

SULPHANILAMIDE

GHS Safety Data Sheet

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

SULPHANILAMIDE

OTHER NAMES

C₆-H₈-N₂-O₂-S, "p-aminobenzene sulfamide", "p-aminobenzene sulfamide", sulphanilamide, sulfonamide

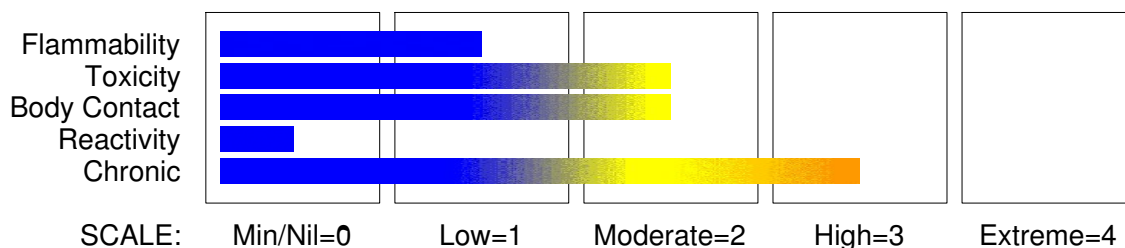
PRODUCT USE

Antibacterial.

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 (Oral) Category 4
Eye Irritation Category 2B
Reproductive Toxicity Category 1B
Reproductive Toxicity Category 2

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Section 2 - HAZARDS IDENTIFICATION



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H302 H320 H360 H361

Harmful if swallowed

Causes eye irritation

May damage fertility

Suspected of damaging the unborn child

PRECAUTIONARY STATEMENTS

Prevention

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.

Obtain special instructions before use.

Response

If eye irritation persists, get medical advice/attention.

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

If exposed or concerned: Get medical attention advice.

Specific treatment: refer to Label or MSDS.

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
sulfanilamide	63-74-1	> 98

Section 4 - FIRST AID MEASURES

SWALLOWED

· Immediately give a glass of water.

· First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

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Section 4 - FIRST AID MEASURES

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

In cases of recent sulfonamide overdose the stomach should be emptied by aspiration and lavage. If kidney function is adequate, a saline purgative, such as sodium sulfate, 30 g in 250 ml water, may be given to promote peristalsis and elimination of sulfonamide in the urine may be assisted by giving alkalis, such as sodium bicarbonate and increasing fluid intake. Severe crystalluria may require ureteric catheterisation and irrigation with warm 2.5% sodium bicarbonate solution. Treatment should be continued until it can be assumed that the sulfonamide has been eliminated. The majority of sulfonamides are metabolised to acetylated derivatives which retain the toxicity of the parent compound and thus may indicate more active removal when adverse effects are very severe. Active measures may include forced diuresis, peritoneal dialysis and charcoal haemoperfusion. [Martindale: The Extra Pharmacopoeia, 28th Ed.]

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Water spray or fog.
- Alcohol stable foam.
- Dry chemical powder.
- Carbon dioxide.

FIRE FIGHTING

- 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.
- 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

- Solid which exhibits difficult combustion or is difficult to ignite.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the

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Section 5 - FIRE FIGHTING MEASURES

solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.

- Dry dust can also be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.
- All movable parts coming in contact with this material should have a speed of less than 1-metre/sec.

Combustion products include: carbon monoxide (CO), sulfur oxides (SO_x) and nitrogen oxides (NO_x).

FIRE INCOMPATIBILITY

Avoid contamination with strong oxidising agents as ignition may result.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable labelled container for waste disposal.

MAJOR SPILLS

Moderate hazard.

- 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.
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Absorb remaining product with sand, earth or vermiculite.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:
sulfanilamide 500 mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:
sulfanilamide 20 mg/m³

other than mild, transient adverse effects without perceiving a clearly defined odour is:
sulfanilamide 3 mg/m³

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Section 6 - ACCIDENTAL RELEASE MEASURES

The threshold concentration below which most people will experience no appreciable risk of health effects:
sulfanilamide 1 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

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.
- 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

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.

Polyethylene or polypropylene container.

- Metal can or drum
- Packaging as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents.

Avoid storage with reducing agents.

Avoid strong acids.

STORAGE REQUIREMENTS

- 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 and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

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Section 7 - HANDLING AND STORAGE

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



- +: May be stored together
O: May be stored together with specific preventions
X: Must not be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- sulfanilamide: CAS:63- 74- 1

MATERIAL DATA

These "dusts" have little adverse effect on the lungs and do not produce toxic effects or organic disease. Although there is no dust which does not evoke some cellular response at sufficiently high concentrations, the cellular response caused by P.N.O.C.s has the following characteristics:

- the architecture of the air spaces remain intact,
- scar tissue (collagen) is not synthesised to any degree,
- tissue reaction is potentially reversible.

Extensive concentrations of P.N.O.C.s may:

- seriously reduce visibility,
- cause unpleasant deposits in the eyes, ears and nasal passages,
- contribute to skin or mucous membrane injury by chemical or mechanical action, per se, or by the rigorous skin cleansing procedures necessary for their removal. [ACGIH]

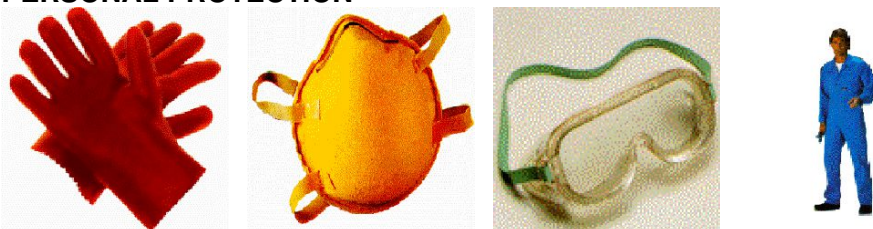
This limit does not apply:

- to brief exposures to higher concentrations
- nor does it apply to those substances that may cause physiological impairment at lower concentrations but for which a TLV has as yet to be determined.

This exposure standard applies to particles which

- are insoluble or poorly soluble* in water or, preferably, in aqueous lung fluid (if data is available) and
- have a low toxicity (i.e.. are not cytotoxic, genotoxic, or otherwise chemically reactive with lung tissue, and do not emit ionizing radiation, cause immune sensitization, or cause toxic effects other than by inflammation or by a mechanism of lung overload).

PERSONAL PROTECTION



EYE

- Safety glasses.
- Safety glasses with side shields.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- 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 chemical protective gloves, eg. PVC.
- Wear safety footwear.

OTHER

- Eyewash unit.
- Ensure there is ready access to a safety shower.
- Rubber apron.
- Impervious 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:
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	2.5- 10 m/s (500- 2000 f/min.)

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).

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, odourless powder. Solubility: 7.5gm/100gm water @25C.

Soluble in glycerol, propylene glycol, alcohol, ether and hydrochloric acid.

Practically insoluble in chloroform, benzene, and petroleum ether.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 172.20

Melting Range (°C): 165

Solubility in water (g/L): Miscible

pH (1% solution): Not available.

Volatile Component (%vol): Not applicable.

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

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not available.

State: Divided solid

Boiling Range (°C): Not available.

Specific Gravity (water=1): 1.08

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.

Viscosity: 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.

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Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Although ingestion is not thought to produce harmful effects (as classified under EC Directives), the material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

Sulfonamides and their derivatives may precipitate in kidney tubules causing extensive damage. Haemolytic anaemia may also result from use or exposure. Overdose may cause acidosis or hypoglycaemia with confusion and coma resulting. Hypersensitivity reactions may occur in predisposed individuals including those who have been sensitised by topical application. Deaths associated with therapies based on sulfonamide appear to be a result of hypersensitivity reaction, agranulocytosis, aplastic anaemia, other blood dyscrasias and renal and hepatic failure. Doses of 2 to 5 gms have produced toxicity and fatalities. Pathological findings include crystalluria, and necrotic or inflammatory lesions of the heart, liver, kidneys, bone marrow or other organs. Sulfonamides may damage the stem cell which acts as the precursor to components of the blood. Loss of the stem cell may result in pancytopenia (a reduction in the number of red and white blood cells and platelets) with a latency period corresponding to the lifetime of the individual blood cells. Granulocytopenia (a reduction in granular leukocytes) develops within days and thrombocytopenia (a disorder involving platelets), within 1-2 weeks, whilst loss of erythrocytes (red blood cells) need months to become clinically manifest. Aplastic anaemia develops due to complete destruction of the stem cells. Sulfonamides cross the placental barrier, are excreted in the breast milk and may produce adverse effects in the foetus/ embryo and newborn including agranulocytosis, haemolytic anaemia, jaundice and kernicterus.

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.

Ophthalmic solutions containing sulfonamides are reported to produce local irritation, reactive hyperaemia, burning and transient stinging, blurred vision and temporary impairment of depth perception. Hypersensitivity reactions may occur in predisposed individuals. Possible eye changes produced by phototoxic agents such as the sulfonamides include kerato-conjunctivitis or corneal and lens opacities.

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

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Section 11 - TOXICOLOGICAL INFORMATION

control measures be used in an occupational setting.

CHRONIC HEALTH EFFECTS

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

Repeated ingestion of sulfonamides used for therapeutic purposes has caused nausea, vomiting, abdominal pain, diarrhoea, anorexia, stomatitis, impaired folic acid absorption, exacerbation of porphyria, acidosis, liver injury with jaundice and hypoprothrombinemia, and pancreatitis. Hepatitis has been reported and may be fatal. Renal effects are often prominent and may include crystalluria, haematuria, proteinuria, pain and frequent urination, necrosis of the tubules, nephritic syndrome, and toxic necrosis with oliguria or anuria with azotemia. Neurologic effects include headache, drowsiness, insomnia, vertigo, tinnitus, hearing loss, mental depression, hallucinations, ataxia, muscular paralysis, peripheral neuropathy, transient lesions of the posterior spinal column, transverse myelitis, convulsions and unconsciousness. Haematological effects include eosinophilia, thrombocytopenia, leukopenia, neutropenia, agranulocytosis, pancytopenia, megoblastic anaemia, Heinz body anaemia and aplastic anaemia; petechiae and purpura may result. Acute haemolytic anaemia may also result (possibly as a result of hypersensitivity reactions) with people of African descent apparently more susceptible than Europeans - glucose-6-phosphate deficiency also appears to be a factor.

Methaemoglobinaemia, sulphaemoglobinaemia and cyanosis may also occur. Ocular effects may include acute transient myopia, keratitis and conjunctivitis with inflammation and chemosis accompanied by swelling of the lids and in more severe cases, photophobia. Cross-sensitivity amongst the sulfonamides is common and allergic reaction may occur following systemic use or topical application. Sensitisation may produce generalised skin eruptions, urticaria and pruritus. Stevens-Johnson syndrome; a severe form of erythema multiforme associated with wide-spread lesions of the skin, mucous membranes and which may be fatal in about 25% of cases, has occurred in patients treated with sulfonamides. This syndrome may produce conjunctival and corneal scarring, serum sickness, periorbital oedema, angioedema, arthritis, arthralgia, allergic myocarditis, decreased pulmonary function and eosinophilic pneumonia. Other effects of long-term therapy include fever, chills, alopecia, vasculitis, lupus erythematosus, oligospermia, infertility, hypothyroidism and on occasion, goiter and diuresis.

More severe responses to treatment include irreversible neuromuscular and central nervous system changes and fibrosing alveolitis. During sulfonamide treatment, direct exposure to sunlight should be avoided as photosensitisation dermatitis may develop. This form of phototoxic dermatitis may be contrasted to photoallergic dermatitis produced by specific sensitising agents through immunological intervention. Phototoxic reactions have been described following contact, ingestion or injection of causal agents. The chemical may reach the skin by the circulatory system following ingestion or following parenteral administration. The actual skin changes vary with the agent and circumstances of the exposure. Swelling and redness (erythema) frequently occur, and blistering may also result; increased skin temperature and pruritus may follow. This is analogous to irritant contact dermatitis and occurs immediately following contact.

Hyperpigmentation may also follow the reaction. Photodermatitis of this type requires activation of a chemical substance on the skin surface by UV radiation (290 to 490 nm wavelength) for its clinical expression. In all cases, inflammation develops on the body surfaces normally exposed to sunlight (dorsal hands, arms, neck, face), provided that the responsible photosensitiser also contacts the anatomic areas. Covered skin, the eyelids, submental chin and upper ears covered by hair, are characteristically spared. Phototoxic reactions, analogous to irritant contact dermatitis, are typically accompanied by immediate burning, stinging or "smarting" of the skin shortly following sun exposure, and clinical inflammation appears more like an acute sunburn than an eczematous dermatitis. Photoallergic dermatitis may result from contact with the material; this is characterised by an increased reactivity of the skin to ultra-violet (UV) and/or visible radiation produced by a chemical agent on an immunological basis and occurs after a latent period of days or months. This type of response can be elicited only in individuals who have been previously allergically sensitised to the chemical agent and appropriate radiation. Photoallergic dermatitis is relatively rare (certainly more so than phototoxic dermatitis

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Section 11 - TOXICOLOGICAL INFORMATION

produced by non-immunological principals) and presents, clinically, as an eczematous dermatitis in sun-exposed areas (distinguishing it from phototoxic dermatitis which is analogous to contact irritant dermatitis and produces swelling, redness and even blistering); photoallergic dermatitis may eventually spread to areas covered by clothes. Lichenification (thickening with increased skin markings) and chronic pigmentary changes may also develop. Photoallergic reactions may sometimes be followed by a persistent state of light reactivity (persistent light reactor) where clinical dermatitis recurs following exposure to sunlight alone, in the absence of the original initiating chemical. Studies in rats have shown that long-term administration of sulfonamides may produce thyroid malignancies; rats, however, appear to be more susceptible to the goiterogenic effects of sulfonamides than do other animal species. Sulfonamides may cause kernicterus in the neonate and their use is not recommended during pregnancy. Studies in rats and mice given high oral doses have shown that certain sulfonamides cause a significant incidence of cleft palate and other bony abnormalities in the foetus.

TOXICITY AND IRRITATION

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances. No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

No data for sulfanilamide.

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
 - Consult State Land Waste Authority for disposal.
 - Bury or incinerate residue at an approved site.
 - 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 sulfanilamide as CAS: 63-74-1.

Section 16 - OTHER INFORMATION

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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: 17-Sep-2017