



Emergency Response Planning Guidelines

from the AIHA® Guideline Foundation

Emergency Response Planning Guideline
Technical Support Documentation
Methyl Methacrylate

EMERGENCY RESPONSE PLANNING GUIDELINE (ERP) Public Comment Draft

METHYL METHACRYLATE (2026)

ERP-3: 170 ppm (700 mg/m³)

ERP-2: 50 ppm (206 mg/m³)

ERP-1: 17 ppm (70 mg/m³)

ERP Maximum Airborne Concentration Levels



ERP 1 MILD

The maximum airborne concentration below which nearly all individuals could be exposed for up to one hour without experiencing more than mild, transient adverse health effects or without perceiving a clearly defined objectionable odor.



ERP 2 SERIOUS

The maximum airborne concentration below which nearly all individuals could be exposed for up to one hour without experiencing or developing irreversible or other serious health effects or symptoms that could impair an individual's ability to take action.



ERP 3 SEVERE

The maximum airborne concentration below which nearly all individuals could be exposed for up to one hour without experiencing or developing life-threatening health effects.



**GUIDELINE
FOUNDATION**

EMERGENCY RESPONSE PLANNING GUIDELINE (ERP)
Public Comment Draft

METHYL METHACRYLATE
(2026)

ERP-3: 170 ppm (700 mg/m³)
ERP-2: 50 ppm (206 mg/m³)
ERP-1: 17 ppm (70 mg/m³)

I. Recommended ERPs and Supporting Rationales

ERP-3: 170 ppm (700 mg/m³)

170 ppm of methyl methacrylate is the maximum airborne concentration below which nearly all individuals could be exposed for up to one hour without experiencing or developing life-threatening health effects. This value is based on the subacute and subchronic inhalational NTP studies in rats, where no deaths were ever associated with concentrations up to 1000 ppm, regardless of length of exposure (NTP, 1986). Moreover, this concentration was not associated with a single case of mortality in any models of acute inhalational exposure. A correction factor of 6 has been applied to account for interspecies variability.

ERP-2: 50 ppm (206 mg/m³)

50 ppm of methyl methacrylate is the maximum airborne concentration below which nearly all individuals could be exposed to methyl methacrylate for up to 1 hour without experiencing or developing irreversible or other serious adverse health effects or symptoms that could impair an individual's ability to take protective action is 50 ppm. This value is based on the 1976 NIOSH study in which exposed workers experienced no health effects due to inhalational exposure to methyl methacrylate at 8-hour time weighted average concentrations up to 49 ppm (rounded to 50 ppm) (Cromer and Kronoveter, 1976).

ERPG-1: 17 ppm (70 mg/m³)

17 ppm of methyl methacrylate is the maximum airborne concentration below which nearly all individuals could be exposed for up to one hour without experiencing or developing effects other than mild transient health effects. The basis for this guideline is the 2015 study where healthy volunteers exposed to 50 ppm of methyl methacrylate for 4 hours experienced no adverse health effects other than slight nose irritation (Muttray et al., 2015). To arrive at the ERPG-1 value, a correction factor of 3 was applied to account for intraspecies variability in susceptibility to the irritating properties of methyl methacrylate. Note that this concentration of methyl methacrylate considerably exceeds the odor threshold of 0.05 ppm.

II. History of Methyl Methacrylate ERPGs

This is the first preparation of an ERPG for methyl methacrylate.

III. References

- ACGIH (2015) 'Methyl Methacrylate', Documentation of Threshold Limit Values and Biological Exposure Indices. Cincinnati, OH: ACGIH.
- AEGL (2008) Interim Acute Exposure Guideline Levels (AEGLs) for Methyl Methacrylate: USEPA.
- Amoore, J. E. and Hautala, E. (1983). Odor as an aid to chemical safety: odor thresholds compared with threshold limit values and volatilities for 214 industrial chemicals in air and water dilution. *Journal of Applied Physiology*, 3(6), 272-90.
- Andrews, C. P., Smith, J. D. and Johanson, W. G., Jr (1979). Pulmonary effects of methyl methacrylate vapor exposure in dental students. *Clinical Research*, 27(5), 759A.
- Borak, J., Fields, C., Andrews, L. S. and Pemberton, M. A. (2011). Methyl methacrylate and respiratory sensitization: a critical review. *Critical Reviews in Toxicology*, 41(3), 230-68.



Emergency Response Planning Guidelines

from the AIHA® Guideline Foundation

Emergency Response Planning Guideline
Technical Support Documentation
Methyl Methacrylate

- Borzelleca, J. F., Larson, P. S., Hennigar, G. R., Jr., Huf, E. G., Crawford, E. M. and Smith, R. B., Jr. (1964). Studies on the chronic oral toxicity of monomeric ethyl acrylate and methyl methacrylate. *Toxicology and Applied Pharmacology*, 6, 29-36.
- Bratt, H. and Hathway, D. E. (1977). Fate of methyl methacrylate in rats. *British Journal of Cancer*, 36(1), 114-9.
- Collins, J. J., Page, L. C., Caporossi, J. C., Utidjian, H. M. and Saipher, J. N. (1989). Mortality patterns among men exposed to methyl methacrylate. *Journal of Occupational Medicine*, 31(1), 41-6.
- Cromer, J. and Kronoveter, K. (1976) A study of methyl methacrylate exposures and employee health, Cincinnati, Ohio: National Institute for Occupational and Environmental Health (DHHW (NIOSH) Publication No. 77-119; PB-274789.
- Crout, D. H., Lloyd, E. J. and Singh, J. (1982). Metabolism of methyl methacrylate: evidence for metabolism by the valine pathway of catabolism in rat and in man. *Xenobiotica*, 12(12), 821-9.
- Deichmann, W. (1941). Toxicity of methyl, ethyl and n-butyl methacrylate. *The Journal of Industrial Hygiene and Toxicology*, 23(7), 343-351.
- ECETOC (1995) Joint Assessment of Commodity Chemicals No. 30. Methyl methacrylate. CAS No. 80-62-6, Brussels: European Centre for Ecotoxicology and Toxicology of Chemicals.
- Hellman, T. M. and Small, F. H. (1974). Characterization of the odor properties of 101 petrochemicals using sensory methods. *Journal of the Air Pollution Control Association*, 24(10), 979-982.
- Johannsen, F. R., Vogt, B., Waite, M. and Deskin, R. (2008). Mutagenicity assessment of acrylate and methacrylate compounds and implications for regulatory toxicology requirements. *Regulatory Toxicology and Pharmacology*, 50(3), 322-335.



**GUIDELINE
FOUNDATION**



Emergency Response Planning Guidelines

from the AIHA® Guideline Foundation

Emergency Response Planning Guideline
Technical Support Documentation
Methyl Methacrylate

- Lee, C. M. (1984). Unusual reaction to methyl methacrylate monomer. *Anesthesia and Analgesia*, 63(3), 372.
- Leonardos, G., Kendall, D. A. and Barnard, N. J. (1969). Odor threshold determinations of 53 odorant chemicals. *Journal of the Air Pollution Control Association*, 19(2), 91-95.
- Lomax, L. G., Krivanek, N. D. and Frame, S. R. (1997). Chronic inhalation toxicity and oncogenicity of methyl methacrylate in rats and hamsters. *Food and Chemical Toxicology*, 35(3-4), 393-407.
- Lozewicz, S., Davison, A. G., Hopkirk, A., Burge, P. S., Boldy, D. A., Riordan, J. F., McGivern, D. V., Platts, B. W., Davies, D. and Newman, T. A. J. (1985). Occupational asthma due to methyl methacrylate and cyanoacrylates. *Thorax*, 40(11), 836-9.
- Maclaine Pont, M. A. (1991). Dutch Expert Committee and Nordic Expert Group basis for an occupational health standard; methyl methacrylate. *Arbete och Hälsa*, 36, 1-58.
- Moore, M. M., Amtower, A., Doerr, C. L., Brock, K. H. and Dearfield, K. L. (1988). Genotoxicity of acrylic acid, methyl acrylate, ethyl acrylate, methyl methacrylate, and ethyl methacrylate in L5178Y mouse lymphoma cells. *Environmental and Molecular Mutagenesis*, 11(1), 49-63.
- Muttray, A., Gosepath, J., Brieger, J., Faldum, A., Zagar, C., Mayer-Popken, O., Jung, D., Roßbach, B., Mann, W. and Letzel, S. (2015). No acute effects of an exposure to 50 ppm methyl methacrylate on the upper airways. *International Archives of Occupational and Environmental Health*, 88(8), 1043-1051.
- Nicholas, C. A., Lawrence, W. H. and Autian, J. (1979). Embryotoxicity and fetotoxicity from maternal inhalation of methyl methacrylate monomer in rats. *Toxicology and Applied Pharmacology*, 50(3), 451-8.
- NIOSH (2016) NIOSH Pocket Guide to Chemical Hazards: Methyl Methacrylate: National Institute for Occupational Safety and Health. Available at: <https://www.cdc.gov/niosh/npg/npgd0426.html>.



**GUIDELINE
FOUNDATION**



Emergency Response Planning Guidelines

from the AIHA® Guideline Foundation

Emergency Response Planning Guideline
Technical Support Documentation
Methyl Methacrylate

NIOSH (2018) Methyl Methacrylate. NIOSH Pocket Guide to Chemical Hazards: CDC. Available at: <https://www.cdc.gov/niosh/npg/npgd0426.html>.

NTP (1986) Toxicology and Carcinogenesis Studies of Methyl Methacrylate in F344/N Rats and B6C3F1 Mice (Inhalation Studies: National Toxicology Program No. 314).

OSHA (1996) Acrylic Acid/Methacrylic Acid: U.S. Department of Labor. Available at: <https://www.osha.gov/dts/sltc/methods/partial/pv2005/2005.html>.

OSHA (2018) OSHA Annotated Table Z-1: United States Department of Labor. Available at: <https://www.osha.gov/dsg/annotated-pels/tablez-1.html> 2018.

Parker, D. and Turk, J. L. (1983). Contact sensitivity to acrylate compounds in guinea pigs. *Contact Dermatitis*, 9(1), 55-60.

Pickering, C. A., Bainbridge, D., Birtwistle, I. H. and Griffiths, D. L. (1986). Occupational asthma due to methyl methacrylate in an orthopaedic theatre sister. *BMJ (Clinical Research Edition)*, 292(6532), 1362-3.

Poss, R., Thilly, W. G. and Kaden, D. A. (1979). Methylmethacrylate is a mutagen for salmonella typhimurium. *The Journal of Bone and Joint Surgery*, 61(8), 1203-7.

Rohm and Haas (1982). Acute range finding toxicity studies with methyl methacrylate in rats and rabbits with cover letter dated 071780. Rohm & Haas Toxicology Department.

Seiji, K., Inoue, O., Kawai, T., Mizunuma, K., Yasugi, T., Moon, C. S., Takeda, S. and Ikeda, M. (1994). Absence of mutagenicity in peripheral lymphocytes of workers occupationally exposed to methyl methacrylate. *Industrial Health*, 32(2), 97-105.

Solomon, H. M., McLaughlin, J. E., Swenson, R. E., Hagan, J. V., Wanner, F. J., O'Hara, G. P. and Krivanek, N. D. (1993). Methyl methacrylate: inhalation developmental toxicity study in rats. *Teratology*, 48(2), 115-25.

Spealman, C. R., Main, R. J., Haag, H. B. and Larson, P. S. (1945). Monomeric methyl methacrylate: studies on toxicity. *Industrial Medicine*, 14(4), 292-298.



**GUIDELINE
FOUNDATION**



Emergency Response Planning Guidelines

from the AIHA® Guideline Foundation

Emergency Response Planning Guideline
Technical Support Documentation
Methyl Methacrylate

- Tansy, M. F. and Kendall, F. M. (1979). Update on the toxicity of inhaled methyl methacrylate vapor. *Drug and Chemical Toxicology*, 2(4), 315-30.
- Tansy, M. F., Landin, W. E. and Kendall, F. M. (1980). LC50 value for rats acutely exposed to methyl methacrylate monomer vapor. *Journal of Dental Research*, 59(6), 1074.
- Tomenson, J. A., Bonner, S. M., Edwards, J. C., Pemberton, M. A., Cummings, T. F. and Paddle, G. M. (2000). Study of two cohorts of workers exposed to methyl methacrylate in acrylic sheet production. *Occupational and Environmental Medicine*, 57(12), 810-7.
- USEPA. (2000). 'Methyl Methacrylate'.
- Walker, A. M., Cohen, A. J., Loughlin, J. E., Rothman, K. J. and DeFonso, L. R. (1991). Mortality from cancer of the colon or rectum among workers exposed to ethyl acrylate and methyl methacrylate. *Scandinavian Journal of Work, Environment & Health*, 17(1), 7-19.

