

ALKALINE COPPER SOLUTION

GHS Safety Data Sheet

Version No:3

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Section 1 - PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

ALKALINE COPPER SOLUTION

OTHER NAMES

"plating solution"

PRODUCT USE

Plating solution.

SUPPLIER

Company: S D FINE - CHEM LIMITED

Address:

315- 317, T.V.IND.ESTATE,

248 WORLI ROAD,

MUMBAI- 400 030, INDIA

technical@sdfine.com

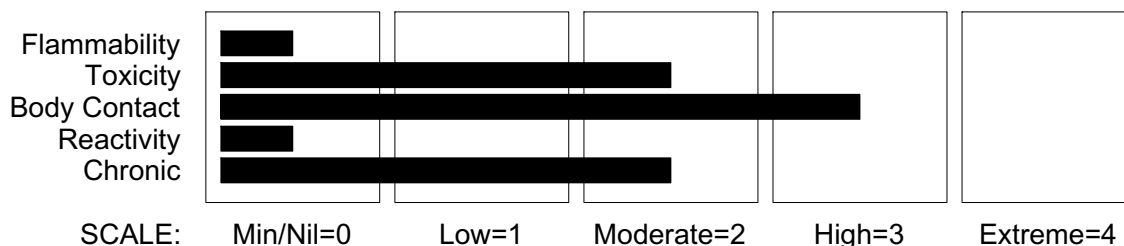
Telephone: 91- 22 24959898

Telephone: 91- 22 24959899

Fax: 91- 22 24937232

Section 2 - HAZARDS IDENTIFICATION

HAZARD RATINGS



GHS Classification

Acute Aquatic Hazard Category 1

Acute Toxicity (Inhalation) Category 2

Acute Toxicity (Oral) Category 4

Chronic Aquatic Hazard Category 1

Respiratory Sensitizer Category 1

Serious Eye Damage Category 1

Skin Corrosion/Irritation Category 1C

Skin Sensitizer Category 1

continued...

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Section 2 - HAZARDS IDENTIFICATION



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H330 H302 H334 H317 H314 H318 H400 H410 H318

Fatal if inhaled

Harmful if swallowed

May cause allergic or asthmatic symptoms or breathing difficulties if inhaled

May cause allergic skin reaction

Causes severe skin burns and eye damage

Causes serious eye damage

Very toxic to aquatic life

Very toxic to aquatic life with long lasting effects

Causes serious eye damage

PRECAUTIONARY STATEMENTS

Prevention

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

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

Wash thoroughly after handling.

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

Use only outdoors or in a well-ventilated area.

Contaminated work clothing should not be allowed out of the workplace.

Avoid release to the environment.

Wear protective gloves/protective clothing/eye protection/face protection.

Wear respiratory protection.

In case of inadequate ventilation wear respiratory protection.

Response

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

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

IF ON SKIN: Wash with plenty of soap and water.

IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.

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

IF INHALED: If breathing is difficult, remove to fresh air and keep at rest in a position comfortable for breathing.

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

Immediately call a POISON CENTER or doctor/physician.

Specific treatment is urgent (see MSDS).

Rinse mouth.

If skin irritation or rash occurs: Get medical advice/attention.

If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.

Wash contaminated clothing before reuse.

Collect spillage.

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Section 2 - HAZARDS IDENTIFICATION

Storage

Store in a well-ventilated place. Keep container tightly closed.
Store locked up.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
ethylenediamine	107-15-3	0-14.9
copper sulfate	7758-98-7	0-11.9
water	7732-18-5	>60

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, without delay.

NOTES TO PHYSICIAN

- Treat symptomatically.

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Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

■ The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.

Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.

In such an event consider:

- 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 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

- The material is not readily combustible under normal conditions.
- However, it will break down under fire conditions and the organic component may burn.
- Not considered to be a significant fire risk.
- Heat may cause expansion or decomposition with violent rupture of containers.
- Decomposes on heating and may produce toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.

Decomposition may produce toxic fumes of: carbon dioxide (CO₂), nitrogen oxides (NO_x), sulfur oxides (SO_x), metal oxides, other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

May emit corrosive fumes.

FIRE INCOMPATIBILITY

- Avoid contamination with strong oxidising agents as ignition may result.

Personal Protective Equipment

Gas tight chemical resistant suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

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.

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.

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Section 6 - ACCIDENTAL RELEASE MEASURES

- 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.

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.
- DO NOT allow clothing wet with material to stay in contact with skin.

SUITABLE CONTAINER

- Polyethylene or polypropylene container.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

- Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
 - Avoid reaction with oxidising agents.
- Avoid chlorinated compounds.

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.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+



+



+



+



X



+

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Section 7 - HANDLING AND STORAGE

+: 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

Source	Material	TWA ppm	TWA mg/m ³	Notes
Australia Exposure Standards	ethylenediamine (Ethylenediamine)	10	25	Sen

The following materials had no OELs on our records

• water: CAS:7732- 18- 5

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m ³)	Revised IDLH Value (ppm)
ethylenediamine		1, 000

ODOUR SAFETY FACTOR (OSF)

OSF=10 (ETHYLENEDIAMINE)

■ Exposed individuals are NOT reasonably expected to be warned, by smell, that the Exposure Standard is being exceeded.

Odour Safety Factor (OSF) is determined to fall into either Class C, D or E.

The Odour Safety Factor (OSF) is defined as:

OSF= Exposure Standard (TWA) ppm/ Odour Threshold Value (OTV) ppm

Classification into classes follows:

Class	OSF	Description
A	550	Over 90% of exposed individuals are aware by smell that the Exposure Standard (TLV- TWA for example) is being reached, even when distracted by working activities
B	26- 550	As " A" for 50- 90% of persons being distracted
C	1- 26	As " A" for less than 50% of persons being distracted
D	0.18- 1	10- 50% of persons aware of being tested perceive by smell that the Exposure Standard is being reached
E	<0.18	As " D" for less than 10% of persons aware of being tested

MATERIAL DATA

SIFCO SPS 5300 SELECTRON COPPER ALKALINE SOLUTION:

Not available

ETHYLENEDIAMINE:

■ for ethylenediamine:

Based on a dietary study with rats in which no adverse effects were observed at 23 mg/kg/day free base and the no observed effects in rats exposed by inhalation at 59 ppm, the recommended TLV-TWA is thought to provide sufficient margin of safety.

OSHA has determined that a skin notation is necessary for substances that have a median LD50 of less than 1000 mg/kg.

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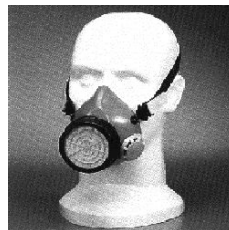
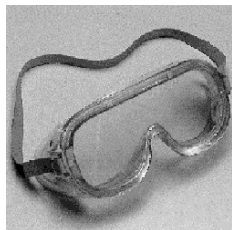
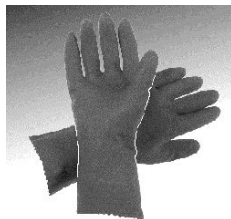
Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

Odour Safety Factor(OSF)
OSF=10 (ETHYLENEDIAMINE).

WATER:

- Not available. Refer to individual constituents.

PERSONAL PROTECTION



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

- Wear chemical protective gloves, eg. PVC.
- Wear safety footwear or safety gumboots, eg. Rubber.
- When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

RESPIRATOR

- Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Breathing Zone Level ppm (volume)	Maximum Protection Factor	Half- face Respirator	Full- Face Respirator
1000	10	AK- AUS P	-
1000	50	-	AK- AUS P
5000	50	Airline *	-
5000	100	-	AK- 2 P
10000	100	-	AK- 3 P

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

100+

Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand.

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 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.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Purple coloured, slightly alkaline liquid with an ammoniacal odour; mixes with water.

PHYSICAL PROPERTIES

Liquid.

Mixes with water.

State	Liquid	Molecular Weight	Not Applicable
Melting Range (°C)	Not Available	Viscosity	Not Available
Boiling Range (°C)	100	Solubility in water (g/L)	Miscible
Flash Point (°C)	Not Applicable	pH (1% solution)	Not Available
Decomposition Temp (°C)	Not Available	pH (as supplied)	10
Autoignition Temp (°C)	Not Applicable	Vapour Pressure (kPa)	Not Available
Upper Explosive Limit (%)	Not Applicable	Specific Gravity (water=1)	1.145
Lower Explosive Limit (%)	Not Applicable	Relative Vapour Density (air=1)	Not Available
Volatile Component (%vol)	Not Available	Evaporation Rate	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.

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.
- The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.
- Amines without benzene rings when swallowed are absorbed throughout the gut. Corrosive action may cause damage throughout the gastrointestinal tract. They are removed through the liver, kidney and intestinal mucosa by enzyme breakdown.
- A metallic taste, nausea, vomiting and burning feeling in the upper stomach region occur after ingestion of copper and its derivatives. The vomitus is usually green/blue and discolours contaminated skin. Acute poisonings from ingestion are rare due to their prompt removal by vomiting. Should vomiting not occur or is delayed, systemic poisoning may occur producing kidney and liver damage, wide-spread capillary damage, and be fatal; death may occur after relapse from an apparent recovery. Anaemia may occur in acute poisoning.

EYE

- The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.
- If applied to the eyes, this material causes severe eye damage.
- The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to

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Section 11 - TOXICOLOGICAL INFORMATION

irritants may produce conjunctivitis.

SKIN

- Skin contact with the material may be harmful; systemic effects may result following absorption.
- The material can produce chemical burns following direct contact with the skin.
- 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.
- The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

INHALED

- Not normally a hazard due to non-volatile nature of product.
- The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
- Acute effects from inhalation of high vapour concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.
- Inhalation of amine vapours may cause irritation of the mucous membrane of the nose and throat, and lung irritation with respiratory distress and cough. Swelling and inflammation of the respiratory tract is seen in serious cases; with headache, nausea, faintness and anxiety. There may also be wheezing.

CHRONIC HEALTH EFFECTS

- Principal routes of exposure are by accidental skin and eye contact and by inhalation of vapours especially at higher temperatures.

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. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.

Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.

Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping.

Sensitisation may give severe responses to very low levels of exposure, i.e. hypersensitivity. Sensitised persons should not be allowed to work in situations where exposure may occur.

TOXICITY AND IRRITATION

- Not available. Refer to individual constituents.

ETHYLENEDIAMINE:

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

TOXICITY

Oral (rat) LD50: 500 mg/kg
Inhalation (human) TCLO: 200 ppm
Inhalation (rat) LCLO: 4000 ppm/8h
Dermal (rabbit) LD50: 750 mg/kg
Inhalation (Human) TCLO: 200 ppm/4h
Oral (Rat) LD50: 1200 mg/kg

IRRITATION

Skin(rabbit):450 mg Open Moderate
Skin(rabbit):10 mg/24h Open SEVERE
Eye (rabbit):0.67 mg SEVERE
Eye (rabbit):0.75mg/24h SEVERE

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Section 11 - TOXICOLOGICAL INFORMATION

Intraperitoneal (Rat) LD50: 76 mg/kg
Subcutaneous (Rat) LD50: 300 mg/kg
Inhalation (Mouse) LC50: 300 mg/m³/4h
Intraperitoneal (Mouse) LD50: 200 mg/kg
Intravenous (Dog) LD: 100 mg/kg
Subcutaneous (Rabbit) LD: 500 mg/kg
Oral (Guinea pig) LD50: 470 mg/kg
Oral (Guinea pig) LD50: 470 mg/kg
Oral (Guinea pig) LD50: 470 mg/kg

■ Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

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. Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.

Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration.

Acute toxicity of ethylenediamine (LD50, rat, oral range from 637 mg/kg to 1850 mg/kg; LC50, rat, inhalation >29 mg/l and LD50, rabbit, dermal 560 mg/kg) is considered to be low to moderate. Gavage administration resulted in effects in the eyes and kidneys. Kidney effects consisted of degenerative and regenerative changes in the tubular epithelium. The Lowest-Observable-Adverse-Effect -Level (LOAEL) is 100 mg/kg/day with a No-Observable-Effect-Level (NOEL) of 20 mg/kg/day observed in the chronic dietary feeding study.

Ethylenediamine was rapidly excreted with most of the material eliminated in the urine within 24 hours. In oral gavage dosing studies, effects on the rat eye (retinal atrophy and, at higher doses, cataract formation) were observed at doses of 100 mg EDA/kg body weight per day and above. Doses of 200 and 100 mg EDA/kg body weight per day and above were associated with renal damage in rats and mice, respectively. There was also some indication of effects in the spleen in mice and rats at doses of 400 mg EDA/kg body weight per day and above and in the thymus in rats at 800 mg/kg body weight per day. In inhalation studies, no effects were seen in rats at about 150 mg/m³ (60 ppm), and slight depilation was the only treatment-related effect observed at about 330 mg/m³ (132 ppm).

EDA is also capable of inducing a state of respiratory tract hypersensitivity and provoking asthma in the occupational environment, and this is considered to be the major health effect of concern. The mechanism for the induction of the hypersensitive state is not proven, although the skin sensitizing potential of EDA and

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the limited evidence of immunological involvement in workers with EDA-provoked asthma are suggestive of an immunological mechanism. However, irrespective of the mechanism involved, the available data do not allow either elucidation of dose-response relationships or identification of the thresholds for induction of the hypersensitive state or provocation of an asthmatic response.

Due to the high alkalinity, ethylenediamine is corrosive to the skin and eyes. It is a dermal and respiratory sensitizer in humans and has been reported to cross-sensitize for chemicals of similar structure. In repeat dose studies, decreased body weight along with decreased water and feed consumption were observed. Every attempt was made to minimise the irritating nature of EDA and reduce the pH by using EDA-2HCl.

Ethylenediamine has produced weakly positive results, 2-3 times greater than control values, in several Ames tests, which may or may not be related to an impurity. Subsequent studies conducted with purer material were negative. Hepatocellular pleomorphism was noted in every study following dietary administration of longer than 13 weeks duration. All other tests including several in vitro assays (CHO gene mutation, sister chromatid exchange with CHO cells and UDS with primary rat hepatocytes) and a rat dominant lethal assay were negative. The weight of evidence from both in vitro and in vivo tests indicates that ethylenediamine is unlikely to be genotoxic. In chronic bioassays via two routes of exposure there was no carcinogenic effect. In developmental toxicity studies, growth retardation was noted at maternally toxic levels. However, there was no evidence of developmental toxicity at maternally toxic doses when compared with a pair-fed control. There was no effect on reproductive parameters at levels, which produced parental toxicity.

Acute toxicity of ethylenediamine (LD50, rat, oral range from 637 mg/kg to 1850 mg/kg; LC50, rat, inhalation >29 mg/l and LD50, rabbit, dermal 560 mg/kg) is considered to be low to moderate. Due to the high alkalinity, ethylenediamine is corrosive to the skin and eyes. It is a dermal and respiratory sensitizer in humans and has been reported to cross-sensitize for chemicals of similar structure. In repeat dose studies, decreased body weight along with decreased water and feed consumption were observed. Every attempt was made to minimise the irritating nature of EDA and reduce the pH by using EDA-2HCl. Hepatocellular pleomorphism was noted in every study following dietary administration of longer than 13 weeks duration. Gavage administration resulted in effects in the eyes and kidneys. Kidney effects consisted of degenerative and regenerative changes in the tubular epithelium. The Lowest-Observable-Adverse-Effect -Level (LOAEL) is 100 mg/kg/day with a No-Observable-Effect-Level (NOEL) of 20 mg/kg/day observed in the chronic dietary feeding study. Ethylenediamine was rapidly excreted with most of the material eliminated in the urine within 24 hours. Ethylenediamine has produced weakly positive results, 2-3 times greater than control values, in several Ames tests, which may or may not be related to an impurity. Subsequent studies conducted with purer material were negative. All other tests including several in vitro assays (CHO gene mutation, sister chromatid exchange with CHO cells and UDS with primary rat hepatocytes) and a rat dominant lethal assay were negative. The weight of evidence from both in vitro and in vivo tests indicates that ethylenediamine is unlikely to be genotoxic. In chronic bioassays via two routes of exposure there was no carcinogenic effect. In developmental toxicity studies, growth retardation was noted at maternally toxic levels. However, there was no evidence of developmental toxicity at maternally toxic doses when compared with a pair-fed control. There was no effect on reproductive parameters at levels, which produced parental toxicity.

COPPER SULFATE:

■ unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY

Oral (human) LDLo: 50 mg/kg

Oral (man) LDLo: 857 mg/kg

Oral (human) TDLo: 11 mg/kg

Oral (rat) LD50: 300 mg/kg

■ 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.

IRRITATION

Nil Reported

continued...

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Section 11 - TOXICOLOGICAL INFORMATION

WATER:

- No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

copper sulfate 96 hr LC50 (0.363) mg/L Colorado squawfish Fish Source: Calculated

Refer to data for ingredients, which follows:

COPPER SULFATE:

ALKALINE COPPER SOLUTION:

- Very toxic to aquatic organisms.
- Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters. Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

ETHYLENEDIAMINE:

SIFCO SPS 5300 SELECTRON COPPER ALKALINE SOLUTION:

- DO NOT discharge into sewer or waterways.

SIFCO SPS 5300 SELECTRON COPPER ALKALINE SOLUTION:

ETHYLENEDIAMINE:

- | | |
|--------------------------------------|------------|
| ■ Fish LC50 (96hr.) (mg/l): | 230 (48hr) |
| ■ Daphnia magna EC50 (48hr.) (mg/l): | 0.88 |
| ■ Algae IC50 (72hr.) (mg/l): | 0.08- 0.85 |
| ■ log Kow (Sangster 1997): | - 2.04 |
| ■ BOD5: | 0.01 |
| ■ COD: | 1.33 |
| ■ ThOD: | 3.45 |

- for ethylenediamine (EDA):

Environmental fate:

EDA's vapor pressure is 12 hPa at 200 C, the log Pow range is from -1.3 to -2.04 and the water solubility is 110 g/L. It should be noted that while EDA does not have as high a stability constant as several higher molecular weight ethyleneamines, it does have the potential to chelate copper.

No atmospheric effects are expected, as reaction of EDA with hydroxyl radicals is likely to be rapid (half-life 8.9 h), and washout of volatilised EDA is expected. Volatilisation to the atmosphere is likely from soil but not from water. Photodegradation is not expected, as the molecule contains no chromophores, which absorb radiation.

Adsorption to soil particulates is strong through electrostatic binding; leaching through soil profiles to groundwater is not expected. Sorption to soil was rapid, with equilibrium occurring within a few hours. Electrostatic interaction between the positively charged EDA and negatively charged soils appeared to be the dominant factor in binding. Complex formation with metals and humic acids is expected. Sorption is greater to soils with high cation exchange capacity.

EDA is expected to be readily biodegradable in the environment with > 80% degraded within 28 days.

Biodegradation is the most likely source of breakdown in the environment and should be quite rapid; adaptation of microorganisms may improve degradation. Breakdown is less rapid in seawater than in fresh water. Bioaccumulation is unlikely.

Using the level III Fugacity Model by Mackay, most of EDA at steady state will partition to the water compartment.

Ecotoxicity:

Fish LC50 (96 h): 115 mg/l

Algae EC50 (96 h): 61 mg/l (biomass)

Daphnia magna LC50 (48 h): 3-46 mg/l; NOEC (21 d): 0.16 mg/l (reproduction)

continued...

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Section 12 - ECOLOGICAL INFORMATION

Toxic thresholds for microorganisms may be as low as 0.1 mg EDA/litre. However, toxicity tests in culture media should be treated with caution, as the EDA may complex with metal ions. Effects may therefore be indirect, resulting from the loss of bioavailability of essential elements. Given the wide range of acute and chronic test results, a predicted no-effect concentration (PNEC) for aquatic organisms was taken as 16 ug/litre, based on application of an uncertainty factor of 10 to the lowest reported NOEC for Daphnia reproduction. Conservative assumptions for predicted environmental concentration (PEC) produce PEC/PNEC ratios indicating some concern from initial concentrations (i.e., at first release into the river or estuary). However, more refined exposure estimates indicate low risk to aquatic organisms.

■ Prevent, by any means available, spillage from entering drains or water courses.

BOD 5: 0.01

COD: 1.33

ThOD: 3.45

Nitrif. inhib.: 43% inhib at 50mg/L

COPPER SULFATE:

■ Fish LC50 (96hr.) (mg/l): 3.20- 7.4

/53#90metal#90cu#90cu1#90cu2#90sulfate#90etox1

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
ethylenediamine	LOW		LOW	HIGH
copper sulfate	HIGH		LOW	HIGH
water	LOW		LOW	HIGH

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 land-fill specifically licenced to accept chemical and / or pharmaceutical wastes 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.
- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM:

☐ None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: UN, IATA, IMDG

continued...

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Section 15 - REGULATORY INFORMATION

REGULATIONS

Regulations for ingredients

ethylenediamine (CAS: 107-15-3) is found on the following regulatory lists;

"Australia Exposure Standards", "Australia Hazardous Substances", "Australia Inventory of Chemical Substances (AICS)", "GESAMP/EHS Composite List - GESAMP Hazard Profiles", "IMO IBC Code Chapter 17: Summary of minimum requirements", "IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk", "International Council of Chemical Associations (ICCA) - High Production Volume List", "OECD Representative List of High Production Volume (HPV) Chemicals"

copper sulfate (CAS: 7758-98-7) is found on the following regulatory lists;

"Australia Hazardous Substances", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "Australia Therapeutic Goods Administration (TGA) Substances that may be used as active ingredients in Listed medicines", "International Council of Chemical Associations (ICCA) - High Production Volume List", "OECD Representative List of High Production Volume (HPV) Chemicals"

water (CAS: 7732-18-5) is found on the following regulatory lists;

"Australia Inventory of Chemical Substances (AICS)", "IMO IBC Code Chapter 18: List of products to which the Code does not apply", "OECD Representative List of High Production Volume (HPV) Chemicals"

No data for Copper Alkaline Solution

Section 16 - OTHER INFORMATION

EXPOSURE STANDARD FOR MIXTURES

■ "Worst Case" computer-aided prediction of spray/ mist or fume/ dust components and concentration:

■ Composite Exposure Standard for Mixture (TWA) :100 mg/m³.

■ Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by using available literature references.

■ The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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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