CETRIMIDE

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
CETRIMIDE

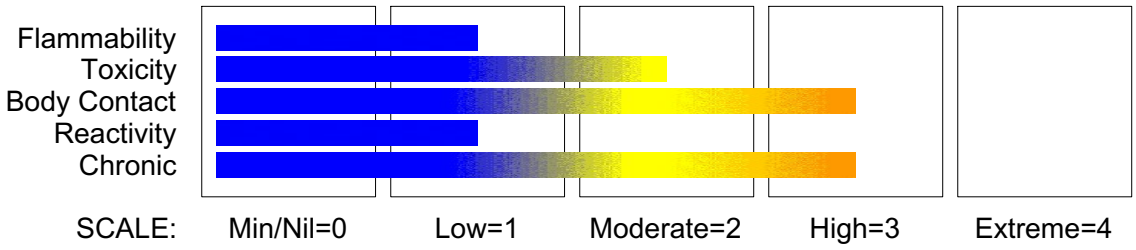
OTHER NAMES
C17-H38-N-Br, C17-H38-N-Br, "ammonium, tetradecyltrimethyl-, bromide", "ammonium, trimethyltetradecyl-, bromide", "myristyltrimethylammonium bromide", "tetradecyl trimethylammonium bromide", "tetradonium bromide", "trimethylmyristylammonium bromide", "N, N, N-trimethyl-1-tetradecanaminium bromide", "N, N, N-trimethyl-1-tetradecanaminium bromide", "trimethyltetradecylammonium bromide",

PROPER SHIPPING NAME
CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S.
(contains tetradecyltrimethylammonium bromide)

PRODUCT USE
• Material is mixed and used in accordance with manufacturers directions.
Active ingredient of topical disinfectant; cationic germicidal detergent. US Cosmetic Ingredient Review 1994: advises cetrimonium bromide (analogue) as safe for use in rinse off products; safe only at concentrations of 0.25% in leave-on products.

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



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Section 2 - HAZARDS IDENTIFICATION

GHS Classification
Acute Aquatic Hazard Category 1
Acute Toxicity (Oral) Category 4
Metal Corrosion Category 1
Reproductive Toxicity Category 1B
Skin Corrosion/Irritation Category 1C
Skin Sensitizer Category 1

EMERGENCY OVERVIEW

HAZARD
DANGER
Determined by using GHS criteria:
H302 H317 H360 H290 H314 H400
Harmful if swallowed
May cause allergic skin reaction
May damage the unborn child
May be corrosive to metals
Causes severe skin burns and eye damage
Very toxic to aquatic life

PRECAUTIONARY STATEMENTS

Prevention
Obtain special instructions before use.
Do not handle until all safety precautions have been read and understood.
Keep only in original container.
Do not breathe dust/fume/gas/mist/vapours/spray.
Wash thoroughly after handling.
Do not eat, drink or smoke when using this product.
Contaminated work clothing should not be allowed out of the workplace.
Avoid release to the environment.
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 SWALLOWED: Rinse mouth. Do NOT induce vomiting.
IF ON SKIN: Wash with plenty of soap and water.
IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
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.
Immediately call a POISON CENTER or doctor/physician.

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Rinse mouth.
If skin irritation or rash occurs: Get medical advice/attention.
Wash contaminated clothing before reuse.
Absorb spillage to prevent material damage.
Collect spillage.

Storage
Store locked up.
Store in corrosive resistant container or with a resistant inner liner.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
tetradecyltrimethylammonium bromide	1119-97-7	>99

Section 4 - FIRST AID MEASURES

SWALLOWED
• For advice, contact a Poisons Information Centre or a doctor at once.
• Urgent hospital treatment is likely to be needed.
• 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.
• Transport to hospital or doctor without delay.

EYE
If this product comes in contact with the eyes:
• Immediately hold eyelids apart and flush the eye continuously with running water.
• Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
• Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
• Transport to hospital or doctor without delay.
• Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN
If skin or hair contact occurs:
• Immediately flush body and clothes with large amounts of water, using safety shower if available.
• Quickly remove all contaminated clothing, including footwear.
• Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
• Transport to hospital, or doctor.

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

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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.
• If dust is inhaled, remove from contaminated area.
• Encourage patient to blow nose to ensure clear breathing passages.
• Ask patient to rinse mouth with water but to not drink water.
• Seek immediate medical attention.

NOTES TO PHYSICIAN
For acute or short term repeated exposures to strong acids:
• Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
• Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
• Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
• Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues. INGESTION:
• Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
• DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
• Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
• Charcoal has no place in acid management.
• Some authors suggest the use of lavage within 1 hour of ingestion.SKIN:
• Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
• Deep second-degree burns may benefit from topical silver sulfadiazine.EYE:
• Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjuctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.
• Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
• Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).[Ellenhorn and Barceloux: Medical Toxicology].
For exposures to quaternary ammonium compounds;
• For ingestion of concentrated solutions (10% or higher): Swallow promptly a large quantity of milk, egg whites / gelatin solution. If not readily available, a slurry of activated charcoal may be useful. Avoid alcohol. Because of probable mucosal damage omit gastric lavage and emetic drugs.
• For dilute solutions (2% or less): If little or no emesis appears spontaneously, administer syrup of Ipecac or perform gastric lavage.
• If hypotension becomes severe, institute measures against circulatory shock.
• If respiration laboured, administer oxygen and support breathing mechanically. Oropharyngeal airway may be inserted in absence of gag reflex. Epiglottic or laryngeal edema may necessitate a tracheotomy.
• Persistent convulsions may be controlled by cautious intravenous injection of diazepam or short-acting barbiturate drugs. [Gosselin et al, Clinical Toxicology of Commercial Products].

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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.
• Slight fire hazard when exposed to heat or flame.
• Acids may react with metals to produce hydrogen, a highly flammable and explosive gas.
• Heating may cause expansion or decomposition leading to violent rupture of containers.
• May emit acrid smoke and corrosive fumes.
Combustion products include: carbon monoxide (CO), carbon monoxide (CO), carbon dioxide (CO_2), hydrogen bromide, nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.

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.

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.
• Consider evacuation (or protect in place).
• Stop leak if safe to do so.

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• 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.
• Avoid contact with moisture.
• 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.

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

• DO NOT use aluminium or galvanised containers.
• Check regularly for spills and leaks.
• 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, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

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STORAGE INCOMPATIBILITY
• Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.
• Avoid strong bases.
• Segregate from alkalies, oxidising agents and chemicals readily decomposed by acids, i.e. cyanides, sulfides, carbonates.

STORAGE REQUIREMENTS
• Material is hygroscopic, i.e. absorbs moisture from the air. Keep containers well sealed in storage.
• 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	+

+: 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
• tetradecyltrimethylammonium bromide: CAS:1119- 97- 7

MATERIAL DATA
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

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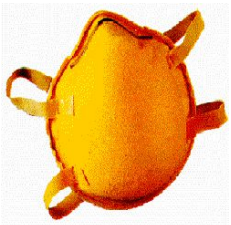
• lead to permanent injury or dysfunction
• permit greater absorption of hazardous substances and
• acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.
It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) 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.

PERSONAL PROTECTION

EYE
• Chemical goggles.
• Full face shield may be required for supplementary but never for primary protection of eyes
• 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.
NOTE:
• The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
• Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.
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.
• PVC Apron.
• PVC protective suit may be required if exposure severe.
• Eyewash unit.

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• Ensure there is ready access to a safety shower.

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:	Air Speed:
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 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.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE
Material is hygroscopic, absorbs moisture from surrounding air.
White powder or crystals, soluble in water and alcohol. Faint but characteristic odour.

PHYSICAL PROPERTIES
Mixes with water.
Corrosive.
Acid.

Molecular Weight: 336.41
Melting Range (°C): 245- 250
Solubility in water (g/L): Miscible
pH (1% solution): Not available.
Volatile Component (%vol): Negligible.
Relative Vapour Density (air=1): 13
Lower Explosive Limit (%): 0.4
Autoignition Temp (°C): Not available.
State: DIVIDED SOLID

Boiling Range (°C): Not available
Specific Gravity (water=1): Not available.
pH (as supplied): Not applicable
Vapour Pressure (kPa): Negligible.
Evaporation Rate: Not applicable
Flash Point (°C): 244 approx.
Upper Explosive Limit (%): Not available.
Decomposition Temp (°C): Not available.
Viscosity: Not Applicable

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY
• Contact with alkaline material liberates heat.
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.
The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.
Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal.

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Acute oral poisoning due to bromide salts (bromism) is rare as vomiting promptly rejects the dose. Blood levels of 125 mg/100 ml are regarded as the minimum intoxicating level. Systemic effects of the bromide ion include drowsiness, irritability, ataxia (loss of muscle co-ordination), vertigo, confusion, mania, hallucinations and coma. Other effects include skin rash, neurological symptoms, sensory disturbances and increased spinal fluid. Bromides depress the central nervous system and were once used as sedatives. They also exhibit anticonvulsant activity and were formerly employed against generalised tonic clonic seizures. Both therapeutic uses have been largely discontinued due to substitution by less toxic agents. Toxic levels of bromide can be reached very rapidly if dietary intake of chloride is reduced. Repeated ingestion of bromides may produce bromism a condition characterised by acneform eruptions, confusion, irritability, tremor, memory loss, anorexia, emaciation, headache, slurred speech, delusions, stupor, psychotic behaviour and coma.
The very bitter taste is likely to give early warning of accidental ingestion.
Concentrated solutions of many cationics may cause corrosive damage to mucous membranes and the oesophagus. Nausea and vomiting (sometimes bloody) may follow ingestion. Serious exposures may produce an immediate burning sensation of the mouth, throat and abdomen with profuse salivation, ulceration of mucous membranes, signs of circulatory shock (hypotension, laboured breathing, and cyanosis) and a feeling of apprehension, restlessness, confusion and weakness. Weak convulsive movements may precede central nervous system depression. Erosion, ulceration, and petechial haemorrhage may occur through the small intestine with glottic, brain and pulmonary oedema. Death may result from asphyxiation due to paralysis of the muscles of respiration or cardiovascular collapse. Fatal poisoning may arise even when the only pathological signs are visceral congestion, swallowing, mild pulmonary oedema or varying signs of gastrointestinal irritation. Individuals who survive a period of severe hypertension may develop kidney failure. Cloudy swelling, patchy necrosis and fatty infiltration in such visceral organs as the heart, liver and kidneys shows at death.
Rats fed repeatedly on a similar material (a C12-C16 alkyl derivative), over several weeks, died of inanition associated with chronic diarrhoea; at autopsy the only lesion found was focal haemorrhagic necrosis of the gastric mucosa. Repeated administration of 0.5% in the diet was lethal to rats, while 25 mg/kg was lethal to dogs; toxic signs in dogs included conditioned salivation, vomiting, enteritis, pulmonary haemorrhage and inflammation and sloughing of the mucosa.

EYE
The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.
When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness.

SKIN
The material can produce chemical burns following direct contact with the skin.
Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.
Irritation and skin reactions are possible with sensitive skin.
Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue.
Solution of material in moisture on the skin, or perspiration, may increase irritant effects.
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.

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INHALED
Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system in a substantial number of individuals following inhalation.
The material is not thought to produce adverse health effects following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema.
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
Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.
Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.
There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.
There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.
Chronic intoxication with ionic bromides, historically, has resulted from medical use of bromides but not from environmental or occupational exposure; depression, hallucinosis, and schizophreniform psychosis can be seen in the absence of other signs of intoxication. Bromides may also induce sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness (aphasias), dysarthria, weakness, fatigue, vertigo, stupor, coma, decreased appetite, nausea and vomiting, diarrhoea, hallucinations, an acne like rash on the face, legs and trunk, known as bronchoderma (seen in 25-30% of case involving bromide ion), and a profuse discharge from the nostrils (coryza). Ataxia and generalised hyperreflexia have also been observed. Correlation of neurologic symptoms with blood levels of bromide is inexact. The use of substances such as brompheniramine, as antihistamines, largely reflect current day usage of bromides; ionic bromides have been largely withdrawn from therapeutic use due to their toxicity. Several cases of foetal abnormalities have been described in mothers who took large doses of bromides during pregnancy.
Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.
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.

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

TOXICITY	IRRITATION
Intravenous (rat) LD50: 15 mg/kg	Nil Reported

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.
Most undiluted cationic surfactants satisfy the criteria for classification as Harmful (Xn) with R22 and as Irritant (Xi) for skin and eyes with R38 and R41. In addition, certain surfactants will satisfy the criteria for classification as Corrosive with R34 in addition to the acute toxicity.
According to Centre Europeen des Agents de Surface et de leurs Intermediaires Organiques (CESIO), C8-18 alkyltrimethylammonium chloride (ATMAC) (i.e., lauryl, coco, soya, and tallow) are classified as Corrosive (C) with the risk phrases R22 (Harmful if swallowed) and R34 (Causes burns). C16 ATMAC is classified as Harmful (Xn) with the risk phrases R22 (Harmful if swallowed), R38 (Irritating to skin), and R41 (Risk of serious damage to eyes). C20-22 ATMAC are classified as Irritant (Xi) with R36/38 (Irritating to eyes and skin).

Toxokinetics and Acute Toxicity:The few available absorption studies conducted with cationic surfactants indicate that absorption occurs in small amounts through the skin. Percutaneous absorption of radiolabelled C12 alkyltrimethylammonium bromide (ATMAB) in 3% aqueous solution (applied to an 8 cm2 area with occlusion) in the rat was low and corresponded to 0.6% of the applied 14C activity in 72 hours. Most of the absorbed surfactant was excreted in the urine, i.e. 0.35% of the applied 14C activity within the first 24 hours, whereas 13.2% remained on the skin after rinsing. Cutaneous application of the surfactant without rinsing resulted in a greater degree of percutaneous absorption (3.15%) in 48 hours. In the rat elimination after parenteral administration was rapid and was effected primarily via the urine, - more than 80% of the radioactivity was eliminated within 24 hours of application. About 80% of the 14C activity was found in the gastrointestinal tract 8 hours after oral administration of 14C-labelled C16 ATMAB . Only small amounts of the applied radioactivity were found in the urine and in the blood plasma. This indicates poor intestinal absorption. Similar small amounts of 14C were found in the liver, kidneys, spleen, heart, lungs and skeletal muscles. Within 3 days of ingestion, 92% of the administrated radioactivity had been excreted in the faeces and 1% in the urine. No appreciable enterohepatic circulation of the radioactivity was found.
The acute oral toxicity of alkyltrimethylammonium salts is somewhat higher than the toxicity of anionic and nonionic surfactants. This may be due to the strongly irritating effect which cationic surfactants exhibit on the mucous membrane of the gastrointestinal tract (SFT 1991). Cationic surfactants are generally about 10 times more toxic when administrated by the intravenous route compared to oral administration.
Skin and Eye Irritation: Skin irritation depends on surfactant concentration. Regardless of the structure, cationic surfactants lead to serious destruction of the skin at high concentrations. Solutions of approximately 0.1% are rarely irritating, whereas irritation is usually pronounced at concentrations between 1.0 and 10.0% surfactant. C16 ATMAC was severely irritating to rabbit skin in a concentration of 2.5%. The surfactant was applied to intact and abraded sites and scored after 34 hours. Then the skin was rinsed and then scored again after 48 hours. The erythema and Eschar Index was 3.75 (maximum 4) and the edema Index was 2.0 (maximum 4).
With regard to eye irritation, cationic surfactants are the most irritating of the surfactants. The longer chained alkyltrimethylammonium salts are less irritating to the rabbit eye than the shorter alkyl chain homologues. C10 ATMAB, C12 ATMAB, and C16 ATMAC were tested in concentrations between 0.1 and 1.0% in wate and were found to be significantly irritating or injurious to the rabbit eye. A 5% solution of C18 ATMAC was instilled into the eyes of guinea pigs, and this concentration was very irritating with a total PII (The Primary Irritation Index) score of 96 (maximum 110).

continued...

Section 11 - TOXICOLOGICAL INFORMATION

A homologous series of ATMAB produced very little swelling of the stratum corneum and some homologues produced a shrinkage of the stratum corneum after prolonged exposure
Many proteins in the skin are considerably more resistant to the denaturating effects of cationic surfactants compared to those of anionic surfactants. As cationic surfactants frequently have a lower critical micelle concentration than the anionic surfactants, a saturation of the surfactant/protein complex is prevented by the formation of micelles
Compared to a representative anionic surfactant, the cooperative binding with subsequent protein denaturation requires about a tenfold higher concentration of a cationic surfactant. Contrary to the irreversible denaturating effect of sodium dodecyl sulfate, the adverse effects of some cationic surfactants on proteins may be reversible. Cationic surfactants can interact with proteins or peptides by polar and hydrophobic binding. Polar interactions result in electrostatic bonds between the negatively charged groups of the protein molecule and the positively charged surfactant molecule.
Sensitisation: A repeated insult patch test of C16 ATMAC was conducted with 114 volunteers. Seventeen days after the last induction of 0.25% surfactant, a challenge patch of 0.25% was applied. No sensitization was observed
Sub-chronic toxicity: C16 ATMAB was administered at concentrations of 10, 20, and 45 mg/kg/day via the drinking water to rats for one year. The only effect observed was a decrease in body weight gain in the 45 mg/day dose group.
Reproductive Toxicity: No embryo toxic effects were seen, when C18 ATMAC was applied dermally to pregnant rats during the period of major organogenesis (day 6-15 of gestation). The concentrations of C18 ATMAC were 0.9, 1.5 and 2.5%. There was no increase in the incidence of fetal malformations. C16 ATMAB was not teratogenic in rats after oral doses. Mild embryonic effects were observed with 50 mg/kg/day, but these effects were attributed to maternal toxicity rather than to a primary embryonic effect. Lower doses of C16 ATMAB showed no embryo toxic or teratogenic effects
Mutagenicity: C16 ATMAC was studied in in vitro short-term tests to detect potential mutagenic effects. Cultures of Syrian golden hamster embryo cells were used for an in vitro bioassay. No in vitro transformation of hamster embryo cells was induced, and C16 ATMAC was not mutagenic in Salmonella typhimurium (Inoue and Sunakawa 1980). No mutagenic effects or genetic damages were indicated in a survey of nine short-term genotoxicity tests with C16 and C18 ATMAC (Yam et al. 1984

Environmental and Health Assessment of Substances in Household Detergents and Cosmetic Detergent Products, Environment Project, 615, 2001. Torben Madsen et al: Miljoministeriet (Danish Environmental Protection Agency).

Section 12 - ECOLOGICAL INFORMATION

Very toxic to aquatic organisms.
This material and its container must be disposed of as hazardous waste.
Avoid release to the environment.
Refer to special instructions/ safety data sheets.

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,

continued...

Section 13 - DISPOSAL CONSIDERATIONS

• 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 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.
• Treat and neutralise at an approved treatment plant. Treatment should involve: Mixing or slurrying in water; Neutralisation with soda-lime or soda-ash followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
• Decontaminate empty containers with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION

Labels Required: CORROSIVE
HAZCHEM: 2X

UNDG:

Dangerous Goods Class:	8	Subrisk:	None
UN Number:	3261	Packing Group:	III

Shipping Name:CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S. (contains tetradecyltrimethylammonium bromide)

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	None
UN/ID Number:	3261	Packing Group:	III
Special provisions:	A3		

Shipping Name: CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S. *

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	3261	Packing Group:	III
EMS Number:	F- A, S- B	Special provisions:	223 274 944
Limited Quantities:	5 kg	Marine Pollutant:	Not Determined

Shipping Name: CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S.

continued...

Section 14 - TRANSPORTATION INFORMATION

Section 15 - REGULATORY INFORMATION

REGULATIONS
No regulations applicable
No data available for tetradecyltrimethylammonium bromide as CAS: 1119-97-7.

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.

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