

ICP Construction

Catalogue number: 8317

Version No: 2.3

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

SECTION 1 IDENTIFICATION

Product Identifier

Product name	Fiberlock 8317 Instant Mold Stain Remover
Synonyms	Not Available
Proper shipping name	Hypochlorite solutions
Other means of identification	Not Available

Recommended use of the chemical and restrictions on use

Relevant identified uses Cleaning and removing mold and mildew stains

Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	ICP Construction	
Address	150 Dascomb Road Massachusetts Andover United States	
Telephone	978-623-9980	
Fax	Not Available	
Website	Not Available	
Email	Not Available	

Emergency phone number

Association / Organisation	Chemtel
Emergency telephone numbers	1-800-255-3924
Other emergency telephone numbers	1-813-248-0585

SECTION 2 HAZARD(S) IDENTIFICATION

Classification of the substance or mixture



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
 Serious Eye Damage Category 1, Specific target organ toxicity - single exposure Category 2, Metal Corrosion Category 1, Skin Corrosion/Irritation Category 1, A, Acute Aquatic Hazard Category 1, Chronic Aquatic Hazard Category 2

 Label elements
 GHS label elements

 SigNAL WORD
 DANGER

Hazard statement(s)

H318	Causes serious eye damage.
H371	May cause damage to organs.

Chemwatch Hazard Alert Code: 3

Issue Date: **12/22/2016** Print Date: **12/22/2016** S.GHS.USA.EN

Issue Date: **12/22/2016** Print Date: **12/22/2016**

Fiberlock 8317 Instant Mold Stain Remover

H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H400	Very toxic to aquatic life.
H411	Toxic to aquatic life with long lasting effects.

Hazard(s) not otherwise specified

Not Applicable

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume/gas/mist/vapours/spray.	
P280	Wear protective gloves/protective clothing/eye protection/face protection.	
P234	Keep only in original container.	

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.	
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	

Precautionary statement(s) Storage

P405 Store locked up.

Precautionary statement(s) Disposal

P501

Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7681-52-9	5-10	sodium hypochlorite
1310-73-2	0-1	sodium hydroxide
1300-72-7	0-1	sodium xylenesulfonate
1643-20-5	0-1	lauryldimethylamine oxide

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 or hair contact occurs: Immediately flush body and clothes with large amounts of water, using safety shower if available. Quickly remove all contaminated clothing, including footwear. Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. Transport to hospital, or doctor. 	
Inhalation	 If furnes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. 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. Inhalation of vapours or aerosols (mists, furnes) 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) 	
Ingestion	 For advice, contact a Poisons Information Centre or a doctor at once. Urgent hospital treatment is likely to be needed. If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. 	

Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Transport to hospital or doctor without delay.

Most important symptoms and effects, both acute and delayed

See Section 11

Indication of any immediate medical attention and special treatment needed

For acute or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary
- Oxvgen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used

Supportive care involves the following

- Withhold oral feedings initially.
- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia)

SKIN AND EYE:

Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

For acute or repeated exposures to hypochlorite solutions

- > Release of small amounts of hypochlorous acid and acid gases from the stomach following ingestion, is usually too low to cause damage but may be irritating to mucous membranes. Buffering with antacid may be helpful if discomfort is evident
- Evaluate as potential caustic exposure.
- Decontaminate skin and eyes with copious saline irrigation. Check exposed eyes for corneal abrasions with fluorescein staining.
- Emesis or lavage and catharsis may be indicated for mild caustic exposure.

Chlorine exposures require evaluation of acid/base and respiratory status.

Inhalation of vapours or mists may result in pulmonary oedema. ELLENHORN and BARCELOUX: Medical Toxicology.

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 FIRE-FIGHTING MEASURES

Extinguishing media

- There is no restriction on the type of extinguisher which may be used
- Use extinguishing media suitable for surrounding area.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.

Special protective equipment and precautions for fire-fighters

Fire Fighting

Fire/Explosion Hazard

Non combustible Not considered a significant fire risk, however containers may burn.

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

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.

Issue Date: **12/22/2016** Print Date: **12/22/2016**

Fiberlock 8317 Instant Mold Stain Remover

	 Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment.
Major Spills	

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	 Avoid all personal contact, including inhalation. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area.
Other information	 Store in original containers. Keep containers securely sealed. Store in a cool, dry, well-ventilated area. DO NOT store near acids, or oxidising agents No smoking, naked lights, heat or ignition sources.

Conditions for safe storage, including any incompatibilities

Suitable container	Liquid inorganic hypochlorites shall not to be transported in unlined metal drums. Inner packagings shall be fitted with vented closures and plastics drums and carboys shall have vented closures or be performance tested to a minimum of 250 kPa. All non-vented packagings shall be filled so that the ullage is at least 10% at 21-25 deg.C. Lined metal can, lined metal pail/ can. Plastic pail. Polyliner drum. For low viscosity materials Drums and jerricans must be of the non-removable head type. Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt.
Storage incompatibility	 Contact with acids produces toxic fumes Presence of rust (iron oxide) or other metal oxides catalyses decomposition of inorganic hypochlorites. Contact with water can cause heating and decomposition giving off chlorine and oxygen gases. Solid hypochlorites in contact with water or moisture may generate sufficient heat to ignite combustible materials. Contact with acids produces toxic fumes of chlorine Avoid contact with copper, aluminium and their alloys.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA						
Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US OSHA Permissible Exposure Levels (PELs) - Table Z1	sodium hydroxide	Sodium hydroxide	2 mg/m3	Not Available	Not Available	Not Available
US ACGIH Threshold Limit Values (TLV)	sodium hydroxide	Sodium hydroxide	Not Available	Not Available	2 mg/m3	TLV® Basis: URT, eye, & skin irr
US NIOSH Recommended Exposure Limits (RELs)	sodium hydroxide	Caustic soda, Lye, Soda lye, Sodium hydrate	Not Available	Not Available	2 mg/m3	Not Available
EMERGENCY LIMITS						

TEEL-1 TEEL-2 TEEL-3 Ingredient Material name sodium hypochlorite Sodium hypochlorite pentahydrate 13 mg/m3 140 mg/m3 290 mg/m3 Sodium hypochlorite 2 mg/m3 54 mg/m3 630 mg/m3 sodium hypochlorite sodium hydroxide Sodium hydroxide Not Available Not Available Not Available Revised IDLH **Original IDLH** Ingredient Not Available sodium hypochlorite Not Available sodium hydroxide 250 mg/m3 10 mg/m3 Not Available Not Available sodium xylenesulfonate Not Available lauryldimethylamine oxide Not Available

Exposure controls

	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
Appropriate engineering	effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
controls	The basic types of engineering controls are:
	Process controls which involve changing the way a job activity or process is done to reduce the risk.

1

Fiberlock 8317 Instant Mold Stain Remover

Personal protection	
Eye and face protection	 Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure. Chemical goggles.whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted. Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.
Skin protection	See Hand protection below
Hands/feet protection	 Elbow length PVC gloves When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.
Body protection	See Other protection below
Other protection	 Overalls. PVC Apron. PVC protective suit may be required if exposure severe.
Thermal hazards	Not Available

Respiratory protection

- + Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- + Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Not Available		
-			
Physical state	Liquid	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 Available
pH (as supplied)	14	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	100	Molecular weight (g/mol)	Not Available
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	1.60	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	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. Hazardous polymerisation will not occur.
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

Information on toxicological effects

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane. The material has NOT been classified by EC Directives or other classification systems as "harmful by inhalation". This is because of the lack of corroborating animal or human evidence.				
Ingestion	Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow. The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. Ingestion of hypochlorites may cause burning in the mouth and throat, abdominal cramps, nausea, vomiting, diarrhoea, pain and inflammation of the mouth and stomach, fall of blood pressure, shock, confusion, and delirium. Severe poisonings may lead to convulsion, coma and death. Ingestion irritates the mouth, throat, and stomach.				
Skin Contact	The material can produce severe chemical burns following direct contact Skin contact is not thought to have harmful health effects (as classified u through wounds, lesions or abrasions. Skin contact with alkaline corrosives may produce severe pain and burns tissue destruction may be deep. Contact may cause severe itchiness, skin lesions and mild eczema. A 5.25% solution of sodium hypochlorite applied to intact human skin for the skin on 4 of 7 subjects. Two patients were reported with chronic allergic dermatitis of the hand re Open cuts, abraded or irritated skin should not be exposed to this materia Entry into the blood-stream, through, for example, cuts, abrasions or lesis of the material and ensure that any external damage is suitably protected	 Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions. Skin contact with alkaline corrosives may produce severe pain and burns; brownish stains may develop. The corroded area may be soft, gelatinous and necrotic; tissue destruction may be deep. Contact may cause severe itchiness, skin lesions and mild eczema. A 5.25% solution of sodium hypochlorite applied to intact human skin for 4 hours and observed at 4, 24 and 48 hours resulted in exudation an slight sloughing of the skin on 4 of 7 subjects. Two patients were reported with chronic allergic dermatitis of the hand related to sensitisation to sodium hypochlorite as the active component of laundry bleach 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. 			
Eye	If applied to the eyes, this material causes severe eye damage. Direct eye contact with corrosive bases can cause pain and burns. There may be swelling, epithelium destruction, clouding of the comea and inflammation of the iris. Mild cases often resolve; severe cases can be prolonged with complications such as persistent swelling, scarring, permanent cloudiness, bulging of the eye, cataracts, eyelids glued to the eyeball and blindness. Hypochlorite in pool water at concentrations of 1 ppm chlorine or less is non irritating to eyes if the pH is higher than 7.2 (slightly alkaline); At lower pH sensation of stinging, smarting of eyes with transient reddening may occur but generally no injury. Eye contact with a 5% hypochlorite solution may produce a temporary burning discomfort and slight irritation of the corneal epithelium with no injury. The material can produce severe chemical burns to the eye following direct contact. Vapours or mists may be extremely irritation.				
Chronic	Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Reduced respiratory capacity may result from chronic low level exposure to chlorine gas. Chronic poisoning may result in coughing, severe chest pains, sore throat and haemoptysis (bloody sputum). Moderate to severe exposures over 3 years produced decreased lung capacity in a number of workers. There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.				
Fiberlock 8317 Instant Mold Stain Remover	TOXICITY IRRITATION Oral (Human) LC50: 0 mg/kg ^[2] Not Available				
sodium hypochlorite	TOXICITY IRRITATION Dermal (rabbit) LD50: >10000 mg/kg ^[1] Eye (rabbit): 10 mg - moderate Oral (rat) LD50: >237 mg/kg ^[1] Eye (rabbit): 100 mg - moderate Skin (rabbit): 500 mg/24h-moderate				
sodium hydroxide	TOXICITY IRRITATION Oral (rabbit) LD50: 325 mg/kg ^[1] Eye (rabbit): 0.05 mg/24h SEVERE Eye (rabbit): 1 mg/24h SEVERE Eye (rabbit): 1 mg/30s rinsed-SEVERE Image: Skin (rabbit): 500 mg/24h SEVERE Skin (rabbit): 500 mg/24h SEVERE				
sodium xylenesulfonate	TOXICITY Dermal (rabbit) LD50: >2000 mg/kg ^[1] Oral (rat) LD50: >3000 mg/kg ^[1]			IRRITATION Not Available	
lauryldimethylamine oxide	TOXICITY Oral (mouse) LD50: 2700 mg/kg ^[2]	IF E S	RRITATION ye (rabbit): 50 ug/24h - SEVEF kin (rabbit): 2 mg/24h - SEVEF	RE	
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute to extracted from RTECS - Register of Toxic Effect of chemical Substance.	xicity 2.* Va s	alue obtained from manufactur	er's SDS. Unless otherwise specified data	

SODIUM HYPOCHLORITE	Hypochlorite salts are classified by IARC as Group 3: NOT cla Evidence of carcinogenicity may be inadequate or limited in ar The material may produce moderate eye irritation leading to inl Hypochlorite salts are extremely corrosive and can cause sever applied to their skin. as sodium hypochlorite pentahydrate	assifiable as to its carcinogenicity to nimal testing. flammation. Repeated or prolonged re damage to the eyes and skin. A n	o humans. I exposure to irritants may produce conjunctivitis. umber of skin cancers have been observed in mice, when	
SODIUM XYLENESULFONATE	No significant acute toxicological data identified in literature search. for alkyl sulfates; alkane sulfonates and alpha-olefin sulfonates Most chemicals of this category are not defined substances, but mixtures of homologues with different alkyl chain lengths. Alpha-olefin sulfonates are mixtures of alkene sulfonate and hydroxyl alkane sulfonates with the sulfonate group in the terminal position and the double bond, or hydroxyl group, located at a position in the vicinity of the sulfonate group. Common physical and/or biological pathways result in structurally similar breakdown products, and are, together with the surfactant properties, responsible for similar environmental behavior and essentially identical hazard profiles with regard to human health. Toxicological data is available and well documented for representative toluene, xylene and cumene sulfonates (including sodium, potassium, ammounium and calcium salts). These data show that hydrotropes have low toxicity for all routes, do not cause genetic damage, show no evidence of causing cancer in long-term skin studies, and have not caused birth defects, developmental defects or reduced fertility.			
LAURYLDIMETHYLAMINE OXIDE	Amine oxides are readily metabolised and excreted after oral intake. They produced no mortality or skin sensitization on exposure but caused reversible irritation of the eyes, skin and airways. They may also cause cataracts.			
SODIUM HYPOCHLORITE & SODIUM HYDROXIDE & SODIUM XYLENESULFONATE & LAURYLDIMETHYLAMINE OXIDE	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. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant.			
SODIUM HYDROXIDE & LAURYLDIMETHYLAMINE OXIDE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.			
SODIUM HYDROXIDE & LAURYLDIMETHYLAMINE OXIDE	The material may cause severe 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. Repeated exposures may produce severe ulceration.			
Acute Toxicity	×	Carcinogenicity	\otimes	
Skin Irritation/Corrosion	*	Reproductivity	0	
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓	
Respiratory or Skin sensitisation	0	STOT - Repeated Exposure	0	
Mutagenicity	\otimes	Aspiration Hazard	\otimes	
		Legend: 🗙	- Data available but does not fill the criteria for classification	

- Data required to make classification available

🚫 – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Foxicity					
Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
sodium hypochlorite	LC50	96	Fish	0.032mg/L	4
sodium hypochlorite	EC50	48	Crustacea	0.026mg/L	2
sodium hypochlorite	EC50	72	Algae or other aquatic plants	0.0183mg/L	2
sodium hypochlorite	EC50	0.08	Crustacea	0.002mg/L	4
sodium hypochlorite	NOEC	72	Algae or other aquatic plants	0.0054mg/L	2
sodium hydroxide	LC50	96	Fish	4.16158mg/L	3
sodium hydroxide	EC50	96	Algae or other aquatic plants	1034.10043mg/L	3
sodium hydroxide	EC50	384	Crustacea	27901.643mg/L	3
sodium hydroxide	NOEC	96	Fish	56mg/L	4
sodium xylenesulfonate	LC50	96	Fish	>=1580mg/L	2
sodium xylenesulfonate	EC50	48	Crustacea	>400mg/L	1
sodium xylenesulfonate	EC50	96	Algae or other aquatic plants	>=758mg/L	2
sodium xylenesulfonate	EC50	48	Crustacea	>400mg/L	1
lauryldimethylamine oxide	LC50	96	Fish	1.235mg/L	3
lauryldimethylamine oxide	EC50	72	Algae or other aquatic plants	0.076mg/L	2
lauryldimethylamine oxide	EC50	72	Algae or other aquatic plants	0.159mg/L	2
lauryldimethylamine oxide	NOEC	672	Algae or other aquatic plants	>=0.067mg/L	2
	Extracted from 1 IIIC	I ID Tovicity Data 2 Europe ECH	A Registered Substances - Ecotoxicologic	al Information - Aquatic Toxicity 3	EDIM/INI Suito V/2 1

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 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

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

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.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

For Chlorine:

Atmospheric Fate: Atmospheric chlorine forms hydrochloric or hypochlorous acid in the atmosphere, either through reactions with hydroxyl radicals or, other trace species, such as hydrocarbons. These acids are believed to be removed from the atmosphere primarily through precipitation washout/dry deposition. When chlorine, hypochlorous acid or hydrogen chloride mixes in the atmosphere with water vapor, dilute solutions of strong mineral acids form which fall to earth as \diamond acid rain \diamond , snow, fog, or acidified dry particles.

In freshwater, the hypchlorites break down rapidly into non-toxic compounds when exposed to sunlight. While chlorine levels decline rapidly In seawater, hypobromite (which is acutely toxic to aquatic organisms) is formed. Sodium and calcium hypochlorite exhibit low levels of toxicity to birds, but they are highly toxic to freshwater fish and invertebrates. Prevent, by any means available, spillage from entering drains or water courses. **DO NOT** discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
sodium hydroxide	LOW	LOW
lauryldimethylamine oxide	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
sodium hydroxide	LOW (LogKOW = -3.8796)
lauryldimethylamine oxide	HIGH (LogKOW = 4.673)

Mobility in soil

Ingredient	Mobility
sodium hydroxide	LOW (KOC = 14.3)
lauryldimethylamine oxide	LOW (KOC = 18660)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

SECTION 14 TRANSPORT INFORMATION

Labels Required

	R R R R R R R R R R R R R R R R R R R
Marine Pollutant	

Land transport (DOT)

UN number	1791
UN proper shipping name	Hypochlorite solutions
Transport hazard class(es)	Class8SubriskNot Applicable
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	Hazard Label8Special provisions386, IB3, N34, T4, TP2, TP24

Air transport (ICAO-IATA / DGR)

	-	
UN number	1791	
UN proper shipping name	Hypochlorite solution	
Transport hazard class(es)	ICAO/IATA Class8ICAO / IATA SubriskNot ApplicableERG Code8L	
Packing group	10	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions Cargo Only Packing Instructions Cargo Only Maximum Qty / Pack Passenger and Cargo Packing Instructions Passenger and Cargo Maximum Qty / Pack Passenger and Cargo Limited Quantity Packing Instructions Passenger and Cargo Limited Maximum Qty / Pack	A3A803 856 60 L 852 5 L Y841 1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1791
UN proper shipping name	HYPOCHLORITE SOLUTION
Transport hazard class(es)	IMDG Class8IMDG SubriskNot Applicable
Packing group	III
Environmental hazard	Marine Pollutant
Special precautions for user	EMS NumberF-A, S-BSpecial provisions223Limited Quantities5 L

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

SODIUM HYPOCHLORITE(7681-52-9) IS FOUND ON THE FOLLOWING REGULATORY LIS	TS
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC	US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory
Monographs	
US AIHA VVORKPIACE Environmental Exposure Levels (WEELS)	
SODIUM HYDROXIDE(1310-73-2) 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 OEHHA/ARB - Acute Reference Exposure Levels and Target Organs (RELs)	US - Vermont Permissible Exposure Limits Table Z-1-A Transitional Limits for Air
US - California Permissible Exposure Limits for Chemical Contaminants	Contaminants
US - Hawaii Air Contaminant Limits	US - Washington Permissible exposure limits of air contaminants
US - Idaho - Limits for Air Contaminants	US - Washington Toxic air pollutants and their ASIL, SQER and de minimis emission values
US - Michigan Exposure Limits for Air Contaminants	US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants
US - Minnesota Permissible Exposure Limits (PELs)	US ACGIH Threshold Limit Values (TLV)
US - Oregon Permissible Exposure Limits (Z-1)	US NIOSH Recommended Exposure Limits (RELs)
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	US OSHA Permissible Exposure Levels (PELs) - Table Z1
	US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory
	() ISTS

FONATE(1300-72-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

US - Vermont Permissible Exposure Limits Table Z-1-A Transitional Limits for Air Contaminants

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

LAURYLDIMETHYLAMINE OXIDE(1643-20-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

Federal Regulations

SECTION 311/312 HAZARD CATEGORIES

Immediate (acute) health hazard	Yes
Delayed (chronic) health hazard	No
Fire hazard	No
Pressure hazard	No
Reactivity hazard	No

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

Name	Reportable Quantity in Pounds (Ib)	Reportable Quantity in kg
Sodium hypochlorite	100	45.4
Sodium hydroxide	1000	454

State Regulations

US. CALIFORNIA PROPOSITION 65

None Reported

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (lauryldimethylamine oxide; sodium xylenesulfonate; sodium hypochlorite; sodium hydroxide)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	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)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
sodium hypochlorite	7681-52-9, 10022-70-5
sodium hydroxide	1310-73-2, 12200-64-5
sodium xylenesulfonate	1300-72-7, 30587-85-0

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

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net

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.

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 I OD. Limit Of Detection OTV: Odour Threshold Value **BCF: BioConcentration Factors** BEI: Biological Exposure Index This document is copyright.

Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH.

TEL (+61 3) 9572 4700.