Coogee Chemicals Chlorine

Coogee

Chemwatch: **48-4476** Version No: **4.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 01/11/2019 Print Date: 17/06/2020 L.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	Coogee Chemicals Chlorine
Chemical Name	chlorine
Synonyms	Product code: 8170; CHLORINE GAS, COOGEE CHLORINE LIQUID, LIQUEFIED COMPRESSED CHLORINE GAS
Proper shipping name	CHLORINE
Other means of identification	Not Available

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

Relevant	identified	uses

Chemical production, Sanitizing agent.

The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.

Details of the supplier of the safety data sheet

Registered company name	Coogee
Address	Cnr of Patterson and Kwinana Beach Roads Kwinana WA Australia
Telephone	+61 8 9439 8200
Fax	+61 8 9439 8300
Website	www.coogee.com.au
Email	businessrelations@coogee.com.au

Emergency telephone number

Association / Organisation	Coogee Chemicals
Emergency telephone numbers	1800 800 655
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

HAZARDOUS CHEMICAL. DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

Poisons Schedule	S7
Classification ^[1]	Gas under Pressure (Liquefied gas), Acute Toxicity (Inhalation) Category 3, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Acute Aquatic Hazard Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)







SIGNAL WORD DANGER

Hazard statement(s)

H280	Contains gas under pressure; may explode if heated.
H331	Toxic if inhaled.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H335	May cause respiratory irritation.
H400	Very toxic to aquatic life.

Supplementary statement(s)

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Not Applicable

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P261	Avoid breathing gas.

Precautionary statement(s) Response

P321	Specific treatment (see advice on this label).
P362	Take off contaminated clothing and wash before reuse.

Precautionary statement(s) Storage

P403+P233	Store in a well-ventilated place. Keep container tightly closed.
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.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7782-50-5	100	<u>chlorine</u>

SECTION 4 FIRST AID MEASURES

Description of first aid measures

- If product comes in contact with eyes remove the patient from gas source or contaminated area.
- ► Take the patient to the nearest eye wash, shower or other source of clean water.
- ▶ Open the eyelid(s) wide to allow the material to evaporate.
- ▶ Gently rinse the affected eye(s) with clean, cool water for at least 15 minutes. Have the patient lie or sit down and tilt the head back. Hold the eyelid(s) open and pour water slowly over the eyeball(s) at the inner corners, letting the water run out of the outer corners.
- The patient may be in great pain and wish to keep the eyes closed. It is important that the material is rinsed from the eyes to prevent further damage.
- **Eye Contact**

Skin Contact

- Ensure that the patient looks up, and side to side as the eye is rinsed in order to better reach all parts of the eye(s)
- Transport to hospital or doctor.
- ▶ Even when no pain persists and vision is good, a doctor should examine the eye as delayed damage may occur.
- ▶ If the patient cannot tolerate light, protect the eyes with a clean, loosely tied bandage
- Ensure verbal communication and physical contact with the patient.

DO NOT allow the patient to rub the eyes

DO NOT allow the patient to tightly shut the eyes

DO NOT introduce oil or ointment into the eye(s) without medical advice

DO NOT use hot or tepid water.

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.

In case of cold burns (frost-bite):

- ▶ Move casualty into warmth before thawing the affected part; if feet are affected carry if possible
- ▶ Bathe the affected area immediately in luke-warm water (not more than 35 deg C) for 10 to 15 minutes, immersing if possible and without rubbina
- ► DO NOT apply hot water or radiant heat.
- ▶ Apply a clean, dry, light dressing of "fluffed-up" dry gauze bandage
- If a limb is involved, raise and support this to reduce swelling
- If an adult is involved and where intense pain occurs provide pain killers such as paracetomol
- Transport to hospital, or doctor
- ▶ Subsequent blackening of the exposed tissue indicates potential of necrosis, which may require amputation.

Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.

- ▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).
- As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested.
- ▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered

This must definitely be left to a doctor or person authorised by him/her.

(ICSC13719) Inhalation

- Following exposure to gas, remove the patient from the gas source or contaminated area.
- ▶ NOTE: Personal Protective Equipment (PPE), including positive pressure self-contained breathing apparatus may be required to assure the
- ▶ Prostheses such as false teeth, which may block the airway, should be removed, where possible, prior to initiating first aid procedures.
- ▶ If the patient is not breathing spontaneously, administer rescue breathing.
- ▶ If the patient does not have a pulse, administer CPR.
- ▶ If medical oxygen and appropriately trained personnel are available, administer 100% oxygen.
- Summon an emergency ambulance. If an ambulance is not available, contact a physician, hospital, or Poison Control Centre for further instruction.

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Keep the patient warm, comfortable and at rest while awaiting medical care.
 MONITOR THE BREATHING AND PULSE, CONTINUOUSLY.
 Administer rescue breathing (preferably with a demand-valve resuscitator, bag-valve mask-device, or pocket mask as trained) or CPR if necessary.
 Ingestion
 Not considered a normal route of entry.

Indication of any immediate medical attention and special treatment needed

Excellent warning properties force rapid escape of personnel from chlorine vapour thus most inhalations are mild to moderate. If escape is not possible, exposure to high concentrations for a very short time can result in dyspnea, haemophysis and cyanosis with later complications being tracheobroncho-pneumonitis and pulmonary oedema. Oxygen, intermittent positive pressure breathing apparatus and aerosolysed bronchodilators are of therapeutic value where chlorine inhalation has been light to moderate. Severe inhalation should result in hospitalisation and treatment for a respiratory emergency.

Any chlorine inhalation in an individual with compromised pulmonary function (COPD) should be regarded as a severe inhalation and a respiratory emergency. [CCINFO, Dow 1988] Effects from exposure to chlorine gas include pulmonary oedema which may be delayed. Observation in hospital for 48 hours is recommended

Diagnosed asthmatics and those people suffering from certain types of chronic bronchitis should receive medical approval before being employed in occupations involving chlorine exposure.

If burn is present, treat as any thermal burn, after decontamination.

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort. Rest and medical observation is therefore essential. Immediate administration of an appropriate spray, by a doctor or a person authorised by him/her should be considered.

(ICSC24419/24421

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

FOR SMALL FIRE:

- ▶ USE FLOODING QUANTITIES OF WATER.
- ▶ DO NOT use dry chemical, CO2, foam or halogenated-type extinguishers.

Special hazards arising from the substrate or mixture

Fire Incompatibility	► Avoid storage with reducing agents.	
Advice for firefighters		
Fire Fighting	Protect from sources of heat, organic materials and lubricants which may self-ignite in combination with chlorine.	
	GENERAL	
	Alert Fire Brigade and tell them location and nature of hazard. May be violently or explosively reactive.	
Fire/Explosion Hazard	 The material may provide sufficient oxygen to make the fire fierce and self sustaining. Smothering action may not be effective for established fire. Containers may explode when heated - Ruptured cylinders may rocket May burn but does not ignite easily. Fire exposed cylinders may vent contents through pressure relief devices thereby increasing vapour concentration Decomposition may produce toxic fumes of: hydrogen chloride Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions. 	
HAZCHEM	2XE	

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	 Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. Check regularly for spills and leaks. Avoid breathing vapour and any contact with liquid or gas. Protective equipment including respirator should be used.
Major Spills	 Clear area of all unprotected personnel and move upwind. Alert Emergency Authority and advise them of the location and nature of hazard. Remove leaking cylinders to a safe place. Fit vent pipes. DO NOT exert excessive pressure on valve; DO NOT attempt to operate damaged valve.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling

-Consider use in closed pressurised systems, fitted with temperature, pressure and safety relief valves which are vented for safe dispersal. Use only properly specified equipment which is suitable for this product, its supply pressure and temperature

The tubing network design connecting gas cylinders to the delivery system should include appropriate pressure indicators and vacuum or suction lines.

► DO NOT transfer gas from one cylinder to another.

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Other information

Protect from sources of heat, organic materials and lubricants which may self-ignite in combination with chlorine.

- Store in an upright position.
- Cylinders should be stored in a purpose-built compound with good ventilation, preferably in the open.
- ▶ Such compounds should be sited and built in accordance with statutory requirements.

Conditions for safe storage, including any incompatibilities

Suitable container

Storage incompatibility

- Cylinder:
- Ensure the use of equipment rated for cylinder pressure.
- ▶ Ensure the use of compatible materials of construction.
- Incidents involving interaction of active oxidants and reducing agents, either by design or accident, are usually very energetic and examples of so-called redox reactions
- Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous
- Avoid storage with reducing agents.
- Compressed gases may contain a large amount of kinetic energy over and above that potentially available from the energy of reaction produced by the gas in chemical reaction with other substances

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	chlorine	Chlorine	Not Available	Not Available	1 ppm / 3 mg/m3	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
chlorine	Chlorine	Not Available	Not Available	Not Available
Ingredient	Original IDLH		Revised IDLH	
chlorine	10 ppm		Not Available	

MATERIAL DATA

Exposure controls

Appropriate engineering controls

Where an inhalation risk exists, mechanical extraction ventilation is recommended. Maintain vapour levels below the recommended exposure standard.

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.

Personal protection











Eye and face protection

- Chemical goggles
- Full face shield may be required for supplementary but never for primary protection of eyes

Skin protection

See Hand protection below

▶ Neoprene gloves

- When handling sealed and suitably insulated cylinders wear cloth or leather gloves.
- Hands/feet protection Insulated gloves:

NOTE: Insulated gloves should be loose fitting so that may be removed quickly if liquid is spilled upon them. Insulated gloves are not made to permit hands to be placed in the liquid; they provide only short-term protection from accidental contact with the liquid.

Body protection

See Other protection below

Other protection

- Overalls.
- ► PVC Apron.

Respiratory protection

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

- Positive pressure, full face, air-supplied breathing apparatus should be used for work in enclosed spaces if a leak is suspected or the primary containment is to be opened (e.g. for a cylinder change)
- Air-supplied breathing apparatus is required where release of gas from primary containment is either suspected or demonstrated.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Green to yellow colour liquid with under pressure with slight odour; miscible with water.		
Physical state	Liquified Gas	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Available	Decomposition temperature	Not Available

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Melting point / freezing point (°C)	-100.98	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	-33.97	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	100
Vapour pressure (kPa)	638.4 @ 20C	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	~2.2	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable.
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

biochemical systems.

Chronic

Principal route of occupational exposure to the gas is by inhalation.

pains, sore throat and haemoptysis (bloody sputum).

Information on toxicological effects

Inhaled	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects. Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. Inhalation of the vapour is hazardous and may even be fatal Chlorine vapour is extremely irritant to the upper respiratory tract and lungs Symptoms of exposure to chlorine include coughing, choking, breathing difficulty, chest pain, headache, vomiting, pulmonary oedema. Inhalation may cause lung congestion, bronchitis and loss of consciousness. Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant.
Ingestion	Ingestion of liquid may result in burns to the mouth and throat. Overexposure is unlikely in this form.
Skin Contact	Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The material may accentuate any pre-existing dermatitis condition Vapourising liquid causes rapid cooling and contact may cause cold burns, frostbite, even through normal gloves. Frozen skin tissues are painless and appear waxy and yellow. Open cuts, abraded or irritated skin should not be exposed to this material
Еуе	Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur. Direct contact with the eye may not cause irritation because of the extreme volatility of the gas; however concentrated atmospheres may produce irritation after brief exposures
	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or

Coogee Chemicals Chlorine	TOXICITY Not Available	IRRITATION Not Available
chlorine	Inhalation (rat) LC50: 73.16642175 mg/l/1hour ^[2]	IRRITATION Eye: adverse effect observed (irritating) ^[1] Skin: adverse effect observed (irritating) ^[1]

(rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue.

Reduced respiratory capacity may result from chronic low level exposure to chlorine gas. Chronic poisoning may result in coughing, severe chest

Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis

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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

CHLORINE

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound.

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

Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				
	NOEC	72	Algae or other aquatic plants	0.005mg/L	2
	EC50	72	Algae or other aquatic plants	0.018mg/L	2
chlorine	EC50	48	Crustacea	0.026mg/L	2
	LC50	96	Fish	0.014mg/L	4
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Available	Not Available	Not Available	Available	Available
Coogee Chemicals Chlorine	Not	No. A. Walle	No. A. Malla	Not	Not
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE

Very toxic to aquatic organisms.

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.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air	
	No Data available for all ingredients	No Data available for all ingredients	

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal

- Evaporate residue at an approved site.
- ▶ Return empty containers to supplier.

SECTION 14 TRANSPORT INFORMATION

Labels Required







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HAZCHEM

2XE

Land transport (ADG)

UN number	1017		
UN proper shipping name	CHLORINE		
Transport hazard class(es)	Class 2.3 Subrisk 5.1, 8		
Packing group	Not Applicable		
Environmental hazard	Environmentally hazardous		
Special precautions for user	Special provisions AU07 Limited quantity 0		

Air transport (ICAO-IATA / DGR)

UN number	1017			
UN proper shipping name	Chlorine			
Transport hazard class(es)	ICAO/IATA Class	2.3		
	ICAO / IATA Subrisk	5.1, 8		
	ERG Code	2PX		
Packing group	Not Applicable			
Environmental hazard	Environmentally hazardous			
Special precautions for user	Special provisions		A2	
	Cargo Only Packing Instructions		Forbidden	
	Cargo Only Maximum Qty / Pack		Forbidden	
	Passenger and Cargo Packing Instructions		Forbidden	
	Passenger and Cargo Maximum Qty / Pack		Forbidden	
	Passenger and Cargo Limited Quantity Packing Instructions		Forbidden	
	r accornger and cargo	, ,		

Sea transport (IMDG-Code / GGVSee)

UN number	1017		
UN proper shipping name	CHLORINE		
Transport hazard class(es)	IMDG Class 2.3 IMDG Subrisk 5.1, 8		
Packing group	Not Applicable		
Environmental hazard	Marine Pollutant		
Special precautions for user	EMS Number F-C , S-U Special provisions Not Applicable Limited Quantities 0		

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

CHLORINE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals Australia Inventory of Chemical Substances (AICS)

 $\label{eq:australia} \textbf{Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - \\$ Schedule 5

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) -Schedule 6

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) -

National Inventory Status

National Inventory	Status	

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Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (chlorine)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (chlorine)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Revision Date	01/11/2019
Initial Date	31/03/2015

SDS Version Summary

Version	Issue Date	Sections Updated
3.1.1.1	27/07/2015	Fire Fighter (fire fighting), Ingredients, Storage (storage requirement)
4.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

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.

Definitions and abbreviations

PC-TWA: Permissible Concentration-Time Weighted Average

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection OTV: Odour Threshold Value

BCF: BioConcentration Factors

BEI: Biological Exposure Index

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