain quartz, and exposure to quartz is causally related to silicosis and lung cancer. Statistically significant increases in the incidence of or mortality from chronic bronchitis and pulmonary emphysema have been reported after exposure to quartz. The removal of clay particles from the lungs takes place by solubilisation in situ and by physical clearance. In humans, there was a rapid initial clearance of 8% and 40% of aluminosilicate particles that were, respectively, 1.9 and 6.1 um in aerodynamic diameter from the lung region over 6 days. Thereafter, 4% and 11% of the two particle sizes were removed following a halftime of 20 days, and the rest with half-times of 330 and 420 days. Ultrafine particles (<100 nm) have a high deposition in the nasal area; they can penetrate the alveolar/capillary barrier. Epidemiological studies have indicated an increase in morbidity and mortality associated with an increase in airborne particulate matter, particularly in the ultrafine size range An important determinant of the toxicity of clays is the content of quartz. The presence of quartz in the clays studied hampers reliable independent estimation of the fibrogenicity of other components of clays. Single intratracheal injection into rodents of bentonite and montmorillonite with low content of quartz produced dose- and particle size-dependent cytotoxic effects, as well as transient local inflammation, the signs of which included oedema and, consequently, increased lung weight. After high doses of intratracheal kaolin (containing 8-65% quartz), fibrosis has been described in some studies, whereas at lower kaolin doses, no fibrosis has been observed in the few available studies. There are limited data on the effects of multiple exposures of experimental animals to montmorillonite or bentonite. Mice maintained on diets containing 10% or 25% bentonite but otherwise adequate to support normal growth displayed slightly reduced growth rates, whereas mice maintained on a similar diet with 50% bentonite showed minimal growth and developed fatty livers and eventually fibrosis of the liver and benign hepatomas.

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	In vitro studies of the effects of bentonite on a variety of mammalian cell types usually indicated a high degree of cytotoxicity. Concentrations below 1.0 mg/ml of bentonite and montmorillonite particles less than 5 um in diameter caused membrane damage and even cell lysis, as well as functional changes in several types of cells. No adequate studies are available on the carcinogenicity of bentonite. In an inhalation study and in a study using intrapleural injection, kaolin did not induce tumours in rats. No studies are available on the genotoxicity of clays. Single, very limited studies did not demonstrate developmental toxicity in rats after oral exposure to bentonite or kaolin. Chronic dust inhalation of kaolin, as experienced in mineral extraction, has caused kaolinosis with heavy lung marking, emphysema, and nodular pneumoconiosis. Evidence of kaolinosis (pneumoconiosis) was found in 9% of 553 Cornish china clay workers who had been exposed to kaolin dust for periods exceeding 5 years, whereas no kaolinosis was observed in workers exposed for less than 5 years. Workers in more heavily exposed jobs of milling, bagging and loading showed a prevalence of kaolinosis rising from 6% in those within between 5 and 15 years exposure to 23% in those exposed for more than 15 years. Workers intermittently and less heavily exposed in the older, outdated drying plants required 25 years of massive exposure before reaching the highest prevalence of 17%. Massive fibrosis was seen in four workers, and six workers needed antituberculosis chemotherapy. Preventative measures instituted include preemployment chest examination and approaches to the problem of dust control. Sheer, G.; Brit. Jnl. Ind. Med. 21, pp 218-225, 1964 Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray. 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.
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Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)	TOXICITY	IRRITATION
	Not Available	Not Available
isoxaflutole	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[2] Oral (Rat) LD50: 5000 mg/kg ^[2]	Not Available
kaolin	TOXICITY	IRRITATION
	Not Available	Not Available
silica crystalline - quartz	TOXICITY	IRRITATION
	Oral (Rat) LD50: 500 mg/kg ^[2]	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

Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)	Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation. For titanium dioxide: Humans can be exposed to titanium dioxide via inhalation, ingestion or dermal contact. In human lungs, the clearance kinetics of titanium dioxide is poorly characterized relative to that in experimental animals. (General particle characteristics and host factors that are considered to affect deposition and retention patterns of inhaled, poorly soluble particles such as titanium dioxide are summarized in the monograph on carbon black.) With regard to inhaled titanium dioxide, human data are mainly available from case reports that showed deposits of titanium dioxide in lung tissue as well as in lymph nodes. A single clinical study of oral ingestion of fine titanium dioxide showed particle size-dependent absorption by the gastrointestinal tract and large interindividual variations in blood levels of titanium dioxide. Studies on the application of sunscreens containing ultrafine titanium dioxide to healthy skin of human volunteers revealed that titanium dioxide particles only penetrate into the outermost layers of the stratum corneum, suggesting that healthy skin is an effective barrier to titanium dioxide. There are no studies on penetration of titanium dioxide in compromised skin. Respiratory effects that have been observed among groups of titanium dioxide-exposed workers include decline in lung function, pleural disease with plaques and pleural thickening, and mild fibrotic changes. However, the workers in these studies were also exposed to asbestos and/or silica. No data were available on genotoxic effects in titanium dioxide-exposed humans. Many data on deposition, retention and clearance of titanium dioxide in experimental animals are available for the inhalation route. Titanium dioxide inhalation studies showed differences — both for normalized pulmonary burden (deposited mass per dry lung, mass per body weight) and clearance kinetics — among rodent species including rats of different size, age and strain. Clearance of titanium dioxide is also affected by pre-exposure to gaseous pollutants or co-exposure to cytotoxic aerosols. Differences in dose rate or clearance kinetics and the appearance of focal areas of high particle burden have been implicated in the higher toxic and inflammatory lung responses to intratracheally instilled vs inhaled titanium dioxide particles. Experimental studies with titanium dioxide have demonstrated that rodents experience dose-dependent impairment of alveolar macrophage-mediated clearance. Hamsters have the most efficient clearance of inhaled titanium dioxide. Ultrafine primary particles of titanium dioxide are more slowly cleared than their fine counterparts. Titanium dioxide causes varying degrees of inflammation and associated pulmonary effects including lung epithelial cell injury, cholesterol granulomas and fibrosis. Rodents experience stronger pulmonary effects after exposure to ultrafine titanium dioxide particles compared with fine particles on a mass basis. These differences are related to lung burden in terms of particle surface area, and are considered to result from impaired phagocytosis and sequestration of ultrafine particles into the interstitium. Fine titanium dioxide particles show minimal cytotoxicity to and inflammatory/pro-fibrotic mediator release from primary human alveolar macrophages in vitro compared with other particles. Ultrafine titanium dioxide particles inhibit phagocytosis of alveolar macrophages in vitro at mass dose concentrations at which this effect does not occur with fine titanium dioxide. In-vitro studies with fine and ultrafine titanium dioxide and purified DNA show induction of DNA damage that is suggestive of the generation of reactive oxygen species by both particle types. This effect is stronger for ultrafine than for fine titanium oxide, and is markedly enhanced by exposure to simulated sunlight/ultraviolet light. Animal carcinogenicity data Pigmentary and ultrafine titanium dioxide were tested for carcinogenicity by oral administration in mice and rats, by inhalation in rats and female mice, by intratracheal administration in hamsters and female rats and mice, by subcutaneous injection in rats and by intraperitoneal administration in male mice and female rats. In one inhalation study, the incidence of benign and malignant lung tumours was increased in female rats. In another inhalation study, the incidences of lung adenomas were increased in the high-dose groups of male and female rats. Cystic keratinizing lesions that were diagnosed as squamous-cell carcinomas but re-evaluated as non-neoplastic pulmonary keratinizing cysts were also observed in the high-dose groups of female rats. Two inhalation studies in rats and one in female mice were negative. Intratracheally instilled female rats showed an increased incidence of both benign and malignant lung tumours following treatment with two types of titanium dioxide. Tumour incidence was not increased in intratracheally instilled hamsters and female mice. In-vivo studies have shown enhanced micronucleus formation in bone marrow and peripheral blood lymphocytes of intraperitoneally instilled mice. Increased Hprt mutations were seen in lung epithelial cells isolated from titanium dioxide-instilled rats. In another study, no enhanced oxidative DNA damage was observed in lung tissues of rats that were intratracheally instilled with titanium dioxide. The results of most in-vitro genotoxicity studies with titanium dioxide were negative.
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Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)

ISOXAFLUTOLE	Does not exhibit sensitisation potential * *EPA Pesticide Fact Sheet (September 1998)
KAOLIN	for bentonite clays: Bentonite (CAS No. 1302-78-9) consists of a group of clays formed by crystallisation of vitreous volcanic ashes that were deposited in water. The expected acute oral toxicity of bentonite in humans is very low (LD50>15 g/kg). However, severe anterior segment inflammation, uveitis and retrocorneal abscess from eye exposure were reported when bentonite had been used as a prophylactic. In a 33 day dietary (2 and 6%) and a 90 day dietary (1, 3 and 5%) studies in chickens, no changes in behaviour, overall state, clinical and biochemical parameters and electrolytic composition of the blood. Repeat dietary administration of bentonite did not affect calcium or phosphorus metabolism. However, larger amounts caused decreased growth, muscle weakness, and death with marked changes in both calcium and phosphorus metabolism. Bentonite did not cause fibrosis after 1 year exposure of 60 mg dust (<5 µm) in a rat study. However, in a second rat study, where 5 µm particles were intratracheally instilled at 5, 15 and 45 mg/rat, dose-related fibrosis was observed. Bentonite clay dust is believed to be responsible for bronchial asthma in workers at a processing plant in USA. Ingestion of bentonite without adequate liquids may result in intestinal obstruction in humans. Hypokalaemia and microcytic iron-deficiency anaemia may occur in patients after repeat doses of clay. Chronic ingestion has been reported to cause myositis.
SILICA CRYSTALLINE - QUARTZ	WARNING: For inhalation exposure <u>ONLY</u>: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<5 µm) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours. * Millions of particles per cubic foot (based on impinger samples counted by light field techniques). NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.
Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE) & ISOXAFLUTOLE	The main mechanisms of action of 4-hydroxyphenylpyruvate dioxygenase (HPPD) inhibitors are the development of tyrosinemia and alterations in thyroid hormone level as a result of hepatic enzyme induction. The main target organs of its action are the eyes, liver and thyroid gland. It was proved that the most adequate model for extrapolation of the effects of tyrosinemia on humans are mice, because their tyrosine aminotransferase activity level is similar to that in humans. Based on the parameters of acute oral toxicity and dermal toxicity, all the examined herbicides are classified into toxicity class 4 (low-risk). The majority are moderately hazardous or toxic only by inhalation (Class 2 or 3); only pyrazoxyphen is extremely hazardous (Class 1). It was found that in subchronic and chronic experiments the magnitudes of subthreshold doses for male and female rats do not differ. However, the severity and range of symptoms in males are much larger, confirming their greater sensitivity to the negative impact of 4-HPPD inhibitors. In particular, changes in most of the studied parameters in females occur at dose levels which are one or two times higher than that of males. Some toxicologically significant effects in females are absent. It was also discovered in subchronic and chronic experiments that the major target organs under the action of 4-HPPD inhibitors are the liver (hepatocellular hypertrophy in rats and mice), thyroid gland (follicular cell hypertrophy in rats and dogs), and the eye (corneal opacity and chronic keratitis in rats) The severity of tyrosinemia provoked by 4-HPPD inhibitors depends on the tyrosine aminotransferase (TAT) activity which in mice is 3-5 times higher, and the level of tyrosinemia is lower than in rats. At the inhibition of 4-HPPD action, TAT becomes the main enzyme catalyzing the conversion of tyrosine. However, in rats, especially males, the activity of this enzyme is insufficient for tyrosinemia occurrence and to maintain the level of tyrosine which would be below toxic level. TAT is the first and dose-dependent enzyme in the cascade of tyrosine conversion into 4-hydroxyphenylpyruvate (4-HPP), which then converts into homogentisic acid with the help of 4-HPPD. If this pathway is limited due to the inhibition of 4-HPPD, its substrate 4-HPP is excreted in the urine directly, or turned into other phenolic acids (e.g. p-hydroxyphenylacetic acid), before excretion with the urine. Since the reaction involving TAT is reversible, the 4-HPP may again convert into tyrosine. Severe tyrosinemia in rats leads to the occurrence of so-called critical effects – eye damage. In contrast, in mice, 4-HPPD inhibition develops to a much lesser degree due to the higher basal TAT activity and, consequently, much lower tyrosinemia, that does not lead to the occurrence of critical effects. TAT activity in mice and in humans is at the same level, but is much higher than in rats, suggesting that humans will not develop such a severe tyrosinemia as rats. These arguments suggest that the extrapolation of tyrosinemia caused by 4-HPPD inhibitors in rats to humans is not justified. There are three ways of tyrosine metabolism in mammals: 1) in the liver – converting it into 4-hydroxyphenylpyruvate (4-HPP) with the help of TAT, followed by decarboxylation to homogentisate which, in turn, then converts into acetylacetic acid and fumarate; 2) in the nervous tissue – conversion using tyrosine hydroxylase to 3,4-dihydroxyphenylalanine (DOPA) and conversion to dopamine by DOPA-decarboxylase participation, formation of norepinephrine and epinephrine; 3) in melanocytes – dopaquinone is formed from DOPA which is then spontaneously converted to melanin. The pesticides only affects the first pathway of tyrosine metabolism. Antonenko et al: Mechanism of action of 4-hydroxyphenylpyruvate dioxygenase inhibitor herbicide on homoterm animals and humans Journal of Pre-clinical and Clinical Research 9 149-154: December 2015 https://www.researchgate.net/publication/287390485_Mechanism_of_action_of_4-hydroxyphenylpyruvate_dioxygenase_inhibitor_herbicide_on_homoterm_animals_and_humans/citation/download The inhibition of the enzyme 4-hydroxyphenylpyruvate dioxygenase (HPPD), the second enzyme in the tyrosine catabolic pathway, results in excess plasma tyrosine (tyrosinemia). When HPPD is completely inhibited, the clearance of excess tyrosine is dependent upon catabolism by the first and rate-limiting enzyme in the catabolic pathway, tyrosine aminotransferase (TAT) and elimination of the products of this catabolism via the urine. Investigation of the effects of HPPD inhibition, as it relates to herbicides frequently employs rodents in experimental models.. The inherent activity of TAT is low in rats (in contrast to humans) and hence they catabolize tyrosine slowly and accumulate tyrosine to very high concentrations in plasma which results in a spectrum of adverse effects that are related to excess tyrosine. There is a large database showing a positive correlation between a range of biological endpoints and elevations in plasma tyrosine. Although plausible in humans, the extent and duration of plasma tyrosine elevation in humans is not sufficient to cause adverse effects resulting from the intended use of HPPD herbicides. In laboratory animals, treatment with nitisinone (an HPPD inhibitor of the triketone class) leads to the elevation of plasma tyrosine (tyrosinaemia). In rats and Beagle dogs, repeat low-dose exposure to nitisinone leads to corneal opacities whilst similar studies in the mouse and Rhesus monkey showed no comparable toxicities or other treatment related findings. The differences in toxicological sensitivities have been related to the upper limit of the concentration of tyrosine that accumulates in plasma, which is driven by the amount/activity of tyrosine aminotransferase (TAT). Dysregulation of enzymes involved in the phenylalanine-tyrosine (Phe-Tyr) catabolic pathway is linked to various human diseases. As an example, deficiency of the TAT enzyme caused by mutations in the TAT gene is found in type II tyrosinemia (Richner-Hanhart syndrome), an autosomal recessive inherited disease. The disease is characterized by hypertyrosinemia (elevated levels of tyrosine) with eye-skin (oculocutaneous) manifestations and, in some cases, mental retardation. Management of the disease includes dietary restriction of phenylalanine and tyrosine. Such a controlled diet allows lowering of plasma Tyr levels and rapid resolution of the oculocutaneous manifestations, though the effects on CNS are less clear.. Moreover, deficiency of HPPD caused by mutations in the 4-hydroxyphenylpyruvate dioxygenase (HPD) gene is responsible for type III tyrosinemia, where the accumulation of 4-hydroxyphenylpyruvate (HPP) might eventually lead to elevated blood Tyr levels due to reversibility of the TAT-catalyzed reaction. The disease is characterized by mild hypertyrosinemia and variable clinical picture Increased blood tyrosine amounts and consequent ocular manifestations are found also in T1T and in alkaptonuria patients treated with nitisinone (NTBC). Both T1T and alkaptonuria are metabolic diseases arising from defects downstream of production of homogentisate (HGA) in the Tyr degradation pathway. In particular, mutations affecting the activity of the enzyme fumarylacetoacetate hydrolase (FAH) cause Type I tyrosinemia (T1T), a fatal disease with autosomal recessive inheritance. The inability of fumarylacetoacetate hydrolase (FAH), an enzyme downstream of HPPD, to finalize the Tyr metabolic pathway leads to the nonenzymatic reduction of both fumarylacetoacetate

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and its precursor maleylacetoacetate into succinylacetoacetate, which is in turn decarboxylated to give succinylacetone. The last two compounds accumulate in high amounts in the liver and kidneys, affecting cellular morphology and organ architecture because of altered redox equilibria. Hepatotoxicity, hepatic lesions, failure, and cirrhosis, as well as primary liver cancer can occur. The mutagenic effects of fumarylacetoacetate may contribute to the initiation steps that lead to cancer.

Alkaptonuria is consequent to gene mutations that cause the inability of the enzyme homogentisate dioxygenase (HGD) to catabolize homogentisate (HGA), which then accumulates. Evidence suggests that homogentisate can undergo oxidation into the corresponding benzoquinone derivative (benzoquinone acetate, BQA) whose polymerization yields a black pigment found in connective tissues and urine of affected individuals. Deposition of such a black pigment (a phenomenon known asochronosis) causes dramatic degeneration of connective tissues in affected organs, mainly joints and cardiac valves, although any tissue expressing HGD may be involved.

The application of nitisinone as a therapeutic agent for T1T also stimulated work on fumarylacetoacetate and its involvement in mutagenic changes hypothetically responsible for liver tumors in infancy and childhood.

Nitisinone has been evaluated in clinical trials for its efficacy and safety in alkaptonuria. As expected, one major side effect found was a combined effect of accumulation of 4-hydroxyphenylpyruvate and its reversion into Tyr, which was responsible for corneal opacity and ocular lesions very similar to those found in type II tyrosinemia.

A role for Nitisinone was hypothesized also for hawkinsinuria, a disease characterized by the presence of the unusual cyclic amino acid hawkinsin in urine. The HPD gene mutation responsible for hawkinsinuria in humans leads to loss of enzyme activity and production of hawkinsin through a quinolacetic acid intermediate. Hawkinsinuria is a temporary disease whose symptoms, described as failure or inability to thrive, disappear after the first 1-2 years of life.

Many of the currently available HPPD inhibitors, are characterized by a rapid inactivation of the enzyme and a long residence time. This means that the HPPD-inhibitor complex is formed very quickly, but it dissociates very slowly (quasi-irreversible inhibition). As a result of the rapid and persistent HPPD inactivation, an unbalanced ratio between suppressed production of homogentisate and high Tyr accumulation led to important side effects. In this context, a fine modulation of HPPD activity is required by means of compounds with reduced residence time. By this way, a partial reactivation of HPPD will guarantee a limited production of homogentisate and avoid too high levels of tyrosinemia. In particular, a rapid complex dissociation will result in the desired pharmacology, while prolonged residence time will cause unwanted effects.

Santucci et al: 4-Hydroxyphenylpyruvate Dioxygenase and Its Inhibition in Plants and Animals: Small Molecules as Herbicides and Agents for the Treatment of Human Inherited Disease: Jnl Medicinal Chemistry: January 2017

https://www.aimaku.it/documenti/lavori/Santucci_JMC_2017.pdf

It is widely accepted that markedly elevated tyrosine in rats is a direct consequence of HPPD inhibition; therefore, the ocular effects observed following exposure to HPPD inhibitors is due to elevated tyrosine. The observed increased incidences of corneal keratitis and regenerative hyperplasia in rats but parallel the increases in tyrosine, which are maximal at dietary concentrations of = 500 ppm. Additionally, it has been noted previously with another HPPD inhibiting herbicide that mice tended to be less susceptible to the toxicity of the herbicide, with a lack of ocular effects up to the limit dose of 1000 mg/kg bw/d and rats are more susceptible.

A review of the literature revealed that evidence from human cases of hereditary diseases that affect tyrosine metabolism indicates that corneal opacity is observed in human with plasma tyrosine concentration of approximately 3000 nmol/mL. This can be considered to be the threshold of plasma tyrosine concentration for ocular effects in humans and in the event of complete inhibition of HPPD, this threshold is unlikely to be exceeded in humans.

Additionally, it has also been reported in the literature that ocular lesions are seen in humans with tyrosinaemia type II who have a deficiency in the enzyme tyrosine aminotransferase, and high tyrosine levels. In contrast, exposure of humans with tyrosinaemia type I who have a deficiency in the enzyme fumarylacetoacetate hydrolase, to the pharmaceutical compound nitisinone (NTBC) which is a complete HPPD inhibitor, does not result in the same marked elevation in tyrosine levels and does not cause ocular toxicity similar to that seen in the rat. While under treatment for tyrosinaemia type I dietary restriction to prevent significant tyrosine elevation is recommended, NTBC has also been used in clinical trials for alkaptonuria, another metabolic defect in the tyrosine catabolic pathway, without any dietary restriction and 1/40 patients developed corneal opacity which was reversed following discontinuation of treatment. Therefore, there is evidence that although humans can develop ocular lesions when tyrosine levels are highly elevated for prolonged periods of time, as is the case in tyrosinaemia type II, the administration of HPPD inhibitors, at doses which are intended to completely inhibit the HPPD enzyme rarely elevates tyrosine sufficiently to cause ocular lesions.

Thus, in contrast to rats there is a substantially reduced risk of adverse ocular effects occurring in humans following exposure to HPPD inhibitors.

It is reported in the scientific literature that in the rat, free tyrosine can create conditions in the thyroid analogous to mild iodine deficiency, while the HPPD inhibitor NTBC has been used for the treatment of type I tyrosinaemia since 1991, with some patients therefore taking the drug for >20 years, and during this time there have been no reports of effects on thyroid function. Thus, it is clear that humans are significantly less sensitive than rats to elevated tyrosine levels due to HPPD inhibition and associated thyroid hormone disturbances that can lead to histopathological changes in the thyroid.

Isoxaflutole is not mutagenic, teratogenic or a reproductive toxin. In long-term feeding studies in rodents, liver tumours were observed in rats and mice and thyroid tumours in rats. These effects were only seen at the highest dose tested (the Maximum Tolerated Dose) which is far higher than any exposure that could be envisaged by humans. Thus isoxaflutole presents a negligible, if any, increased cancer risk for humans.

Subchronic Toxicity:

In a 21-day dermal toxicity study in rats, treatment-related marginal increase in relative liver weight was observed in both sexes of rats at 1000 mg/kg/day. This finding was considered as an adaptive response to isoxaflutole treatment. The systemic toxicity lowest observable effect level (LOAEL) is greater than 1000 mg/kg/day for males and females; the systemic toxicity no observable effect level (NOEL) is 1000 mg/kg or greater for males and females. The dermal toxicity LOAEL is greater than 1000 mg/kg/day for males and females; the dermal toxicity NOEL is 1000 mg/kg/day or greater for males and females.

In a 28-day oral subchronic toxicity study, RPA 203328 (a metabolite of isoxaflutole) was administered in the diet to male and female rats. There were no compound related adverse effects on survival, clinical signs, body weight, food consumption, clinical chemistry, hematology, and gross or microscopic pathology.

Chronic Toxicity

Carcinogenicity:

Isoxaflutole induced benign and malignant tumors of the liver in rats (both sexes) at 500 mg/kg/day hepatocellular adenomas and hepatocellular carcinomas.

Combined incidences of liver adenoma/carcinoma in males and females showed animals bearing carcinomas in the majority. Thyroid follicular adenomas occurred with increased frequency in 500 mg/kg/day males. The tumor incidences exceeded the historical incidence of these tumors for this strain in the laboratory. In a separate special study investigating the mechanism of action of isoxaflutole on the thyroid thyroid stimulating hormone (TSH) was indirectly measured since there was a significant reduction in T4 level and thyroid gland weights were significantly increased. These results were sufficient to support the hypothesis that isoxaflutole may have induced thyroid tumors in male rats through a disruption in the thyroid-pituitary hormonal feedback mechanisms.

In a 78-week study in rats, there were significant occurrences of hepatocellular adenomas in 52% of the males and 29% of the females, and carcinomas in 33% of the males and 8% of the females (non-significant). The incidences of these tumors exceeded the corresponding historical incidence with this species in the laboratory. Combined adenoma and carcinoma incidences at 7,000 ppm were 73% for males and 35% for females. At 500 ppm, the incidences of 17% adenomas and 15% carcinomas in males and 2% adenomas in females were not statistically significant, but exceeded the means for historical controls.

52- and 78-week studies revealed a dose-related decrease in the first occurrence of carcinomas in males; the earliest carcinomas were observed at 78, 71, 52, and 47 weeks at the 0 through 7,000 ppm doses. There were no carcinomas in females up to 78 weeks at 0, 25, or 500 ppm, although, the earliest finding at 7000 ppm was at 60 weeks.

Isoxaflutole appears to induce hepatocellular adenomas and carcinomas in male and female CD-1 mice.

Developmental Toxicity

In a developmental toxicity study in rats, maternal toxicity was observed at 500 mg/kg/day.

The maternal LOAEL is 500 mg/kg/day, based on increased incidence of clinical signs and decreased body weights, body weight gains, and food consumption.

The maternal NOEL is 100 mg/kg/day. Developmental toxicity, observed at 100 and 500 mg/kg/day, were manifested as increased incidences of fetuses/litters with various anomalies: growth retardations (decreased foetal body weight; increased incidence of delayed ossification of sternebrae, metacarpals and metatarsals). In addition, an increased incidence of vertebral and rib anomalies and high

Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)

	incidence of subcutaneous edema were observed at 500 mg/kg/day. The LOAEL for developmental toxicity is 100 mg/kg/day, based on decreased foetal body weights and increased incidences of skeletal anomalies. The developmental NOEL is 10 mg/kg/day. In a developmental toxicity study in rabbits, maternal toxicity was observed at 100 mg/kg/day. The maternal LOAEL is 100 mg/kg/day, based on increased incidence of clinical signs, decreased body weight gains and food consumption. The maternal NOEL is 20 mg/kg/day. Developmental toxicity, observed at 5 mg/kg/day, consisted of increased incidence of 27th pre-sacral vertebrae. Additional findings noted at 20 and 100 mg/kg/day were manifested as increased number of postimplantation loss and late resorptions, as well as growth retardations in the form of generalized reduction in skeletal ossification, and increased incidence of 13 pairs of ribs. At 100 mg/kg/day, an increased incidence of foetuses with incisors not erupted was also observed. Incidences of these anomalies, on a litter basis, were higher than the concurrent control values and in some cases exceeded the range for historical controls. The LOAEL for developmental toxicity is 5 mg/kg/day, based on increased incidence of fetuses with 27th pre-sacral vertebrae. The developmental NOEL was not established. Reproductive Toxicity In a 2-generation reproduction study in rats, evidence of toxicity was observed in the male and female parental rats of both generations: at 20 and 500 mg/kg/day, increased absolute and relative liver weights associated with liver hypertrophy was observed; at 500 mg/kg/day (HDT), decreased body weight, body weight gain and food consumption during premating and gestation, and increased incidence of subacute inflammation of the cornea of the eye in F0 adults as well as keratitis in F1 adults were reported. There were no other systemic effects that were attributed to treatment, nor was there any indication, at any treatment level, of an effect on reproductive performance of the adults. Treatment-related effects were observed in F1 and F2 offspring: at 20 and 500 mg/kg/day, reduction in pup survival was noted; at 500 mg/kg/day, decrease in body weights of F1 and F2 pups throughout lactation, increased incidence of chronic keratitis, low incidence of inflammation of the iris, as well as retinal and vitreous bleeding in F2 pups and weanlings were observed. Necropsy of F1 and F2 pups culled on Day 4 revealed an increased number of pups with no milk in the stomach and underdeveloped renal papillae. The Systemic LOAEL is 17.4 mg/kg/day for males and females, based upon increased liver weights and hypertrophy and the Systemic NOEL is 1.76 mg/kg/day for males and females. The Reproductive LOAEL is greater than 437 mg/kg/day, based on lack of reproductive effects and the Reproductive NOEL is greater than or equal to 437 mg/kg/day. Mutagenicity: For parent isoxaflutole, in a Salmonella typhimurium reverse gene mutation assay, independently performed tests were negative in S.typhimurium strains up to insoluble doses (=>500 ug/plate +/- S9) and was non-cytotoxic. In a mouse lymphoma L5178Y forward gene mutation assay, independently performed tests were negative up to insoluble (=>150 ug/mL +/-S9) or soluble (=>75 ug/mL +/-S9) doses. An in vitro cytogenetic assay in cultured human lymphocytes tested negative up to insoluble concentrations (=>300 ug/mL -S9; 600 ug/mL +S9) and was non-cytotoxic. A mouse micronucleus assay tested negative in male or female CD-1 mice up to the highest administered oral gavage dose (5000 mg/kg). No evidence of an overt toxic response in the treated animals or a cytotoxic effect on the target cells was observed. For the major metabolite RPA 202248 and the minor metabolite RPA 203328, mutagenicity assays were negative. Metabolism In a metabolism study, 14C-isoxaflutole was rapidly and extensively absorbed and metabolised. RPA 202248, a major metabolite, a diketonitrile derivative, represented 70% or more of the radioactivity excreted in the urine and feces from the two lowest dose groups. The other minor metabolite, RPA 203328, was more polar. Elimination was rapid and dose-dependent. The mean total recovery was 99.21%. Urinary elimination was predominant in the two low dose groups while the major portion of radiolabel was excreted via the feces in the high dose group. The higher faecal elimination possibly resulted from the saturation of absorption resulting in elimination of unchanged parent compound. The majority of the radiolabel was eliminated in the first 24 and 48 hours for the low and the high dose groups, respectively. The elimination half-lives were similar among single low and high dose groups, with an estimated mean blood half-life of 60 hours. No sex differences were observed in the metabolism of 14C-isoxaflutole. Neurotoxicity In an acute neurotoxicity study in rats, no treatment-related effects were observed on survival, body weight, body weight gain or food consumption. There were significant decreases in landing foot splay measurements in males at 2000 mg/kg during functional observational battery (FOB) tests indicating impairment of neuromuscular function. At 500 mg/kg, males exhibited significant decreases in landing foot splay measurements on day 15. The LOAEL was 500 mg/kg based on significant decreases in landing foot splay on day 15. The NOEL was 125 mg/kg. In a subchronic neurotoxicity study in rats, treatment-related effects observed in high-dose males consisted of decreases in body weight and body weight gain. The LOAEL was established at 25 mg/kg/day based on significant decreases in mean hind limb grip strength in male rats at 25 mg/kg/day (LDT) during both trials at week 13 as well as a non-significant decrease in mean forelimb grip strength at week 13.
Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE) & ISOXAFLUTOLE & KAOLIN	No significant acute toxicological data identified in literature search.

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 Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
isoxaflutole	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	>2.124mg/L	4
	NOEC(ECx)	672h	Crustacea	0.001mg/L	4
	LC50	96h	Fish	>2.407mg/L	4
kaolin	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)

silica crystalline - quartz	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 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.
Bentonite and kaolin have low toxicity to aquatic species, a large number of which have been tested
For isoxaflutole
log Kow 2.34 (20 C)
Vapour pressure 1 x 10-9 kPa (25 C)
Hydrolysis: 11.1 h (pH 5); 20.1 h (pH 7); 3.2 h (pH 9)
Photolysis in water: 6.7 days
Photolysis in soil: 23 h
Aerobic soil metabolism: 2.4 days
Anaerobic Aquatic metabolism: < 2 h
For primary metabolite RPA 202248
Hydrolysis: stable at pH 7
Photolysis in water: stable
Aerobic soil metabolism: 61 days
Mobility: potentially very mobile
For terminal metabolite RPA 203328
Hydrolysis: stable at pH 7
Photolysis min water: stable
Aerobic soil metabolism: 977 days
Mobility: potentially very mobile
Environmental fate:
Isoxaflutole is mobile in the soil and is biodegradable. The primary metabolite is also mobile although it degrades less rapidly and remains phytotoxic. Very mobile in sand and sandy loam soils; moderately mobile in sandy loam soil; essentially immobile in silty clay soil and loam sediment. Generally not found below 6 cm of soil depth
Isoxaflutole is mobile and is expected to persist and accumulate in surface water and groundwater. Modeling data show that parent isoxaflutole and its primary metabolite RPA 202248 may accumulate to concentrations that would result in harm to non-target plants. Isoxaflutole s terminal metabolite RPA 203328 is expected to persist and accumulate, but does not demonstrate phytotoxicity.
Concern has been expressed about risks posed to ground and surface water and the potential impact on off target plants and crops
Ecotoxicity:
Isoxaflutole is practically non-toxic to birds on an acute basis and slightly toxic to birds on a sub-acute basis. Isoxaflutole is moderately toxic to freshwater and marine fish, moderately toxic to Daphnia and eastern oyster and highly toxic to mysid shrimp It is practically non-toxic to honey bees.
Bird: Acute LD50: mallard duck, bobwhite quail >2150 mg/kg
Bird: Sub-acute LD50 (5 day): mallard duck, bobwhite quail >4255 ppm
Honey bee LD50: >100 ug/bee
Fish LC50 (96 h): rainbow trout >1.7 ppm; bluegill sunfish >4.5 ppm; sheepshead minnow >6.4 ppm
Daphnia magna EC50 (48 h): > 1.5 ppm
Mysid shrimp EC50/ LC50 (96 h): 0.018 ppm
Eastern oyster EC50 (96 h): >6.4 ppm
Plants: Isoxaflutole is highly toxic to terrestrial plants . Due to the low vapor pressure of this herbicide, and due to the fact that it is only to be applied using ground equipment, risk to nontarget plant species is not expected from the parent compound. The primary metabolite RPA 202248, however, is mobile and is expected to move off-site.
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
isoxaflutole	LOW (LogKOW = 2.32)

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	- Containers may still present a chemical hazard/ danger when empty. - Return to supplier for reuse/ recycling if possible. Otherwise: - If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. - Where possible retain label warnings and SDS and observe all notices pertaining to the product. 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. 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. In most instances the supplier of the material should be consulted. DO NOT allow wash water from cleaning or process equipment to enter drains.
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- ▶ 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	2Z

Land transport (ADG)

14.1. UN number or ID number	3077		
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains isoxaflutole)		
14.3. Transport hazard class(es)	Class	9	
	Subsidiary Hazard	Not Applicable	
14.4. Packing group	III		
14.5. Environmental hazard	Environmentally hazardous		
14.6. Special precautions for user	Special provisions	274 331 335 375 AU01	
	Limited quantity	5 kg	

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	3077		
14.2. UN proper shipping name	Environmentally hazardous substance, solid, n.o.s. (contains isoxaflutole)		
14.3. Transport hazard class(es)	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	Special provisions	A97 A158 A179 A197 A215	
	Cargo Only Packing Instructions	956	
	Cargo Only Maximum Qty / Pack	400 kg	
	Passenger and Cargo Packing Instructions	956	
	Passenger and Cargo Maximum Qty / Pack	400 kg	
	Passenger and Cargo Limited Quantity Packing Instructions	Y956	
	Passenger and Cargo Limited Maximum Qty / Pack	30 kg G	

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	3077		
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains isoxaflutole)		
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	274 335 375 966 967 969	
	Limited Quantities	5 kg	

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
isoxaflutole	Not Applicable
kaolin	Not Applicable
silica crystalline - quartz	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
isoxaflutole	Not Applicable
kaolin	Not Applicable
silica crystalline - quartz	Not Applicable

SECTION 15 Regulatory information

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

isoxaflutole 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 5
- Chemical Footprint Project - Chemicals of High Concern List

kaolin is found on the following regulatory lists

- Australian Inventory of Industrial Chemicals (AIIC)
- Chemical Footprint Project - Chemicals of High Concern List
- International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

silica crystalline - quartz is found on the following regulatory lists

- Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
- Australia Model Work Health and Safety Regulations - Schedule 10 - Table 14.1 Hazardous chemicals (other than lead) requiring health monitoring
- 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

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (isoxaflutole)
Canada - DSL	No (isoxaflutole)
Canada - NDSL	No (isoxaflutole; kaolin; silica crystalline - quartz)
China - IECSC	No (isoxaflutole)
Europe - EINEC / ELINCS / NLP	No (isoxaflutole)
Japan - ENCS	No (isoxaflutole; kaolin)
Korea - KECI	No (isoxaflutole)
New Zealand - NZIoC	No (isoxaflutole)
Philippines - PICCS	No (isoxaflutole)
USA - TSCA	TSCA Inventory 'Active' substance(s) (kaolin; silica crystalline - quartz); No (isoxaflutole)
Taiwan - TCSI	Yes
Mexico - INSQ	No (isoxaflutole)
Vietnam - NCI	Yes
Russia - FBEPH	No (isoxaflutole)
UAE - Control List (Banned/Restricted Substances)	No (kaolin; silica crystalline - quartz)
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	04/06/2026
Initial Date	04/06/2026

Titan Isoxaflutole 750 WDG (TITAN ISOXAFLUTOLE 750 WG HERBICIDE)**Other information**

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

- ▶ PC – TWA: Permissible Concentration-Time Weighted Average
- ▶ PC – STEL: Permissible Concentration-Short Term Exposure Limit
- ▶ IARC: International Agency for Research on Cancer
- ▶ ACGIH: American Conference of Governmental Industrial Hygienists
- ▶ STEL: Short Term Exposure Limit
- ▶ TEEL: Temporary Emergency Exposure Limit.
- ▶ IDLH: Immediately Dangerous to Life or Health Concentrations
- ▶ ES: Exposure Standard
- ▶ OSF: Odour Safety Factor
- ▶ NOAEL: No Observed Adverse Effect Level
- ▶ LOAEL: Lowest Observed Adverse Effect Level
- ▶ TLV: Threshold Limit Value
- ▶ LOD: Limit Of Detection
- ▶ OTV: Odour Threshold Value
- ▶ BCF: BioConcentration Factors
- ▶ BEI: Biological Exposure Index
- ▶ DNEL: Derived No-Effect Level
- ▶ PNEC: Predicted no-effect concentration
- ▶ MARPOL: International Convention for the Prevention of Pollution from Ships
- ▶ IMSBC: International Maritime Solid Bulk Cargoes Code
- ▶ IGC: International Gas Carrier Code
- ▶ IBC: International Bulk Chemical Code

- ▶ AIIC: Australian Inventory of Industrial Chemicals
- ▶ DSL: Domestic Substances List
- ▶ NDSL: Non-Domestic Substances List
- ▶ IECSC: Inventory of Existing Chemical Substance in China
- ▶ EINECS: European INventory of Existing Commercial chemical Substances
- ▶ ELINCS: European List of Notified Chemical Substances
- ▶ NLP: No-Longer Polymers
- ▶ ENCS: Existing and New Chemical Substances Inventory
- ▶ KECI: Korea Existing Chemicals Inventory
- ▶ NZIoC: New Zealand Inventory of Chemicals
- ▶ PICCS: Philippine Inventory of Chemicals and Chemical Substances
- ▶ TSCA: Toxic Substances Control Act
- ▶ TCSI: Taiwan Chemical Substance Inventory
- ▶ INSQ: Inventario Nacional de Sustancias Químicas
- ▶ NCI: National Chemical Inventory
- ▶ FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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