AMMONIUM FERROUS SULPHATE

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
AMMONIUM FERROUS SULPHATE

OTHER NAMES
Fe(SO4).(NH4)2SO4.6(H2O), sulphate, "ammonium iron (II) sulphate sulphate", "ammonium iron (II) sulphate sulphate", "sulfuric acid, ammonium iron(2+)salt (2:2:1)", "sulphuric acid, ammonium iron(2+)salt (2:2:1)", "di-ammonium iron (II) sulphate hexahydrate", "di-ammonium iron (II) sulphate hexahydrate", "Mohrs salt", "iron (II) ammonium sulphate", "iron (II) ammonium sulphate", "iron ammonium sulphate hydrate", "ferrous ammonium sulphate hexahydrate", "ammonium iron sulphate"

PRODUCT USE
Used as an analytical standard. Also used in metallurgy, photography, medicine, dosimeters. Component of redox polymerisation catalyst systems.
Ammonium iron sulphate, is a double salt of iron sulphate and ammonium sulphate, with the formula [NH4]2[Fe][SO4]2•6H2O. Mohr's salt is preferred over iron(II) sulphate for titration purposes as it is much less affected by oxygen in the air than iron(II) sulphate, solutions of which tend to oxidise to iron(III).
The oxidation of solutions of iron(II) is very pH dependent, occurring much more readily at high pH. The ammonium ions make solutions of Mohr's salt slightly acidic, which prevents this oxidation occurring.
Monomer

SUPPLIER
Company: S D FINE - CHEM LIMITED
Address:
315- 317, T.V.IND.ESTATE,
248 WORLI ROAD,
MUMBAI- 400 030, INDIA
technical@sdfine.com
Telephone: 91- 22 24959898
Telephone: 91- 22 24959899
Fax: 91- 22 24937232

Section 2 - HAZARDS IDENTIFICATION

HAZARD RATINGS

GHS Classification
Acute Toxicity (Oral) Category 5

continued...

Eye Irritation Category 2A
Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 2

EMERGENCY OVERVIEW

HAZARD

WARNING
Determined by using GHS criteria:
H335 H303 H315 H319
May cause respiratory irritation
May be harmful if swallowed
Causes skin irritation
Causes serious eye irritation

PRECAUTIONARY STATEMENTS

Prevention

Avoid breathing dust/fume/gas/mist/vapours/spray.
Wash thoroughly after handling.
Use only outdoors or in a well-ventilated area.
Wear protective gloves/protective clothing/eye protection/face protection.

Response

IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
Call a POISON CENTER or doctor/physician if you feel unwell.
If eye irritation persists: Get medical advice/attention.

Storage

Store in a well-ventilated place. Keep container tightly closed.
Store locked up.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
ammonium ferrous sulphate	10045-89-3	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

- 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.

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- 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.
- Seek medical attention without delay; 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.
- 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.

NOTES TO PHYSICIAN

■ Treat symptomatically.

For acute or short term repeated exposures to iron and its derivatives:

- Always treat symptoms rather than history.
- In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater that 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex)are the usual means of decontamination.
- Activated charcoal does not effectively bind iron.
- Catharsis (using sodium sulphate or magnesium sulphate) may only be used if the patient already has diarrhoea.
- Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [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.

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- 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.
- 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: nitrogen oxides (NOx), sulfur oxides (SOx), metal oxides.
May emit poisonous fumes.
May emit corrosive fumes.

FIRE INCOMPATIBILITY

■ None known.

PERSONAL PROTECTION

Glasses:
Chemical goggles.

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable, labelled container for waste disposal.

MAJOR SPILLS

■ Moderate hazard.

- CAUTION: Advise personnel in area.
- Alert Emergency Services and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts 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 all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.

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- 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

- Glass container is suitable for laboratory quantities.
- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

- WARNING: Avoid or control reaction with peroxides. All transition metal peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively.
- The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono-or poly-fluorobenzene show extreme sensitivity to heat and are explosive.
- Avoid reaction with borohydrides or cyanoborohydrides.
- Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.
- These trifluorides are hypergolic oxidisers. They ignites on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition.
- The state of subdivision may affect the results.

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.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS

+ X + X X +

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

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

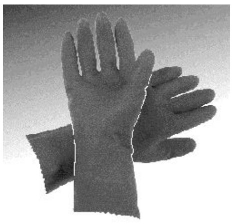
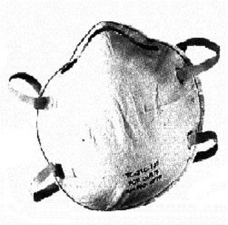
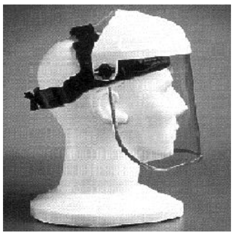
EXPOSURE CONTROLS

Source	Material	TWA mg/m³
Australia Exposure Standards	ammonium ferrous sulfate (Iron salts, soluble (as Fe))	1

continued...

MATERIAL DATA
AMMONIUM FERROUS SULPHATE:
■ The recommended TLV is thought to reduce the likelihood of respiratory irritation and skin irritation from exposure to aerosols and mists of soluble iron salts.

PERSONAL PROTECTION


EYE
- Safety glasses with side shields.
- 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
■ Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:
- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).
- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.
- Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.
Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.
- polychloroprene
- nitrile rubber
- butyl rubber
- fluorocaoutchouc
- polyvinyl chloride

Gloves should be examined for wear and/ or degradation constantly.

OTHER
- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

continued...

- 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 . 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.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult your
Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

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

continued...

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 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 metres 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

Pale green-blue odourless crystals or crystalline powder. Soluble in water. Oxidises (turns brown) and effloresces in air. Insoluble in alcohol. Decomposes at 110 C.

PHYSICAL PROPERTIES

Mixes with water.

State	DIVIDED SOLID	Molecular Weight	392.13
Melting Range (°C)	100- 110 (Decomp)	Viscosity	Not Applicable
Boiling Range (°C)	Not applicable.	Solubility in water (g/L)	Miscible
Flash Point (°C)	Not applicable	pH (1% solution)	3- 5 5% Solution
Decomposition Temp (°C)	100- 110 C	pH (as supplied)	Not applicable
Autoignition Temp (°C)	Not applicable	Vapour Pressure (kPa)	Not applicable.
Upper Explosive Limit (%)	Not applicable	Specific Gravity (water=1)	1.864 @ 20 C
Lower Explosive Limit (%)	Not applicable	Relative Vapour Density (air=1)	Not Applicable
Volatile Component (%vol)	Not applicable.	Evaporation Rate	Not applicable

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- ■ Accidental ingestion of the material may be damaging to the health of the individual.
- ■ Sulfates are not well absorbed orally, but can cause diarrhoea.
- ■ Iron poisoning results in pain in the upper abdomen and vomiting, and is followed hours later by shock, in severe cases coma and death. Iron toxicity increases in proportion to their solubility in the gastrointestinal tract. There is often vomiting of blood due to dilation of capillaries and bleeding from the walls of the gastrointestinal system. A watery diarrhoea can occur, often leading to cardiovascular collapse after fluid and mineral loss and there can be a relapse marked by profound metabolic acidosis after several hours of apparent recovery. There may also be liver damage. Symptoms of poisoning include metallic taste, restlessness, lethargy, loss of muscle tone, coma, pallor or cyanosis (blue-grey skin), fast and weak pulse, low blood pressure, hyperventilation, shock, vasomotor instability and cardiovascular collapse. There may be inflammation, swelling and bleeding from the lungs, convulsions, jaundice, low blood sugar, multiple blood

continued...

clotting defects, kidney damage with absence of urine, damage to the pancreas, vascular damage, blood loss, shock and vascular collapse. Survivors can display stomach scarring, obstruction or narrowing of digestive tract sphincters, liver hardening or nervous system effects.
■ Large doses of ammonia or injected ammonium salts may produce diarrhoea and may be sufficiently absorbed to produce increased production of urine and systemic poisoning. Symptoms include weakening of facial muscle, tremor, anxiety, reduced muscle and limb control.

EYE
■ This material can cause eye irritation and damage in some persons.

SKIN
■ This material can cause inflammation of the skin oncontact in some persons.
■ The material may accentuate any pre-existing dermatitis condition.
■ 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.
■ Solution of material in moisture on the skin, or perspiration, may increase irritant effects.
■ 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.

INHALED
■ The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
■ 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.
If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result
in excessive exposures.

CHRONIC HEALTH EFFECTS
■ 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.
Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections
Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Other signs or symptoms include altered breath sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema and pneumothorax (air in lung cavity) as a rare complication.
Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities. Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken
Dust inhalation over an extended number of years may produce pneumoconiosis.. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible.
Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk. Iron overload in men may lead to diabetes, joint inflammation, liver cancer, heart irregularities and problems with other organs.

continued...

Section 11 - TOXICOLOGICAL INFORMATION

TOXICITY AND IRRITATION

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

TOXICITY	IRRITATION
Oral (rat) LD50: 3250 mg/kg	Nil Reported

■ 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.
for hexahydrate
RTECS No.: BR 6500000

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

AMMONIUM FERROUS SULFATE:
■ Data from tap water studies with human volunteers indicate that sulfates produce a laxative effect at concentrations of 1000 - 1200 mg/litre, but no increase in diarrhoea, dehydration or weight loss. The presence of sulfate in drinking-water can also result in a noticeable taste; the lowest taste threshold concentration for sulfate is approximately 250 mg/litre as the sodium salt. Sulfate may also contribute to the corrosion of distribution systems. No health-based guideline value for sulfate in drinking water is proposed. However, there is an increasing likelihood of complaints arising from a noticeable taste as concentrations in water increase above 500 mg/litre.
Sulfates are removed from the air by both dry and wet deposition processes. Wet deposition processes including rain-out (a process that occurs within the clouds) and washout (removal by precipitation below the clouds) contribute to the removal of sulfate from the atmosphere.
In soil, the inorganic sulfates can adsorb to soil particles or leach into surface water and groundwater.
Sulfates can be taken up by plants and be incorporated into the parenchyma of the plant.
Sulfate in water can also be reduced by sulfate bacteria (Thiobacilli) which use them as a source of energy.
■ In air ammonia is persistent whilst, in water, it biodegrades rapidly to nitrate, producing a high oxygen demand. Ammonia is strongly adsorbed to soil. Ammonia is non-persistent in water (half-life 2 days) and is moderately toxic to fish under normal temperature and pH conditions. Ammonia is harmful to aquatic life at low concentrations but does not concentrate in the food chain.
Drinking Water Standards:
0.5 mg/l (UK max.)
1.5 mg/l (WHO Levels)
Soil Guidelines: none available.
Air Quality Standards: none available.
■ DO NOT discharge into sewer or waterways.
Ecotoxicology:
Fish LC50 (96 h): 39 mg/l Mummichog (Fundulus heteroclitus)
Fate and Transport:
Bioconcentration 74.9 ug/l 14 h
BCF (Residue) Duckweed (Lemna minor) 1 mg/l

continued...

Section 12 - ECOLOGICAL INFORMATION

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
ammonium ferrous sulphate			LOW	

Section 13 - DISPOSAL CONSIDERATIONS

■ 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. 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 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

ammonium ferrous sulphate (CAS: 10045-89-3,7783-85-9) is found on the following regulatory lists;

"Australia Inventory of Chemical Substances (AICS)"

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
ammonium ferrous sulphate	10045- 89- 3, 7783- 85- 9

continued...

Section 16 - OTHER INFORMATION

MSDS SECTION CHANGES

The following table displays the version number of and date on which each section was last changed.

Section Name	Version	Date	Section Name	Version	Date	Section Name	Version	Date
First Aid (inhaled)	4	22- May- 2008	Storage (storage requirement)	4	22- May- 2008	Acute Health (eye)	4	22- May- 2008
Fire Fighter (extinguishing media)	4	22- May- 2008	Storage (suitable container)	4	22- May- 2008	Acute Health (inhaled)	4	22- May- 2008
Fire Fighter (fire fighting)	4	22- May- 2008	Engineering Control	4	22- May- 2008	Acute Health (skin)	4	22- May- 2008
Fire Fighter (fire incompatibility)	4	22- May- 2008	Personal Protection (eye)	4	22- May- 2008	Acute Health (swallowed)	4	22- May- 2008
Fire Fighter (fire/explosion hazard)	4	22- May- 2008	Personal Protection (hands/feet)	4	22- May- 2008	Chronic Health	4	22- May- 2008
Spills (major)	4	22- May- 2008	Personal Protection (other)	4	22- May- 2008	Toxicity and Irritation (Other)	4	22- May- 2008
Spills (minor)	4	22- May- 2008	Appearance	5	9- Oct- 2008	Environmental	4	22- May- 2008
Handling Procedure	4	22- May- 2008	Physical Properties	4	22- May- 2008	Disposal	4	22- May- 2008
Storage (storage incompatibility)	4	22- May- 2008						

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

■ The (M)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. Scale of use, frequency of use and current or available engineering controls must be considered.

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.

Issue Date: 13-Nov-2017