

TERT-AMYL ALCOHOL

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

TERT-AMYL ALCOHOL

OTHER NAMES

C5-H12-O, (CH₃)₂C(OH)CH₂CH₃, "tert-pentyl alcohol", "amylene hydrate", "2-butanol, 2-methyl-", "2-butanol, 2-methyl-", dimethylethylcarbinol, "ethyl dimethyl carbinol", "2-methyl butanol-2", "2-methyl butanol-2", 2-methylbutan-2-ol, 2-methylbutan-2-ol, 2-methyl-2-butanol, 2-methyl-2-butanol, 3-methyl-butanol-(3), 3-methyl-butanol-(3), 3-methylbutan-3-ol, 3-methylbutan-3-ol

PROPER SHIPPING NAME

PENTANOLS

PRODUCT USE

Solvent, flotation agent, organic syntheses, medicine (sedative).

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,

MUMBAI- 400030.INDIA.

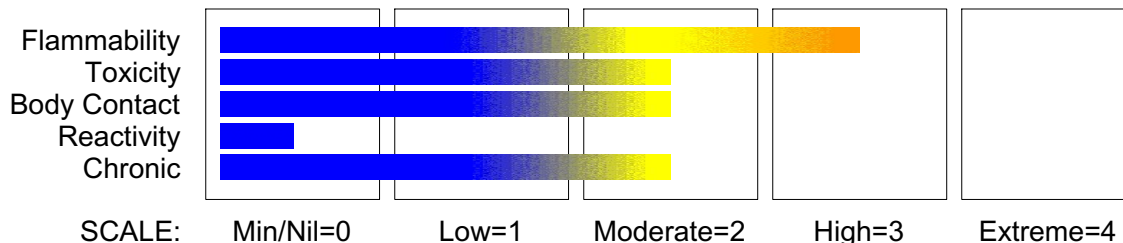
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 4

Aspiration Hazard Category 1

Flammable Liquid Category 2

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Section 2 - HAZARDS IDENTIFICATION

Reproductive Toxicity Category 2
Respiratory Effects Category 3
Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 2



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:
H304 H335 H336 H225 H302 H332 H315 H361
May be fatal if swallowed and enters airways
May cause respiratory irritation
May cause drowsiness and dizziness
Highly flammable liquid and vapour
Harmful if swallowed
Harmful if inhaled
Causes skin irritation
Suspected of damaging the unborn child

PRECAUTIONARY STATEMENTS

Prevention

Wash hands thoroughly after handling.
Do not eat, drink or smoke when using this product.
Ground/bond container and receiving equipment.
Wash thoroughly after handling.
Avoid breathing dust/fume/gas/mist/vapours/spray.
Obtain special instructions before use.
Do not handle until all safety precautions have been read and understood.
Use only non-sparking tools.
Use personal protective equipment as required.
Keep container tightly closed.
Keep away from heat/sparks/open flame - No smoking.
Use only outdoors or in a well ventilated area.
Take precautionary measures against static discharge
Use explosion-proof electrical/ventilating/lighting/equipment
Wear protective gloves and eye/face protection.

Response

IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.
If skin irritation occurs, seek medical advice/attention.
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
IF ON SKIN: Gently wash with plenty of soap and water.
Specific treatment: refer to Label or MSDS.
If on skin or hair: remove/take off immediately all contaminated clothing. Rinse with water/shower.
If exposed or concerned: Get medical attention advice.
Wash/Decontaminate removed clothing before reuse.
Remove/Take off immediately all contaminated clothing

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Section 2 - HAZARDS IDENTIFICATION

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

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
tert- amyl alcohol	75-85-4	>97

Section 4 - FIRST AID MEASURES

SWALLOWED

For advice, contact a Poisons Information Centre or a doctor.

- 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.
- Seek medical advice.

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 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

To treat poisoning by the higher aliphatic alcohols:

- Gastric lavage with copious amounts of water.

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Section 4 - FIRST AID MEASURES

- It may be beneficial to instill 60 ml of mineral oil into the stomach.
- Oxygen and artificial respiration as needed.
- Electrolyte balance: it may be useful to start 500 ml. M/6 sodium bicarbonate intravenously but maintain a cautious and conservative attitude toward electrolyte replacement unless shock or severe acidosis threatens.
- To protect the liver, maintain carbohydrate intake by intravenous infusions of glucose.
- Haemodialysis if coma is deep and persistent. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, Ed 5)

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 shock.
- Monitor and treat, where necessary, for pulmonary oedema.
- Anticipate and treat, where necessary, for 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.
- Give activated charcoal.

ADVANCED TREATMENT

- 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.
- If the patient is hypoglycaemic (decreased or loss of consciousness, tachycardia, pallor, dilated pupils, diaphoresis and/or dextrose strip or glucometer readings below 50 mg), give 50% dextrose.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Acidosis may respond to hyperventilation and bicarbonate therapy.
- Haemodialysis might be considered in patients with severe intoxication.
- Consult a toxicologist as necessary. BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

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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.
- May be violently or explosively reactive.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- If safe, switch off electrical equipment until vapour fire hazard removed.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- Avoid spraying water onto liquid pools.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.

FIRE/EXPLOSION HAZARD

- Liquid and vapour are highly flammable.
- Severe fire hazard when exposed to heat, flame and/or oxidisers.
- Vapour may travel a considerable distance to source of ignition.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).

FIRE INCOMPATIBILITY

Avoid contamination with strong oxidising agents as ignition may result.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb small quantities with vermiculite or other absorbent material.
- Wipe up.
- Collect residues in a flammable waste container.

MAJOR SPILLS

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

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Section 6 - ACCIDENTAL RELEASE MEASURES

- Use only spark-free shovels and explosion proof equipment.
- Collect recoverable product into labelled containers for recycling.
- Absorb remaining product with sand, earth or vermiculite.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid generating and breathing mist.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of overexposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- Avoid smoking, naked lights or ignition sources.
- Avoid generation of static electricity.
- DO NOT use plastic buckets.
- Earth all lines and equipment.
- Use spark-free tools when handling.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.

SUITABLE CONTAINER

- Packing as supplied by manufacturer.
- Plastic containers may only be used if approved for flammable liquid.
- Check that containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Avoid storage with oxidisers.

STORAGE REQUIREMENTS

- Store in original containers in approved flammable liquid storage area.
- DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
- No smoking, naked lights, heat or ignition sources.
- Keep containers securely sealed.
- Store away from incompatible materials in a cool, dry, well-ventilated area.
- 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



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

- tert- amyl alcohol: CAS:75- 85- 4

MATERIAL DATA

No exposure limits set by NOHSC or ACGIH.

CEL TWA: 100 ppm, 361 mg/m³; STEL: 125 ppm, 452 mg/m³

(compare iso-amyl alcohol TLV TWA and OEL-TWA-Denmark)

PERSONAL PROTECTION



EYE

- Safety glasses with side shields; or as required,
- 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

- Barrier cream with polyethylene gloves.
- Wear chemical protective gloves, eg. PVC.
Wear safety footwear.

OTHER

- Overalls.
- Eyewash unit.

RESPIRATOR

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

protection varies with Type of filter.

Protection Factor	Half- Face Respirator	Full- Face Respirator	Powered Air Respirator
10 x ES	A- AUS	-	A- PAPR- AUS
50 x ES	Air- line*	-	-
100 x ES	-	A- 3	-
100+ x ES	-	Air- line**	-

* - 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

Use in a well-ventilated area or Local exhaust ventilation may be required for safe working, i.e. to keep exposures below required standards, otherwise PPE is required. General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25- 0.5 m/s (50- 100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5- 1 m/s (100- 200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1- 2.5 m/s (200- 500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

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

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

Clear volatile liquid with characteristic irritating odour and burning taste; mixes with water (1:8), alcohol, ether, benzene, chloroform, glycerol, oils.

PHYSICAL PROPERTIES

Liquid.

Mixes with water.

Molecular Weight: 88.15

Melting Range (°C): - 12

Solubility in water (g/L): Miscible

pH (1% solution): Not applicable

Volatile Component (%vol): 100

Relative Vapour Density (air=1): 3.0

Lower Explosive Limit (%): 1.2

Autoignition Temp (°C): 437.22

State: Liquid

Boiling Range (°C): 102

Specific Gravity (water=1): 0.805

pH (as supplied): Not applicable

Vapour Pressure (kPa): 1.6 @ 20 C

Evaporation Rate: Not available

Flash Point (°C): 21.11

Upper Explosive Limit (%): 9.0

Decomposition Temp (°C): Not available

log Kow: 0.89

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be 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.

Considered an unlikely route of entry in commercial/industrial environments. The liquid may produce gastrointestinal discomfort and may be harmful if swallowed. Ingestion may result in nausea, pain and vomiting. Vomit entering the lungs by aspiration may cause potentially lethal chemical pneumonitis.

Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common

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Section 11 - TOXICOLOGICAL INFORMATION

cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury. Those possessing lower viscosity elicit a greater response. The result is a high blood level and prompt death at doses otherwise tolerated by ingestion without aspiration. As a general observation, alcohols are more powerful central nervous system depressants than their aliphatic analogues. In sequence of decreasing depressant potential, tertiary alcohols with multiple substituent OH groups are more potent than secondary alcohols, which, in turn, are more potent than primary alcohols. The potential for overall systemic toxicity increases with molecular weight, principally because the water solubility is diminished and lipophilicity is increased.

In an occupational setting, incidental exposure to the material may produce identical effects to those produced in therapy. Individual workers are expected to exhibit the same range of responses as those receiving the drug under supervision. Because individuals with a history of psychiatric disorders of addiction to, or abuse of, drugs and alcohol are at increased risk of habituation and dependence, they should be under surveillance when receiving any hypnotic drug. The most common side-effects of sleep medicines include drowsiness, dizziness, lightheadedness and difficult coordination. Alcohol may increase the side-effects of these drugs. Sleep medicines may also cause a special type of memory loss or "amnesia". When this occurs an individual may not remember events occurring several hours after taking the drug. When taking sleep drugs every night for several weeks, tolerance may develop and may lead to the individual increasing the dose to elicit earlier effects. When used at high doses for several weeks, dependence or "addiction" may also occur. Withdrawal symptoms may include unpleasant feelings in mild cases, whilst in more severe cases there may be abdominal and muscle cramps, vomiting, sweating, shakiness, and rarely, seizures. Rebound insomnia may also occur after withdrawal of the drug; an individual may have more trouble sleeping the first few nights after the drug is stopped than before starting treatment. Less common amongst individuals using hypnotic drugs are behavioural changes: these include loss of personal identity, confusion, strange behaviour, agitation, hallucinations, worsening of depression and suicidal thoughts. Sleep drugs may also cause sedation of the unborn baby when used during the last weeks of pregnancy.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).

SKIN

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.

Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.

The liquid may produce skin discomfort following prolonged contact. Defatting and/or drying of the skin may lead to dermatitis.

Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man.

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Section 11 - TOXICOLOGICAL INFORMATION

INHALED

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system in a substantial number of individuals following inhalation.

Inhalation hazard is increased at higher temperatures.

Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination.

If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.

Inhalation of vapour may aggravate a pre-existing respiratory condition.

CHRONIC HEALTH EFFECTS

Principal routes of exposure are usually by inhalation of vapour and skin contact/absorption.

Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS].

Prolonged or continuous skin contact with the liquid may cause defatting with drying, cracking, irritation and dermatitis following.

Children borne of mothers taking sedative/ hypnotic drugs may be at risk for withdrawal symptoms from the drug during the postnatal period. In addition, neonatal flaccidity has been reported in infants born of mothers who receive sedative/hypnotic drugs during pregnancy.

TOXICITY AND IRRITATION

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

TOXICITY

Oral (rabbit) LD50: 1000 mg/kg
Subcutaneous (mouse) LD50: 2100 mg/kg
Intravenous (mouse) LD50: 610 mg/kg
Oral (rabbit) LD50: 2028 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

Algae IC50 (72hr.) (mg/l): 105- 1250
log Pow (Verschueren 1983): 0.89

log Kow: 0.89

controlled ozone depleting gases: freeze by 1995 (C)

Section 13 - DISPOSAL CONSIDERATIONS

- Consult manufacturer for recycling options and recycle where possible .
- Consult State Land Waste Management Authority for disposal.
- Incinerate residue at an approved site.
- Recycle containers if possible, or dispose of in an authorised landfill.

Section 14 - TRANSPORTATION INFORMATION



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Section 14 - TRANSPORTATION INFORMATION

Labels Required: FLAMMABLE LIQUID
HAZCHEM: 2[Y]E

UNDG:

Dangerous Goods Class: 3
UN Number: 1105
Shipping Name: PENTANOLS

Subrisk: None
Packing Group: II

Air Transport IATA:

ICAO/IATA Class: 3
UN/ID Number: 1105
Special provisions: A3
Shipping Name: PENTANOLS

ICAO/IATA Subrisk: None
Packing Group: II

Maritime Transport IMDG:

IMDG Class: 3
UN Number: 1105
EMS Number: F- E, S- D
Shipping Name: PENTANOLS

IMDG Subrisk: None
Packing Group: II
Special provisions: 223

Section 15 - REGULATORY INFORMATION

REGULATIONS

tert-amyl alcohol (CAS: 75-85-4) is found on the following regulatory lists;
IMO MARPOL 73/78 (Annex II) - List of Other Liquid Substances
OECD Representative List of High Production Volume (HPV) Chemicals

Section 16 - OTHER INFORMATION

The above information is believed to be accurate and represent the best information currently available to us, but does not represent any warranty expressed or implied of the properties of the product. User should make their own investigation to determine the suitability of the information for their particular purpose.

Issue Date: 12-May-2018