

ANTIMONY POTASSIUM (+) TARTRATE

GHS Safety Data Sheet

Version No:3

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

ANTIMONY POTASSIUM TARTRATE

OTHER NAMES

"C4-H4-O7-Sb-K [as described in British Pharmacopoeia]", C2-H2-(OH)2-(COOK)-CO2-(SbO),
"C8-H4-K2-O12-Sb2 [as described in US Pharmacopoeia]", "antimonyl potassium tartrate",
"potassium acid antimony tartrate", "potassium antimonyl tartrate", "tartarised antimony",
"tartarated antimony", "tartaric acid, antimony potassium salt", "tartar emetic"

PROPER SHIPPING NAME

ANTIMONY POTASSIUM TARTRATE

PRODUCT USE

As a mordant in the textile and leather industries; for therapeutic use and as a reagent.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

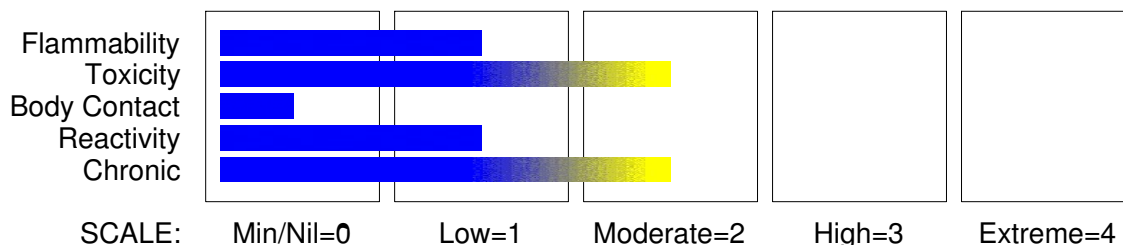
technical@sdfine.com

Telephone: 91- 22- 24959898

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HAZARD RATINGS



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Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 3



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H301 H332

Toxic if swallowed

Harmful if inhaled

PRECAUTIONARY STATEMENTS

Prevention

Wash hands thoroughly after handling.

Use only outdoors or in a well ventilated area.

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

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

Response

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

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

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

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	%
antimony potassium tartrate	28300-74-5	> 98.5

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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 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.

NOTES TO PHYSICIAN

- Chelation with British Anti-Lewisite (BAL) for serious antimony exposures should be employed.
 - Dialyse as needed. The role of exchange diffusion is not clear.
 - Be sure to monitor for dysrhythmias.
- [Ellenhorn and Barceloux: Medical Toxicology].

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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.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- Do not approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Combustible solid which burns but propagates flame with difficulty.
 - Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
 - Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
 - Build-up of electrostatic charge may be prevented by bonding and grounding.
 - Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.
 - All movable parts coming in contact with this material should have a speed of less than 1-meter/sec.
- Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), metal oxides, 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

Breathing apparatus.
Gas tight chemical resistant suit.
Limit exposure duration to 1 BA set 30 mins.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

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Section 6 - ACCIDENTAL RELEASE MEASURES

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.

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:

antimony potassium tartrate 125 mg/m³

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

antimony potassium tartrate 6 mg/m³

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

antimony potassium tartrate 4 mg/m³

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

antimony potassium tartrate 1.25 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



0



+

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Section 6 - ACCIDENTAL RELEASE MEASURES

+: May be stored together
O: May be stored together with specific preventions
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.

SUITABLE CONTAINER

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

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents.
Segregate from tannic acid, alkalies and their carbonates, reducing agents, lead salts, astringent infusions, acacia, antipyrine, mercury bichloride, perchloric acid.

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.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- antimony potassium tartrate: CAS:28300- 74- 5

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
antimony potassium tartrate	50	

MATERIAL DATA

Not available. Refer to individual constituents.

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

Suitability and durability of glove type is dependent on usage. Factors such as:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity,

are important in the selection of gloves.

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber.

OTHER

- Overalls.
- Eyewash unit.
- Barrier cream.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- 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 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

Upper end of the range

1: Disturbing room air currents

2: Contaminants of high toxicity

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

value only

3: Intermittent, low production.

4: Large hood or large air mass in motion

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

Transparent crystals (effloresce on exposure to air) or powder.
Sweetish, metallic taste. Soluble in water, glycerol. Insoluble in alcohol. Aqueous solution slightly acidic.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 324.92

Melting Range (°C): 100

Solubility in water (g/L): Miscible

pH (1% solution): < 7

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 available.

Specific Gravity (water=1): 2.6

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): Not Available

Viscosity: 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.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

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Section 11 - TOXICOLOGICAL INFORMATION

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.

Antimony poisoning closely parallels arsenic poisoning although vomiting is probably more prominent as absorption from the gastrointestinal tract is generally lower. Temporary changes in heart rhythm occurs amongst humans while poisoned animals exhibit severe heart damage. Trivalent compounds are generally more lethal than pentavalent derivatives. The insoluble salts however are less likely to produce significant toxic effects.

Antimony salts are poorly absorbed from the gastrointestinal tract. Most trivalent compounds of antimony are slowly excreted in the urine and bile. Antimony compounds are used medicinally, but therapeutic dose is close to the toxic dose. Periodic medical examinations covering lungs, skin, nervous system, heart and gastro-intestinal tract are recommended for occupationally exposed workers. [ILO Encyclopedia]

The minimum lethal dose in man, of antimony, is 130 mg (although 15000 mg has been survived). A strong irritant and emetic but the emetic dose (30 mg by mouth) is dangerously high if vomiting fails to occur. Antimony poisoning closely parallels arsenic poisoning, except that vomiting from antimony may be less prominent, because its compounds are

less readily absorbed than arsenicals. Temporary ECG changes have been reported in humans and severe cardiac damage has been observed in animals. Trivalent antimony compound are many times more lethal than their pentavalent equivalent. The trivalent antimony compounds are cardiotoxic. Collapse and sudden death due to anaphylactic-type reactions have occurred. Therapeutic doses given intravenously cause nausea, vomiting, cough and abdominal pain and diarrhoea. Other side-effects include anorexia, chest, muscle and joint pains, pruritus, skin rashes, dizziness and oedema.

The substance may cause cough, salivation, nausea and diarrhoea and may leave a metallic taste. May also cause dizziness, laryngitis, anaemia, muscular and neuralgic pains.

Renal and hepatic damage occur rarely after exposure to antimony and its compounds - haemolytic anaemia has been reported. Continuous treatment with small doses of antimony may give rise to subacute poisoning similar to chronic arsenic poisoning.

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.

INHALED

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. Inhalation of vapours, aerosols (mists, fumes) or dusts, generated by the material during the course of normal handling, may be harmful.

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Section 11 - TOXICOLOGICAL INFORMATION

CHRONIC HEALTH EFFECTS

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.

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.

Repeated or prolonged exposure to antimony and its compounds may produce stomatitis, dry throat, metallic taste, gingivitis, septal and laryngeal perforation, laryngitis, headache, dyspnea, indigestion, nausea, vomiting, diarrhoea, anorexia, anaemia, weight loss, pain and chest tightness, sleeplessness, muscular pain and weakness, dizziness, pharyngitis, bronchitis and pneumonitis. Degenerative changes of the liver and kidney may occur. Chronic exposure to antimony compounds may result in itchiness, papules and pustules around sweat and sebaceous glands, but rarely around the face, and dermatitis. Smelter workers often show skin rashes on the forearms and thighs resembling chicken pox pustules. Workers exposed to inorganic antimony compounds show a benign pneumoconiosis and obstructive lung disease - these are probably non-specific. Woman appear to more susceptible to systemic effects following exposure. Antimony crosses the placenta, is present in amniotic fluids, and is excreted in breast milk. There are suggestions that exposure may produce an increased incidence of spontaneous late abortions, premature births, and gynecological problems among female antimony smelter workers. An excess of deaths from lung cancer has been reported in smelter workers with more than 7 years exposure to relatively high levels of dust and fume. Animal studies demonstrate that the dust may produce pathological changes in cardiac muscle and may produce an interstitial pneumonitis and endogenous pneumonia. One animal study has also suggested that inhalation of the dust by rats induced a significantly increased incidence of carcinogenic tumours of the lungs and thorax.

TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

Section 12 - ECOLOGICAL INFORMATION

Hazardous Air Pollutant:	Yes
Fish LC50 (96hr.) (mg/l):	12

Antimony exists in the atmosphere in low concentrations. Urban air contains 0.05 to 0.06 ppm of antimony. There are very low concentrations in water due to minimal solubility. Volatilisation from water is not likely. The soil usually contains 0.1 to 10 mg/kg dry weight. Antimony concentrations in freshwater fish are low, approximately 3 mg/kg wet weight. [Schumacher].
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

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Section 13 - DISPOSAL CONSIDERATIONS

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.
- 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.

For small quantities:

- Dissolve the material (in water or acid solution as appropriate) or convert it to a water soluble state with appropriate oxidising agent.
- Precipitate as the sulfide, adjusting the pH to neutral to complete the precipitation.
- Filter off sulfide solids for recovery or disposal to approved land-fill.
- Destroy excess sulfide in solution with, for example, sodium hypochlorite, neutralise, and flush to sewer (subject to local regulation).

Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC
HAZCHEM: 2X

UNDG:

Dangerous Goods Class:	6.1	Subrisk:	None
UN Number:	1551	Packing Group:	III
Shipping Name:ANTIMONY POTASSIUM TARTRATE			

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	1551	Packing Group:	III
ERG Code:	6L		
Shipping name:ANTIMONY POTASSIUM TARTRATE			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	1551	Packing Group:	III
EMS Number:	F- A, S- A		
Shipping name:ANTIMONY POTASSIUM TARTRATE			

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Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable

No data available for antimony potassium tartrate as CAS: 28300-74-5.

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: 19-Jun-2018