

HYDROFLUORIC ACID 48.5%

GHS Safety Data Sheet

Version No:4
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

HYDROFLUORIC ACID 48.5%

OTHER NAMES

HF, FH, "35% Hydrofluoric Acid", "hydrofluoric acid aqueous solution", "hydrogen fluoride", "fluohydric acid", "fluoric acid"

PROPER SHIPPING NAME

HYDROFLUORIC ACID,

PRODUCT USE

Dangerous POISON. Available ONLY for industrial and manufacturing purposes. To be used by or in accordance with directions of accredited pest control officers. Operators to be trained in procedures for safe use of material.

Component of cleaners for aluminium, cast iron, copper, brass. Chemical milling of titanium alloys; frosting and etching of glass. Decomposition of cellulose; increasing porosity of ceramics.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

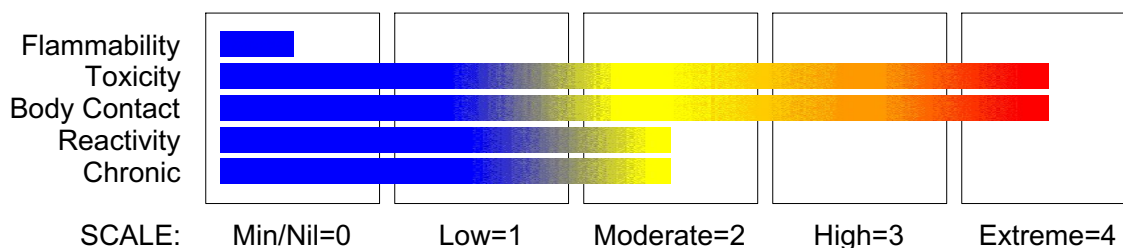
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HAZARD RATINGS



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Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Dermal) Category 1
Acute Toxicity (Inhalation) Category 1
Acute Toxicity (Oral) Category 2
Metal Corrosion Category 1
Skin Corrosion/Irritation Category 1B



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined using GHS criteria:

H310 H330 H300 H290 H314

Fatal in contact with skin

Fatal if inhaled

Fatal if swallowed

May be corrosive to metals

Causes severe skin burns and eye damage

PRECAUTIONARY STATEMENTS

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
hydrogen fluoride	7664-39-3	30-59
water	7732-18-5	>40

Section 4 - FIRST AID MEASURES

SWALLOWED

- 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.
- If patient is conscious, give six calcium gluconate or calcium carbonate tablets dissolved in water, by mouth.

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Section 4 - FIRST AID MEASURES

EYE

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

If there is evidence of severe skin irritation or skin burns:

- Avoid further contact. Immediately remove contaminated clothing, including footwear.
- Flush skin under running water for 15 minutes.
- Avoiding contamination of the hands, massage calcium gluconate gel into affected areas, pay particular attention to creases in skin.
- Contact the Poisons Information Centre.
- Continue gel application for at least 15 minutes after burning sensation ceases.
- If pain recurs, repeat application of calcium gluconate gel or apply every 20 minutes.
- If no gel is available, continue washing for at least 15 minutes, using soap if available. If patient is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth.
- Transport to hospital, or doctor, urgently.

INHALED

- If fumes 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.

For massive exposures:

- If dusts, vapours, aerosols, fumes 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.
- If victim is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth.
- Transport to hospital, or doctor, urgently.

NOTES TO PHYSICIAN

Treat symptomatically.

Following acute or short term repeated exposure to hydrofluoric acid:

- Subcutaneous injections of Calcium Gluconate may be necessary around the burnt area. Continued application of Calcium Gluconate Gel or subcutaneous Calcium Gluconate should then continue for 3-4 days at a frequency of 4-6 times per day. If a "burning" sensation recurs, apply more frequently.
- Systemic effects of extensive hydrofluoric acid burns include renal damage, hypocalcaemia and consequent cardiac arrhythmias. Monitor haematological, respiratory, renal, cardiac and electrolyte status at least daily. Tests should include FBE, blood gases, chest X-ray, creatinine and electrolytes, urine output, Ca ions, Mg ions and phosphate ions. Continuous ECG monitoring may be required.

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Section 4 - FIRST AID MEASURES

- Where serum calcium is low, or clinical, or ECG signs of hypocalcaemia develop, infusions of calcium gluconate, or if less serious, oral Sandocal, should be given. Hydrocortisone 500 mg in a four to six hourly infusion may help.
- Antibiotics should not be given as a routine, but only when indicated.
- Eye contact pain may be excruciating and 2-3 drops of 0.05% pentocaine hydrochloride may be instilled, followed by further irrigation

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
1. Methaemoglobin in blood	1.5% of haemoglobin	During or end of shift	B, NS, SQ

B: Background levels occur in specimens collected from subjects NOT exposed.

NS: Non-specific determinant; Also seen after exposure to other materials

SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- Do not approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn.
- Decomposition may produce toxic fumes of: hydrogen fluoride.

FIRE INCOMPATIBILITY

None known.

Personal Protective Equipment

Gas tight chemical resistant suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

continued...

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Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with sand, earth, inert material or vermiculite.
- Wipe up.
- Place in a suitable labelled container for waste disposal.

MAJOR SPILLS

DO NOT touch the spill material.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place).
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

hydrofluoric acid, < 60% solution 50ppm

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:

hydrofluoric acid, < 60% solution 20ppm

other than mild, transient adverse effects without perceiving a clearly defined odour is:

hydrofluoric acid, < 60% solution 2ppm

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	>= 0.1%	Toxic (T)	>= 3.0%
R50	>= 0.25%	Corrosive (C)	>= 5.0%
R51	>= 2.5%		
else	>= 10%		

where percentage is percentage of ingredient found in the mixture

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- DO NOT allow clothing wet with material to stay in contact with skin.
- DO NOT use aluminium, galvanised or tin-plated containers.
- DO NOT use unlined steel containers.

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- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

DO NOT re-use polylined drums for hydrofluoric acid service as their safe life is limited.

- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

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. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
 - Cans with friction closures and
 - low pressure tubes and cartridges
- may be used.

-

Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

STORAGE INCOMPATIBILITY

Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.

Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous.

Avoid strong bases.

Reacts with metals producing flammable / explosive hydrogen gas.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

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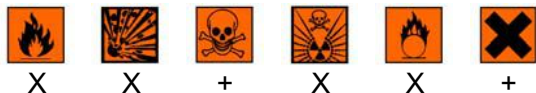
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Section 7 - HANDLING AND STORAGE

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- hydrofluoric acid, < 60% solution: CAS:7664- 39- 3
- hydrogen fluoride: CAS:7664- 39- 3
- water: CAS:7732- 18- 5

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
hydrofluoric acid, < 60% solution		30 [Unch]
hydrogen fluoride		30 [Unch]

ODOUR SAFETY FACTOR (OSF)

OSF=71 (HYDROGEN FLUORIDE)

MATERIAL DATA

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no -observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five -category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

None assigned. Refer to individual constituents.

Exposed individuals are reasonably expected to be warned, by smell, that the Exposure

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Standard is being exceeded.

Odour Safety Factor (OSF) is determined to fall into either Class A or B.

The Odour Safety Factor (OSF) is defined as:

$OSF = \frac{\text{Exposure Standard (TWA) ppm}}{\text{Odour Threshold Value (OTV) ppm}}$

Classification into classes follows:

Class	OSF	Description
A	550	Over 90% of exposed individuals are aware by smell that the Exposure Standard (TLV- TWA for example) is being reached, even when distracted by working activities
B	26- 550	As " A" for 50- 90% of persons being distracted
C	1- 26	As " A" for less than 50% of persons being distracted
D	0.18- 1	10- 50% of persons aware of being tested perceive by smell that the Exposure Standard is being reached
E	<0.18	As " D" for less than 10% of persons aware of being tested

INGREDIENT DATA

HYDROGEN FLUORIDE:

Odour Threshold: 0.042 ppm

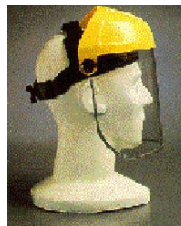
NOTE: Detector tubes for hydrogen fluoride, measuring in excess of 1.5 ppm, are available commercially. Long-term measurements (8 hrs) may be conducted to detect concentrations exceeding 0.25 ppm.

Hydrogen fluoride is a primary irritant which as a gas causes severe respiratory irritation and as a liquid which causes severe and painful burns to the skin and eyes. The recommendation for TLV-TWA is based on the results of controlled inhalation studies in human volunteers. The limit is thought to minimise the potential for occurrence of dental and/or osteofluorosis (systemic fluorosis) and to prevent the risk of primary irritation to the eyes, nose, throat and lower respiration system. At concentrations exceeding 3 ppm there have been reports of skin reddening and burning of the nose and eyes.

WATER:

No exposure limits set by NOHSC or ACGIH.

PERSONAL PROTECTION



OR

continued...

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

HANDS/FEET

Elbow length PVC gloves.

When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

Suitability and durability of glove type is dependent on usage. Factors such as:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity,

are important in the selection of gloves.

Neoprene rubber gloves.

OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index" .

The effect(s) of the following substance(s) are taken into account in the computer-generated selection: hydrofluoric acid, < 60% solution

Protective Material CPI *.

BUTYL/NEOPRENE	A
NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NEOPRENE	A
NEOPRENE/NATURAL	A
VITON/NEOPRENE	A
PE	B
PVC	B
SARANEX- 23	B
NAT+NEOPR+NITRILE	B
NITRILE	C

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove,

continued...

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

RESPIRATOR

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Breathing Zone Level ppm (volume)	Maximum Protection Factor	Half- face Respirator	Full- Face Respirator
1000	10	B- AUS P	-
1000	50	-	B- AUS P
5000	50	Airline *	-
5000	100	-	B- 2 P
10000	100	-	B- 3 P
	100+		Airline**

* - Continuous Flow

** - Continuous-flow or positive pressure demand.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult site specific
your
Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25- 0.5 m/s (50- 100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5- 1 m/s (100- 200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1- 2.5 m/s (200- 500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range

Upper end of the range

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only.
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 4: Small hood- local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

WARNING! HIGHLY CORROSIVE and HIGHLY TOXIC, presents high hazard to health by all exposure routes.

Clear colourless, corrosive fuming liquid with pungent acidic odour: mixes with water.

Odour threshold level 0.04 to 0.13 ppm. Highly acidic solution which is corrosive to most metals and glass.

PHYSICAL PROPERTIES

Liquid.

Mixes with water.

Corrosive.

Acid.

Toxic or noxious vapours/gas.

Molecular Weight: Mixture

Melting Range (°C): < 0

Solubility in water (g/L): Miscible

pH (1% solution): Not available.

Volatile Component (%vol): Not available

Relative Vapour Density (air=1): 0.7

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Liquid

Boiling Range (°C): 108 approx

Specific Gravity (water=1): 1.15 approx

pH (as supplied): < 1

Vapour Pressure (kPa): 1.3 @ 20 deg C

Evaporation Rate: < 1 Ether=1

Flash Point (°C): Not Applicable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not Applicable

Viscosity: Not Available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

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Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual.

The material can produce severe chemical burns within the oral cavity and gastrointestinal tract following ingestion.

Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal.

fatal if swallowed unless immediate treatment is applied.

Fluoride is a general protoplasmic poison which appears to produce at least four major functional derangements;

(1) enzyme inhibition, (2) hypocalcaemia, (3) cardiovascular collapse and (4) specific organ damage.

Hypocalcaemia which leads to severe reductions in plasma levels of both total calcium and ionic calcium, may appear several hours after exposure producing painful and involuntary muscular contractions (tetany) initially of the extremities (carpopedal spasm, twitching of limb muscles, laryngo-spasm, cardiospasm etc). Cardiovascular collapse is probably the principal cause of death in acute fluoride poisoning with sinus tachycardia the commonest cardiac finding and serious cardiac arrhythmias also common. Poisonings also cause major adverse effects on the brain and kidneys.

Toxic effects may include headache, excessive salivation, rapid movements of the eyeball (nystagmus) and dilated pupils. Convulsions may occur but lethargy, stupor and coma are more common. Renal pathology (acute congestion) has been described in human casualties.

EYE

The material can produce severe chemical burns to the eye following direct contact.

Vapours or mists may be extremely irritating.

When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness.

The vapour may produce pronounced discomfort of the eyes when present at higher concentrations and this generally gives warning of excessive exposure and the need for control measures to ensure safe working conditions.

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SKIN

Skin contact with the material may produce severely toxic effects; systemic effects may result following absorption and these may be fatal.

The material can produce severe chemical burns following direct contact with the skin.

The skin is readily penetrated by the fluoride ion causing liquefaction necrosis of the soft tissues and decalcification and corrosion of bone. Healing is delayed and necrotic changes may continue to occur and spread beneath a layer of tough coagulated skin.

Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue.

Solution of material in moisture on the skin, or perspiration, may increase irritant effects.

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.

INHALED

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severely toxic effects; these may be fatal.

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. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema.

Acute effects of fluoride inhalation include irritation of nose and throat, coughing and chest discomfort.

A single acute over-exposure may even cause nose bleed. Pre-existing respiratory conditions such as emphysema, bronchitis may be aggravated by exposure. Occupational asthma may result from exposure.

CHRONIC HEALTH EFFECTS

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.

Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

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 biochemical systems.

Long term exposure to vapour or dust with inorganic fluorides may result in fluorosis, with rheumatic symptoms, stiff joints, mottling of tooth enamel. Other signs may include nausea, vomiting, anorexia, diarrhoea or constipation, weight loss, anaemia, weakness and general ill-health. Polyuria and polydipsia may also occur. Exfoliative dermatitis, atopic dermatitis, stomatitis, gastrointestinal and respiratory allergy, and on occasions, central nervous system involvement have all been described.

Repeated human exposures to hydrogen fluoride (6 hours/day for 10-50 days) at

HYDROFLUORIC ACID 48.5%

Section 11 - TOXICOLOGICAL INFORMATION

concentrations as high as 4.7 ppm were tolerated without severe adverse reaction. At concentrations exceeding 3 ppm, researchers noted burning and irritation of the eyes and nose and burning of the skin. Three subjects who inhaled approximately 3 ppm had severe urinary excretions of 6.7-9.4 mg fluoride/day. One epidemiological study was able to demonstrate that there was no significant change in pulmonary function resulting from occupational exposure to average concentrations of 1.02 ppm hydrogen fluoride. A further study indicated a threshold for minimal increases (Grade 1) in bone density (fluorosis) at less than 3.38 mg/m³ (4.3 ppm) hydrogen fluoride. Grade 1 fluorosis resulted in no medically recognised disability. Hydrogen fluoride readily penetrates the skin and causes decalcification and corrosion of the bone and underlying tissue (hypocalcaemia). Deaths due to hypocalcaemia have been cited in the literature. Ingestion will cause severe pain and burns in the mouth and throat. Profound and possibly fatal hypocalcaemia is likely to occur unless medical treatment is promptly initiated. Symptoms include spasm and twitching of the muscles, high fever, convulsion and general extreme pain. Inhalation may cause corrosion of the throat, nose and lungs, leading to severe inflammation, pulmonary oedema or possible hypocalcaemia. [NIOSHITIC].

TOXICITY AND IRRITATION

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

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. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

HYDROGEN FLUORIDE:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY

Inhalation (human) LCLo: 50 ppm/30 m
Inhalation (man) TCLo: 100 mg/m³/1 m
Inhalation (rat) LC50: 1276 ppm/1 h

IRRITATION

Eye (human): 50 mg - SEVERE

WATER:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

Refer to data for ingredients, which follows:

continued...

HYDROFLUORIC ACID 48.5%

HYDROGEN FLUORIDE:

Hazardous Air Pollutant: Yes

Pollutant.

CORROSIVE.

Section 13 - DISPOSAL CONSIDERATIONS

- Containers may still present a chemical hazard/ danger when empty.
 - Return to supplier for reuse/ recycling if possible.
- Otherwise:
- 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.
 - Where possible retain label warnings and MSDS and observe all notices pertaining to the product.
- 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.
- A Hierarchy of Controls seems to be common - the user should investigate:
- Reduction,
 - Reuse
 - Recycling
 - Disposal (if all else fails)
- This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.
- DO NOT allow wash water from cleaning or process equipment to enter drains. It may be necessary to collect all wash water for treatment before disposal. In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. Where in doubt contact the responsible authority.
- Recycle wherever possible.
 - Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
 - Treat and neutralise at an approved treatment plant. Treatment should involve : Neutralisation followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
 - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

WASTE DISPOSAL PROCEDURES

- Wear butyl rubber gloves, self contained breathing apparatus, eye protection and protective clothing to control personal contact from hydrofluoric acid.
- Work in a well ventilated area. Add the hydrofluoric acid to a container of cold water. Add calcium carbonate or calcium hydroxide. Allow the precipitate to settle for 24 hours. Decant the solution into the drain. Discard any recoverable quantities of calcium fluoride in accordance with local regulations [Armour 1996].

SPILLAGE DISPOSAL

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Section 13 - DISPOSAL CONSIDERATIONS

• Clear area of personnel. Wear a self-contained breathing apparatus, eye protection, butyl rubber gloves and protective clothing to control personal contact from the hydrofluoric acid. Cover the spill with a 1:1:1 mixture by weight of sodium carbonate or calcium carbonate, bentonite and sand. Scoop the absorbed mixture into a container and transfer to a well ventilated area. Add cold water to the mixture. Add excess calcium carbonate or calcium hydroxide. Allow the precipitate to settle for 24 hours. Decant the solution into the drain. Dry and package the recoverable solid for disposal in accordance with local regulations [Armour 1996].

Section 14 - TRANSPORTATION INFORMATION



Labels Required: CORROSIVE, TOXIC
HAZCHEM: 2X

UNDG:

Dangerous Goods	8	Subrisk:	6.1
Class:			
UN Number:	1790	Packing Group:	II
Shipping Name: HYDROFLUORIC ACID, with not more than 60% hydrogen fluoride			

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	6.1
UN/ID Number:	1790	Packing Group:	II
Special provisions:	None		
Shipping Name: HYDROFLUORIC ACID 60% OR LESS STRENGTH			

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	6.1
UN Number:	1790	Packing Group:	II
EMS Number:	F- A, S- B	Special provisions:	None
Limited Quantities:	1 L		
Shipping Name: HYDROFLUORIC ACID solution, with not more than 60% hydrofluoric acid			

Section 15 - REGULATORY INFORMATION

REGULATIONS

hydrofluoric acid, < 60% solution (CAS: 7664-39-3) is found on the following regulatory lists;
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals
The Australia Group Export Control List: Chemical Weapons Precursors

continued...

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Section 16 - OTHER INFORMATION

The above information is believed to be accurate and represent the best information currently available to us, but does not represent any warranty expressed or implied of the properties of the product. User should make their own investigation to determine the suitability of the information for their particular purpose.

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