



LEAD NITRATE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

LEAD NITRATE

OTHER NAMES

$Pb(NO_3)_2$, N_2O_6-Pb , "lead dinitrate", "lead(2+) nitrate"

PROPER SHIPPING NAME

LEAD NITRATE

PRODUCT USE

Used as a reagent in analytical chemistry; in the manufacture of matches and special explosives; as a mordant in dyeing and printing of textiles; as a sensitiser in photography.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

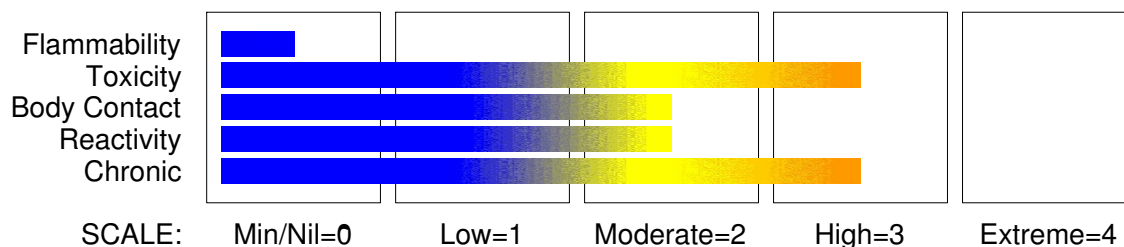
technical@sdfine.com

Telephone: 91- 22- 24959898

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HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

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Section 2 - HAZARDS IDENTIFICATION

Acute Toxicity (Oral) Category 4
Chronic Aquatic Hazard Category 1
Eye Irritation Category 2A
Organ Damage Category 2
Oxidizing Solid Category 2
Reproductive Toxicity Category 1A
Reproductive Toxicity Category 2
Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 3



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H335 H273 H332 H302 H316 H319 H360 H361 H373 H410

May cause respiratory irritation

May intensify fire; oxidizer

Harmful if inhaled

Harmful if swallowed

Causes mild skin irritation

Causes serious eye irritation

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

Wash hands thoroughly after handling.

Do not eat, drink or smoke when using this product.

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

Use only outdoors or in a well ventilated area.

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

Use personal protective equipment as required.

Do not handle until all safety precautions have been read and understood.

Keep away from heat.

Obtain special instructions before use.

Take any precaution to avoid mixing with combustible or incompatible materials.

Response

If exposed or concerned: Get medical attention advice.

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

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Section 2 - HAZARDS IDENTIFICATION

If eye irritation persists, get medical advice/attention.
Wear eye/face protection.
If skin irritation occurs, seek medical advice/attention.
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.
IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.

Storage

Store away from combustibles and incompatible materials
Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
lead nitrate	10099-74-8	>98

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:

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Section 4 - FIRST AID MEASURES

- 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 dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear passage of breathing.
- If irritation or discomfort persists seek medical attention.
- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Protheses 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

- 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.

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Section 4 - FIRST AID MEASURES

The toxicity of nitrates and nitrites result from their vasodilating properties and their propensity to form methaemoglobin.

- Most produce a peak effect within 30 minutes.
- Clinical signs of cyanosis appear before other symptoms because of the dark pigmentation of methaemoglobin.
- Initial attention should be directed towards improving oxygen delivery, with assisted ventilation, if necessary. Hyperbaric oxygen has not demonstrated conclusive benefits.
- Institute cardiac monitoring, especially in patients with coronary artery or pulmonary disease.
- Hypotension should respond to Trendelenburg's position and intravenous fluids; otherwise dopamine may be needed.
- Naloxone, glucose and thiamine should be given if a multiple ingestion is suspected.
- Decontaminate using Ipecac Syrup for alert patients or lavage for obtunded patients who present within 2-4 hours of ingestion.
- Symptomatic patients with methaemoglobin levels over 30% should receive methylene blue. (Cyanosis alone, is not an indication for treatment). The usual dose is 1-2 mg/kg of a 1% solution (10 mg/ml) IV over 5 minutes; repeat, using the same dose if symptoms of hypoxia fail to subside within 1 hour.

[Ellenhorn and 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. Methaemoglobin in blood	1.5% of haemoglobin	During or end of shift	B, NS, SQ

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

NS: Non-specific determinant; also observed after exposure to other materials

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

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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.
- May be violently or explosively reactive.
- Wear breathing apparatus plus protective gloves for fire only.
- Prevent, by any means available, spillage from entering drains or water courses.
- Fight fire from a safe distance, with adequate cover.
- Extinguishers should be used only by trained personnel.
- 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.
- If fire gets out of control withdraw personnel and warn against entry.
- Equipment should be thoroughly decontaminated after use.

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Section 5 - FIRE FIGHTING MEASURES

FIRE/EXPLOSION HAZARD

Will not burn but increases intensity of fire.

Decomposition may produce toxic fumes of: nitrogen oxides (NO_x).

FIRE INCOMPATIBILITY

Avoid storage with reducing agents.

Personal Protective Equipment

Gloves, boots (chemical resistant).

Breathing apparatus.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- No smoking, naked lights, ignition sources.
- Avoid all contact with any organic matter including fuel, solvents, sawdust, paper or cloth and other incompatible materials, as ignition may result.
- Avoid breathing dust or vapours and all contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with dry sand, earth, inert material or vermiculite.
- DO NOT use sawdust as fire may result.
- Scoop up solid residues and seal in labelled drums for disposal.
- Neutralise/decontaminate area.

MAJOR SPILLS

Pollutant - contain spillage.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear breathing apparatus and protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses.
- No smoking, flames or ignition sources.
- Increase ventilation.
- Contain spill with sand, earth or other clean, inert materials.
- NEVER USE organic absorbents such as sawdust, paper or cloth.
- Use spark-free and explosion-proof equipment.
- Collect any recoverable product into labelled containers for possible recycling.
- Avoid contamination with organic matter to prevent subsequent fire and explosion.
- DO NOT mix fresh with recovered material.
- Collect residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- Decontaminate equipment and launder protective clothing before storage and re-use.
- 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:

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Section 6 - ACCIDENTAL RELEASE MEASURES

lead nitrate 150 mg/m³

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

lead nitrate 0.375 mg/m³

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

lead nitrate 0.225 mg/m³

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

lead nitrate 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

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: 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 personal contact and inhalation of dust, mist or vapours.
- Provide adequate ventilation.
- Always wear protective equipment and wash off any spillage from clothing.
- Keep material away from light, heat, flammables or combustibles.
- Keep cool, dry and away from incompatible materials.
- Avoid physical damage to containers.
- DO NOT repack or return unused portions to original containers. Withdraw only sufficient amounts for immediate use.
- Contamination can lead to decomposition leading to possible intense heat and fire.
- When handling NEVER smoke, eat or drink.
- Always wash hands with soap and water after handling.
- Use only good occupational work practice.
- Observe manufacturer's storing and handling directions.

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Section 7 - HANDLING AND STORAGE

SUITABLE CONTAINER

- Check that containers are clearly labelled.

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

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

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed as supplied.
- Store in a cool, well ventilated area.
- Keep dry.
- Store under cover and away from sunlight.
- Store away from flammable or combustible materials, debris and waste. Contact may cause fire or violent reaction.
- Store away from incompatible materials and foodstuff containers.
- DO NOT stack on wooden floors or pallets.
- Protect containers from physical damage.
- Check regularly for leaks.
- Observe manufacturer's storage and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- lead nitrate:

CAS:10099- 74- 8 CAS:18256- 98- 9

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
lead nitrate	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 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

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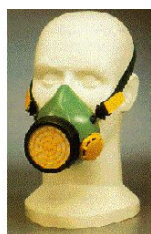
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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION



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

Rubber apron.
Laboratory coat.
Overalls.

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

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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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.)
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Within each range the appropriate value depends on:

Lower end of the range 1: Room air currents minimal or favourable to capture 2: Contaminants of low toxicity or of nuisance value only. 3: Intermittent, low production. 4: Large hood or large air mass in motion	Upper end of the range 1: Disturbing room air currents 2: Contaminants of high toxicity 3: High production, heavy use 4: Small hood- local control only
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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, almost odourless crystals; mixes with water, forming a slightly acid solution.

PHYSICAL PROPERTIES

Solid.
Mixes with water.

Molecular Weight: 331.2
Melting Range (°C): 470 (decomposes)
Solubility in water (g/L): Miscible
pH (1% solution): 3- 4 (5% soln)

Boiling Range (°C): Not available.
Specific Gravity (water=1): 4.5 @ 20 C
pH (as supplied): Not applicable
Vapour Pressure (kPa): Not applicable.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Volatile Component (%vol): Nil
Relative Vapour Density (air=1): Not applicable.
Lower Explosive Limit (%): Not applicable
Autoignition Temp (°C): Not applicable
State: Divided solid

Evaporation Rate: Not applicable
Flash Point (°C): Non flammable
Upper Explosive Limit (%): Not applicable
Decomposition Temp (°C): Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

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.

The substance and/or its metabolites may bind to haemoglobin inhibiting normal uptake of oxygen. This condition, known as "methaemoglobinemia", is a form of oxygen starvation (anoxia).

Symptoms include cyanosis (a bluish discolouration skin and mucous membranes) and breathing difficulties. Symptoms may not be evident until several hours after exposure.

At about 15% concentration of blood methaemoglobin there is observable cyanosis of the lips, nose and earlobes. Symptoms may be absent although euphoria, flushed face and headache are commonly experienced. At 25-40%, cyanosis is marked but little disability occurs other than that produced on physical exertion. At 40-60%, symptoms include weakness, dizziness, lightheadedness, increasingly severe headache, ataxia, rapid shallow respiration, drowsiness, nausea, vomiting, confusion, lethargy and stupor. Above 60% symptoms include dyspnea, respiratory depression, tachycardia or bradycardia, and convulsions. Levels exceeding 70% may be fatal.

EYE

Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may 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.

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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.

INHALED

Limited evidence exists, or practical experience predicts, that the material produces irritation of the respiratory system in a significant number of individuals following inhalation.

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

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, hypertension, 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 innervated 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

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LEAD NITRATE

Section 11 - TOXICOLOGICAL INFORMATION

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 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

Intraperitoneal (rat) LDLo: 270 mg/kg

Unreported route (rat) LD50: 3613 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant:Yes

DO NOT discharge into sewer or waterways.

Designated as a marine pollutant in the International Marine Dangerous Goods Code (IMDG).

The nitrates are of environmental concern because of their high water solubility and consequent leaching, diffusion, and environmental mobility in soil and water. Nitrate can contaminate groundwater to unacceptable levels. Nitrite is formed from nitrate or ammonium ion by micro-organisms in soil, water, sewage and the alimentary tract. The concern with nitrate in the environment is related to its conversion to nitrite.

Methaemoglobinaemia is caused following exposure to high levels of nitrite and produces difficulties in oxygen transport in the blood. Thousands of cases involving poisoning of infants, particularly in rural areas, have been reported as a result of drinking nitrate rich well-water.

Other concerns deriving from exposure to environmental nitrates relate to the production of nitrosamines following the reaction of food nitrites and secondary amines. Other nitroso-compounds may result following reaction with nitrites and amides, ureas, carbamates and other nitrogenous compounds. Nitrosamines produce liver damage, haemorrhagic lung lesions, convulsions and coma in rats, and teratogenic effects in experimental animals.

The N-nitroso class of compounds include potent carcinogens and mutagens: induction of tumors by single doses of N-nitroso compounds testify to this.

Lead is primarily an atmospheric pollutant that enters soil and water as fallout, a process determined by physical form and particle size. Lead in the form of alkyls has been introduced to the environment primarily from leaded petrol. These are converted to water-soluble lead compounds of high toxicity and availability to plants. Such compounds easily leach from soil to contaminate water sources close to highways. Lead that has entered the aquatic system from run-off or as fallout of insoluble precipitates is found in sediments. The biological methylation of inorganic lead by lake sediment micro-organisms has been demonstrated although its significance is not entirely clear. Other forms of soluble or insoluble lead may also enter the environment and undergo bioaccumulation through a series of biological incidents.

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Section 12 - ECOLOGICAL INFORMATION

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible. Special hazards may exist - specialist advice may be required.
- Consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Incinerate residue at an approved site.
- Decontaminate empty containers.
- Observe all label safeguards until containers are cleaned and destroyed.
- Puncture containers to prevent reuse and bury at an authorised land fill.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: OXIDIZING AGENT, TOXIC
HAZCHEM: 2Y

UNDG:

Dangerous Goods Class: 5.1
UN Number: 1469
Shipping Name: LEAD NITRATE

Subrisk: 6.1
Packing Group: II

Air Transport IATA:

ICAO/IATA Class: 5.1
UN/ID Number: 1469
ERG Code: 5P
Shipping name: LEAD NITRATE

ICAO/IATA Subrisk: 6.1
Packing Group: II

Maritime Transport IMDG:

IMDG Class: 5.1
UN Number: 1469
EMS Number: F- A, S- Q
Shipping name: LEAD NITRATE

IMDG Subrisk: 6.1
Packing Group: II
Marine Pollutant: Yes

Section 15 - REGULATORY INFORMATION

REGULATIONS

lead nitrate (CAS: 10099-74-8) is found on the following regulatory lists;
International Agency for Research on Cancer (IARC) Carcinogens

continued...

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Section 15 - REGULATORY INFORMATION

No data available for lead nitrate as CAS: 18256-98-9.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
lead nitrate	10099- 74- 8, 18256- 98- 9

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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