SAFETY DATA SHEET

M-Bond 450 Part B

Vishay Measurements Group GmbH

Version No: **6.0**
Safety Data Sheet - Authored according to GB/T 16483(2008), GB/T 17519 (2013), and GB30000.1 (2024)

Initial Date: **11/30/2025**
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S.GHS.CHN.EN

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

Product Identifier

Product name	M-Bond 450 Part B
Chemical Name	Not Applicable
Chemical English Name	Not Applicable
Synonyms	Not Available
Proper shipping name	ADHESIVES containing flammable liquid
Chemical formula	Not Applicable
Other means of identification	UFI: UFI: Mixture

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	**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

Summary of Hazard in an Emergency Situation

Liquid.
Mixes with water.Highly flammable.
Harmful by inhalation.
Irritating to eyes.
Irritating to respiratory system.
Irritating to skin.
Vapours may cause drowsiness and dizziness.
Harmful:possible risk of irreversible effects through inhalation, in contact with skin and if swallowed.
Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed.
May impair fertility.
May cause harm to the unborn child.
Repeated exposure may cause skin dryness and cracking.

Classification [1]	Flammable Liquids Category 2, Acute Toxicity (Oral) Category 5, Skin Corrosion/Irritation Category 3, Serious Eye Damage/Eye Irritation Category 2A, Acute Toxicity (Inhalation) Category 3, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Reproductive Toxicity Category 1B, Specific Target Organ Toxicity - Single Exposure Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 1, Hazardous to the Aquatic Environment Acute Hazard Category 3, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. China Catalogue of Hazardous Chemicals; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

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

Hazard statement(s)

H225	Highly flammable liquid and vapour.
H303	May be harmful if swallowed.
H316	Causes mild skin irritation.
H319	Causes serious eye irritation.
H331	Toxic if inhaled.
H336	May cause drowsiness or dizziness.
H360	May damage fertility or the unborn child.
H371	May cause damage to organs.
H372	Causes damage to organs through prolonged or repeated exposure.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P233	Keep container tightly closed.
P260	Do not breathe mist/vapours/spray.
P271	Use only a well-ventilated area.
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.
P202	Do not handle until all safety precautions have been read and understood.
P264	Wash all exposed external body areas thoroughly after handling.
P280	Wear protective gloves, protective clothing, eye protection and face protection.

Precautionary statement(s) Response

P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.
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.
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+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

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

Physical and Chemical Hazard

Liquid.
Mixes with water.Highly flammable.
HIGHLY FLAMMABLE.
Toxic smoke/fumes in a fire.
In case of fire and/or explosion, DO NOT BREATHE FUMES.

Health Hazards

Inhaled	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects. The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of vapours, fumes or aerosols, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo. The severity of effects of boron trifluoride depend on concentration and duration of exposure. Inhalation causes irritation of the throat, coughing and laboured breathing. High concentrations can cause fatal lung disease. Overexposure to ethylene glycol monoethyl ether by inhalation may result in headache, nausea and vomiting. Vapours have an objectionable odour at high concentrations. Acute exposure of humans to high concentrations of methyl ethyl ketone produces irritation to the eyes, nose and throat. Acute exposure by inhalation also causes nervous system depression, headache, and nausea. High vapour levels are easily detected due to odour, however odour fatigue may occur, with loss of warning of exposure. Headache, fatigue, tiredness, irritability and digestive disturbances (nausea, loss of appetite and bloating) are the most common symptoms of xylene overexposure. Injury to the heart, liver, kidneys and nervous system has also been noted amongst workers. Xylene is a central nervous system depressant

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	Ketone vapours irritate the nose, throat and mucous membrane. High concentrations depress the central nervous system, causing headache, vertigo, poor concentration, sleep and failure of the heart and breathing.
Ingestion	The material is not thought to produce adverse health effects following ingestion (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum. At sufficiently high doses the material may be hepatotoxic (i.e. poisonous to the liver). At sufficiently high doses the material may be nephrotoxic (i.e. poisonous to the kidney). The substance and/or its metabolites may bind to haemoglobin inhibiting normal uptake of oxygen. This condition, known as "methaemoglobinemia", is a form of oxygen starvation (anoxia). Symptoms include cyanosis (a bluish discolouration skin and mucous membranes) and breathing difficulties. Symptoms may not be evident until several hours after exposure. At about 15% concentration of blood methaemoglobin there is observable cyanosis of the lips, nose and earlobes. Symptoms may be absent although euphoria, flushed face and headache are commonly experienced. At 25-40%, cyanosis is marked but little disability occurs other than that produced on physical exertion. At 40-60%, symptoms include weakness, dizziness, lightheadedness, increasingly severe headache, ataxia, rapid shallow respiration, drowsiness, nausea, vomiting, confusion, lethargy and stupor. Above 60% symptoms include dyspnea, respiratory depression, tachycardia or bradycardia, and convulsions. Levels exceeding 70% may be fatal. Swallowing ethylene glycol monoethyl ether may cause headache, nausea, vomiting, dizziness and weakness. Swallowing more than a small amount may cause damage to the kidney, liver and the blood-forming system. Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.
Skin Contact	Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. In humans exposed to methyl ethyl ketone, skin inflammation has been reported. Animal testing has shown methyl ethyl ketone to have high acute toxicity from skin exposure. 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. Skin contact with the material may be harmful; systemic effects may result following absorption. There is some evidence to suggest that the material may cause moderate inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.
Eye	Irritation of the eyes may produce a heavy secretion of tears (lachrymation). The vapour when concentrated has pronounced eye irritation effects and this gives some warning of high vapour concentrations. If eye irritation occurs seek to reduce exposure with available control measures, or evacuate area. The liquid may produce eye discomfort and is capable of causing temporary impairment of vision and/or transient eye inflammation, ulceration There is some evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure.
Chronic	Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. Ample evidence exists from experimentation that reduced human fertility is directly caused by exposure to the material. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following. Repeated exposure to hydroxylamine and derivatives may result in respiratory sensitisation with asthma-like symptoms. Animal testing shows that methyl ethyl ketone may have slight effects on the nervous system, liver, kidney and respiratory system; there may also be developmental effects and an increase in birth defects. However, there is limited information available on the long-term effects of methyl ethyl ketone in humans, and no information is available on whether it causes developmental or reproductive toxicity or cancer. It is generally considered to have low toxicity, but it is often used in combination with other solvents, and the toxic effects of the mixture may be greater than with either solvent alone. Combinations of n-hexane or methyl n-butyl ketone with methyl ethyl ketone may increase the rate of peripheral neuropathy, a progressive disorder of the nerves of the extremities. Combinations with chloroform also show increase in toxicity. Boron trifluoride fumes strongly in moist air or on skin contact to form corrosive acids which can affect the kidneys. The long term effects are unknown. Repeated overexposure may cause drying of nose linings, nosebleed, tooth discolouration, asthma and lung inflammation. There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. Repeated exposure to high concentrations of ethylene glycol monoethyl ether (over 400 parts per million) may injure the bone marrow and blood cells (causing tiredness and pallor), kidney (causing changes in urine appearance and output or fluid in the legs) and liver (causing loss of appetite, jaundice, and sometimes pain in the right upper abdomen). In laboratory inhalation studies, birth defects, increased foetal deaths and delayed foetal development have been observed in the offspring of female animals exposed during pregnancy. It may cause birth defects, toxicity to the foetus and damage to the testis. Women exposed to xylene in the first 3 months of pregnancy showed a slightly increased risk of miscarriage and birth defects. Evaluation of workers chronically exposed to xylene has demonstrated lack of genetic toxicity.

Environmental Hazards

See Section 12

Other hazards

Cumulative effects may result following exposure*.

Limited evidence of a carcinogenic effect*.
Possible respiratory sensitizer*.
HARMFUL: may cause lung damage if swallowed
*LIMITED EVIDENCE

No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
110-80-5	50-55	ethylene glycol monoethyl ether
78-93-3	25-30	methyl ethyl ketone
80-08-0	15-20	dapsone
1330-20-7	1-10	xylene

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CAS No	%[weight]	Name
75-23-0	<=0.5	boron trifluoride/ ethylamine complex
Legend:	1. Classified by Chemwatch; 2. China Catalogue of Hazardous Chemicals; 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: ▸ Immediately hold eyelids apart and flush the eye continuously with 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. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Transport to hospital or doctor without delay. ▸ 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. ▸ 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	▸ Immediately give a glass of water. ▸ First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor. ▸ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

Advise for rescue team (PPE requirement for rescue personnel)

Indication of any immediate medical attention and special treatment needed

Followed acute or short term repeated exposures to ethylene glycol monoalkyl ethers and their acetates:
- Hepatic metabolism produces ethylene glycol as a metabolite.
- Clinical presentation, following severe intoxication, resembles that of ethylene glycol exposures.
- Monitoring the urinary excretion of the alkoxyacetic acid metabolites may be a useful indication of exposure.

[Ellenhorn and Barceloux: Medical Toxicology]
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.
For acute or short term repeated exposures to ethylene glycol:
- Early treatment of ingestion is important. Ensure emesis is satisfactory.
- Test and correct for metabolic acidosis and hypocalcaemia.
- Apply sustained diuresis when possible with hypertonic mannitol.
- Evaluate renal status and begin haemodialysis if indicated. [I.L.O]
- Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.
- Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.
- Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.
- Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.
- Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]
It has been suggested that there is a need for establishing a new biological exposure limit before a workshift that is clearly below 100 mmol ethoxy-acetic acids per mole creatinine in morning urine of people occupationally exposed to ethylene glycol ethers. This arises from the finding that an increase in urinary stones may be associated with such exposures.
Laitinen J., et al: Occupational & Environmental Medicine 1996; 53, 595-600
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.

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- 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
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.

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 full body protective clothing with breathing apparatus. ▸ 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 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) , nitrogen oxides (NOx) , sulfur oxides (SOx) , hydrogen fluoride , ▸ other pyrolysis products typical of burning organic material. **Contains low boiling substance:** Closed containers may rupture due to pressure buildup under fire conditions. **WARNING**: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Measures for Preventing Secondary Contamination

Refer to section above

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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