5-SULPHOSALICYLIC ACID

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
5-SULPHOSALICYLIC ACID

OTHER NAMES

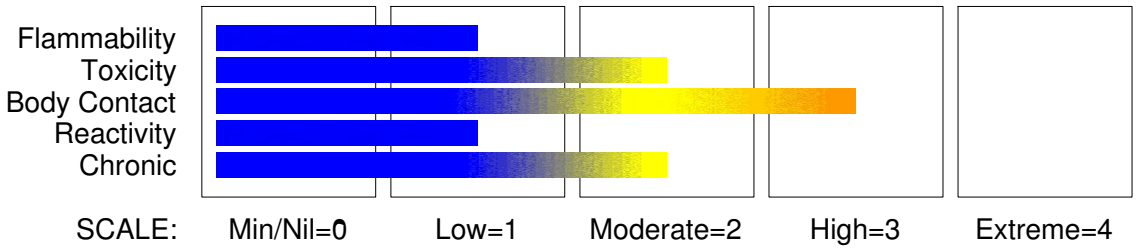
C7-H6-O6-S.2H2O, C6H3OH(SO2OH)COOH.2H2O, "salicylic acid, 5-sulfo-", 2-hydroxy-5-sulpho-, dihydrate", "benzoic acid, 2-hydroxy-5-sulpho-, dihydrate", "3-carboxy-4-hydroxybenzenesulphonic acid", "2-hydroxybenzoic-5-sulfonic acid", "sulphosalicylic acid dihydrate", "5-sulfosalicylic acid dihydrate",

PROPER SHIPPING NAME
ALKYLSULPHONIC ACIDS, SOLID
ARYLSULPHONIC ACIDS, SOLID
(contains sulfosalicylic acid)

PRODUCT USE
Reagent for albumin, colourimetric reagent for ferric ion, intermediate for dyes, surfactants, catalysts, grease additives.

SUPPLIER
Company: S D FINE- CHEM LIMITED
Address:
315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,
MUMBAI- 400030.INDIA.
technical@sdfine.com
Telephone: 91- 22- 24959898
Telephone: 91- 22- 24959899
Fax: 91- 22- 24937232

HAZARD RATINGS



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Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Metal Corrosion Category 1
Skin Corrosion/Irritation Category 1C

EMERGENCY OVERVIEW

HAZARD

DANGER
Determined by using GHS criteria:
H290 H314
May be corrosive to metals
Causes severe skin burns and eye damage

PRECAUTIONARY STATEMENTS

Prevention

Do not breathe dust or mist.
Wash thoroughly after handling.
Wear protective gloves/clothing and eye/face protection.

Response

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.
Wash contaminated clothing before reuse.
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
Specific treatment: refer to Label or MSDS.
Absorb spillage to prevent material damage.
Immediately call a POISON CENTER or doctor/physician.
If on skin or hair: remove/take off immediately all contaminated clothing. Rinse with water/shower.

Storage

Store locked up.
Store in a corrosive resistant container with a resistant inliner.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
sulfosalicylic acid	97-05-2	> 99

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Section 4 - FIRST AID MEASURES

SWALLOWED

· For advice, contact a Poisons Information Centre or a doctor at once.
· Urgent hospital treatment is likely to be needed.
· If swallowed do NOT induce vomiting.
· If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
· Observe the patient carefully.
· Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
· Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
· Transport to hospital or doctor without delay.

EYE

If this product comes in contact with the eyes:
· Immediately hold eyelids apart and flush the eye continuously with 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.
· Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
· Transport to hospital or doctor without delay.
· Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If skin or hair contact occurs:
· Immediately flush body and clothes with large amounts of water, using safety shower if available.
· Quickly remove all contaminated clothing, including footwear.
· Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
· Transport to hospital, or doctor.

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.

NOTES TO PHYSICIAN

For acute or short term repeated exposures to strong acids:
· Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
· Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
· Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
· Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

continued...

· Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
· DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
· Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
· Charcoal has no place in acid management.
· Some authors suggest the use of lavage within 1 hour of ingestion.
SKIN:
· Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
· Deep second-degree burns may benefit from topical silver sulfadiazine.
EYE:
· Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjuctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.
· Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
· Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).
[Ellenhorn and Barceloux: Medical Toxicology].
for salicylate intoxication:
· Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. Do not give ipecac after charcoal.
· Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
· Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
· Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
· In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
· Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
· Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
· Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis.
As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
· Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
· For hyperpyrexia, use sponge baths.
The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.
· Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.
[GOSSELIN, et.al.: Clinical Toxicology of Commercial Products]

continued...

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. NOTE: Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.
Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.
HyperTox 3.0 http://www.ozemail.com.au/-ouad/SALI0001.HTA.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA
· Water spray or fog.
· Foam.
· Dry chemical powder.
· BCF (where regulations permit).
· Carbon dioxide.

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 course.
· 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
· Combustible solid which burns but propagates flame with difficulty.
· 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 solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
· Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.

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· 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-meter/sec.
Combustion products include: carbon monoxide (CO), carbon dioxide (CO_2), sulfur oxides (SOx), other pyrolysis products typical of burning organic material.
May emit corrosive fumes.

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

Personal Protective Equipment
Gas tight chemical resistant suit.

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
· Clear area of personnel and move upwind.
· 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 course.
· Consider evacuation (or protect in place).
· 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:
sulfosalicylic acid 500 mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:
sulfosalicylic acid 200 mg/m³

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

continued...

sulfosalicylic acid 30 mg/m³

The threshold concentration below which most people will experience no appreciable risk of health effects:
sulfosalicylic acid 10 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.
- Avoid contact with moisture.
- 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.

- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Avoid strong acids, bases.
Avoid reaction with oxidising agents.

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.

May discolour on exposure to light.

continued...

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

• sulfosalicylic acid: CAS:97- 05- 2 CAS:5965- 83- 3

MATERIAL DATA

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no -observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five -category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.
OSHA (USA) concluded that exposure to sensory irritants can:
· cause inflammation
· cause increased susceptibility to other irritants and infectious agents
· lead to permanent injury or dysfunction
· permit greater absorption of hazardous substances and
· acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.
It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.
At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.
NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

PERSONAL PROTECTION

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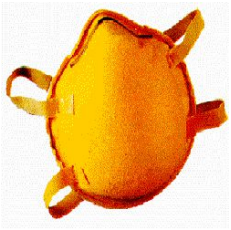

EYE

· Chemical goggles.
· Full face shield may be required for supplementary but never for primary protection of eyes
· 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

Suitability and durability of glove type is dependent on usage. Factors such as:
· frequency and duration of contact,
· chemical resistance of glove material,
· glove thickness and
· dexterity,
are important in the selection of gloves.
Wear chemical protective gloves, eg. PVC.
Wear safety footwear or safety gumboots, eg. Rubber.

OTHER

· Overalls.
· PVC Apron.
· PVC protective suit may be required if exposure severe.
· Eyewash unit.
· Ensure there is ready access to a safety shower.

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.

continued...

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

ENGINEERING CONTROLS

· Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
· Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
· If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might consist of:
(a): particle dust respirators, if necessary, combined with an absorption cartridge;
(b): filter respirators with absorption cartridge or canister of the right type;
(c): fresh-air hoods or masks
· Build-up of electrostatic charge on the dust particle, 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.

Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently remove the contaminant.

Type of Contaminant:	Air Speed:
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1- 2.5 m/s (200- 500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood- local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 metres 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

Colourless to white crystals or white crystalline powder; coloured pink by traces of iron; no odour. May discolour on exposure to light.

continued...

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Very soluble in water and alcohol, soluble in ether.
Generally soluble in polar solvents.
Anhydrous form melts at approximately 120 deg. C.

PHYSICAL PROPERTIES
Solid.
Mixes with water.
Corrosive.
Acid.

Molecular Weight: 254.22 (.2H2O)
Melting Range (℃): 110- 113
Solubility in water (g/L): Miscible
pH (1% solution): 0.5 (20%)
Volatile Component (%vol): Not applicable
Relative Vapour Density (air=1): N>1
Lower Explosive Limit (%): Not available.
Autoignition Temp (℃): Not available.
State: Divided solid

Boiling Range (℃): > 120 decomposes
Specific Gravity (water=1): Not available.
pH (as supplied): Not applicable
Vapour Pressure (kPa): Not applicable.
Evaporation Rate: Not applicable
Flash Point (℃): 150 ~
Upper Explosive Limit (%): Not available.
Decomposition Temp (℃): >120
Viscosity: Not Applicable

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 damaging to the health of the individual.
The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.
Large oral doses of salicylates may cause mild burning pain in the throat, stomach and usually prompt vomiting. Several hours may elapse before the development of deep and rapid breathing, lassitude, anorexia, nausea, vomiting, thirst and occasional diarrhoea. Common derivatives of salicylic acid produce substantially the same toxic syndrome, ("salicylism"). Major signs and symptoms arise from stimulation and terminal depression of the central nervous system. Stimulation produces vomiting, hyperpnea (abnormal increase in rate and depth of respiration), headache, tinnitus (ringing in the ears) confusion, bizarre behaviour or mania, generalised convulsions. Death is due to respiratory failure or cardiovascular collapse. Severe sensory disturbances such as deafness and dimness of vision are common. Less common features include sweating, skin eruptions, gastrointestinal and other hemorrhages, renal failure and pancreatitis. A tendency to bleed may be manifest by blood in the vomitus (haematemesis), bloody stools (melena) or purplish-red spots (petechiae) on the skin. Many of the toxic effects detailed here are due to or aggravated by severe disturbance of acid-base balance with the chief cause being prolonged hyperventilation from central stimulation. An assessment of acute salicylate intoxication based on dose suggests; 500 mg/kg: Potentially lethal.

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EYE
The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.
When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

SKIN
The material can produce chemical burns following direct contact with the skin.
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.
Solution of material in moisture on the skin, or perspiration, may markedly increase skin corrosion and accelerate tissue destruction.
Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED
Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system in a substantial 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.
The material is not thought to produce adverse health effects following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

CHRONIC HEALTH EFFECTS
Chronic exposure to the salicylates (o-hydroxybenzoates) may produce metabolic and central system disturbances or damage to the kidneys. Persons with pre-existing skin disorders, eye problems or impaired kidney function may be more susceptible to the effects of these substances. Certain individuals (atopics), notably asthmatics, exhibit significant hyper- sensitivity to salicylic acid derivatives. Reactions include urticaria and other skin eruptions, rhinitis and severe (even fatal) bronchospasm and dyspnea.
Chronic exposure to the p-hydroxybenzoates (parabens) is associated with hypersensitivity reactions following application of these to the skin. Hypersensitivity reactions have also been reported following parenteral or oral administration. Cross-sensitivity occurs between the p-hydroxybenzoates Hypersensitivity reactions may include by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic oedema), running nose (rhinitis) and blurred vision. Anaphylactic shock and skin rash (non- thrombocytopenic purpura) may also occur. Any individual may be predisposed to such anti-body mediated reaction if other chemical agents have caused prior sensitisation (cross-sensitivity).
Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.
Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw.
Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue.
Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

TOXICITY AND IRRITATION
unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY	IRRITATION
Oral (rat) LD50: 2450 mg/kg	Nil Reported
Oral (Rat) LD50: 1850 mg/kg	
Oral (Rabbit) LD: 1300 mg/kg	

The material may be irritating to the eye, with prolonged contact causing inflammation.

continued...

Repeated or prolonged exposure to irritants may produce conjunctivitis.
Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.
The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation.
Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence).
The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.
The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

Section 12 - ECOLOGICAL INFORMATION

Prevent, by any means available, spillage from entering drains or water courses.
DO NOT discharge into sewer or waterways.

Section 13 - DISPOSAL CONSIDERATIONS

· Recycle wherever possible.
· Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
· Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
· Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION

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Section 14 - TRANSPORTATION INFORMATION

Labels Required: CORROSIVE
HAZCHEM: 2X

UNDG:

Dangerous Goods Class:	8	Subrisk:	None
UN Number:	2585	Packing Group:	III

Shipping Name:ALKYLSULPHONIC ACIDS, SOLID
ARYLSULPHONIC ACIDS, SOLID
(contains sulfosalicylic acid)

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	None
UN/ID Number:	2585	Packing Group:	III
Special provisions:	None		

Shipping Name: ALKYLSULPHONIC ACIDS, SOLID WITH 5% OR LESS FREE SULPHURIC ACID

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	2585	Packing Group:	III
EMS Number:	F- A, S- B	Special provisions:	None

Shipping Name: ALKYLSULPHONIC ACIDS, SOLID or ARYLSULPHONIC ACIDS, SOLID with not more than 5% free sulphuric acid

Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable
No data available for sulfosalicylic acid as CAS: 97-05-2, CAS: 5965-83-3.

Section 16 - OTHER INFORMATION

Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
sulfosalicylic acid	97- 05- 2	Xn; R22 R43
sulfosalicylic acid	5965- 83- 3	Xn; R22 R43

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
sulfosalicylic acid	97- 05- 2, 5965- 83- 3

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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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