RTV 3140

Vishay Measurements Group GmbH

Version No: **3.0**
Material Safety Data Sheet according to NOHSC and ADG requirements

Initial Date: **11/28/2025**
Revision Date: **06/02/2026**
Print Date: **06/04/2026**
S.Local.AUS.EN

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

Product Identifier

Product name	RTV 3140
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	UFI: Mixture

Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses	PC1 Adhesives, sealants.

Details of the manufacturer or importer of the safety data sheet

Registered company name	**Vishay Measurements Group GmbH**	**Importer/Distributer:**
Address	Tatschenweg 1 Heilbronn 74078 Germany	Address:
Telephone	+49 (0) 7131 39099-0	Telephone:
Fax	+49 (0) 7131 39099-229	Fax:
Website	www.VPGSensors.com	Website:
Email	mm.de@vpgsensors.com	importer_email@placeholder.com

Emergency telephone number

Association / Organisation	**Chemtrec (24/7/365)**
Emergency telephone number(s)	(00-1) 703-527-3887 (Worldwide)
Other emergency telephone number(s)	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable	
Risk Phrases [1]	**R51/53**	Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
	R66	Repeated exposure may cause skin dryness and cracking.
	R68/20/21/22	Harmful:possible risk of irreversible effects through inhalation, in contact with skin and if swallowed.
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI	

Not Applicable

Relevant risk statements are found in section 2

Indication(s) of danger	Not Applicable

Safety advice

S02	Keep out of reach of children.
S23	Do not breathe gas/fumes/vapour/spray.
S26	In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.
S29	Do not empty into drains.
S35	This material and its container must be disposed of in a safe way.
S36	Wear suitable protective clothing.
S39	Wear eye/face protection.
S40	To clean the floor and all objects contaminated by this material, use water.
S46	If swallowed, seek medical advice immediately and show this container or label.
S56	Dispose of this material and its container at hazardous or special waste collection point.

Page 1 continued...

S57	Use appropriate container to avoid environmental contamination.
S61	Avoid release to the environment. Refer to special instructions/Safety data sheets.
S64	If swallowed, rinse mouth with water (only if the person is conscious).

Other hazards

Inhalation may produce health damage*.

Cumulative effects may result following exposure*.

May produce skin discomfort*.

HARMFUL: may cause lung damage if swallowed

*LIMITED EVIDENCE

Repeated exposure may cause skin dryness or cracking. Contact with water or humid air will form methanol. Product may emit formaldehyde vapour at temperatures above 180ºC in the presence of air. Formaldehyde vapour is a suspected carcinogen, toxic by inhalation and irritating to eyes and the respiratory system. Exposure limits should be strictly respected.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
68909-20-6	<=25	silica amorphous, fumed, hydrophobic
1185-55-3	5-10	methyltrimethoxysilane
67-56-1	<=0.2	propofol
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 contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▸ Other measures are usually unnecessary.
Ingestion	▸ 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

For acute and short term repeated exposures to methanol:
· Toxicity results from accumulation of formaldehyde/formic acid.
· Clinical signs are usually limited to CNS, eyes and GI tract Severe metabolic acidosis may produce dyspnea and profound systemic effects which may become intractable. All symptomatic patients should have arterial pH measured. Evaluate airway, breathing and circulation.
· Stabilise obtunded patients by giving naloxone, glucose and thiamine.
· Decontaminate with Ipecac or lavage for patients presenting 2 hours post-ingestion. Charcoal does not absorb well; the usefulness of cathartic is not established.
· Forced diuresis is not effective; haemodialysis is recommended where peak methanol levels exceed 50 mg/dL (this correlates with serum bicarbonate levels below 18 mEq/L).
· Ethanol, maintained at levels between 100 and 150 mg/dL, inhibits formation of toxic metabolites and may be indicated when peak methanol levels exceed 20 mg/dL. An intravenous solution of ethanol in D5W is optimal.
· Folate, as leucovorin, may increase the oxidative removal of formic acid. 4-methylpyrazole may be an effective adjunct in the treatment. 8.Phenytoin may be preferable to diazepam for controlling seizure.

[Ellenhorn Barceloux: Medical Toxicology]

Methanol poisoning can be treated with fomepizole, or if unavailable, ethanol. Both drugs act to reduce the action of alcohol dehydrogenase on methanol by means of competitive inhibition. Ethanol, the active ingredient in alcoholic beverages, acts as a competitive inhibitor by more effectively binding and saturating the alcohol dehydrogenase enzyme in the liver, thus blocking the binding of methanol. Methanol is excreted by the kidneys without being converted into the very toxic metabolites formaldehyde and formic acid. Alcohol dehydrogenase instead enzymatically converts ethanol to acetaldehyde, a much less toxic organic molecule. Additional treatment may include sodium bicarbonate for metabolic acidosis, and hemodialysis or hemodiafiltration to remove methanol and formate from the blood. Folinic acid or folic acid is also administered to enhance the metabolism of formate.

BIOLOGICAL EXPOSURE INDEX - BEI

Determinant	Index	Sampling Time	Comment
1. Methanol in urine	15 mg/l	End of shift	B, NS
2. Formic acid in urine	80 mg/gm creatinine	Before the shift at end of workweek	B, NS

B: Background levels occur in specimens collected from subjects **NOT** exposed.
NS: Non-specific determinant - observed following exposure to other materials.

SECTION 5 Firefighting measures

Extinguishing media

Continued...

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	▸ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. ▸ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ Avoid spraying water onto liquid pools. ▸ **DO NOT** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	**WARNING:** In use may form flammable/ explosive vapour-air mixtures. ▸ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. ▸ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. ▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke. ▸ Mists containing combustible materials may be explosive. Combustion products include: , ▸ carbon dioxide (CO_2) , hydrogen fluoride , silicon dioxide (SiO_2) , ▸ other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

Minor Spills	Environmental hazard - contain spillage. ▸ Remove all ignition sources. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	Environmental hazard - contain spillage. Moderate hazard. ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	Ensure operatives are trained to minimise exposures. Ensure adequate ventilation. Avoid breathing vapours. In case of inadequate ventilation wear respiratory protection. Wear protective gloves/protective clothing/eye protection/face protection. Avoid contact with skin and eyes. Do not eat, drink or smoke when using this product.

Conditions for safe storage, including any incompatibilities

SECTION 8 Exposure controls / personal protection

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Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

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.

General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
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 f/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 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

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 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters 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

- Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, e.g. Rubber

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

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	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.
Body protection	See Other protection below
Other protection	▸ Protective overalls, closely fitted at neck and wrist. ▸ Eye-wash unit. **IN CONFINED SPACES:** ▸ Non-sparking protective boots ▸ Static-free clothing. ▸ Ensure availability of lifeline. Staff should be trained in all aspects of rescue work. Rescue gear: Two sets of SCBA breathing apparatus Rescue Harness, lines etc.

Respiratory protection

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

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

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AX-AUS / Class1 P2	-
up to 50	1000	-	AX-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	AX-2 P2
up to 100	10000	-	AX-3 P2
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

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

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

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

** - Continuous-flow or positive pressure demand.
A(All classes) = Organic vapours, B AUS or B1 = Acid gases, 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 deg C)

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Milky white liquid

Physical state	Liquid	**Relative density (Water = 1)**	1.05
Odour	Slight	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (℃)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature (℃)**	Not Available
Melting point / freezing point (℃)	Not Available	**Viscosity (cSt)**	30000
Initial boiling point and boiling range (℃)	65	**Molecular weight (g/mol)**	Not Available
Flash point (℃)	101	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available

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Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available
Heat of Combustion (kJ/g)	Not Available	**Ignition Distance (cm)**	Not Available
Flame Height (cm)	Not Available	**Flame Duration (s)**	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	**Enclosed Space Ignition Deflagration Density (g/m3)**	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

a) Acute Toxicity	Based on available data, the classification criteria are not met.
b) Skin Irritation/Corrosion	Based on available data, the classification criteria are not met.
c) Serious Eye Damage/Irritation	Based on available data, the classification criteria are not met.
d) Respiratory or Skin sensitisation	Based on available data, the classification criteria are not met.
e) Mutagenicity	Based on available data, the classification criteria are not met.
f) Carcinogenicity	Based on available data, the classification criteria are not met.
g) Reproductivity	Based on available data, the classification criteria are not met.
h) STOT - Single Exposure	Based on available data, the classification criteria are not met.
i) STOT - Repeated Exposure	Based on available data, the classification criteria are not met.
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.
Ingestion	GABA agonists increase the action at the GABA receptor, producing sedative effects, and may also reduce anxiety and relax muscle. 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.
Skin Contact	Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions. Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	This material causes serious eye irritation.
Chronic	Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following. Amorphous silicas generally are less hazardous than crystalline silicas, but the former can be converted to the latter on heating and subsequent cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling lung disease that may take years to develop. Soluble silicates do not exhibit sensitizing potential. Testing in bacterial and animal experiments have not shown any evidence of them causing mutations or birth defects. Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity). Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed. Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

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RTV 3140	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
silica amorphous, fumed, hydrophobic	**TOXICITY**	**IRRITATION**
	Oral (Rat) LD50: >5000 mg/kg[2]	Not Available
propofol	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >2000 mg/kg[2]	Not Available
	Oral (Rat) LD50: 518 mg/kg[2]	
methyltrimethoxysilane	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >9500 mg/kg[1]	Eye (Rodent - rabbit): 100uL/24H - Mild
	Inhalation (Rat) LC50: >26000 ppm4h[1]	Eye: no adverse effect observed (not irritating)[1]
	Oral (Rat) LD50: 12500 mg/kg[2]	Skin (Rodent - rabbit): 500mg - Mild
		Skin: no adverse effect observed (not irritating)[1]

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

PROPOFOL	General anaesthesia, sleep, altered sleep time, hallucinations, change in motor activity, muscle weakness, rigidity, analgesia, irritability, effects on newborn recorded. Propofol is safe and effective for gastrointestinal endoscopy procedures (colonoscopies etc.). Its use in these settings results in a faster recovery compared to midazolam It can also be combined with opioids or benzodiazepines. Because of its rapid induction and recovery time, propofol is also widely used for sedation of infants and children undergoing MRI procedures.It is also often used in combination with ketamine with minimal side effects Propofol is a phenol derivative administered intravenously that is commonly used for sedation and in general anesthesia. The most common formulation of propofol is a lipophilic emulsion, which allows for rapid distribution into the tissues, including across the blood-brain barrier. It is commonly used for sedation in the intensive care unit (ICU) because it has a short duration of action and rapid clearance. It has dose-dependent effects, leading to higher blood pressure and heart rate changes at higher doses. The initial administration can cause pain at the injection site. Though propofol has a generally favorable profile as a sedative, administration of toxic doses can have harmful effects. Propofol infusion syndrome (PRIS) results from propofol toxicity. . . The primary concern with propofol toxicity is the development of fatal conditions. Hypertriglyceridemia can lead to pancreatitis. Metabolic acidosis can develop, leading to other derangements. Cardiac failure and rhabdomyolysis are significant concerns for propofol toxicity. If PRIS continues without any timely intervention, the condition can be fatal. Some complications correlate with complex multimodal treatment options The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. These substances are intravenous anaesthetic agents. They have a very low level of acute toxicity; they may cause skin irritation. Repeated exposure may irritate the stomach. There is no evidence of this group of substances causing mutation or adverse effects on reproduction. However, at high doses, there may be reduction of newborn weight and reduced survival in early lactation period. Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
METHYLTRIMETHOXYSILANE	The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.
RTV 3140 & SILICA AMORPHOUS, FUMED, HYDROPHOBIC	For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification. Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser. Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact. Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure. Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m3 to 150 mg/m3. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m3. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m3. The difference in

Continued...

	values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL. Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected. For Synthetic Amorphous Silica (SAS) Repeated dose toxicity Oral (rat), 2 weeks to 6 months, no significant treatment-related adverse effects at doses of up to 8% silica in the diet. Inhalation (rat), 13 weeks, Lowest Observed Effect Level (LOEL) =1.3 mg/m3 based on mild reversible effects in the lungs. Inhalation (rat), 90 days, LOEL = 1 mg/m3 based on reversible effects in the lungs and effects in the nasal cavity. For silane treated synthetic amorphous silica: Repeated dose toxicity: oral (rat), 28-d, diet, no significant treatment-related adverse effects at the doses tested. There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.
RTV 3140 & PROPOFOL	The material may simulate the actions of GABA (gamma-aminobutyric acid), a major inhibitory neurotransmitter of the brain. Hence it inhibits the electrical activity of certain parts of the nervous systems. Certain substances similar to GABA may produce lightheadedness, inco-ordination, and mood elevation.

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

RTV 3140

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

silica amorphous, fumed, hydrophobic

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

propofol

Endpoint	Test Duration (hr)	Species	Value	Source
BCF	672h	Fish	14-29	7
NOEC(ECx)	24h	Fish	577.2mg/L	4

methyltrimethoxysilane

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>3.6mg/l	2
EC50	48h	Crustacea	>122mg/l	2
NOEC(ECx)	72h	Fish	>=3.6mg/l	2
LC50	96h	Fish	>110mg/l	2

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

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.
For Amorphous Silica: Amorphous silica is chemically and biologically inert. It is not biodegradable.
Aquatic Fate: Due to its insolubility in water there is a separation at every filtration and sedimentation process. On a global scale, the level of man-made synthetic amorphous silicas (SAS) represents up to 2.4% of the dissolved silica naturally present in the aquatic environment and untreated SAS have a relatively low water solubility and an extremely low vapour pressure. Biodegradability in sewage treatment plants or in surface water is not applicable to inorganic substances like SAS.
Terrestrial Fate: Crystalline and/or amorphous silicas are common on the earth in soils and sediments, and in living organisms (e.g. diatoms), but only the dissolved form is bioavailable. On the basis of these properties it is expected that SAS released into the environment will be distributed mainly into soil/sediment. Surface treated silica will be wetted then adsorbed onto soils and sediments.
Atmospheric Fate: SAS is not expected to be distributed into the air if released.
Ecotoxicity: SAS is not toxic to environmental organisms (apart from physical desiccation in insects). SAS presents a low risk for adverse effects to the environment.
For Silica:
Environmental Fate: Most documentation on the fate of silica in the environment concerns dissolved silica, in the aquatic environment, regardless of origin, (man-made or natural), or structure, (crystalline or amorphous).
Terrestrial Fate: Silicon makes up 25.7% of the Earth's crust, by weight, and is the second most abundant element, being exceeded only by oxygen. Silicon is not found free in nature, but occurs chiefly as the oxide and as silicates. Once released into the environment, no distinction can be made between the initial forms of silica.
Aquatic Fate: At normal environmental pH, dissolved silica exists exclusively as monosilicic acid. At pH 9.4, amorphous silica is highly soluble in water. Crystalline silica, in the form of quartz, has low solubility in water. Silicic acid plays an important role in the biological/geological/chemical cycle of silicon, especially in the ocean. Marine organisms such as diatoms, silicoflagellates and radiolarians use silicic acid in their skeletal structures and their skeletal remains leave silica in sea sediment
Ecotoxicity: Silicon is important to plant and animal life and is practically non-toxic to fish including zebrafish, and Daphnia magna water fleas.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Continued...

Ingredient	Persistence: Water/Soil	Persistence: Air
propofol	HIGH	HIGH
methyltrimethoxysilane	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
propofol	LOW (BCF = 43)
methyltrimethoxysilane	LOW (LogKOW = 0.53)

Mobility in soil

Ingredient	Mobility
propofol	LOW (Log KOC = 6812)
methyltrimethoxysilane	LOW (Log KOC = 381.3)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: ▸ Reduction ▸ Reuse ▸ Recycling ▸ Disposal (if all else fails) This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. ▸ **DO NOT** allow wash water from cleaning or process equipment to enter drains. ▸ It may be necessary to collect all wash water for treatment before disposal. ▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▸ Where in doubt contact the responsible authority. ▸ Recycle wherever possible or consult manufacturer for recycling options. ▸ Consult State Land Waste Authority for disposal. ▸ Bury or incinerate residue at an approved site. ▸ Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

Marine Pollutant	
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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
silica amorphous, fumed, hydrophobic	Not Applicable
propofol	Not Applicable
methyltrimethoxysilane	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
silica amorphous, fumed, hydrophobic	Not Applicable
propofol	Not Applicable
methyltrimethoxysilane	Not Applicable

SECTION 15 Regulatory information

Continued...

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

silica amorphous, fumed, hydrophobic is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

propofol is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australian Inventory of Industrial Chemicals (AIIC)
FEI Equine Prohibited Substances List - Controlled Medication
FEI Equine Prohibited Substances List (EPSL)

methyltrimethoxysilane is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (silica amorphous, fumed, hydrophobic; propofol; methyltrimethoxysilane)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (silica amorphous, fumed, hydrophobic)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	No (silica amorphous, fumed, hydrophobic; propofol)
Vietnam - NCI	Yes
Russia - FBEPH	No (silica amorphous, fumed, hydrophobic; propofol)
UAE - Control List (Banned/Restricted Substances)	No (silica amorphous, fumed, hydrophobic; propofol; methyltrimethoxysilane)
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	06/02/2026
Initial Date	11/28/2025

SDS Version Summary

Version	Date of Update	Sections Updated
1.5	06/01/2026	Toxicological information - Acute Health (skin), Physical and chemical properties - Appearance, Toxicological information - Chronic Health, Hazards identification - Classification, Disposal considerations - Disposal, Ecological Information - Environmental, Composition / information on ingredients - Ingredients, Exposure controls / personal protection - Personal Protection (Respirator), Exposure controls / personal protection - Personal Protection (hands/feet), Accidental release measures - Spills (major), Accidental release measures - Spills (minor), Identification of the substance / mixture and of the company / undertaking - Use

Other information

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.

Powered by AuthorITe, from Chemwatch.

end of SDS

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