

AMMONIUM METAVANADATE

GHS Safety Data Sheet

Version No:4

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

AMMONIUM METAVANADATE

OTHER NAMES

H4-N-O3-V, H4-N-O3-V, "ammonium vanadate", "vanadic acid, ammonium salt"

PROPER SHIPPING NAME

AMMONIUM METAVANADATE

PRODUCT USE

For catalyst as vanadium pentoxide, dyes, varnishes, indelible inks, drier for paints and inks, photography, analytical reagent.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

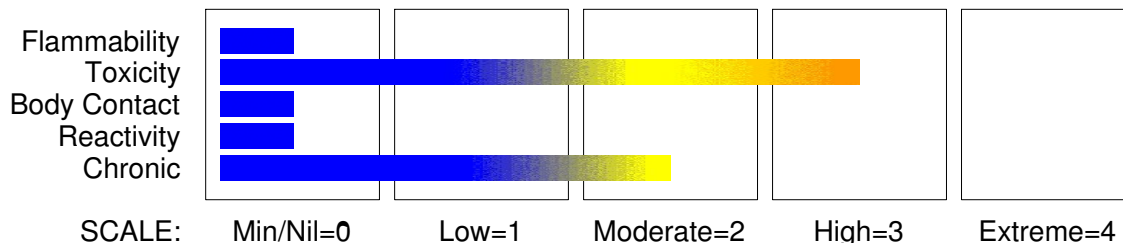
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 1

Acute Toxicity (Oral) Category 2

continued...

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Section 2 - HAZARDS IDENTIFICATION



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H330 H300

Fatal if inhaled

Fatal if swallowed

PRECAUTIONARY STATEMENTS

Prevention

Use only outdoors or in a well ventilated area.

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

Wash hands thoroughly after handling.

Wear respiratory protection.

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

Response

Immediately call a POISON CENTER or doctor/physician.

IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.

Keep container tightly closed.

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

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	%
ammonium metavanadate	7803-55-6	100

Section 4 - FIRST AID MEASURES

SWALLOWED

- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- For advice, contact a Poisons Information Centre or a doctor.
- Urgent hospital treatment is likely to be needed.

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Section 4 - FIRST AID MEASURES

- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
 - If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
 - If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.
 - Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:
 - INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- NOTE: Wear a protective glove when inducing vomiting by mechanical means.

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:
- Flush skin and hair with running water (and soap if available).
 - Seek medical attention in event of irritation.

INHALED

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

NOTES TO PHYSICIAN

For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- Anticipate seizures .
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

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Section 4 - FIRST AID MEASURES

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- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
 - Positive-pressure ventilation using a bag-valve mask might be of use.
 - Monitor and treat, where necessary, for arrhythmias.
 - Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
 - Drug therapy should be considered for pulmonary oedema.
 - Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
 - Treat seizures with diazepam.

· Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

BAL has no apparent therapeutic benefit in vanadium poisoning but edetate calcium disodium and disodium catechol disulfonate are effective antidotes in animals.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Sampling Time	Index	Comments
Vanadium in urine	End of shift at end of workweek	50 ug/g creatinine	SQ

SQ: Semi-quantitative determinant - interpretation may be ambiguous; should be used as a screening test or confirmatory test.

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 breathing apparatus plus protective gloves.
- 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.
- Use water delivered as a fine spray to control fire and cool adjacent 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.

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Section 5 - FIRE FIGHTING MEASURES

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn.
- Decomposition may produce toxic fumes of: nitrogen oxides (NO_x), metal oxides.
May emit poisonous fumes.

FIRE INCOMPATIBILITY

None known.

Personal Protective Equipment

Gloves, boots (chemical resistant).
Breathing apparatus.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place in clean drum then flush area with water.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses.
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Water spray or fog may be used to disperse / absorb vapour.
- Contain or absorb spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- 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:

ammonium metavanadate 3.5 mg/m³

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

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Section 6 - ACCIDENTAL RELEASE MEASURES

protective action is:

ammonium metavanadate 0.3 mg/m³

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

ammonium metavanadate 0.1 mg/m³

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

ammonium metavanadate 0.03 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

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X



X



+



X



X



+

+: May be stored together

O: May be stored together with specific precautions

X: Must not be stored together

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- 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.

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Section 7 - HANDLING AND STORAGE

SUITABLE CONTAINER

All inner and sole packagings for substances that have been assigned to Packaging Groups I or II on the basis of inhalation toxicity criteria, must be hermetically sealed.

STORAGE INCOMPATIBILITY

None known.

STORAGE REQUIREMENTS

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

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- ammonium metavanadate:

CAS:7803- 55- 6 CAS:72901- 38- 3 CAS:72901- 42- 9
CAS:105659- 35- 6 CAS:72901- 37- 2 CAS:72901- 41- 8
CAS:72901- 40- 7

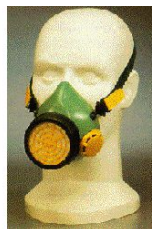
MATERIAL DATA

Exposure to vanadium dusts can induce cough, rhinorrhea, ocular burning and conjunctivitis, nasal catarrh and hemorrhage, wheezing, rales, green to black tongue and rhonchi.

The recommended TLV is thought to minimise the potential of upper respiratory tract irritation, pulmonary disease, and systemic vanadium intoxication. Although no data has been produced to suggest vanadium pentoxide is a carcinogen, increases in the number of normal cells (chronic hyperplasia) in the nasal epithelium of workers exposed to high concentrations of the dust, continues to raise concerns.

The TWA was established to limit the total daily dose rather than a ceiling (compare NIOSH recommendation) limit whose prime use limits peak exposure concentrations. New documentation is currently being reviewed to establish whether a ceiling value is more appropriate.

PERSONAL PROTECTION



EYE

- Safety glasses with side shields
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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.

OTHER

- Overalls.
- Eyewash unit.
- Barrier cream.
- Skin cleansing cream.

RESPIRATOR

Protection Factor	Half- Face Respirator	Full- Face Respirator	Powered Air Respirator
10 x ES	P1 Air- line*	- -	PAPR- P1 -
50 x ES	Air- line**	P2	PAPR- P2
100 x ES	-	P3	-
		Air- line*	-
100+ x ES	-	Air- line**	PAPR- P3

* - Negative pressure demand ** - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations.

Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the 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)

Air Speed:
0.25- 0.5 m/s (50- 100 f/min.)

0.5- 1 m/s (100- 200 f/min.)

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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).

1- 2.5 m/s (200- 500 f/min.)

2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range

1: Room air currents minimal or favourable to capture

2: Contaminants of low toxicity or of nuisance value only.

3: Intermittent, low production.

4: Large hood or large air mass in motion

Upper end of the range

1: Disturbing room air currents

2: Contaminants of high toxicity

3: High production, heavy use

4: Small hood- local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White odourless crystalline solid; mixes with water.

Insoluble in saturated ammonium chloride solution.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 116.99

Melting Range (°C): 690

Solubility in water (g/L): Miscible

pH (1% solution): Not applicable.

Volatile Component (%vol): Not applicable.

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

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): 210 (decomposes)

Specific Gravity (water=1): 2.326

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 Applicable

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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

Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.

Rats orally poisoned by vanadium salts show immediate distress, with a hemorrhagic exudate from nose, marked diarrhea, paralysis of the hind limbs, laboured respiration, convulsions (sometimes with asphyxia) and death. Rats appeared to survive cumulative doses several times larger than the single lethal dose but in all cases the toxic syndromes, mentioned above, developed. Pathology showed congestion of many internal organs with fatty degeneration of liver and kidney and, sometimes, focal haemorrhage in lung and adrenal cortex being prominent. Vanadium has the same magnitude of toxicity as pentavalent arsenic. Anionic vanadium is said to be more toxic than the cationic form. Human metabolism allows detoxification of ammonia, however toxic effects appear if this mechanism is overwhelmed by other than small doses. Large doses of ammonium salts may produce diarrhoea and may be sufficiently absorbed to produce diuresis and systemic ammonia poisoning. Such poisonings have been described after parenteral administration of the salts and produce flaccidity of facial muscles, tremor, generalised discomfort, anxiety and impairment of motor performance, recognition and of critical flicker fusion. Such a clinical picture resembles that found in terminal liver failure - elevated levels of ammonia are found regularly in advanced liver disease.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may cause transient discomfort characterised by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.

SKIN

Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

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.

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Section 11 - TOXICOLOGICAL INFORMATION

INHALED

Inhalation of dusts, generated by the material during the course of normal handling, may produce serious damage to the health of the individual.

The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of dusts, or fumes, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. Poisoning by vanadium dust inhalation is common in industry. First symptoms include irritation of the respiratory tract and conjunctivae, fits of dry coughing, rales, acute bronchitis and bronchospasm, nasal catarrh, blood-stained sputum (haemoptysis) and a greenish-black discolouration of the tongue. Systemic symptoms often develop and may include anorexia, anaemia, nausea, headache, insomnia, nervousness, dizziness, derangement of kidney function, tremor, psychic disturbance and blindness.

CHRONIC HEALTH EFFECTS

On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Vanadium is thought to be an essential trace element with the required level in human nutrition thought to be very low. Feeding trials in humans conducted over 45-94 days (1575-8375 mg of ammonium vanadyl tartrate) produced gastrointestinal distress but no changes in clinical chemistry. Ingestion of 50 mg/day resulted in transient green discolouration of the tongue. Amongst workers in a vanadium refinery exposed at levels of up to 12 mg/m³ cases of respiratory irritation and chronic bronchitis have been described. Emphysema and intoxication was found in boiler cleaners (vanadium is found in soot generated in oil-burning facilities) where vanadium exposures ranged from 30-104 mg/m³. Vanadium exposed workers complain of significantly more wheezing than their matched controls although no differences appear in chest radiography, forced vital capacity (FCV) or FEV1 in workers exposed at levels of 0.1 to 3.9 mg/m³.

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 160 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

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)

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Section 13 - DISPOSAL CONSIDERATIONS

- 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



Labels Required: TOXIC
HAZCHEM: 2Z

UNDG:

Dangerous Goods Class:	6.1	Subrisk:	None
UN Number:	2859	Packing Group:	II
Shipping Name:AMMONIUM METAVANADATE			

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	2859	Packing Group:	II
ERG Code:	6L		
Shipping name:AMMONIUM METAVANADATE			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	2859	Packing Group:	II
EMS Number:	F- A, S- A		
Shipping name:AMMONIUM METAVANADATE			

Section 15 - REGULATORY INFORMATION

REGULATIONS

ammonium metavanadate (CAS: 7803-55-6) is found on the following regulatory lists;
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for ammonium metavanadate as CAS: 72901-38-3, CAS: 72901-42-9, CAS: 105659-35-6, CAS: 72901-37-2, CAS: 72901-41-8, CAS: 72901-40-7.

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Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
ammonium metavanadate	7803- 55- 6, 72901- 38- 3, 72901- 42- 9, 105659- 35- 6, 72901- 37- 2, 72901- 41- 8, 72901- 40- 7

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: 19-Oct-2017