Occupational Health Guideline for Isopropyl Acetate

INTRODUCTION

This guideline is intended as a source of information for employees, employers, physicians, industrial hygienists, and other occupational health professionals who may have a need for such information. It does not attempt to present all data; rather, it presents pertinent information and data in summary form.

SUBSTANCE IDENTIFICATION

- Formula: CH₃COOCH(CH₃)₃
- Synonyms: Isopropyl ester of acetic acid; sec-propyl acetate
- Appearance and odor: Colorless liquid with a fruity odor.

PERMISSIBLE EXPOSURE LIMIT (PEL)

The current OSHA standard for isopropyl acetate is 250 parts of isopropyl acetate per million parts of air (ppm) averaged over an eight-hour work shift. This may also be expressed as 950 milligrams of isopropyl acetate per cubic meter of air (mg/m²).

HEALTH HAZARD INFORMATION

Routes of exposure

Isopropyl acetate can affect the body if it is inhaled, comes in contact with the eyes or skin, or is swallowed.

- Effects of overexposure
- 1. Short-term Exposure: Overexposure to isopropyl acetate may cause irritation of the eyes, nose, and throat. Severe overexposure may cause weakness, drowsiness, and unconsciousness.
- 2. Long-term Exposure: Prolonged overexposure may produce irritation of the skin.
- 3. Reporting Signs and Symptoms: A physician should be contacted if anyone develops any signs or symptoms and suspects that they are caused by exposure to isopropyl acetate.

Recommended medical surveillance

The following medical procedures should be made available to each employee who is exposed to isopropyl acetate at potentially hazardous levels:

- 1. Initial Medical Screening: Employees should be screened for history of certain medical conditions (listed below) which might place the employee at increased risk from isopropyl acetate exposure.
- —Chronic respiratory disease: In persons with impaired pulmonary function, especially those with obstructive airway diseases, the breathing of isopropyl acetate might cause exacerbation of symptoms due to its irritant properties.
- —Skin disease: Isopropyl acetate is a defatting agent and can cause dermatitis on prolonged exposure. Persons with pre-existing skin disorders may be more susceptible to the effects of this agent.
- —Liver disease: Although isopropyl acetate is not known as a liver toxin in humans, the importance of this organ in the biotransformation and detoxification of foreign substances should be considered before exposing persons with impaired liver function.
- —Kidney disease: Although isopropyl acetate is not known as a kidney toxin in humans, the importance of this organ in the elimination of toxic substances justifies special consideration in those with impaired renal function.
- 2. Periodic Medical Examination: Any employee developing the above-listed conditions should be referred for further medical examination.

Summary of toxicology

Isopropyl acetate irritates the eyes and upper respiratory tract. It may produce narcosis at high concentrations approaching the lethal level in animals. No chronic systemic effects have been reported in humans.

CHEMICAL AND PHYSICAL PROPERTIES

- Physical data
 - 1. Molecular weight: 102
 - 2. Boiling point (760 mm Hg): 90 C (194 F)

These recommendations reflect good industrial hygiene and medical surveillance practices and their implementation will assist in achieving an effective occupational health program. However, they may not be sufficient to achieve compliance with all requirements of OSHA regulations.

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- 3. Specific gravity (water = 1): 0.87
- 4. Vapor density (air = 1 at boiling point of isopropyl acetate): 3.5
 - 5. Melting point: -69 C(-92 F)
 - 6. Vapor pressure at 20 C (68 F): 43 mm Hg
- 7. Solubility in water, g/100 g water at 20 C (68 F):
 - 8. Evaporation rate (butyl acetate = 1): 5

Reactivity

- 1. Conditions contributing to instability: Heat
- 2. Incompatibilities: Contact with nitrates, strong oxidizers, strong alkalies, or strong acids may cause fires and explosions.
- 3. Hazardous decomposition products: Toxic gases and vapors (such as carbon monoxide) may be released in a fire involving isopropyl acetate.
- 4. Special precautions: Isopropyl acetate will attack some forms of plastics, rubber, and coatings.

Flammability

- 1. Flash point: 4.4 C (40 F) (closed cup)
- 2. Autoignition temperature: 460 C (860 F)
- 3. Flammable limits in air, % by volume: Lower: 1.8; Upper: 8.0
- 4. Extinguishant: Alcohol foam, dry chemical, carbon dioxide

Warning properties

- 1. Odor Threshold: May reports two odor thresholds for isopropyl acetate: 30 ppm and 400 ppm.
- 2. Eye Irritation Level: Patty reports that 200 ppm causes eye irritation in man.
- 3. Evaluation of Warning Properties: Because of its low thresholds of odor and eye irritation, isopropyl acetate is treated as a material with good warning properties.

MONITORING AND MEASUREMENT PROCEDURES

• General

Measurements to determine employee exposure are best taken so that the average eight-hour exposure is based on a single eight-hour sample or on two four-hour samples. Several short-time interval samples (up to 30 minutes) may also be used to determine the average exposure level. Air samples should be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee).

Method

Sampling and analyses may be performed by collection of isopropyl acetate vapors using an adsorption tube with subsequent desorption with carbon disulfide and gas chromatographic analysis. Also, detector tubes certified by NIOSH under 42 CFR Part 84 or other direct-reading devices calibrated to measure isopropyl acetate may be used. An analytical method for isopropyl acetate is in the NIOSH Manual of Analytical Methods, 2nd Ed., Vol. 2, 1977, available from the Government Printing Office, Washington, D.C. 20402 (GPO No.

017-033-00260-6).

RESPIRATORS

- Good industrial hygiene practices recommend that engineering controls be used to reduce environmental concentrations to the permissible exposure level. However, there are some exceptions where respirators may be used to control exposure. Respirators may be used when engineering and work practice controls are not technically feasible, when such controls are in the process of being installed, or when they fail and need to be supplemented. Respirators may also be used for operations which require entry into tanks or closed vessels, and in emergency situations. If the use of respirators is necessary, the only respirators permitted are those that have been approved by the Mine Safety and Health Administration (formerly Mining Enforcement and Safety Administration) or by the National Institute for Occupational Safety and Health.
- In addition to respirator selection, a complete respiratory protection program should be instituted which includes regular training, maintenance, inspection, cleaning, and evaluation.

PERSONAL PROTECTIVE EQUIPMENT

- Employees should be provided with and required to use impervious clothing, gloves, face shields (eight-inch minimum), and other appropriate protective clothing necessary to prevent repeated or prolonged skin contact with liquid isopropyl acetate.
- Clothing wet with liquid isopropyl acetate should be placed in closed containers for storage until it can be discarded or until provision is made for the removal of isopropyl acetate from the clothing. If the clothing is to be laundered or otherwise cleaned to remove the isopropyl acetate, the person performing the operation should be informed of isopropyl acetate's hazardous properties.
- Any clothing which becomes wet with liquid isopropyl acetate should be removed immediately and not reworn until the isopropyl acetate is removed from the clothing.
- Employees should be provided with and required to use splash-proof safety goggles where liquid isopropyl acetate may contact the eyes.

SANITATION

• Skin that becomes wet with liquid isopropyl acetate should be promptly washed or showered with soap or mild detergent and water to remove any isopropyl acetate.

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COMMON OPERATIONS AND CONTROLS

The following list includes some common operations in which exposure to isopropyl acetate may occur and control methods which may be effective in each case:

Operation

Controls

Liberation during coating application to artificial silk, leather, and vinyl resin fabrics Local exhaust ventilation; general dilution ventilation

Liberation during use as a vehicle solvent during spray application of cellulose nitrate and ethyl cellulose lacquers Local exhaust ventilation; spray booths; personal protective equipment

Liberation during manufacture of cellulose nitrate and ethyl cellulose lacquers and thinners

Local exhaust ventilation; general dilution ventilation

Use as a solvent of synthetic resins in plastics industry

Local exhaust ventilation; general dilution ventilation

Liberation during manufacture and use of printing and litho inks; during manufacture of perfumes and flavoring agents Local exhaust ventilation; general dilution ventilation

Use as a general solvent for waxes, gums, and oils

Local exhaust ventilation; general dilution ventilation; personal protective equipment

Use in organic synthesis

Local exhaust ventilation; general dilution ventilation

EMERGENCY FIRST AID PROCEDURES

In the event of an emergency, institute first aid procedures and send for first aid or medical assistance.

Eye Exposure

If isopropyl acetate gets into the eyes, wash eyes immediately with large amounts of water, lifting the lower and upper lids occasionally. Get medical attention as soon as possible. Contact lenses should not be worn when working with this chemical.

Skin Exposure

If isopropyl acetate gets on the skin, promptly flush the contaminated skin with water. If isopropyl acetate soaks through the clothing, remove the clothing immediately and flush the skin with water. If there is skin irritation, get medical attention.

· Breathing

If a person breathes in large amounts of isopropyl acetate, move the exposed person to fresh air at once. If breathing has stopped, perform artificial respiration. Keep the affected person warm and at rest. Get medical attention as soon as possible.

Swallowing

When isopropyl acetate has been swallowed, get medical attention immediately. If medical attention is not immediately available, get the afflicted person to vomit by having him touch the back of his throat with his finger or by giving him syrup of ipecac as directed on the package. This non-prescription drug is available at most drug stores and drug counters and should be kept with emergency medical supplies in the workplace. Do not make an unconscious person vomit.

• Rescue

Move the affected person from the hazardous exposure. If the exposed person has been overcome, notify someone else and put into effect the established emergency rescue procedures. Do not become a casualty. Understand the facility's emergency rescue procedures and know the locations of rescue equipment before the need arises.

SPILL, LEAK, AND DISPOSAL PROCEDURES

- Persons not wearing protective equipment and clothing should be restricted from areas of spills or leaks until cleanup has been completed.
- If isopropyl acetate is spilled or leaked, the following steps should be taken:
- 1. Remove all ignition sources.
- 2. Ventilate area of spill or leak.
- 3. For small quantities, absorb on paper towels. Evaporate in a safe place (such as a fume hood). Allow sufficient time for evaporating vapors to completely clear the hood ductwork. Burn the paper in a suitable location away from combustible materials. Large quantities can be collected and atomized in a suitable combustion chamber. Isopropyl acetate should not be allowed to enter a confined space, such as a sewer, because of the possibility of an explosion.
- Waste disposal methods:

Isopropyl acetate may be disposed of:

- 1. By absorbing it in vermiculite, dry sand, earth or a similar material and disposing in a secured sanitary landfill.
- 2. By atomizing in a suitable combustion chamber.

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RESPIRATORY PROTECTION FOR ISOPROPYL ACETATE

Condition	Minimum Respiratory Protection* Required Above 250 ppm
Vapor Concentration	
1000 ppm or less	A chemical cartridge respirator with a full facepiece and an organic vapor cartridge(s).
5000 ppm or less	A gas mask with a chin-style organic vapor canister.
12,500 ppm or less	Any supplied-air respirator with a full facepiece, helmet, or hood.
	Any self-contained breathing apparatus with a full facepiece.
16,000 ppm or less	A Type C supplied-air respirator with a full facepiece operated in pressure- demand or other positive pressure mode or with a full facepiece, helmet, or hood operated in continuous-flow mode.
Greater than 16,000 ppm or entry and escape from unknown concentrations	Self-contained breathing apparatus with a full facepiece operated in pressure- demand or other positive pressure mode.
	A combination respirator which includes a Type C supplied-air respirator with a full facepiece operated in pressure-demand or other positive pressure or continuous-flow mode and an auxiliary self-contained breathing apparatus operated in pressure-demand or other positive pressure mode.
Fire Fighting	Self-contained breathing apparatus with a full facepiece operated in pressure- demand or other positive pressure mode.
Escape	Any gas mask providing protection against organic vapors. Any escape self-contained breathing apparatus.

^{*}Only NIOSH-approved or MSHA-approved equipment should be used.