LEAD ACETATE

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
LEAD ACETATE

OTHER NAMES

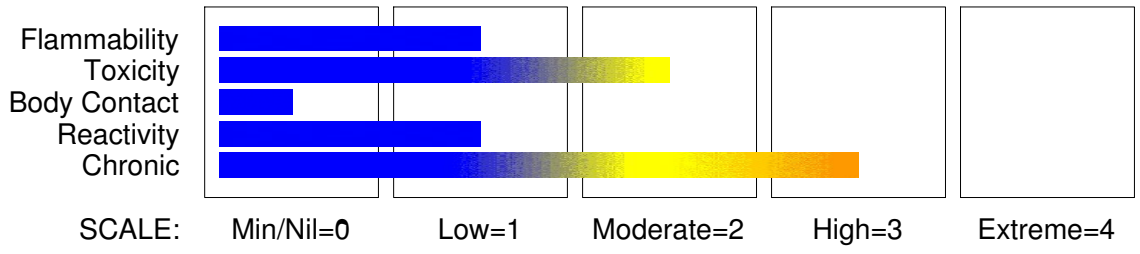
C4-H6-O4-Pb.3H2O, (CH3COO)2Pb.3H2O, "lead acetate (II), trihydrate", "
"sugar of Lead", "lead acetate trihydrate", "lead diacetate trihydrate", "plumbous acetate"

PROPER SHIPPING NAME
LEAD ACETATE

PRODUCT USE
Dyeing of textiles, waterproofing, varnishes, lead driers,
chrome pigments, gold cyanidation process, insecticide,
analytical reagent, hair dye. Manufacture of lead salts. Used in various
analytical procedures eg. detection of sulphide, determination of CrO3, MoO3.
Astringent and sedative (usually in lotions) for bruises and superficial
inflammation.

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



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Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4
Acute Toxicity (Oral) Category 4
Carcinogen Category 1B
Chronic Aquatic Hazard Category 1
Organ Damage Category 2
Reproductive Toxicity Category 1A
Reproductive Toxicity Category 2

EMERGENCY OVERVIEW

HAZARD

DANGER
Determined by using GHS criteria:
H332 H302 H350 H360 H361 H373 H410
Harmful if inhaled
Harmful if swallowed
May cause CANCER
May damage the unborn child
Suspected of damaging fertility
May cause damage to organs through prolonged or repeated exposure.
Very toxic to aquatic life with long lasting effects

PRECAUTIONARY STATEMENTS

Prevention

Avoid breathing dust/fume/gas/mist/vapours/spray.
Obtain special instructions before use.
Do not breathe dust/fume/gas/mist/vapours/spray.
Use only outdoors or in a well ventilated area.
Wash hands thoroughly after handling.
Use personal protective equipment as required.
Do not handle until all safety precautions have been read and understood.
Do not eat, drink or smoke when using this product.

Response

If exposed or concerned: Get medical attention advice.
IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.
Specific treatment: refer to Label or MSDS.
Get medical advice/attention if you feel unwell.
Call a POISON CENTER or doctor/physician if you feel unwell.

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Storage
Store locked up.

Disposal
Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
lead acetate	6080-56-4	>99

Section 4 - FIRST AID MEASURES

SWALLOWED

For advice, contact a Poisons Information Centre or a doctor.
· IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
· For advice, contact a Poisons Information Centre or a doctor.
Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:
· Induce vomiting with fingers down the back of the of the throat, ONLY IF CONSCIOUS.
· Lean patient forward or place on left side (head-down position if possible) to maintain open airway and prevent aspiration.
NOTE: Wear a protective glove when inducing vomiting by mechanical means.
· In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
· If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
· If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.

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.

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· 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

· Gastric acids solubilise lead and its salts and lead absorption occurs in the small bowel.
· Particles of less than 1 um diameter are substantially absorbed by the alveoli following inhalation.
· Lead is distributed to the red blood cells and has a half-life of 35 days. It is subsequently redistributed to soft tissue & bone-stores or eliminated. The kidney accounts for 75% of daily lead loss; integumentary and alimentary losses account for the remainder.
· Neurasthenic symptoms are the most common symptoms of intoxication. Lead toxicity produces a classic motor neuropathy. Acute encephalopathy appears infrequently in adults. Diazepam is the best drug for seizures.
· Whole-blood lead is the best measure of recent exposure; free erythrocyte protoporphyrin (FEP) provides the best screening for chronic exposure. Obvious clinical symptoms occur in adults when whole-blood lead exceeds 80 ug/dL.
· British Anti-Lewisite is an effective antidote and enhances faecal and urinary excretion of lead. The onset of action of BAL is about 30 minutes and most of the chelated metal complex is excreted in 4-6 hours, primarily in the bile. Adverse reaction appears in up to 50% of patients given BAL in doses exceeding 5 mg/kg. CaNa2EDTA has also been used alone or in concert with BAL as an antidote. D-penicillamine is the usual oral agent for mobilisation of bone lead; its use in the treatment of lead poisoning remains investigational. 2,3-dimercapto-1-propanesulfonic acid (DMPS) and dimercaptosuccinic acid (DMSA) are water soluble analogues of BAL and their effectiveness is undergoing review.
As a rule, stop BAL if lead decreases below 50 ug/dL; stop CaNa2EDTA if blood lead decreases below 40 ug/dL or urinary lead drops below 2 mg/24hrs.
[Ellenhorn & Barceloux: Medical Toxicology]
BIOLOGICAL EXPOSURE INDEX - BEI
These represent the determinants observed in specimens collected from a healthy worker who has been exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
1. Lead in blood	30 ug/100 ml	Not Critical	
2. Lead in urine	150 ug/gm creatinine	Not Critical	B
3. Zinc protoporphyrin in blood	250 ug/100 ml erythrocytes OR 100 ug/100 ml blood	After 1 month exposure	B

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

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA
There is no restriction on the type of extinguisher which may be used.

FIRE FIGHTING
· Alert Fire Brigade and tell them location and nature of hazard.
· Wear full body protective clothing with breathing apparatus.

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· Prevent, by any means available, spillage from entering drains or water course.
· If safe, switch off electrical equipment until vapour fire hazard removed.
· Use water delivered as a fine spray to control fire and cool adjacent area.
· Avoid spraying water onto liquid pools.
· 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.

FIRE/EXPLOSION HAZARD
· Combustible.
· Slight fire hazard when exposed to heat or flame.
· Heating may cause expansion or decomposition leading to violent rupture of containers.
· On combustion, may emit toxic fumes of carbon monoxide (CO).
· May emit acrid smoke. May emit corrosive fumes.
Decomposes on heating and produces toxic fumes of: lead.

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

Personal Protective Equipment
Breathing apparatus.
Chemical splash suit.

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.
· Wear breathing apparatus plus protective gloves.
· Prevent, by any means available, spillage from entering drains or water course.
· 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.

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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:
lead acetate 150 mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:
lead acetate 40 mg/m³

other than mild, transient adverse effects without perceiving a clearly defined odour is:
lead acetate 0.25 mg/m³

The threshold concentration below which most people will experience no appreciable risk of health effects:
lead acetate 0.075 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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SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS

X	X	+	X	X	+

+: May be stored together
O: May be stored together with specific preventions
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.

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· 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.
Plastic container.
Plastic drum.
Metal can.
Metal drum.
· Check that containers are clearly labelled.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents.
Avoid reaction with soluble sulfates, citrates, tartrates, chlorides, carbonates, alkalies, tannin, phosphates, resorcinol, salicylic acid, phenol, chloral hydrate, sulfites, vegetable infusions, tinctures, and potassium bromate

STORAGE REQUIREMENTS

May decompose on exposure to light.
· Keep dry.
· Store in original containers.
· Keep containers securely sealed.
· No smoking, naked lights or ignition sources.
· Store in a cool, dry, well-ventilated area.
· Store away from incompatible materials.
· Protect containers against physical damage.
· 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
• lead acetate: CAS:6080- 56- 4

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
lead acetate	100	

MATERIAL DATA

The lead concentration in air is to be maintained so that the lead concentration in workers' blood remains below 0.060 mg/100 g of whole blood. The recommended TLV-TWA has been derived following a review of reports of adverse effects on reproduction, blood -pressure and other end-points of toxicity. A particular focus was an assessment of pre -natal blood lead (PbB) levels and post-natal cognitive levels. The fact that lead is a

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cumulative toxicant which can produce subtle, persistent and apparently permanent effects in the off-spring of lead exposed women is of particular concern. A current view holds that the identification of the PbB levels, that are protective during a working lifetime, is a necessary prerequisite in the recommendation of the TLV because PbB values, rather than workplace air lead concentrations, are more clearly related to adverse health effects.
(see Biological Exposure Index - BEI - in "Advice to Doctor".).

PERSONAL PROTECTION




EYE
· Safety glasses.
· 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
Rubber Gloves.

OTHER
· Eyewash unit.
Overalls.
Laboratory coat.

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

continued...

your
Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. 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
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 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

White-Grey or colourless crystals/powder.

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Slight acetic acid odour. Slowly effloresces. Takes up carbon dioxide from the air and becomes incompletely soluble.
Soluble in water, slightly soluble in alcohol, freely soluble in glycerol.
Aqueous solutions of lead acetate dissolve lead monoxide.

PHYSICAL PROPERTIES
Solid.
Mixes with water.

Molecular Weight: 379.35
Melting Range (°C): - H2O, 75
Solubility in water (g/L): Miscible
pH (1% solution): Not available
Volatile Component (%vol): Negligible
Relative Vapour Density (air=1): Not applicable
Lower Explosive Limit (%): Not applicable
Autoignition Temp (°C): Not available
State: Divided solid

Boiling Range (°C): 200 (Decomposes)
Specific Gravity (water=1): 2.55
pH (as supplied): Not applicable
Vapour Pressure (kPa): Negligible
Evaporation Rate: Not applicable
Flash Point (°C): Not applicable
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
Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

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
Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.
The material is not thought to be a skin irritant (i.e. is unlikely to produce irritant dermatitis as described in EC Directives using animal models). Temporary discomfort, however, may result from prolonged dermal exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

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Open cuts, abraded or irritated skin should not be exposed to this material.
Toxic effects may result from skin absorption.

INHALED
The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation, of the material, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. 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
On the basis, primarily, of animal experiments, the material may be regarded as carcinogenic to humans. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in cancer on the basis of:
- appropriate long-term animal studies
- other relevant information.

There is sufficient evidence to establish a causal relationship between human exposure to the material and subsequent developmental toxic effects in the off-spring.
Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts.
Excessive exposure to lead can affect the blood, the nervous system, heart, endocrine organs and the immune system and the digestive system. The synthesis of haemoglobin is inhibited and can result in anaemia. If left untreated, neuromuscular dysfunction, possible paralysis and encephalopathy (brain tissue damage) may result. Other symptoms of overexposure include joint and muscle pain, weakness of the extensor muscles (frequently the hand and wrist), headache, dizziness, abdominal pain, diarrhoea, constipation, nausea , vomiting, blue line on the gums, insomnia and metallic taste. High body levels produce cerebrospinal pressure, brain damage with stupor leading to coma and, in some cases, death. Early symptoms of lead poisoning ("plumbism") include anorexia and loss of weight, constipation, apathy or irritability, occasional vomiting, fatigue, headache, weakness, and a metallic taste in the mouth. Advanced poisonings are characterised by intermittent vomiting, irritability, nervousness, myalgia of the arms and legs (often with wrist and foot drop). Severe poisonings may produce persistent vomiting, ataxia, stupor or lethargy , visual disturbances progressing to optic neuritis and atrophy, hyper- tension, papilloedema, cranial nerve paralysis, delirium, convulsions and coma. Neurological effects include mental retardation, seizures, cerebral palsy and marked muscular contractions that distort the spine, limbs, hips and sometimes the cranial inervated muscles (dystonia musculorum deformans). Industrial exposure has been associated with irreversible kidney damage.
Lead is a cumulative poison with adverse effects in pregnancy [NIOSHTIC]
Lead salts have been reported to cross the placenta and induce embryo- and foeto -mortality. They also may have a teratogenic effect (causing birth deformities) in certain animal species. Organometallic lead may not produce these effects. Adverse effects of lead on human reproduction, embryonic and foetal development and postnatal mental development have also been recorded. Foetal exposure to lead may result in birth defects, mental retardation, behavioural disorders and death during the first year of childhood. Paternal effects may include reduced sex drive, impotence, sterility and adverse effects on the sperm which in turn may increase the potential for increased birth defects. Maternal effects may include miscarriage and stillbirth in exposed women, or women whose husbands might be exposed, sterility or decreased fertility, and abnormal menses. Exposure by both parents to lead may exacerbate the reproductive effects.
The metabolism of lead in humans fits into a three compartment model. The first compartment in which lead has a half-life of about 35 days includes the blood; it receives lead from the gut and delivers it to the urine and the other compartments. The

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second compartment, in which lead has a similar half-life, includes the soft tissues which contain about half the level found in blood; the soft tissues share Lead with the hair, nails, sweat, saliva, bile and other digestive secretions. The skeleton is the third compartment and contains the vast bulk of the total body burden, has a very long half-life and demonstrates a difference in the ability of the dense and less dense components to accumulate Lead.

TOXICITY AND IRRITATION

TOXICITY	IRRITATION
Intraperitoneal (mouse) LD50: 174 mg/kg	Nil Reported

Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen [National Toxicology Program: U.S. Dep. of Health & Human Services 2002].

Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant:Yes

Hazardous Air Pollutant:	Yes
Algae IC50 (72hr.) (mg/l):	0.45

No data for lead acetate.

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Treat and neutralise with dilute acid at an effluent treatment plant.
- Recycle containers, otherwise dispose of in an authorised landfill.

WASTE DISPOSAL PROCEDURES
•

SPILLAGE DISPOSAL
• Wear protective clothing, nitrile rubber gloves and eye protection to control personal contact from aqueous solutions of lead acetate. Cover and contain the spill with a 1:1:1 mixture by weight of sodium carbonate, bentonite and sand. Scoop and absorb the lead acetate mixture into a container and add cold water to
dissolve the sodium carbonate. Allow the solids to settle. Empty the liquid portion into another container and discard the solid with normal garbage. Add sodium metasilicate solution to the liquid portion. Package and collect recoverable quantities of lead acetate in labelled containers for recycling or dispose of insoluble salts in a secure landfill site. Wear nitrile rubber gloves, protective clothing and eye protection to dispose of small quantities of
soluble salts. Dissolve 0.04mol of lead acetate in 200mL water and add a solution of sodium metasilicate in water. Add 2M sulfuric acid to obtain a pH of
9. Filter the solution and collect the supernatant liquid in an evaporating dish. In a well ventilated area, allow the supernatant liquid to evaporate. Collect and dry the solid. Dispose of in accordance with local regulations. Add the sodium metasilicate solution until there is no further precipitation to dilute solutions of lead acetate. Allow to stand overnight. Collect the solid

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by
precipitation and allow the liquid to evaporate overnight [Armour 1996].

Section 14 - TRANSPORTATION INFORMATION

Labels Required: TOXIC
HAZCHEM: 2Z

UNDG:

Dangerous Goods Class:	6.1	Subrisk:	None
UN Number:	1616	Packing Group:	III
Shipping Name:LEAD ACETATE			

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	1616	Packing Group:	III
ERG Code:	6L		
Shipping name:LEAD ACETATE			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	1616	Packing Group:	III
EMS Number:	F- A, S- A	Marine Pollutant:	Yes
Shipping name:LEAD ACETATE			

Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable
No data available for lead acetate as CAS: 6080-56-4.

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.

Issue Date: 12-May-2018

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