

DI-LITHIUM TETRABORATE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

LITHIUM TETRABORATE

OTHER NAMES

B₄-Li₂-O₇, Li₂B₄O₇, "boron lithium oxide", "lithium borate", "lithium biborate", "dilithium tetraborate", B₄Li₂O₇.5H₂O, "boric acid (H₂B₄O₇), dilithium salt pentahydrate"

PRODUCT USE

Ceramics, vacuum spectroscopy, metal refining and degassing.
Spectroscopic fluxing agent.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

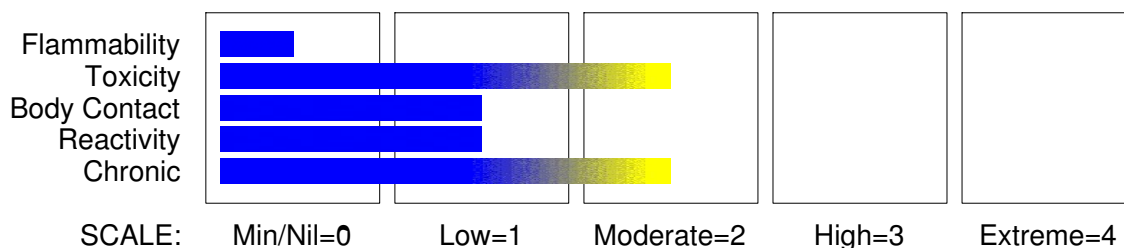
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HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

HAZARD

Not hazardous

No hazards determined by using GHS criteria

PRECAUTIONARY STATEMENTS

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Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
lithium tetraborate (as pentahydrate)	12007-60-2	>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:
- 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.

NOTES TO PHYSICIAN

- Clinical effects of lithium intoxication appear to relate to duration of exposure as well as to level.
- Lithium produces a generalised slowing of the electroencephalogram; the anion gap may increase in severe cases.
 - Emesis (or lavage if the patient is obtunded or convulsing) is indicated for ingestions exceeding 40 mg (Li)/Kg.
 - Overdose may delay absorption; decontamination measures may be more effective several hours after cathartics.
 - Charcoal is not useful. No clinical data are available to guide the administration of

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Section 4 - FIRST AID MEASURES

catharsis.

- Haemodialysis significantly increases lithium clearance; indications for haemodialysis include patients with serum levels above 4 mEq/L

- There are no antidotes.

[Ellenhorn and Barceloux: Medical Toxicology].

For acute or repeated short term exposures to boron and its compounds:

- Nausea, vomiting, diarrhoea and epigastric pain, haematemesis and blue-green discolouration of both faeces and vomitus characterise adult boron intoxication.

- Access and correct any abnormalities found in airway and circulation.

- A tidal volume of 10-15 mg/kg should be maintained.

- Emesis should be induced unless the patient is in coma, is experiencing seizures or has lost the gag reflex. If any of these are present, gastric lavage should be performed with a large-bore tube after endotracheal intubation or in the presence of continuous respiratory action.

- Activated charcoal is probably not of value though its use might be indicated following gastric evacuation. Catharsis might be useful to eliminate any borates remaining in the gastro-intestinal tract (magnesium sulfate: adults, 30 gms: children 250 mg/kg).

- Peritoneal dialysis and haemodialysis remove some borates.

[Ellenhorn and Barceloux: Medical Toxicology].

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

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.

FIRE INCOMPATIBILITY

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

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.

- Avoid breathing vapours and contact with skin and eyes.

- Control personal contact by using protective equipment.

- Contain and absorb spill with sand, earth, inert material or vermiculite.

- Wipe up.

- Place in a suitable labelled container for waste disposal.

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Section 6 - ACCIDENTAL RELEASE MEASURES

MAJOR SPILLS

Moderate hazard.

- 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.

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:

lithium tetraborate 250 mg/m³

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

lithium tetraborate 50 mg/m³

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

lithium tetraborate 30 mg/m³

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

lithium tetraborate 10 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	$\geq 0.1\%$	Toxic (T)	$\geq 3.0\%$
R50	$\geq 0.25\%$	Corrosive (C)	$\geq 5.0\%$
R51	$\geq 2.5\%$		
else	$\geq 10\%$		

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 preventions

X: Must not be stored together

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

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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.
- WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

- Glass container.
- Plastic container.
- Plastic drum.
- Polylined drum.
- Check that containers are clearly labelled.
- Packaging as recommended by manufacturer.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents and strong acids.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- lithium tetraborate: CAS:12007- 60- 2 CAS:1303- 94- 2 CAS:110271- 56- 2 CAS:796879- 31- 7 CAS:108662- 77- 7 CAS:12688- 51- 6

MATERIAL DATA

CEL TWA: 1 mg/m³

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

PERSONAL PROTECTION



EYE

- Safety glasses with side shields; or as required,
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

HANDS/FEET

- Wear general protective gloves, eg. light weight rubber gloves.
- Wear chemical protective gloves, eg. PVC.
- Wear safety footwear.

OTHER

- Eyewash unit.
- Ensure there is ready access to a safety shower.
- PVC apron.

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. If risk of overexposure exists, wear SAA 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:

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

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

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, crystalline powder; mixes with water. Insoluble in alcohol.

Available as anhydrous CAS RN 12007-60-2; pentahydrate CAS RN 1303-94-2.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 259.2

Melting Range (°C): 200 (- 2H₂O)

Solubility in water (g/L): Miscible

pH (1% solution): > 7

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 applicable.

Specific Gravity (water=1): Not available.

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not applicable.

Evaporation Rate: Not applicable

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not available.

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Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

Product is considered stable and hazardous polymerisation will not occur.

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. Symptoms of borate poisoning include nausea, vomiting, diarrhoea, epigastric pain. Vomiting is often persistent and vomitus and faeces may contain blood. Weakness, lethargy, headache, restlessness, tremors and intermittent convulsions may also occur. Toxic symptoms may be delayed for several hours. The borates (tetra-, di-, meta, or ortho-salts, in contrast to perborates) once solubilised in the acid of gastric juices, cannot be distinguished from each other on chemical or toxicological grounds. In adults the mean lethal dose of sodium borate or boric acid probably exceeds 30 gms (Gosselin) and death occurs due to vascular collapse in the early stages or to central nervous system depression in later stages. Children are thought to be more susceptible to the effects of borate intoxication. Poisoning produces central nervous system stimulation followed by depression, gastrointestinal disturbance (haemorrhagic gastro-enteritis), erythematous skin eruptions (giving rise to a boiled lobster appearance) and may also involve kidneys (producing oliguria, albuminuria, anuria) and, rarely, liver (hepatomegaly, jaundice). Excretion occurs mainly through the kidneys with about half excreted in the first 12 hours and the remainder over 5-12 days.

Large doses of lithium ion have caused dizziness and prostration and can cause kidney damage if sodium intake is limited. Dehydration, weight-loss, dermatological effects and thyroid disturbances have been reported. Central nervous system effects that include slurred speech, blurred vision, sensory loss, impaired concentration, irritability, lethargy, confusion, disorientation, drowsiness, anxiety, spasticity, delirium, stupor, ataxia (loss of muscle coordination), sedation, fine and gross tremor, giddiness, twitching and convulsions may occur. Diarrhoea, vomiting and neuromuscular effects such as tremor, clonus (rapid contraction and relaxation of muscles) and hyperactive reflexes may occur as a result of repeated exposure to lithium.

Acute severe overexposure may affect the kidneys, resulting in renal dysfunction, albuminuria, oliguria and degenerative changes. Cardiovascular effects may also result in cardiac arrhythmias and hypotension.

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).

The dust may produce eye discomfort causing transient smarting, blinking.

SKIN

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

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

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Section 11 - TOXICOLOGICAL INFORMATION

INHALED

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

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

CHRONIC HEALTH EFFECTS

Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts.

Neuromuscular effects result from chronic over-exposure to lithium compounds. These may include tremor, ataxia, clonus and hyperactive reflexes. Some animal studies have shown that exposure during pregnancy may produce birth defects. Other studies with rats, rabbits and monkeys have not shown teratogenic effects. Human data are ambiguous; it is well established that lithium can cross the human placenta. Of 225 registered pregnancies in which the mothers had received lithium (as a tranquiliser) there were 25 instances of congenital malformation. Although pharmacological doses of lithium cannot be unequivocally designated as a human teratogen, lithium therapy is contraindicated in women of childbearing potential.

Prolonged exposure may produce anorexia, weight loss and emaciation. The kidneys, behavioural/ central nervous system and peripheral nervous system may also show adverse effects.

Various types of dermatitis (psoriasis, alopecia, cutaneous ulcers, acne, follicular papules, xerosis cutis, exfoliative) may also result from chronic skin exposure.

Lithium ion can be an effective treatment for manic depression. It is thought to bind the enzyme IMPase (inositol monophosphatase) and thereby mediates its influence in producing a response to calcium-induced production of neurotransmitters and hormones thought to be responsible for the clinical picture.

In subchronic studies, rats were exposed to 3 milliequivalents Li/kg/day (equivalent to 1450 mg for a 70 kg person) but did not accumulate Li whilst on a high sodium diet. However when sodium was restricted, fatal kidney toxicity developed. Dogs survived daily dose of 50 mg LiCl/kg for 150 days to the termination of the experiment on a normal sodium intake, whereas the same dose was lethal in 12 to 18 days on a low sodium diet: 20 mg LiCl/kg/day resulted in death in 18 to 30 days.

Chronic feeding studies involving borate administration to rats and dogs leads to accumulation in the testes, germ cell depletion and testicular atrophy. Hair loss in a young woman was traced to chronic ingestion of boric acid-containing mouthwashes whilst hair loss, dermatitis, gastric ulcer and hypoplastic anaemia in an adult male was attributed to the consumption of an uncharacterised "boric tartrate" for 20 years (symptoms disappeared following withdrawal). Repeated ingestion or inhalation of sub-acute doses of boric acid produces gastrointestinal irritation and disturbance, loss of appetite, disturbed digestion, nausea and vomiting, erythematous rash which may become hard and purpuric, dryness of the skin and mucous membranes, reddening of the tongue, cracking of the lips, conjunctivitis, palpebral oedema and kidney injury. Workers exposed to dust levels containing in excess of 31 mg/m³ boric acid, showed atrophic and subatrophic changes of the respiratory mucous membranes. Prolonged ingestion by animals produces a variety of reproductive effects including changes to the ovaries, fallopian tubes, the testes, epididymis and sperm ducts.

As with any chemical product, contact with unprotected bare skin; inhalation of vapour, mist or dust in work place atmosphere; or ingestion in any form, should be avoided by observing good occupational work practice.

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Section 11 - TOXICOLOGICAL INFORMATION

TOXICITY AND IRRITATION

No data of toxicological significance identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

No data for lithium tetraborate.

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

No regulations applicable

No data available for lithium tetraborate as CAS: 12007-60-2, CAS: 1303-94-2, CAS: 110271-56-2, CAS: 796879-31-7, CAS: 108662-77-7, CAS: 12688-51-6.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
lithium tetraborate	12007- 60- 2, 1303- 94- 2, 110271- 56- 2, 796879- 31- 7, 108662- 77- 7, 12688- 51- 6

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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