M-Bond 43 B

Vishay Measurements Group GmbH

Version No: **6.0**
Safety Data Sheet according to JIS Z 7253 : 2019

Initial Date: **11/27/2025**
Revision Date: **07/08/2026**
Print Date: **07/21/2026**
S.GHS.JPN.EN

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

Product Identifier

Product name	M-Bond 43 B
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	ADHESIVES containing flammable liquid
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	Adhesive

Details of the manufacturer or importer of the safety data sheet

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

Emergency telephone number

Association / Organisation	**Velocity EHS**
Emergency telephone number(s)	1-888-255-3924
Other emergency telephone number(s)	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Classification [1]	Flammable Liquids Category 2, Aspiration Hazard Category 1, Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Acute Toxicity (Inhalation) Category 4, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Reproductive Toxicity Category 1B, Specific Target Organ Toxicity - Single Exposure Category 1, Specific Target Organ Toxicity - Single Exposure Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 1, Hazardous to the Aquatic Environment Acute Hazard Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from Japanese NITE GHS Classifications

Label elements

Hazard pictogram(s)	
Signal word	**Danger**

Hazard statement(s)

H225	Highly flammable liquid and vapour.
H304	May be fatal if swallowed and enters airways.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H332	Harmful if inhaled.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.
H360	May damage fertility or the unborn child.
H370	Causes damage to organs.
H371	May cause damage to organs.
H372	Causes damage to organs through prolonged or repeated exposure.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P260	Do not breathe mist/vapours/spray.
P271	Use only a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P240	Ground and bond container and receiving equipment.
P241	Use explosion-proof electrical/ventilating/lighting/intrinsically safe equipment.
P242	Use non-sparking tools.
P243	Take action to prevent static discharges.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P202	Do not handle until all safety precautions have been read and understood.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P331	Do NOT induce vomiting.
P308+P311	IF exposed or concerned: Call a POISON CENTER/doctor/physician/first aider.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.
P302+P352	IF ON SKIN: Wash with plenty of water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P391	Collect spillage.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name	Class Reference No. in the Gazette List		Nanoform Particle Characteristics
			CSCL	ISHL	
78-93-3	35-40	methyl ethyl ketone	2-542	Published	Not Available
1330-20-7	20-25	xylene	3-3, 3-60	Published	Not Available
25068-38-6	15-20	bisphenol A diglycidyl ether	7-1279, 7-1283	Published	Not Available

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CAS No	%[weight]	Name	Class Reference No. in the Gazette List		Nanoform Particle Characteristics
			CSCL	ISHL	
123-42-2	10-15	diacetone alcohol	2-587	2-(8)-285	Not Available
80-08-0	5-10	dapsone	3-2163	Published	Not Available
71011-26-2	0.0001-1.9999	tallow dimethylbenzylammonium chloride/ hectorite	-	-	Not Available
Legend:	[e] Substance identified as having endocrine disrupting properties				

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 or combustion products are inhaled remove from contaminated area. ‣ Lay patient down. Keep warm and rested. ‣ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ‣ Transport to hospital, or doctor, without delay.
Ingestion	‣ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus. ‣ If swallowed do **NOT** induce vomiting. ‣ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ‣ Observe the patient carefully. ‣ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ‣ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ‣ Seek medical advice. ‣ Avoid giving milk or oils. ‣ Avoid giving alcohol.

Indication of any immediate medical attention and special treatment needed

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.
Treat symptomatically.
for simple ketones:

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- **DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5mL/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- Give activated charcoal.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Consider intubation at first sign of upper airway obstruction resulting from oedema.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L.
EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994
The material may induce methaemoglobinaemia following exposure.

- Initial attention should be directed at oxygen delivery and assisted ventilation if necessary. Hyperbaric oxygen has not demonstrated substantial benefits.
- Hypotension should respond to Trendelenburg's position and intravenous fluids; otherwise dopamine may be needed.
- Symptomatic patients with methaemoglobin levels over 30% should receive methylene blue. (Cyanosis, alone, is not an indication for treatment). The usual dose is 1-2 mg/kg of a 1% solution (10 mg/ml) IV over 50 minutes; repeat, using the same dose, if symptoms of hypoxia fail to subside within 1 hour.
- Thorough cleansing of the entire contaminated area of the body, including the scalp and nails, is of utmost importance.

BIOLOGICAL EXPOSURE INDEX - BEI

Continued...

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comment
1. Methaemoglobin in blood	1.5% of haemoglobin	During or end of shift	B, NS, SQ

B: Background levels occur in specimens collected from subjects **NOT** exposed
NS: Non-specific determinant; also observed after exposure to other materials
SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.
For acute or short term repeated exposures to xylene:

- Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- Pulmonary absorption is rapid with about 60-65% retained at rest.
- Primary threat to life from ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO2 < 50 mm Hg or pCO2 > 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.

BIOLOGICAL EXPOSURE INDEX - BEI
These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
Methylhippu-ric acids in urine	1.5 gm/gm creatinine	End of shift	
	2 mg/min	Last 4 hrs of shift	

SECTION 5 Firefighting measures

Extinguishing media

- Alcohol stable foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.
- Water spray or fog - Large fires only.

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ May be violently or explosively reactive. ‣ Wear breathing apparatus plus protective gloves in the event of a fire. ‣ Prevent, by any means available, spillage from entering drains or water course. ‣ Consider evacuation (or protect in place). ‣ Fight fire from a safe distance, with adequate cover. ‣ If safe, switch off electrical equipment until vapour fire hazard removed. ‣ Use water delivered as a fine spray to control the 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	‣ Liquid and vapour are highly flammable. ‣ Severe fire hazard when exposed to heat, flame and/or oxidisers. ‣ Vapour may travel a considerable distance to source of ignition. ‣ Heating may cause expansion or decomposition leading to violent rupture of containers. ‣ On combustion, may emit toxic fumes of carbon monoxide (CO). Combustion products include: , ‣ carbon dioxide (CO_2) , aldehydes , nitrogen oxides (NOx) , ‣ other pyrolysis products typical of burning organic material. **Contains low boiling substance:** Closed containers may rupture due to pressure buildup under fire conditions.

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	‣ 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 small quantities with vermiculite or other absorbent material. ‣ Wipe up. ‣ Collect residues in a flammable waste container.
Major Spills	‣ Clear area of personnel and move upwind. ‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ May be violently or explosively reactive.

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