

AMMONIUM OXALATE

GHS Safety Data Sheet

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

AMMONIUM OXALATE

OTHER NAMES

N₂H₈C₂O₄, (NH₄)₂C₂O₄, "ammonium oxalate, anhydrous", "oxalic acid, diammonium salt monohydrate", "oxalic acid, diammonium salt", "ammonium oxalate monohydrate", "ammonium oxalate hydrate", "ammonium hydrogen oxalate"

PROPER SHIPPING NAME

TOXIC SOLID, ORGANIC, N.O.S.(contains ammonium oxalate)

PRODUCT USE

Manufacture of explosives, metal polishes; in the detinning of iron and in dyeing. Used for the detection and determination of calcium, lead and rare earth metals.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

technical@sdfine.com

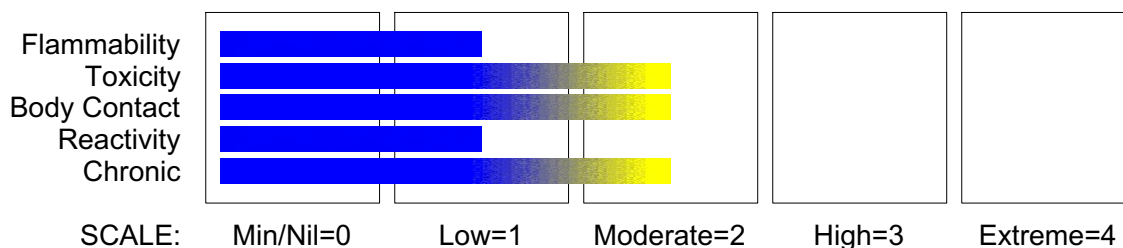
Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

Section 2 - HAZARDS IDENTIFICATION

HAZARD RATINGS



GHS Classification

Acute Toxicity (Dermal) Category 4

Acute Toxicity (Oral) Category 4

Eye Irritation Category 2A

Reproductive Toxicity Category 2

continued...

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Section 2 - HAZARDS IDENTIFICATION

Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 3



EMERGENCY OVERVIEW

HAZARD

WARNING

Determined by using GHS criteria:
H335 H302 H312 H316 H319 H361

May cause respiratory irritation

Harmful if swallowed

Harmful in contact with skin

Causes mild skin irritation

Causes serious eye irritation

Suspected of damaging fertility

PRECAUTIONARY STATEMENTS

Prevention

Obtain special instructions before use.

Do not handle until all safety precautions have been read and understood.

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.

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

Use personal protective equipment as required.

Response

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

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

IF INHALED: 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.

IF exposed or concerned: Get medical advice/ attention.

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

Rinse mouth.

If skin irritation occurs: Get medical advice/ attention.

If eye irritation persists: Get medical advice/attention.

Wash contaminated clothing before reuse.

Storage

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

Store locked up.

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Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
ammonium oxalate	1113-38-8	> 98

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.
 - 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:
- Wash out immediately with fresh running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

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

INHALED

- If 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

- » Treatment must be prompt.
- Give immediately by mouth, a dilute solution of any soluble calcium salt; calcium lactate, lime water, finely pulverised chalk or plaster suspended in a large volume of water or milk. Large amounts of calcium are required to inactivate oxalate by precipitating it as the insoluble calcium salt. Do NOT give an emetic drug.
- Perform gastric lavage carefully or not at all if severe mucosal injury is evident.

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Dilute lime water (calcium hydroxide) makes a good lavage fluid if used in large quantity.

- Administer a slow intravenous injection of 10-20 ml of calcium gluconate (10% solution) or of calcium chloride (5% solution). This injection may be repeated frequently to prevent hypocalcaemic tetany. Calcium gluconate (10 m) may also be given intramuscularly every few hours. Calcium compounds are never given subcutaneously; even the intramuscular route is hazardous in infants because of the incidence of sloughing.
- In severe cases parathyroid extract (100 USP units) should be given intramuscularly.
- Morphine may be necessary to control pain.
- Treat shock by cautious intravenous injection of isotonic saline solution. Check for metabolic acidosis and infuse sodium bicarbonate if necessary.
- Watch for oedema of the glottis late formation of oesophageal stricture.
- Useful demulcents by mouth include milk of magnesia, bismuth subcarbonate, and mineral oil.
- Prophylactic and therapeutic measures in anticipation of renal damage.

[GOSSELIN SMITH HODGE: Clinical Toxicology of Commercial Products]

Oxalates are readily metabolized to oxalic acid in the body. Oxalic acid is excreted in the urine at a rate of 8-40 mg/day in healthy normal men and women. About half is excreted as oxalic acid and half as magnesium, calcium or other salts. Ingested oxalic acid is also excreted in the feces. In rats, approximately half of ingested oxalic acid is destroyed by bacterial action and about 25% is excreted unchanged in the feces. In humans, calcium oxalate is deposited in the kidneys as crystals and may be deposited in non-crystalline form, bound to lipid, in the liver and other body tissues.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.
- Water spray or fog - Large fires only.

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 (420 micron or less) may burn rapidly and fiercely if ignited.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

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Section 5 - FIRE FIGHTING MEASURES

- 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 (CO₂), nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.

May emit poisonous 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.

Limit exposure duration to 1 BA set 30 mins.

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.
 - 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.
- 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.

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Section 7 - HANDLING AND STORAGE

- 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.

Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.

- Do NOT cut, drill, grind or weld such containers
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

SUITABLE CONTAINER

- Glass container is suitable for laboratory quantities.
- 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.

For low viscosity materials

- Drums and jerricans must be of the non-removable head type.
- Where a can is to be used as an inner package, the can must have a screwed enclosure.

For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
 - Cans with friction closures and
 - low pressure tubes and cartridges
- may be used.

-

Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages *.

-

In addition, where inner packagings are glass and contain liquids of packing group I and II there must be sufficient inert absorbent to absorb any spillage *.

-

* unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidising agents.
- Avoid storage with strong oxidisers, sodium hypochlorite and ammonium acetate

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



+



X



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

The following materials had no OELs on our records

• ammonium oxalate: CAS:1113- 38- 8 CAS:6009- 70- 7

MATERIAL DATA

» 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.

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.

PERSONAL PROTECTION

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION



EYE

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

HANDS/FEET

- Wear chemical protective gloves, eg. PVC.
 - Wear safety footwear or safety gumboots, eg. Rubber.
- 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.

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 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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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:

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:

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 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 crystals or powder, slightly soluble in water (2.5 g/100 ml, 0 deg. C) and alcohol. May be anhydrous or in monohydrate form.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Molecular Weight: 124.12 anhydrous

Melting Range (°C): Decomposes.

Solubility in water (g/L): Partly miscible

pH (1% solution): 6.4 (0.1M soln.)

Volatile Component (%vol): Not applicable.

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

Lower Explosive Limit (%): Not Available

Autoignition Temp (°C): Not Available

State: Divided solid

Boiling Range (°C): Not applicable.

Specific Gravity (water=1): 1.50

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not applicable.

Evaporation Rate: Not applicable

Flash Point (°C): Not Available

Upper Explosive Limit (%): Not Available

Decomposition Temp (°C): >150.

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.

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.

» 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.

» Soluble or solubilised oxalates act as severe corrosive agents within the alimentary tract and may be lethal as a result of severe gastroenteritis and secondary shock. Where gastrointestinal symptoms are absent (as is the case with dilute solutions) systemic effects may dominate resulting in muscle twitching, cramps and central nervous system depression.

Neuromuscular effects are the result of the calcium-complexing action of oxalate and the subsequent depression of body fluid calcium ion. This form of hypocalcaemia is thought to produce severe disturbances in heart and brain function. Calcium oxalate also deposits in the soft tissues of the kidney and liver and may result in renal damage with the development of lesions and mechanical injury.

Symptoms of poisoning may include vomiting (often bloody with coffee-ground appearance), pain, weak, irregular pulse, headache, muscular cramp, tetany and, sometimes, convulsion, stupor and coma. Oliguria, albuminuria and hematuria may persist for several weeks as a result of kidney damage.

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The mean lethal dose of soluble oxalates in adults is estimated to be 10-30 grams (143-428 mg/kg).

EYE

» Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals.

Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

SKIN

» Skin contact with the material may be harmful; systemic effects may result following absorption.

» Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

» Oxalate ion is an irritant and may cause dermatitis. Following contact skin lesions may develop. Epithelial cracking and slow-healing ulceration may follow. They fingers may appears cyanotic.

» Open cuts, abraded or irritated skin should not be exposed to this material.

» 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, puncture wounds 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

» Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.

» Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

» Inhalation of soluble oxalates produces irritation of the respiratory tract. Systemic effects may include protein in the urine (albuminuria), ulceration of the mucous membranes, headaches, nervousness, cough, vomiting, emaciation, back pain (due to kidney injury) and weakness.

Inhalation of soluble oxalates over a long period of time might result in weight loss and respiratory tract inflammation.

CHRONIC HEALTH EFFECTS

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

Exposure to the material may cause concerns for human fertility, on the basis that similar materials provide some evidence of impaired fertility in the absence of toxic

produce

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Section 11 - TOXICOLOGICAL INFORMATION

effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects.

Chronic exposure to oxalates may result in circulatory failure or nervous system irregularities may follow prolonged calcium metabolism due to oxalation. Prolonged and severe exposure can cause chronic cough, albuminuria, vomiting, pain in the back and gradual emaciation and weakness. Prolonged or repeated overexposure may result in delayed liver and/or kidney damage. Certain rare individuals are subject to oxalosis (deposition of oxalates in the kidneys) and are unusually reactive to any exposure.

Rats administered oxalic acid at 2.5 and 5% in the diet for 70 days developed depressed thyroid function and weight loss. A study of railroad car cleaners in Norway who were heavily exposed to oxalic acid solutions and vapors revealed a 53% prevalence of urolithiasis (the formation of urinary stones), compared to a rate of 12% among unexposed workers from the same company.

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.

TOXICITY AND IRRITATION

» No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

This material and its container must be disposed of as hazardous waste.

Section 13 - DISPOSAL CONSIDERATIONS

- 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.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction,
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations

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Section 13 - DISPOSAL CONSIDERATIONS

and these should be considered first.

- Where in doubt contact the responsible authority.
- 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



Labels Required: TOXIC

HAZCHEM: None

UNDG:

Dangerous Goods Class:	6.1	Subrisk:	None
UN Number:	2811	Packing Group:	III
Shipping Name: TOXIC SOLID, ORGANIC, N.O.S. (contains ammonium oxalate)			

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	2811	Packing Group:	III
Special provisions:	A3 A5		
Shipping Name: TOXIC SOLID, ORGANIC, N.O.S. *(CONTAINS AMMONIUM OXALATE)			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	2811	Packing Group:	III
EMS Number:	F- A, S- A	Special provisions:	223 274 944
Limited Quantities:	5 kg	Marine Pollutant:	Not Determined
Shipping Name: TOXIC SOLID, ORGANIC, N.O.S.(contains ammonium oxalate)			

Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable

No data available for ammonium oxalate as CAS: 1113-38-8, CAS: 6009-70-7.

continued...

AMMONIUM OXALATE

GHS Safety Data Sheet

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Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
ammonium oxalate	1113- 38- 8, 6009- 70- 7

MSDS SECTION CHANGES

The following table displays the version number of and date on which each section was last changed.

Section Name	Version	Date	Section Name	Version	Date	Section Name
First Aid (eye)	5	30- Oct- 2008	Handling Procedure	5	30- Oct- 2008	Acute Health
(eye)	5	30- Oct- 2008	Storage (storage	5	30- Oct- 2008	Acute Health
First Aid	5	30- Oct- 2008	incompatibility)			(inhaled)
(inhaled)			Storage (storage	5	30- Oct- 2008	Acute Health
First Aid (skin)	5	30- Oct- 2008	requirement)			(skin)
(skin)	5	30- Oct- 2008	Storage (suitable	5	30- Oct- 2008	Acute Health
First Aid	5	30- Oct- 2008	container)			(swallowed)
(swallowed)			Engineering	5	30- Oct- 2008	Chronic Health
Fire Fighter (fire	5	30- Oct- 2008	Control			
fighting)	5	30- Oct- 2008	Exposure Standard	5	30- Oct- 2008	Toxicity and
Fire Fighter (fire	5	30- Oct- 2008	Personal	5	30- Oct- 2008	Irritation (Other)
incompatibility)			Protection			Environmental
Fire Fighter	5	30- Oct- 2008	(hands/feet)			
(fire/explosion			Appearance	5	30- Oct- 2008	Disposal
hazard)			19	5	30- Oct- 2008	
Spills (major)	5	30- Oct- 2008				
(major)	5	30- Oct- 2008				
Spills (minor)	5	30- Oct- 2008				
(minor)	5	30- Oct- 2008				

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: 11-Oct-2017