

CUPRIC OXIDE POWDER

GHS Safety Data Sheet

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

CUPRIC OXIDE POWDER

OTHER NAMES

Cu-O, "copper oxide", "black copper oxide", "C.I. 77403", "C.I. Pigment Black 15", "copper brown", "copper monoxide", "copper monooxide", "copper oxide black", "natural tenorite mineral", paramelaconite, "melaconite mineral"

PRODUCT USE

Ceramic colourant, reagent in analytical chemistry, insecticide for potato plants, catalyst, purification of hydrogen, batteries and electrodes, aromatic acids from cresols, electroplating and solvent for chromic iron ores. Also used for desulfurising oils, manufacture of rayon, metallurgical and welding fluxes, antifouling paints, phosphors, as pigment in glass, enamels, porcelain glazes, artificial gems, in sweetening petrol gases, in correcting Cu deficiencies in soil, as an optical glass polishing agent, to impart flux and abrasion resistance to glass fibres, pyrotechnic compositions, fungicide, trace mineral in animal feeds and as a catalyst in organic reactions.

Other uses include copper chrome arsenate manufacture (perma pine wood preservatives), production of friction materials for brakes and clutches, production of ferrites for the electronic industry, manufacture of fungicides, and as a component in air-bag safety systems in motor vehicles.

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

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HAZARD RATINGS

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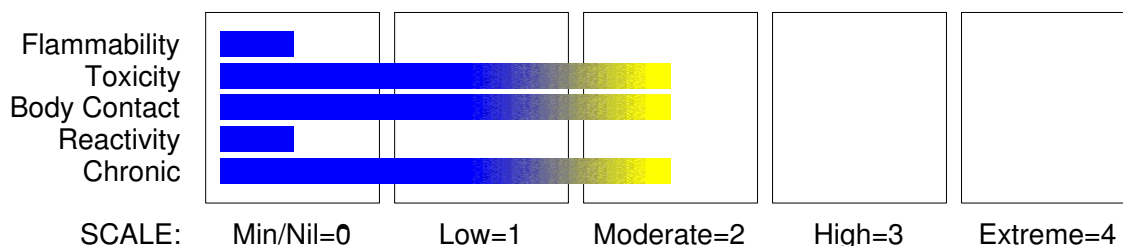
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Eye Irritation Category 2B
Organ Damage Category 2
Skin Corrosion/Irritation Category 3
Skin Sensitizer Category 1



EMERGENCY OVERVIEW

HAZARD

WARNING

Determined by using GHS criteria:

H316 H320 H317 H373

Causes mild skin irritation

Causes eye irritation

May cause allergic skin reaction

May cause damage to organs through prolonged or repeated exposure by inhalation.

PRECAUTIONARY STATEMENTS

Prevention

Do not breathe dust/fume/gas/mist/vapours/spray.

Avoid breathing dust/fume/gas/mist/vapours/spray.

Contaminated clothing should not be allowed out of the workplace.

Wash hands thoroughly after handling.

Response

If skin irritation occurs, seek medical advice/attention.

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

If eye irritation persists, get medical advice/attention.

If skin irritation or rash occurs, seek medical advice/attention.

Get medical advice/attention if you feel unwell.

IF ON SKIN: Gently wash with plenty of soap and water.

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Section 2 - HAZARDS IDENTIFICATION

Specific treatment: refer to Label or MSDS.
Wash contaminated clothing before reuse.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
copper(II) oxide	1317-38-0	>97

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.
- 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.
- 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.

NOTES TO PHYSICIAN

for copper intoxication:

- Unless extensive vomiting has occurred empty the stomach by lavage with water, milk, sodium bicarbonate solution or a 0.1% solution of potassium ferrocyanide (the resulting

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Section 4 - FIRST AID MEASURES

copper ferrocyanide is insoluble).

- Administer egg white and other demulcents.
 - Maintain electrolyte and fluid balances.
 - Morphine or meperidine (Demerol) may be necessary for control of pain.
 - If symptoms persist or intensify (especially circulatory collapse or cerebral disturbances, try BAL intramuscularly or penicillamine in accordance with the supplier's recommendations.
 - Treat shock vigorously with blood transfusions and perhaps vasopressor amines.
 - If intravascular haemolysis becomes evident protect the kidneys by maintaining a diuresis with mannitol and perhaps by alkalinising the urine with sodium bicarbonate.
 - It is unlikely that methylene blue would be effective against the occasional methaemoglobinemia and it might exacerbate the subsequent haemolytic episode.
 - Institute measures for impending renal and hepatic failure.
- [GOSSELIN, SMITH & HODGE: Commercial Toxicology of Commercial Products]
- A role for activated charcoals or emesis is, as yet, unproven.
 - In severe poisoning CaNa₂EDTA has been proposed.
- [ELLENHORN & 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.
- 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: metal oxides.
May emit poisonous fumes.
May emit corrosive fumes.

FIRE INCOMPATIBILITY

None known.

Personal Protective Equipment

Breathing apparatus.
Gas tight chemical resistant suit.
Limit exposure duration to 1 BA set 30 mins.

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Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

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.

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:

copper(II) oxide 125 mg/m³

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

copper(II) oxide 6 mg/m³

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

copper(II) oxide 3.5 mg/m³

The threshold concentration below which most people will experience no appreciable risk of health effects:

copper(II) oxide 1.25 mg/m³

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

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Section 6 - ACCIDENTAL RELEASE MEASURES

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+ X + X 0 +

+: May be stored together

O: May be stored together with specific precautions

X: Must not be stored together

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.
- 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

- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Metals and their oxides or salts may react violently with chlorine trifluoride. Chlorine trifluoride is a hypergolic oxidiser. It 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.

May react violently when heated with aluminium, boron, cesium acetylene carbide, hydrazine, magnesium, phosphorus, potassium, rubidium acetylene carbide, sodium, titanium, zirconium, hydrogen, hydrogen sulfide and phthalic anhydride.

STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- copper(II) oxide:

CAS:1317- 38- 0 CAS:1317- 92- 6 CAS:1344- 70- 3
CAS:185461- 92- 1

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. Factors such as:

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

are important in the selection of gloves.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids.

- polychloroprene
- nitrile rubber
- butyl rubber
- fluorocautchouc
- polyvinyl chloride

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

NOTE: The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

OTHER

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

RESPIRATOR

Protection Factor	Half- Face Respirator	Full- Face Respirator	Powered Air Respirator
10 x ES	P1 Air- line*	- -	PAPR- P1 -
50 x ES	Air- line**	P2	PAPR- P2
100 x ES	-	P3	-
		Air- line*	-
100+ x ES	-	Air- line**	PAPR- P3

* - Negative pressure demand ** - Continuous flow.

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 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:

solvent, vapours, degreasing etc., evaporating from tank (in still air).

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)

direct spray, spray painting in shallow booths,

drum filling, conveyer loading, crusher dusts,

gas discharge (active generation into zone of rapid air motion)

grinding, abrasive blasting, tumbling, high

speed wheel generated dusts (released at high

initial velocity into zone of very high rapid air motion).

Air Speed:

0.25- 0.5 m/s (50- 100 f/min.)

0.5- 1 m/s (100- 200 f/min.)

1- 2.5 m/s (200- 500 f/min.)

2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range

1: Room air currents minimal or favourable to

Upper end of the range

1: Disturbing room air currents

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

capture

2: Contaminants of low toxicity or of nuisance value only.

3: Intermittent, low production.

4: Large hood or large air mass in motion

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

Fine black to brownish black amorphous powder or black crystalline powder or granules. No odour.

Occurs in nature as the minerals tenorite (triclinic crystals) and paramelaconite (tetrahedral, cubic crystals).

Insoluble in water and alcohol. Slowly soluble in ammonia.

Soluble in acids, alkali cyanides, (NH₄)₂CO₃ solution and ammonium chloride NH₄Cl.

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Molecular Weight: 79.55

Melting Range (°C): 1326

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable.

Volatile Component (%vol): Not applicable.

Relative Vapour Density (air=1): Not applicable.

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Not available.

Specific Gravity (water=1): 6.3 - 6.5

pH (as supplied): Not applicable

Vapour Pressure (kPa): Negligible @ 25

Evaporation Rate: Not applicable

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not applicable

Viscosity: 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.

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CUPRIC OXIDE POWDER

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. Numerous cases of a single oral exposure to high levels of copper have been reported. Consumption of copper-contaminated drinking water has been associated with mainly gastrointestinal symptoms including nausea, abdominal pain, vomiting and diarrhoea. A metallic taste, nausea, vomiting and epigastric burning often occur after ingestion of copper and its derivatives. The vomitus is usually green/blue and discolours contaminated skin. Acute poisonings from the ingestion of copper salts are rare due to their prompt removal by vomiting. Vomiting is due mainly to the local and astringent action of copper ion on the stomach and bowel. Emesis usually occurs within 5 to 10 minutes but may be delayed if food is present in the stomach. Should vomiting not occur, or is delayed, gradual absorption from the bowel may result in systemic poisoning with death, possibly, following within several days. Apparent recovery may be followed by lethal relapse. Systemic effects of copper resemble other heavy metal poisonings and produce wide-spread capillary damage, kidney and liver damage and central nervous system excitation followed by depression. Haemolytic anaemia (a result of red-blood cell damage) has been described in acute human poisoning. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products.]

Other symptoms of copper poisoning include lethargy, neurotoxicity, and increased blood pressure and respiratory rates. Coma and death have followed attempted suicides using solutions of copper sulfate. Copper is an essential element and most animal tissues have measurable amounts of copper associated with them. Humans have evolved mechanisms which maintain its availability whilst limiting its toxicity (homeostasis). Copper is initially bound in the body to a blood-borne protein, serum albumin and thereafter is more firmly bound to another protein, alpha-ceruloplasmin. Such binding effectively "inactivates" the copper, thus reducing its potential to produce toxic damage. In healthy individuals, bound copper can reach relatively high levels without producing adverse health effects. Excretion in the bile represents the major pathway by which copper is removed from the body when it reaches potentially toxic levels. Copper may also be stored in the liver and bone marrow where it is bound to another protein, metallothionein. A combination of binding and excretion ensures that the body is able to tolerate relatively high loadings of copper.

EYE

Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

Copper salts, in contact with the eye, may produce conjunctivitis or even ulceration and turbidity of the cornea.

CUPRIC OXIDE POWDER

Section 11 - TOXICOLOGICAL INFORMATION

SKIN

Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. 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.

Exposure to copper, by skin, has come from its use in pigments, ointments, ornaments, jewellery, dental amalgams and IUDs and as an antifungal agent and an algicide. Although copper alginides are used in the treatment of water in swimming pools and reservoirs, there are no reports of toxicity from these applications. Reports of allergic contact dermatitis following contact with copper and its salts have appeared in the literature, however the exposure concentrations leading to any effect have been poorly characterised. In one study, patch testing of 1190 eczema patients found that only 13 (1.1%) cross-reacted with 2% copper sulfate in petrolatum. The investigators warned, however, that the possibility of contamination with nickel (an established contact allergen) might have been the cause of the reaction. Copper salts often produce an itching eczema in contact with skin. This is, likely, of a non-allergic nature.

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 may produce health damage*.

Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.

The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of dusts, or fumes, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. Copper poisoning following exposure to copper dusts and fume may result in headache, cold sweat and weak pulse. Capillary, kidney, liver and brain damage are the longer term manifestations of such poisoning. Inhalation of freshly formed metal oxide particles sized below 1.5 microns and generally between 0.02 to 0.05 microns may result in "metal fume fever". Symptoms may be delayed for up to 12 hours and begin with the sudden onset of thirst, and a sweet, metallic or foul taste in the mouth. Other symptoms include upper respiratory tract irritation accompanied by coughing and a dryness of the mucous membranes, lassitude and a generalised feeling of malaise. Mild to severe headache, nausea, occasional vomiting, fever or chills, exaggerated mental activity, profuse sweating, diarrhoea, excessive urination and prostration may also occur. Tolerance to the fumes develops rapidly, but is quickly lost. All symptoms usually subside within 24-36 hours following removal from exposure.

CHRONIC HEALTH EFFECTS

Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

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CUPRIC OXIDE POWDER

Section 11 - TOXICOLOGICAL INFORMATION

There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.

Harmful: danger of serious damage to health by prolonged exposure through inhalation.

Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.

Chronic copper poisoning is rarely recognised in man although in one instance, at least, symptoms more commonly associated with exposures to mercury, namely infantile acrodynia (pink disease), have been described. Tissue damage of mucous membranes may follow chronic dust exposure. A hazardous situation is exposure of a worker with the rare hereditary condition (Wilson's disease or hereditary hepatolenticular degeneration) to copper exposure which may cause liver, kidney, CNS, bone and sight damage and is potentially lethal. Haemolytic anaemia (a result of red-blood cell damage) is common in cows and sheep poisoned by copper derivatives. Overdosing of copper feed supplements has resulted in pigmentary cirrhosis of the liver. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products].

TOXICITY AND IRRITATION

No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

Copper is unlikely to accumulate in the atmosphere due to a short residence time for airborne copper aerosols. Airborne coppers, however, may be transported over large distances. Copper accumulates significantly in the food chain.

Drinking Water Standards:

3000 ug/l (UK max)

2000 ug/l (WHO provisional Guideline)

1000 ug/l (WHO level where individuals complain)

Soil Guidelines: Dutch Criteria

36 mg/kg (target)

190 mg/kg (intervention)

Air Quality Standards: no data available.

The toxic effect of copper in the aquatic biota depends on the bio-availability of copper in water which, in turn, depends on its physico-chemical form (ie.speciation).

Bioavailability is decreased by complexation and adsorption of copper by natural organic matter, iron and manganese hydrated oxides, and chelating agents excreted by algae and other aquatic organisms. Toxicity is also affected by pH and hardness. Total copper is rarely useful as a predictor of toxicity. In natural sea water, more than 98% of copper is organically bound and in river waters a high percentage is often organically bound, but the actual percentage depends on the river water and its pH.

Copper exhibits significant toxicity in some aquatic organisms. Some algal species are very sensitive to copper with EC50 (96 hour) values as low as 47 ug/litre dissolved copper whilst for other algal species EC50 values of up to 481 ug/litre have been reported. However many of the reportedly high EC50 values may arise in experiments conducted with a culture media containing copper-complexing agents such as silicate, iron, manganese and EDTA which reduce bioavailability.

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Section 12 - ECOLOGICAL INFORMATION

Toxic effects arising following exposure by aquatic species to copper are typically:

Algae EC50 (96 h)	Daphnia magna LC50 (48- 96 h)	Amphipods LC50 (48- 96 h)	Gastropods LC50 (48- 96 h)	Crab larvae LC50 (48- 96 h)
47- 481 *	7- 54 *	37- 183 *	58- 112 *	50- 100 *

* ug/litre

Exposure to concentrations ranging from one to a few hundred micrograms per litre has led to sublethal effects and effects on long-term survival. For high bioavailability waters, effect concentrations for several sensitive species may be below 10 ug Cu/litre.

In fish, the acute lethal concentration of copper ranges from a few ug/litre to several mg/litre, depending both on test species and exposure conditions. Where the value is less than 50 ug Cu/litre, test waters generally have a low dissolved organic carbon (DOC) level, low hardness and neutral to slightly acidic pH. Exposure to concentrations ranging from one to a few hundred micrograms per litre has led to sublethal effects and effects on long-term survival. Lower effect concentrations are generally associated with test waters of high bioavailability.

In summary:

Responses expected for high concentration ranges of copper *

Total dissolved Cu concentration range (ug/litre)
1- 10

Effects of high availability in water

10- 100

Significant effects are expected for diatoms and sensitive invertebrates, notably cladocerans. Effects on fish could be significant in freshwaters with low pH and hardness. Significant effects are expected on various species of microalgae, some species of macroalgae, and a range of invertebrates, including crustaceans, gastropods and sea urchins. Survival of sensitive fish will be affected and a variety of fish show sublethal effects.

100- 1000

Most taxonomic groups of macroalgae and invertebrates will be severely affected. Lethal levels for most fish species will be reached.

>1000

Lethal concentrations for most tolerant organisms are reached.

* Sites chosen have moderate to high bioavailability similar to water used in most toxicity tests.

In soil, copper levels are raised by application of fertiliser, fungicides, from deposition of highway dusts and from urban, mining and industrial sources. Generally, vegetation rooted in soils reflects the soil copper levels in its foliage. This is dependent upon the bioavailability of copper and the physiological requirements of species concerned.

Typical foliar levels of copper are:

Uncontaminated soils (0.3- 250 mg/kg)
6.1- 25 mg/kg

Contaminated soils (150- 450 mg/kg)
80 mg/kg

Mining/smelting soils
300 mg/kg

Plants rarely show symptoms of toxicity or of adverse growth effects at normal soil concentrations of copper. Crops are often more sensitive to copper than the native flora, so protection levels for agricultural crops range from 25 mg Cu/kg to several hundred

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Section 12 - ECOLOGICAL INFORMATION

mg/kg, depending on country. Chronic and or acute effects on sensitive species occur at copper levels occurring in some soils as a result of human activities such as copper fertiliser addition, and addition of sludge.

When soil levels exceed 150 mg Cu/kg, native and agricultural species show chronic effects. Soils in the range 500-1000 mg Cu/kg act in a strongly selective fashion allowing the survival of only copper-tolerant species and strains. At 2000 Cu mg/kg most species cannot survive. By 3500 mg Cu/kg areas are largely devoid of vegetation cover. The organic content of the soil appears to be a key factor affecting the bioavailability of copper.

On normal forest soils, non-rooted plants such as mosses and lichens show higher copper concentrations. The fruiting bodies and mycorrhizal sheaths of soil fungi associated with higher plants in forests often accumulate copper to much higher levels than plants at the same site. International Programme on Chemical Safety (IPCS): Environmental Health Criteria 200.

DO NOT discharge into sewer or waterways.

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

copper(II) oxide (CAS: 1317-38-0) is found on the following regulatory lists;
International Council of Chemical Associations (ICCA) - High Production Volume List
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for copper(II) oxide as CAS: 1317-92-6, CAS: 1344-70-3, CAS: 185461-92-1.

Section 16 - OTHER INFORMATION

continued...

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Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
copper(II) oxide	1317- 38- 0, 1317- 92- 6, 1344 - 70- 3, 185461- 92- 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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