

# Liquid Ammonia Test Solution #1

Mars Fishcare North America, Inc.

Chemwatch Hazard Alert Code: 2

Chemwatch: 4650-12

Version No: 7.1.1.1

Safety Data Sheet according to OSHA HazCom Standard (2012) requirements

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S.GHS.USA.EN

## SECTION 1 IDENTIFICATION

### Product Identifier

Product name	Liquid Ammonia Test Solution #1
Synonyms	Solution ID# 3335A
Other means of identification	Not Available

### Recommended use of the chemical and restrictions on use

Relevant identified uses	Ammonia test solution for product LR8600, 34 and 401M.
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### Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	Mars Fishcare North America, Inc.
Address	50 E. Hamilton Street United States
Telephone	215 822 8181
Fax	215 997 1290
Website	Not Available
Email	Not Available

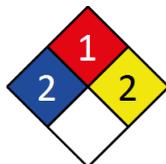
### Emergency phone number

Association / Organisation	Not Available
Emergency telephone numbers	Not Available
Other emergency telephone numbers	Not Available

## SECTION 2 HAZARD(S) IDENTIFICATION

### Classification of the substance or mixture

NFPA 704 diamond



Note: The hazard category numbers found in GHS classification in section 2 of this SDSs are NOT to be used to fill in the NFPA 704 diamond. Blue = Health Red = Fire Yellow = Reactivity White = Special (Oxidizer or water reactive substances)

Classification	Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 4, Eye Irritation Category 2A, Acute Aquatic Hazard Category 3
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### Label elements

Hazard pictogram(s)	
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SIGNAL WORD **WARNING**

### Hazard statement(s)

H302	Harmful if swallowed.
H312	Harmful in contact with skin.

<b>H332</b>	Harmful if inhaled.
<b>H319</b>	Causes serious eye irritation.
<b>H402</b>	Harmful to aquatic life.

### Hazard(s) not otherwise specified

Not Applicable

### Precautionary statement(s) Prevention

<b>P271</b>	Use only outdoors or in a well-ventilated area.
<b>P261</b>	Avoid breathing mist/vapours/spray.
<b>P270</b>	Do not eat, drink or smoke when using this product.
<b>P273</b>	Avoid release to the environment.
<b>P280</b>	Wear protective gloves/protective clothing/eye protection/face protection.

### Precautionary statement(s) Response

<b>P363</b>	Wash contaminated clothing before reuse.
<b>P305+P351+P338</b>	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
<b>P337+P313</b>	If eye irritation persists: Get medical advice/attention.
<b>P301+P312</b>	IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.
<b>P302+P352</b>	IF ON SKIN: Wash with plenty of soap and water.
<b>P304+P340</b>	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
<b>P330</b>	Rinse mouth.

### Precautionary statement(s) Storage

Not Applicable

### Precautionary statement(s) Disposal

<b>P501</b>	Dispose of contents/container in accordance with local regulations.
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## SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

### Substances

See section below for composition of Mixtures

### Mixtures

CAS No	%[weight]	Name
25322-68-3	>60	<a href="#">polyethylene glycol</a>
14402-89-2	1-10	<a href="#">sodium nitroprusside</a>
54-21-7	1-10	<a href="#">sodium salicylate</a>

## SECTION 4 FIRST-AID MEASURES

### Description of first aid measures

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Wash out immediately with fresh running water.</li> <li>▶ 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.</li> <li>▶ Seek medical attention without delay; if pain persists or recurs seek medical attention.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor.</li> </ul>

## Ingestion

- ▶ **IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.**
- ▶ For advice, contact a Poisons Information Centre or a doctor.
- ▶ Urgent hospital treatment is likely to be needed.
- ▶ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- ▶ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist.
- ▶ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.

**Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:**

- ▶ **INDUCE** vomiting with fingers down the back of the throat, **ONLY IF CONSCIOUS**. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

**NOTE:** Wear a protective glove when inducing vomiting by mechanical means.

## Most important symptoms and effects, both acute and delayed

See Section 11

## Indication of any immediate medical attention and special treatment needed

for salicylate intoxication:

- ▶ Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. **Do not give ipecac after charcoal.**
- ▶ Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- ▶ Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- ▶ Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- ▶ In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- ▶ Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- ▶ Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- ▶ Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- ▶ Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- ▶ For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

- ▶ Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[GOSSELIN, et.al.: *Clinical Toxicology of Commercial Products*]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

HyperTox 3.0 <http://www.ozemail.com.au/-ouad/SALI0001.HTA>

Treat symptomatically.

For cyanide intoxication (and for certain nitriles which produce cyanide ion)

- ▶ Signs symptoms of acute cyanide poisoning reflect cellular hypoxia and are often non-specific.
- ▶ Cyanosis may be a late finding.
- ▶ A *bradycardic*, hypertensive and tachypneic patient suggests poisoning especially if CNS and cardiovascular depression subsequently occurs.

- ▶ Immediate attention should be directed towards assisted ventilation, administration of 100% oxygen, insertion of intravenous lines and institution of cardiac monitoring.
- ▶ Obtain an arterial blood gas immediately and correct any severe metabolic acidosis (pH below 7.15).
- ▶ Mildly symptomatic patients generally require supportive care alone. Nitrites should not be given indiscriminately - in all cases of moderate to severe poisoning, they should be given in conjunction with thiosulfate. As a temporizing measure supply amyl nitrite perles (0.2ml inhaled 30 seconds every minute) until intravenous lines for sodium nitrite are established. 10 ml of a 3% solution is administered over 4 minutes to produce 20% methaemoglobin in adults. Follow directly with 50 ml of 25% sodium thiosulfate, at the same rate, IV. If symptoms reappear or persist within 1/2-1 hour, repeat nitrite and thiosulfate at 50% of initial dose. As the mode of action involves the metabolic conversion of the thiosulfate to thiocyanate, renal failure may enhance thiocyanate toxicity.
- ▶ Methylene blue is not an antidote. [Ellenhorn and Barceloux: Medical Toxicology]

If amyl nitrite intervention is employed then Medical Treatment Kits should contain the following:

- ▶ One box containing one dozen amyl nitrite ampoules
- ▶ Two sterile ampoules of sodium nitrite solution (10 mL of a 3% solution in each)
- ▶ Two sterile ampoules of sodium thiosulfate solution (50 mL of a 25% solution in each)
- ▶ One 10 mL sterile syringe. One 50 mL sterile syringe. Two sterile intravenous needles. One tourniquet.
- ▶ One dozen gauze pads.
- ▶ Latex gloves
- ▶ A "Biohazard" bag for disposal of bloody/contaminated equipment.
- ▶ A set of cyanide instructions on first aid and medical treatment.

- Notes on the use of amyl nitrite:-

- ▶ AN is highly volatile and flammable - do not smoke or use around a source of ignition.
- ▶ If treating patient in a windy or draughty area provide some shelter or protection (shirt, wall, drum, cupped hand etc.) to prevent amyl nitrite vapour from being blown away. Keep ampoule upwind from the nose, the objective is to get amyl nitrite into the patients lungs.
- ▶ Rescuers should avoid AN inhalation to avoid becoming dizzy and losing competence.
- ▶ Lay the patient down. Since AN dilates blood vessels and lowers blood pressure, lying down will help keep patient conscious.
- ▶ **DO NOT overuse - excessive use might put the patient into shock.** Experience at DuPont plants has not shown any serious after-effects from treatment with amyl nitrite.

#### ADDITIONAL NOTES:

- ▶ Major medical treatment procedures may vary e.g. US (FDA method as recommended by DuPont) uses amyl nitrite as a methaemoglobin generator, followed by treatment with sodium nitrite and then sodium thiosulfate.

**MODES OF ACTION:** Amyl nitrite (AN) reacts with haemoglobin (HB) to form about 5% methaemoglobin (MHB). Sodium nitrite (NaNO<sub>2</sub>) reacts with haemoglobin to form approximately 20-30% methaemoglobin. Methaemoglobin attracts cyanide ions (CN) from tissue and binds with them to become cyanmethaemoglobin (CNMHB). Sodium thiosulfate (Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub>) converts cyanmethaemoglobin to thiocyanate (HSCN) which is excreted by the kidneys.

i.e.  $AN + HB = MHB$   $NaNO_2 + HB = MHB$   $CN + MHB = CNMHB$   $Na_2S_2O_3 + CNMHB + O_2 = HSCN$

- ▶ The administration of the antidote salts is intravenous in normal saline, Ringers lactate or other available IV fluid.
- ▶ European practice may use 4-dimethylaminophenol (DMAP) as a methaemoglobin generator. Also hydroxycobalamin (Vitamin B12a) is used. Hydroxycobalamin works by reacting with cyanide to form cyanocobalamin (Vitamin B12) which is excreted in the urine.
- ▶ European and Australian NOHSC (ASCC) propose dicobalt edetate (Kelocyanor) as antidote. This acts by chelating cyanide to form stable cobaltcyanide, which is excreted in the urine. In all cases hyperbaric therapy may increase the efficiency of a cyanide antidote kit.

for non-steroidal anti-inflammatories (NSAIDs)

- ▶ Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.
- ▶ Patients should be managed by symptomatic and supportive care following a NSAIDs overdose.
- ▶ There are no specific antidotes.
- ▶ Emesis and/or activated charcoal (60 to 100 grams in adults, 1 to 2 g/kg in children), and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose).
- ▶ Forced diuresis, alkalinisation of urine, hemodialysis, or haemoperfusion may not be useful due to high protein binding.

## SECTION 5 FIRE-FIGHTING MEASURES

### Extinguishing media

- ▶ Water spray or fog.
- ▶ Foam.
- ▶ Dry chemical powder.

### Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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### Special protective equipment and precautions for fire-fighters

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Combustible.</li> <li>▶ Slight fire hazard when exposed to heat or flame.</li> <li>▶ Heating may cause expansion or decomposition leading to violent rupture of containers.</li> </ul> <p>Combustion products include: carbon dioxide (CO<sub>2</sub>) other pyrolysis products typical of burning organic material.</p>

May emit poisonous fumes.  
May emit corrosive fumes.

## 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

<b>Minor Spills</b>	Environmental hazard - contain spillage. <ul style="list-style-type: none"><li>▶ Remove all ignition sources.</li><li>▶ Clean up all spills immediately.</li><li>▶ Avoid breathing vapours and contact with skin and eyes.</li></ul>
<b>Major Spills</b>	Environmental hazard - contain spillage. Moderate hazard. <ul style="list-style-type: none"><li>▶ Clear area of personnel and move upwind.</li><li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li></ul>

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

## SECTION 7 HANDLING AND STORAGE

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"><li>▶ <b>DO NOT USE brass or copper containers / stirrers</b></li><li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li><li>▶ Avoid all personal contact, including inhalation.</li><li>▶ Wear protective clothing when risk of exposure occurs.</li><li>▶ Use in a well-ventilated area.</li></ul>
<b>Other information</b>	<ul style="list-style-type: none"><li>▶ Store in original containers.</li><li>▶ Keep containers securely sealed.</li><li>▶ No smoking, naked lights or ignition sources.</li></ul>

### Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"><li>▶ Glass container is suitable for laboratory quantities</li><li>▶ Metal can or drum</li><li>▶ Packaging as recommended by manufacturer.</li><li>▶ Check all containers are clearly labelled and free from leaks.</li></ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"><li>▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li></ul> Several members of the family described as metal cyano complexes are endothermic and tend towards explosive instability; most are capable of violent oxidation under appropriate circumstances. BREITHERICKS HANDBOOK OF REACTIVE CHEMICAL HAZARDS, 4th Edition ferricyanide: <ul style="list-style-type: none"><li>▶ mixtures with water, acids, or alcohols may slowly decompose producing hydrocyanic acid</li><li>▶ reacts explosively with strong oxidisers, ammonia chromium trioxide, chromic acid, chromic anhydride, sodium nitrite</li><li>▶ reacts violently with copper(II) nitrate, trihydrate.</li><li>▶ Avoid reaction with oxidising agents</li></ul>



+ — May be stored together  
X — Must not be stored together  
O — May be stored together with specific preventions  
+ — May be stored together

## SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

### Control parameters

#### OCCUPATIONAL EXPOSURE LIMITS (OEL)

#### INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US ACGIH Threshold Limit Values (TLV)	sodium nitroprusside	Hydrogen cyanide and cyanide salts, as CN - Cyanide salts	Not Available	Not Available	5 mg/m3	TLV® Basis: URT irr; headache; nausea; thyroid eff

US ACGIH Threshold Limit Values (TLV)	sodium nitroprusside	Iron salts, soluble, as Fe	1 mg/m <sup>3</sup>	Not Available	Not Available	TLV® Basis: URT & skin irr
US OSHA Permissible Exposure Levels (PELs) - Table Z1	sodium nitroprusside	Cyanides (as CN)	5 mg/m <sup>3</sup>	Not Available	Not Available	(4) Varies with compound.

## EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
polyethylene glycol	Polyethylene glycol	30 mg/m <sup>3</sup>	1,300 mg/m <sup>3</sup>	7,700 mg/m <sup>3</sup>
sodium nitroprusside	Sodium nitroferricyanide	0.21 mg/m <sup>3</sup>	2.3 mg/m <sup>3</sup>	14 mg/m <sup>3</sup>
sodium salicylate	Sodium salicylate; (Salicylic acid, sodium salt)	7.1 mg/m <sup>3</sup>	78 mg/m <sup>3</sup>	470 mg/m <sup>3</sup>

Ingredient	Original IDLH	Revised IDLH
polyethylene glycol	Not Available	Not Available
sodium nitroprusside	25 mg/m <sup>3</sup>	Not Available
sodium salicylate	Not Available	Not Available

## Exposure controls

<b>Appropriate engineering controls</b>	Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation. HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours. Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses.</li> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <p>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.</p>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ PVC Apron.</li> <li>▶ PVC protective suit may be required if exposure severe.</li> </ul>

## Respiratory protection

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

- 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

## SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

### Information on basic physical and chemical properties

<b>Appearance</b>	Reddish-orange liquid with a mild odour; mixes with water.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.152
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable

<b>pH (as supplied)</b>	8.3	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water (g/L)</b>	Miscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## SECTION 10 STABILITY AND REACTIVITY

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▸ Unstable in the presence of incompatible materials.</li> <li>▸ Product is considered stable.</li> <li>▸ Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 TOXICOLOGICAL INFORMATION

### Information on toxicological effects

<b>Inhaled</b>	<p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.</p> <p>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.</p> <p>The very low volatility of polyethylene glycols (PEGs) make inhalation exposure unlikely, other than in the form of mist, which may be formed by violent agitation at high temperatures. No adverse effects have been reported with inhalation. Inhalation hazard is increased at higher temperatures.</p>
<b>Ingestion</b>	<p>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.</p> <p>Although the polyethylene glycols (PEGs) have extremely low toxicity if swallowed, toxicity increases as the molecular weight increases.</p> <p>High oral doses of salicylates, such as aspirin, may cause a mild burning pain in the throat and stomach, causing vomiting. This is followed (within hours) by deep, rapid breathing, tiredness, nausea and further vomiting, thirst and diarrhoea.</p> <p>Non-steroidal anti-inflammatory drug (NSAID) overdose may produce nausea, vomiting, indigestion and upper abdominal pain. Other effects may include drowsiness, dizziness, confusion, disorientation, lethargy, "pins and needles", intense headache, blurred vision, ringing in the ears, muscle twitching, convulsions, stupor and coma.</p> <p>A number of materials such as cyanamide, calcium cyanamide, cyanates, isocyanates, isonitrile, thiocyanates, ferricyanide and ferrocyanide, and cyanoacetates do not exhibit the same toxic effects as cyanides and nitriles.</p> <p>The toxicity of complex cyanides depends on its stability in solution, ability to release cyanide ions on dissociation and alteration in pH of solutions. They are compounds in which the cyanide anion is incorporated into a complex or complexes and they are different in chemical and toxicologic properties from simple cyanides.</p>
<b>Skin Contact</b>	<p>Skin contact with the material may be harmful; systemic effects may result following absorption.</p> <p>Polyethylene glycols (PEGs) may be absorbed by the skin but no toxic effects have been noted and sensitization does not occur. This material may increase the absorption activity or toxicity of other ingredients in a mixture. (Source: Genium)</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>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.</p>
<b>Eye</b>	<p>On eye contact, the polyethylene glycols will cause slight, temporary pain and irritation to the conjunctiva, although no permanent damage. The effects are described as similar to those produced by mild soap.</p> <p>This material can cause eye irritation and damage in some persons.</p>

<b>Chronic</b>	<p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>There is some evidence from animal testing that exposure to this material may result in toxic effects to the unborn baby. Polyethylene glycols appear to act as slow acting substances with parasympathetic-like effects. If given through a vein, they may increase the tendency of blood to clot and if given rapidly, can cause death from blood clot formation. It is not believed that they break down to form ethylene glycol.</p> <p>Prolonged use of non-steroidal analgesics damages the lining of the gastrointestinal tract, causing ulcers and bleeding. There may be diarrhoea or constipation, perforations causing serious infection, and blood in the vomit or stools.</p> <p>Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk.</p> <p>Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).</p>
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<b>Liquid Ammonia Test Solution #1</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>polyethylene glycol</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: >20000 mg/kg <sup>[2]</sup> Oral (rat) LD50: 600 mg/kg <sup>[2]</sup>	Eye (rabbit): 500mg/24h - mild. Skin (rabbit): 500mg/24h - mild.
<b>sodium nitroprusside</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: 69.8 mg/kg <sup>[2]</sup>	Not Available
<b>sodium salicylate</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: 930 mg/kg <sup>[2]</sup>	Not Available
<b>Legend:</b>	<i>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</i>	

<b>POLYETHYLENE GLYCOL</b>	<p>For polyethylene glycols:</p> <p>Pure polyethylene glycols have essentially similar toxicity, with the lighter species being more toxic. Absorption from the digestive tract decreases with increasing molecular weight.</p> <p>Polyethylene glycols do not have sensitizing and irritating properties on skin, however, allergic reactions (which can present as hives), sometimes delayed, may occur with some lighter species.</p> <p>Polyethers (such as ethoxylated surfactants and polyethylene glycols) are highly susceptible to being oxidized in the air. They then form complex mixtures of oxidation products.</p> <p>Animal testing reveals that whole the pure, non-oxidised surfactant is non-sensitizing, many of the oxidation products are sensitizers.</p> <p>The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>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.</p> <p>for molecular weights (200-8000) * Oral (rat) LD50: 31000-&gt;50000 mg/kg Oral (mice) LD50: 38000-&gt;50000 mg/kg Oral (g.pig) LD50: 17000-&gt;50000 mg/kg Oral (rabbit) LD50: 14000-&gt;50000 mg/kg * AIHA WEEL Guides Intraperitoneal (mice) LD50: 3100-12900 mg/kg</p>
	<p>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.</p> <p>Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).</p>
<b>SODIUM SALICYLATE</b>	<p>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.</p> <p>Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).</p>

<b>Acute Toxicity</b>	✔	<b>Carcinogenicity</b>	⊘
<b>Skin Irritation/Corrosion</b>	⊘	<b>Reproductivity</b>	⊘
<b>Serious Eye Damage/Irritation</b>	✔	<b>STOT - Single Exposure</b>	⊘
<b>Respiratory or Skin sensitisation</b>	⊘	<b>STOT - Repeated Exposure</b>	⊘
<b>Mutagenicity</b>	⊘	<b>Aspiration Hazard</b>	⊘

**Legend:** ✖ – Data available but does not fill the criteria for classification  
 ✔ – Data available to make classification  
 ⊘ – Data Not Available to make classification

**SECTION 12 ECOLOGICAL INFORMATION**

## Toxicity

Liquid Ammonia Test Solution #1	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
polyethylene glycol	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	20-mg/L	2
sodium nitroprusside	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
sodium salicylate	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	1-370mg/L	2
	EC0	24	Crustacea	80mg/L	4
	NOEC	168	Algae or other aquatic plants	60mg/L	4
<b>Legend:</b>	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 8. Vendor Data				

On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and /or delayed, to the structure and/ or functioning of natural ecosystems.

**DO NOT discharge into sewer or waterways.**

## Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
polyethylene glycol	LOW	LOW
sodium salicylate	LOW	LOW

## Bioaccumulative potential

Ingredient	Bioaccumulation
polyethylene glycol	LOW (LogKOW = -1.1996)
sodium salicylate	LOW (LogKOW = 2.2447)

## Mobility in soil

Ingredient	Mobility
polyethylene glycol	HIGH (KOC = 1)
sodium salicylate	LOW (KOC = 23.96)

## SECTION 13 DISPOSAL CONSIDERATIONS

### Waste treatment methods

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Recycle wherever possible or consult manufacturer for recycling options.</li> <li>▶ Consult State Land Waste Authority for disposal.</li> <li>▶ Bury or incinerate residue at an approved site.</li> </ul>
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## SECTION 14 TRANSPORT INFORMATION

### Labels Required

<b>Marine Pollutant</b>	NO
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Land transport (DOT): 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

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

#### POLYETHYLENE GLYCOL(25322-68-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

US AIHA Workplace Environmental Exposure Levels (WEELs)	US TSCA Chemical Substance Inventory - Interim List of Active Substances
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory	

#### SODIUM NITROPRUSSIDE(14402-89-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

US - Alaska Limits for Air Contaminants	US - Vermont Permissible Exposure Limits Table Z-1-A Final Rule Limits for Air Contaminants
US - California Permissible Exposure Limits for Chemical Contaminants	US - Vermont Permissible Exposure Limits Table Z-1-A Transitional Limits for Air Contaminants
US - Hawaii Air Contaminant Limits	US - Washington Permissible exposure limits of air contaminants
US - Idaho - Limits for Air Contaminants	US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants
US - Michigan Exposure Limits for Air Contaminants	US ACGIH Threshold Limit Values (TLV)
US - Minnesota Permissible Exposure Limits (PELs)	US Clean Air Act - Hazardous Air Pollutants
US - Oregon Permissible Exposure Limits (Z-1)	US CWA (Clean Water Act) - Toxic Pollutants
US - Pennsylvania - Hazardous Substance List	US EPCRA Section 313 Chemical List
US - Rhode Island Hazardous Substance List	US OSHA Permissible Exposure Levels (PELs) - Table Z1
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

#### SODIUM SALICYLATE(54-21-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory	US TSCA Chemical Substance Inventory - Interim List of Active Substances
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### Federal Regulations

#### Superfund Amendments and Reauthorization Act of 1986 (SARA)

##### SECTION 311/312 HAZARD CATEGORIES

Flammable (Gases, Aerosols, Liquids, or Solids)	No
Gas under pressure	No
Explosive	No
Self-heating	No
Pyrophoric (Liquid or Solid)	No
Pyrophoric Gas	No
Corrosive to metal	No
Oxidizer (Liquid, Solid or Gas)	No
Organic Peroxide	No
Self-reactive	No
In contact with water emits flammable gas	No
Combustible Dust	No
Carcinogenicity	No
Acute toxicity (any route of exposure)	Yes
Reproductive toxicity	No
Skin Corrosion or Irritation	No
Respiratory or Skin Sensitization	No
Serious eye damage or eye irritation	Yes
Specific target organ toxicity (single or repeated exposure)	No
Aspiration Hazard	No
Germ cell mutagenicity	No
Simple Asphyxiant	No

#### US. EPA CERCLA HAZARDOUS SUBSTANCES AND REPORTABLE QUANTITIES (40 CFR 302.4)

None Reported

## State Regulations

### US. CALIFORNIA PROPOSITION 65

None Reported

## National Inventory Status

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (polyethylene glycol; sodium nitroprusside; sodium salicylate)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (sodium nitroprusside)
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
<b>Legend:</b>	<i>Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)</i>

## SECTION 16 OTHER INFORMATION

<b>Revision Date</b>	04/16/2014
<b>Initial Date</b>	Not Available

## Other information

### Ingredients with multiple cas numbers

Name	CAS No
polyethylene glycol	25322-68-3, 8038-37-7, 9081-95-2, 9085-02-3, 9085-03-4, 12676-74-3, 12770-93-3, 25104-58-9, 25609-81-8, 34802-42-1, 37361-15-2, 50809-04-6, 50809-59-1, 54510-95-1, 54847-64-2, 59763-40-5, 60894-12-4, 61840-14-0, 64441-68-5, 64640-28-4, 67411-64-7, 70926-57-7, 75285-02-8, 75285-03-9, 77986-38-0, 79964-26-4, 80341-53-3, 85399-22-0, 85945-29-5, 88077-80-9, 88747-22-2, 90597-70-9, 99264-61-6, 99333-89-8, 101677-86-5, 106186-24-7, 107502-63-6, 107529-96-4, 109550-27-8, 112384-37-9, 112895-21-3, 114323-93-2, 116549-90-7, 119219-06-6, 125223-68-9, 133573-31-6, 134919-43-0, 150872-82-5, 154394-38-4, 156948-19-5, 169046-53-1, 174460-08-3, 174460-09-4, 188364-77-4, 188924-03-0, 189154-62-9, 191743-71-2, 196696-84-1, 201163-43-1, 206357-86-0
sodium nitroprusside	14402-89-2, 13755-38-9

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. Risks may be determined by reference to Exposures Scenarios.

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