

BISMUTH OXYCHLORIDE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

BISMUTH OXYCHLORIDE

OTHER NAMES

BiClO, "basic bismuth chloride", "bismuth chloride oxide", "bismuthyl chloride", "bismuth subchloride", "bismuth (III) chlorate", "bismuth (III) chlorate", "pearl white", "blanc de perle", Chlorbismol, Mearlite

PRODUCT USE

In face powders; as pigment; manufacture of artificial pearls; dry cell cathodes. Formerly injected intramuscularly in the treatment of syphilis and yaws. has been used in suppositories for treatment of haemorrhoids. Also as a pearling agent in tablets and cosmetics.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

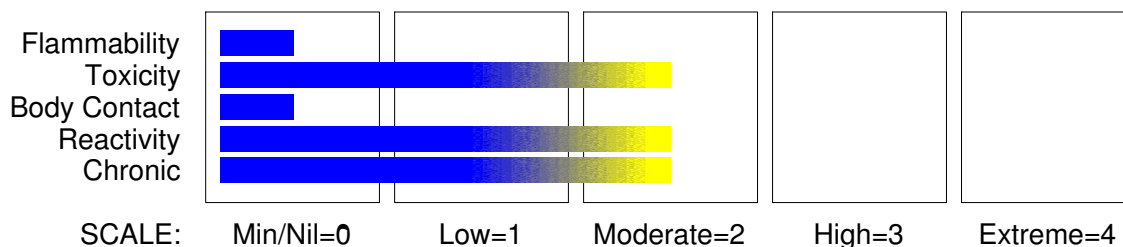
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

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Section 2 - HAZARDS IDENTIFICATION

HAZARD

- Not hazardous
- No hazards determined using GHS criteria

PRECAUTIONARY STATEMENTS

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
bismuth oxychloride	7787-59-9	>98

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:
- 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 dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear passage of breathing.
- If irritation or discomfort persists seek medical attention.

NOTES TO PHYSICIAN

For severe intoxication: Empty the stomach by lavage and aspiration or by emesis, give demulcents or sweetened drinks and maintain respiration. Pethidine may be given if required. A 1% solution of sodium thiosulfate may be used for lavage and may also be given by intravenous infusion. Haemodialysis, peritoneal dialysis or exchange perfusions may be of value in removing chlorate from the blood. Forced diuresis should not be attempted if there is inadequate urine input.

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Section 4 - FIRST AID MEASURES

MARTINDALE: The Extra Pharmacopoeia, 27th Edition

Treatment regime for bromates may also act as a guide for chlorate poisonings.

- Syrup of ipecac or gastric lavage with tap water or perhaps a 1% solution of sodium thiosulfate
- Administer a demulcent and an analgesic like meperidine (Demerol). Avoid morphine.
- If readily available, the prompt use of haemodialysis or peritoneal lavage may serve to remove absorbed but unreacted chlorate in significant amounts.
- Administer oxygen. If methaemoglobinaemia becomes severe a replacement transfusion with whole blood may become necessary.
- DO NOT attempt to correct methaemoglobinaemia with methylene blue as the dye may enhance the toxicity.
- Sodium thiosulfate solution (100 to 500 ml of 1%) by intravenous drip has been recommended by some authors.
- Correct dehydration by infusing intravenously a glucose solution (5% in water). Avoid electrolytes (except as above) unless acid-base imbalance or shock becomes severe.
- Supportive treatment of acute renal failure. [GOSSELIN et al, Clinical Toxicology of Commercial Products, Fifth Edition].

Severe bismuth intoxication may be treated with dimercaptol (BAL in oil). Induction of acidosis by administration of ammonium chloride has been claimed to promote mobilisation of bismuth from tissue depots and increase the rate of urinary excretion.

[Martindale: The Extra Pharmacopoeia]

In mouse models D-penicillamine (Cuprimine M.S. & D) is a useful chelating agent.

[Ellenhorn & Barceloux: Medical Toxicology].

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Jets of water.
- 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 for fire only.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use fire fighting procedures suitable for surrounding area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Will not burn but increases intensity of fire.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- Heat affected containers remain hazardous.
- Contact with combustibles such as wood, paper, oil or finely divided metal may produce spontaneous combustion or violent decomposition.
- May emit irritating, poisonous or corrosive fumes.

Decomposes on heating and produces toxic fumes of: hydrogen chloride.

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Section 5 - FIRE FIGHTING MEASURES

FIRE INCOMPATIBILITY

Oxidising agents as a class are not necessarily combustible themselves, but can increase the risk and intensity of fire in many other substances.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- No smoking, naked lights, ignition sources.
- Avoid all contact with any organic matter including fuel, solvents, sawdust, paper or cloth and other incompatible materials, as ignition may result.
- Avoid breathing dust or vapours and all contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with dry sand, earth, inert material or vermiculite.
- DO NOT use sawdust as fire may result.
- Scoop up solid residues and seal in labelled drums for disposal.
- Neutralise/decontaminate area.

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 courses.
- No smoking, flames or ignition sources. Increase ventilation.
- Contain spill with sand, earth or other clean, inert materials.
- NEVER USE organic absorbents such as sawdust, paper or cloth.
- Use spark-free and explosion-proof equipment.
- Collect any recoverable product into labelled containers for possible recycling.
- Avoid contamination with organic matter to prevent subsequent fire and explosion.
- DO NOT mix fresh with recovered material.
- Collect residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- Decontaminate equipment and launder all protective clothing before storage and re-use.
- 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:

bismuth oxychloride 500 mg/m³

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

bismuth oxychloride 500 mg/m³

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

bismuth oxychloride 250 mg/m³

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

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Section 6 - ACCIDENTAL RELEASE MEASURES

bismuth oxychloride 75 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	$\geq 0.1\%$	Toxic (T)	$\geq 3.0\%$
R50	$\geq 0.25\%$	Corrosive (C)	$\geq 5.0\%$
R51	$\geq 2.5\%$		
else	$\geq 10\%$		

where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+ + + + + +

+: 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 personal contact and inhalation of dust, mist or vapours.
- Provide adequate ventilation.
- Always wear protective equipment and wash off any spillage from clothing.
- Keep material away from light, heat, flammables or combustibles.
- Keep cool, dry and away from incompatible materials.
- Avoid physical damage to containers.
- DO NOT repack or return unused portions to original containers. Withdraw only sufficient amounts for immediate use.
- Contamination can lead to decomposition leading to possible intense heat and fire.
- When handling NEVER smoke, eat or drink.
- Always wash hands with soap and water after handling.
- Use only good occupational work practice.
- Observe manufacturer's storing and handling directions.

SUITABLE CONTAINER

- Glass container.
- Plastic container.
- Metal can or drum
- Packaging as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

- Mixtures of chlorates with fibrous and absorbent organic materials such as wood, paper, leather, flour, sawdust, sugar, shellac, may be ignited or caused to explode by static sparks, friction or shock.

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Section 7 - HANDLING AND STORAGE

- Metal chlorates in contact with strong acids liberate explosive chlorine dioxide gas. With concentrated sulfuric acid a violent explosion can occur unless effective cooling is used. Heating a moist mixture of metal chlorate and a dibasic organic acid (tartaric or citric acid) liberates chlorine dioxide diluted with carbon dioxide.
- Metal chlorates are incompatible with ammonium salts.
- The extreme hazardous nature of mixtures of metal chlorates with phosphorus, sugar or sulfur, apart from being powerful explosives, are dangerously sensitive to friction or shock; spontaneous ignition occasionally occurs.
- Chlorates containing 1-2% bromate or sulfur are liable to spontaneous explosion. Releases oxygen, chlorine and chlorine dioxide when heated.

STORAGE REQUIREMENTS

- Keep dry.
- Store in original containers.
- Keep containers securely sealed as supplied.
- Store in a cool, well ventilated area.
- Keep dry.
- Store under cover and away from sunlight.
- Store away from flammable or combustible materials, debris and waste. Contact may cause fire or violent reaction.
- Store away from incompatible materials and foodstuff containers.
- DO NOT stack on wooden floors or pallets.
- Protect containers from physical damage.
- Check regularly for leaks.
- Observe manufacturer's storage and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- bismuth oxychloride: CAS:7787- 59- 9

MATERIAL DATA

These "dusts" have little adverse effect on the lungs and do not produce toxic effects or organic disease. Although there is no dust which does not evoke some cellular response at sufficiently high concentrations, the cellular response caused by P.N.O.C.s has the following characteristics:

- the architecture of the air spaces remain intact,
- scar tissue (collagen) is not synthesised to any degree,
- tissue reaction is potentially reversible.

Extensive concentrations of P.N.O.C.s may:

- seriously reduce visibility,
- cause unpleasant deposits in the eyes, ears and nasal passages,
- contribute to skin or mucous membrane injury by chemical or mechanical action, per se, or by the rigorous skin cleansing procedures necessary for their removal. [ACGIH]

This limit does not apply:

- to brief exposures to higher concentrations
- nor does it apply to those substances that may cause physiological impairment at lower concentrations but for which a TLV has as yet to be determined.

This exposure standard applies to particles which

- are insoluble or poorly soluble* in water or, preferably, in aqueous lung fluid (if

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

data is available) and

- have a low toxicity (i.e.. are not cytotoxic, genotoxic, or otherwise chemically reactive with lung tissue, and do not emit ionizing radiation, cause immune sensitization , or cause toxic effects other than by inflammation or by a mechanism of lung overload).

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

Wear chemical protective gloves, eg. PVC.
Wear safety footwear.

OTHER

- Overalls.
- Eyewash unit.

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.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

ENGINEERING CONTROLS

General exhaust is adequate under normal operating conditions. If risk of overexposure exists, wear SAA 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 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

Fine white crystals; do not mix with water. Soluble in mineral acids.

PHYSICAL PROPERTIES

Solid.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Does not mix with water.
Sinks in water.

Molecular Weight: 260.48
Melting Range (°C): low red heat
Solubility in water (g/L): Immiscible
pH (1% solution): Not applicable
Volatile Component (%vol): Not applicable
Relative Vapour Density (air=1): Not available.
Lower Explosive Limit (%): Not applicable
Autoignition Temp (°C): Not applicable
State: Divided solid

Boiling Range (°C): Not applicable
Specific Gravity (water=1): 7.72
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.

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable under normal handling conditions.
- Prolonged exposure to heat.
- Hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual. Owing to limited gastro-intestinal absorption, administration of insoluble bismuth compounds by mouth does not usually give rise to acute toxic effects. They are excreted in the faeces. Stomatitis (ulceration of mouth parts) may result following ingestion. Absorbed bismuth salts permeate the body fluids and tissues and are excreted mainly in the urine but some bismuth is retained in tissues. It is deposited in the metaphyses of young bones and can pass the placenta into the foetus.

Effects of acute bismuth intoxication are gastro-intestinal disturbance, anorexia, headache, malaise, skin reactions, discolouration of mucous membranes and mild jaundice. Albuminuria (albumin in the urine) is an indication of kidney damage. Bismuth may cause a reverse encephalopathy (brain disease) that takes 2 to 10 weeks to reverse spontaneously. Nausea and vomiting are almost always apparent after chlorate poisonings usually with epigastric pain. Diarrhoea may also occur. The mean lethal dose of a chlorate salt taken by mouth has been established as 20-30 gms in human adults although others use a figure as low as 8 gm. Chlorates are nephrotoxic (cause kidney damage) and death in man and animals appears to be due to acute renal failure. Albuminuria and other evidence of impaired kidney function may persist for several days or weeks after Severe intravascular haemolysis (blood cell damage) and methaemoglobinemia are prominent features of chlorate poisonings although they may not be apparent until several hours have elapsed.

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Section 11 - TOXICOLOGICAL INFORMATION

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

The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Solution of material in moisture on the skin, or perspiration, may increase irritant effects.

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

INHALED

The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

CHRONIC HEALTH EFFECTS

Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts.

Symptoms of chronic bismuth toxicity in humans consist of decreased appetite, weakness, rheumatic pain, diarrhoea, fever, foul breath, gingivitis and dermatitis. A blue line of the gums, the "bismuth line", may persist for years after exposure has ceased. Jaundice and conjunctival haemorrhage are rare, but have been reported. Bismuth neuropathy (kidney damage), with proteinuria may occur. The kidney is the site of highest concentration with liver concentrations being significantly lower. Renal failure may be reversible if treated early but anuria and death have occurred.

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 22000 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

No data for bismuth oxychloride.

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

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

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Section 13 - DISPOSAL CONSIDERATIONS

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

HAZCHEM: None

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

Section 15 - REGULATORY INFORMATION

REGULATIONS

bismuth oxychloride (CAS: 7787-59-9) is found on the following regulatory lists;
WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have
not been established

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