

MANGANOUS ACETATE TETRAHYDRATE

GHS Safety Data Sheet

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

MANGANESE(II) ACETATE TETRAHYDRATE

OTHER NAMES

C₄H₆O₄Mn.4H₂O, "acetic acid, manganese(2+) salt, tetrahydrate", "manganese acetate tetrahydrate", "manganese diacetate, tetrahydrate", "manganous acetate tetrahydrate"

PRODUCT USE

Textile dying, oxidation catalyst, paint and varnish drier, fertiliser, feed additive.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,
MUMBAI- 400030.INDIA.

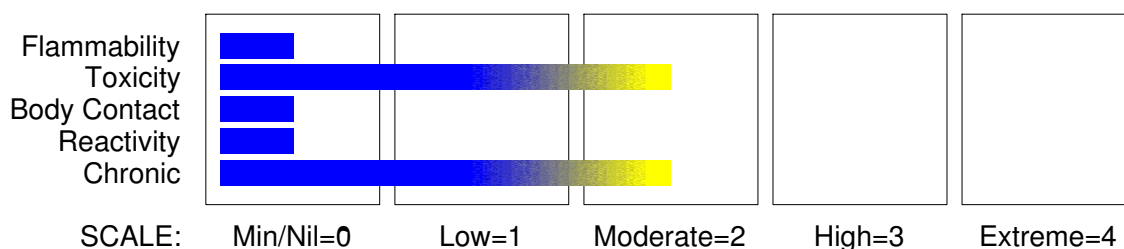
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 5



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Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

HAZARD

WARNING

Determined by using GHS criteria:

H332 H303

Harmful if inhaled

May be harmful if swallowed

PRECAUTIONARY STATEMENTS

Prevention

Use only outdoors or in a well ventilated area.

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

Response

IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.

Call a POISON CENTER or doctor/physician if you feel unwell.

Specific treatment: refer to Label or MSDS.

IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
manganese(II) acetate tetrahydrate	6156-78-1	>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.

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Section 4 - FIRST AID MEASURES

- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If skin contact occurs:

- Immediately remove all contaminated clothing, including footwear.
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

NOTES TO PHYSICIAN

Both dermal and oral toxicity of manganese salts is low because of limited solubility of manganese. No known permanent pulmonary sequelae develop after acute manganese exposure. Treatment is supportive.

[Ellenhorn and Barceloux: Medical Toxicology]

In clinical trials with miners exposed to manganese-containing dusts, L-dopa relieved extrapyramidal symptoms of both hypo kinetic and dystonic patients. For short periods of time symptoms could also be controlled with scopolamine and amphetamine. BAL and calcium EDTA prove ineffective.

[Gosselin et al: Clinical Toxicology of Commercial Products.].

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.
 - Prevent, by any means available, spillage from entering drains or water courses.
- Use water delivered as a fine spray to control the fire and cool adjacent area.

Use fire fighting procedures suitable for surrounding area.

DO NOT approach containers suspected to be hot.

If safe to do so, remove containers from path of fire.

FIRE/EXPLOSION HAZARD

- Non combustible.
- Not considered to be a significant fire risk.
- Expansion or decomposition on heating may lead to violent rupture of containers.
- Decomposes on heating and may produce toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.

If involved in fire emits toxic fumes of metal oxides.

FIRE INCOMPATIBILITY

Avoid reaction with oxidising agents.

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Section 5 - FIRE FIGHTING MEASURES

Personal Protective Equipment

Breathing apparatus.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

Clean up all spills immediately.

Avoid contact with skin and eyes.

Wear protective clothing, impervious gloves and safety glasses.

Use dry clean up procedures and avoid generating dust.

Sweep up.

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 residue 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.

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 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.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.

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Section 7 - HANDLING AND STORAGE

- 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.
- 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.

SUITABLE CONTAINER

Packaging as recommended by manufacturer.

- Check that containers are clearly labelled.

Glass container.

Plastic container.

Multi-ply woven plastic or paper bag with sealed plastic liner

NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse.

Plastic drum.

Metal drum.

STORAGE INCOMPATIBILITY

Segregate from strong oxidisers.

Avoid reaction with strong acids and bases.

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

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
manganese(II) acetate tetrahydrate	500	

MATERIAL DATA

A number of studies have shown that susceptibility to the effects of manganese at or about 1 - 5 mg/m³ (TWA) can lead to clinical manifestations of manganism or more commonly to the development of indicators of sub-clinical manganism (e.g. hand tremor, exaggerated reflexes, short-term memory deficits, poor psychomotor performance). Controlling long-term exposure to the recommended ES TWA level or below should provide protection for those individuals susceptible to neurological effects of prolonged exposure.

PERSONAL PROTECTION

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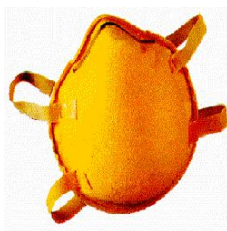
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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION



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

- Plastic gloves.
- Rubber gloves.
- Safety footwear.

OTHER

No special equipment needed when handling small quantities

OTHERWISE:

- Overalls
- Eyewash 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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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 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

Pink crystalline powder; mixes with water and alcohol.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 245.09

Melting Range (°C): 80

Solubility in water (g/L): Miscible

pH (1% solution): Not available

Volatile Component (%vol): Negligible

Relative Vapour Density (air=1): Not available

Lower Explosive Limit (%): Not available

Autoignition Temp (°C): Not available

Boiling Range (°C): Not available

Specific Gravity (water=1): 1.589

pH (as supplied): Not applicable

Vapour Pressure (kPa): Negligible

Evaporation Rate: Not applicable

Flash Point (°C): Not available

Upper Explosive Limit (%): Not available

Decomposition Temp (°C): Not available

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

State: Divided solid

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. Poisonings rarely occur after oral administration of manganese salts as they are generally poorly absorbed from the gut (generally less than 4%) and seems to be dependent, in part, on levels of dietary iron and may increase following the consumption of alcohol. A side-effect of oral manganese administration is an increase in losses of calcium in the faeces and a subsequent lowering of calcium blood levels. Absorbed manganese tends to be slowly excreted in the bile. Divalent manganese appears to be 2.5-3 times more toxic than the trivalent form.

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

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.

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. Manganese fume is toxic and produces nervous system effects characterised by tiredness. Acute poisoning is rare although acute inflammation of the lungs may occur. A chemical pneumonia may also result from frequent exposure. 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. 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.

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Section 11 - TOXICOLOGICAL INFORMATION

CHRONIC HEALTH EFFECTS

Principal routes of exposure are usually by skin contact/absorption, inhalation of generated dust and inhalation of vapour from heated material.

Manganese is an essential trace element in all living organisms with the level of tissue manganese remaining remarkably constant throughout life. Systemic poisoning may result from inhalation or chronic ingestion of manganese containing substances. Chronic exposure has been associated with two major effects; bronchitis/pneumonitis following inhalation of manganese dusts and "manganism", a neuropsychiatric disorder that may also arise from inhalation exposures. Chronic exposure to low levels may result in the accumulation of toxic concentrations in critical organs. The brain in particular appears to sustain cellular damage to the ganglion. Symptoms appear before any pathology is evident and may include a mask-like facial expression, spastic gait, tremors, slurred speech, sometimes dystonia (disordered muscle tone), fatigue, anorexia, asthenia (loss of strength and energy), apathy and the inability to concentrate. Insomnia may be an early finding. Rat studies indicate the gradual accumulation of brain manganese to produce lesions mimicking those found in Parkinsonism.

The onset of chronic manganese poisoning is insidious, with apathy, anorexia weakness, headache and spasms. Manganese psychosis follows with certain definitive features: unaccountable laughter, euphoria, impulsive acts, absentmindedness, mental confusion, aggressiveness and hallucinations. The final stage is characterized by speech difficulties, muscular twitching, spastic gait and other nervous system effects. Symptoms resemble those of Parkinson's disease. If the disease is diagnosed whilst still in the early stages and the patient is removed from exposure, the course may be reversed. Inhalation of manganese fumes may cause 'metal fume fever' characterised by flu-like symptoms: fever, chill, nausea, weakness and body aches. Manganese dust is no longer believed to be a causative factor in pneumonia. If there is any relationship at all, it appears to be as an aggravating factor to a preexisting condition. [ILO Encyclopaedia].

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 3730 mg/kg

IRRITATION

No data

Section 12 - ECOLOGICAL INFORMATION

No data for manganese(II) acetate tetrahydrate.

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

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Section 15 - REGULATORY INFORMATION

REGULATIONS

manganese(II) acetate tetrahydrate (CAS: 6156-78-1) is found on the following regulatory lists;
OECD Representative List of High Production Volume (HPV) Chemicals

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