

ALUMINIUM POTASSIUM SULPHATE

GHS Safety Data Sheet

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

ALUMINIUM POTASSIUM SULFATE

OTHER NAMES

"Al₂(SO₄)₃.K₂SO₄.24HOH (double salt)", "AlK(SO₄)₂.12HOH dodecahydrate", "potassium aluminium sulphate", "aluminum potassium sulfate dodecahydrate", "alum kalinite potassium alum potassium alum dodecahydrate"

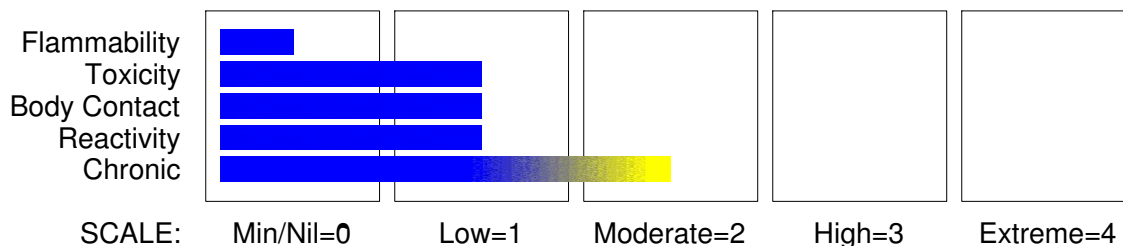
PRODUCT USE

Used in dyeing, printing fabrics; manufacture of dyes, lakes, paper, vegetable glue, marble cement, porcelain cement, explosives; in tanning, hardening gelatin, baking powders, purifying water, clarifying sugar. Also used in hardening plaster casts; electrolytic copper plating; as catalyst in synthesis of ammonia; as mordant in staining with carmine, eosine, hematoxylin; clarifier (as alumina cream); identifying colouring matters; hardening agent in microscopy. BP grades find minor medical use as an astringent. Use as food additive restricted to firming agent in Glace cherries, USA.

SUPPLIER

Company: S D FINE- CHEM LIMITED
Address:
315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,
MUMBAI-400030.INDIA.
technical@sdfine.com
Telephone: 91- 22- 24959898
Telephone: 91- 22- 24959899
Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

HAZARD

Not hazardous
No hazards determined by using GHS criteria

PRECAUTIONARY STATEMENTS

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Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
aluminium potassium sulfate	7784-24-9	100
Note: exists as anhydrous CAS 7784- 24- 9 and as dodecahydrate CAS 10043- 67- 1 and as double salt dodecahydrate		

Section 4 - FIRST AID MEASURES

SWALLOWED

Rinse mouth out with plenty of water.

For advice, contact a Poisons Information Centre or a doctor.

- 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.
- Seek medical advice.

EYE

If this product comes in contact with the eyes:

- Wash out immediately with fresh 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.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If skin contact occurs:

- Immediately remove all contaminated clothing, including footwear.
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Other measures are usually unnecessary.
- or · If dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear breathing passages.
- Ask patient to rinse mouth with water but to not drink water.
- Seek immediate medical attention.

NOTES TO PHYSICIAN

Poisoning should be treated with copious drinks of water and gastric lavage if vomiting has not occurred. Demulcent drinks should be given and shock alleviated if patient shows signs of collapse [Martindale]

· Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech, asterixis, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.

· Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.

· Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.

· Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa2EDTA is less effective in chelating aluminium.

[Ellenhorn and Barceloux: Medical Toxicology].

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.

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves for fire only.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use fire fighting procedures suitable for surrounding area.
- DO NOT approach containers suspected to be hot.

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Section 5 - FIRE FIGHTING MEASURES

- 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 to be a significant fire risk, however containers may burn.
 - In a fire may decompose on heating and produce toxic / corrosive fumes.
- Decomposition may produce toxic fumes of: sulfur oxides (SOx) and oxides of aluminium.

FIRE INCOMPATIBILITY

Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result.

In presence of moisture, the material is corrosive to aluminium, zinc and tin producing highly flammable hydrogen gas.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear impervious gloves and safety glasses.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place spilled material in clean, dry, sealable, labelled container.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Control personal contact by using protective equipment and dust respirator.
- Prevent spillage from entering drains, sewers or water courses.
- Recover product wherever possible. Avoid generating dust.
- Sweep / shovel up.
- If required, wet with water to prevent dusting.
- Put residues in labelled plastic bags or other containers for disposal.
- Wash area down with large quantity of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

Avoid generating and breathing dust.

- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- 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.
- 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

Multi-ply paper bag with sealed plastic liner or heavy gauge plastic bag.

NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse. Check that all containers are clearly labelled and free from leaks. Packing as recommended by manufacturer.

STORAGE INCOMPATIBILITY

Segregate from alkalis, oxidising agents and chemicals readily decomposed by acids, i.e. cyanides, sulfides, carbonates.

Keep dry . Segregate from combustible materials.

DO NOT use aluminium, galvanised or tin-plated containers.

STORAGE REQUIREMENTS

DO NOT use unlined steel containers.

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Section 7 - HANDLING AND STORAGE

- 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.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- aluminium potassium sulfate:

CAS:7784- 24- 9 CAS:10043- 67- 1

PERSONAL PROTECTION



RESPIRATOR

Particulate

EYE

- Safety glasses with side shields; or as required,
- Chemical goggles.
- 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

- Barrier cream with polyethylene gloves or Rubber Gloves.
- Safety footwear.

OTHER

- Overalls.
- Eyewash unit.

ENGINEERING CONTROLS

Use in a well-ventilated area.

None required when handling small quantities.

OTHERWISE: · Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.

- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might consist of:

(a): particle dust respirators, if necessary, combined with an absorption cartridge;

(b): filter respirators with absorption cartridge or canister of the right type;

(c): fresh-air hoods or masks

- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.

· Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White, odourless crystals having a sweetish astringent taste.
Soluble in water forming acid solution. Insoluble in alcohol.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Available in a range of grades, technical, pure and BP.
9% solutions show slight corrosion on grey cast iron, but hot solutions corrode aluminium.
CAS 7784-24-9 is anhydrous salt $KAl(SO_4)_2$
CAS 10043-67-1 is dodecahydrate $[KAl(SO_4)_2 \cdot 12H_2O]$

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 474.39(dodecahy)
Melting Range (°C): 92 dodecahydrate
Solubility in water (g/L): Miscible
pH (1% solution): 3.3 @ 9.4%
Volatile Component (%vol): Negligible
Relative Vapour Density (air=1): Not applicable.
Lower Explosive Limit (%): Not applicable
Autoignition Temp (°C): Not applicable
State: Divided solid

Boiling Range (°C): 64.5(loses H_2O)
Specific Gravity (water=1): 1.75
pH (as supplied): Not applicable
Vapour Pressure (kPa): Not applicable.
Evaporation Rate: Non Volatile
Flash Point (°C): Non Flammable
Upper Explosive Limit (%): Not applicable
Decomposition Temp (°C): 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.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Although ingestion is not thought to produce harmful effects (as classified under EC Directives), the material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

Considered an unlikely route of entry in commercial/industrial environments.

Ingestion may result in nausea, abdominal irritation, pain and vomiting.

Sulfate salts are poorly absorbed from the gastro-intestinal tract but because of osmotic activity are able to draw water from the lumen to produce diarrhoea (purging). Sulfate ion usually has little toxicological potential.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).

SKIN

The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Open cuts, abraded or irritated skin should not be exposed to this material.

The material may accentuate any pre-existing skin condition.

INHALED

The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

CHRONIC HEALTH EFFECTS

Principal routes of exposure are usually by skin contact with the material and inhalation of generated dust.

Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

Occupational exposure to aluminium compounds may produce asthma, chronic obstructive lung disease and pulmonary fibrosis. Long-term overexposure may produce dyspnoea, cough, pneumothorax, variable sputum production and nodular interstitial fibrosis; death has been reported. Chronic interstitial pneumonia with severe cavitations in the right upper lung and small cavities in the remaining lung tissue, have been observed in gross pathology. Shaver's Disease may result from occupational exposure to fumes or dusts; this may produce respiratory distress and fibrosis with large blebs. Animal studies produce no indication that aluminium or its compounds are carcinogenic.

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Section 11 - TOXICOLOGICAL INFORMATION

Controversy exists over whether aluminium is the cause of degenerative brain disease (Alzheimer's disease or AD). Several epidemiological studies show a possible correlation between the incidence of AD and high levels of aluminium in drinking water. A study in Toronto, for example, found a 2.6 times increased risk in people residing for at least 10 years in communities where drinking water contained more than 0.15 mg/l aluminium compared with communities where the aluminium level was lower than 0.1 mg/l. A neurochemical model has been suggested linking aluminium exposure to brain disease.

Aluminium concentrates in brain regions, notably the hippocampus, cerebral cortex and amygdala where it preferentially binds to large pyramid-shaped cells - it does not bind to a substantial degree to the smaller interneurons. Aluminium displaces magnesium in key metabolic reactions in brain cells and also interferes with calcium metabolism and inhibits phosphoinositide metabolism. Phosphoinositide normally controls calcium ion levels at critical concentrations.

Under the microscope the brain of AD sufferers show thickened fibrils (neurofibrillary tangles - NFT) and plaques consisting of amyloid protein deposited in the matrix between brain cells. Tangles result from alteration of "tau" a brain cytoskeletal protein. AD tau is distinguished from normal tau because it is hyperphosphorylated. Aluminium hyperphosphorylates tau in vitro. When AD tau is injected into rat brain NFT-like aggregates form but soon degrade. Aluminium stabilises these aggregates rendering them resistant to protease degradation. Plaque formation is also enhanced by aluminium which induces the accumulation of amyloid precursor protein in the thread-like extensions of nerve cells (axons and dendrites). In addition aluminium has been shown to depress the activity of most neuro-transmitters similarly depressed in AD (acetylcholine, norepinephrine, glutamate and GABA). Aluminium enters the brain in measurable quantities, even when trace levels are contained in a glass of tap water. Other sources of bioavailable aluminium include baking powder, antacids and aluminium products used for general food preparation and storage (over 12 months, aluminium levels in soft drink packed in aluminium cans rose from 0.05 to 0.9 mg/l). [Walton, J and Bryson -Taylor, D. - Chemistry in Australia, August 1995].

TOXICITY AND IRRITATION

No data of toxicological significance identified in literature search.
Reproductive effector in rats.

Section 12 - ECOLOGICAL INFORMATION

No data

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM: None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS:UN, IATA, IMDG

Section 15 - REGULATORY INFORMATION

REGULATIONS

aluminium potassium sulfate (CAS: 7784-24-9) is found on the following regulatory lists;
OECD Representative List of High Production Volume (HPV) Chemicals
United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances - Table II

aluminium potassium sulfate (CAS: 10043-67-1) is found on the following regulatory lists;
United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances - Table II

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name

CAS

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Section 16 - OTHER INFORMATION

aluminium potassium sulfate

7784- 24- 9, 10043- 67- 1

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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