

COBALTOUS SULPHATE MONOHYDRATE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

COBALTOUS (II) SULPHATE

OTHER NAMES

Co-S-O4, Co-S-O4, "cobalt monosulfate", "cobalt monosulphate", "cobaltous sulfate", "cobaltous sulphate", "cobalt (II) sulphate", "cobalt (II) sulphate (1:1)", "cobalt (II) sulfate (1:1)"

PRODUCT USE

Ceramics, pigments, glazes, in plating baths for cobalt, additive to soils, catalyst, paint and ink drier, storage batteries.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

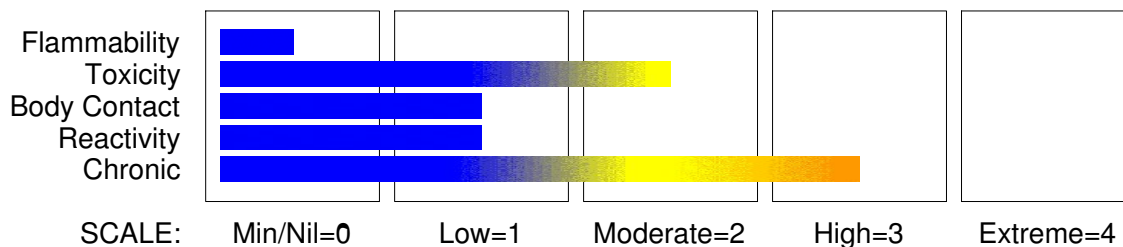
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

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HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

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Section 2 - HAZARDS IDENTIFICATION

Acute Toxicity (Oral) Category 4
Carcinogen Category 1B
Chronic Aquatic Hazard Category 1
Respiratory Sensitizer Category 1
Skin Sensitizer Category 1



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H332 H302 H334 H317 H350 H410

Harmful if inhaled

Harmful if swallowed

May cause allergic or asthmatic symptoms or breathing difficulties if inhaled

May cause allergic skin reaction

May cause cancer by inhalation

Very toxic to aquatic life with long lasting effects

PRECAUTIONARY STATEMENTS

Prevention

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

In case of inadequate ventilation wear respiratory protection.

Use only outdoors or in a well ventilated area.

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

Use personal protective equipment as required.

Contaminated clothing should not be allowed out of the workplace.

Obtain special instructions before use.

Wash hands thoroughly after handling.

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

Response

IF INHALED: If breathing is difficult, remove to fresh air and keep at rest in a position comfortable for breathing.

If experiencing respiratory symptoms call a POISON CENTER or doctor/physician.

If exposed or concerned: Get medical attention advice.

If skin irritation or rash occurs, seek medical advice/attention.

Specific treatment: refer to Label or MSDS.

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

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

IF ON SKIN: Gently wash with plenty of soap and water.

Wash contaminated clothing before reuse.

Storage

Store locked up.

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Section 2 - HAZARDS IDENTIFICATION

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
cobalt(II) sulfate	10124-43-3	>97

Section 4 - FIRST AID MEASURES

SWALLOWED

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

- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.

EYE

If this product comes in contact with the eyes:

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

SKIN

If skin contact occurs:

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

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor.

NOTES TO PHYSICIAN

- Chronic exposures to cobalt and its compounds results in the so-called "hard metal pneumoconiosis" amongst industrial workers. The lesions consist of nodular conglomerate shadows in the lungs, together with peribronchial infiltration. The disease may be reversible. The acute form of the disease resembles a hypersensitivity reaction with malaise, cough and wheezing; the chronic form progresses to cor pulmonale.

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Section 4 - FIRST AID MEASURES

- Chronic therapeutic administration may cause goiter and reduced thyroid activity.
- An allergic dermatitis, usually confined to elbow flexures, the ankles and sides of the neck, has been described.
- Cobalt cardiomyopathy may be diagnosed early by changes in the final part of the ventricular ECG (repolarisation). In the presence of such disturbances, the changes in carbohydrate metabolism (revealed by the glucose test) are of important diagnostic value.
- Treatment generally consists of a combination of Retabolil (1 injection per week over 4 weeks) and beta-blockers (average dose 60-80 mg Obsidan/24 hr). Potassium salts and diuretics have also proved useful.

BIOLOGICAL EXPOSURE INDEX (BEI)

Determinant	Sampling time	Index	Comments
Cobalt in urine	End of shift at end of workweek	15 ug/L	B
Cobalt in blood	End of shift at end of workweek	1 ug/L	B, SQ

B: Background levels occur in specimens collected from subjects NOT exposed

SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

There is no restriction on the type of extinguisher which may be used.

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 courses.

Use fire fighting procedures suitable for surrounding area.

Use water delivered as a fine spray to control the fire and cool adjacent area.

DO NOT approach containers suspected to be hot.

If safe to do so, remove containers from path of fire.

Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

Non combustible.

Not considered to be a significant fire risk.

Decomposes on heating and produces toxic fumes of sulfur oxides (SO_x).

FIRE INCOMPATIBILITY

None known.

Personal Protective Equipment

Breathing apparatus.

Gas tight chemical resistant suit.

Limit exposure duration to 1 BA set 30 mins.

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Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

Clean up all spills immediately.
Avoid contact with skin and eyes.
Wear protective clothing, gloves, safety glasses and dust respirator.
Use dry clean up procedures and avoid generating dust.
Sweep up.
Place spilled material in clean, dry, sealable, labelled container.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Control personal contact by using protective equipment and dust respirator.
- Prevent spillage from entering drains, sewers or water courses.
- Recover product wherever possible. Avoid generating dust.
- Sweep / shovel up.
- If required, wet with water to prevent dusting.
- Put residues in labelled plastic bags or other containers for disposal.
- Wash area down with large quantity of water and prevent runoff into drains.
- 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:

cobalt(II) sulfate 150 mg/m³

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

cobalt(II) sulfate 0.25 mg/m³

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

cobalt(II) sulfate 0.15 mg/m³

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

cobalt(II) sulfate 0.05 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

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Section 6 - ACCIDENTAL RELEASE MEASURES

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

- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

Packaging as recommended by manufacturer.

- Check that containers are clearly labelled.

Multi-ply woven plastic or paper bag with sealed plastic liner

NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse.

Plastic drum.

Metal can.

Metal drum.

STORAGE INCOMPATIBILITY

Keep dry.

STORAGE REQUIREMENTS

Keep dry.

- 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

- cobalt(II) sulfate:

CAS:10124- 43- 3 CAS:60459- 08- 7 CAS:139939- 65- 4

MATERIAL DATA

Epidemiological studies do not support a link between cobalt and abnormal growths (neoplasms) in humans.

In view of the serious effects seen in experimental animals after a relatively short exposure period at 0.1 mg/m³ the recommended TLV-TWA is thought to reduce the significant risk of material impairment of health posed by respiratory disease and pulmonary sensitization which have been shown to occur at higher levels of exposure. The value does not apply generally to cobalt compounds. A significant increase in the risk of lung cancer was reported among workers involved in cobalt production (with concomitant exposure to nickel and arsenic) and hard-metal workers with documented exposure to cobalt-containing dusts.

A significant increase in lung cancer risk was reported among workers involved in cobalt production (with concomitant exposure to nickel and arsenic) and hard-metal workers with documented exposure to cobalt-containing dusts. A significant increase in lung cancer risk has been observed in workers whose exposure began more than 20 years previously. A number of single cases of malignant tumours, mostly sarcomas, have been reported at the site, following implant of cobalt-containing orthopedic implants.

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].

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

HANDS/FEET

Impervious gloves.
Rubber gloves.
Protective footwear.

OTHER

Overalls.
· Impervious apron.
· Barrier cream.
· 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.

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 Speed:
1- 2.5 m/s (200- 500 f/min.)

2.5- 10 m/s (500- 2000 f/min.)

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

air motion).

Within each range the appropriate value depends on:

Lower end of the range

1: Room air currents minimal or favourable to capture

2: Contaminants of low toxicity or of nuisance value only

3: Intermittent, low production.

4: Large hood or large air mass in motion

Upper end of the range

1: Disturbing room air currents

2: Contaminants of high toxicity

3: High production, heavy use

4: Small hood- local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 metres distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Pink to red odourless powder; soluble in water. Slightly soluble in methanol, ethanol.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Contact with water liberates toxic gas.

Molecular Weight: 154.99

Melting Range (°C): 735 decomposes.

Solubility in water (g/L): Miscible

pH (1% solution): Not available

Volatile Component (%vol): Not applicable.

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

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Decomposes.

Specific Gravity (water=1): 3.47 (1.95 hyd)

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): 735

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

Stable under normal storage conditions.

Hazardous polymerisation will not occur.

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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.

Sulfate salts are poorly absorbed from the gastro-intestinal tract but because of osmotic activity are able to draw water from the lumen to produce diarrhoea (purging). Sulfate ion usually has little toxicological potential.

Animal test indicate an increase in red blood cells (polycythaemia) following the absorption of cobalt salts. [ICI] In toxic doses soluble cobalt salts act locally on the gastro-intestinal tract to produce pain and vomiting. Systemic effects in man include a peculiar vasodilation (flushing) of the face and ears, mild hypotension, rash, tinnitus (ringing in the ears) and nerve deafness. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products].

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).

The dust may produce eye discomfort causing transient smarting, blinking.

SKIN

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

The material is not thought to be a skin irritant (i.e. is unlikely to produce irritant dermatitis as described in EC Directives using animal models). Temporary discomfort, however, may result from prolonged dermal exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Toxic effects may result from skin absorption.

INHALED

The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation, of the material, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.

Health hazards from welding fume containing cobalt are not well documented but there are well-known dangers associated with the processing of the substance by other techniques. Inhalation of the fume may result in shortness of breath, coughing and pneumonitis.

Hypersensitivity, involving lung changes, occurs in a small number of workers exposed to the fume; the symptoms disappear after exposure ends. Obliterative bronchiolitis adenomatosis has been produced in guinea pigs receiving intratracheal injections of 10 mg cobalt dust. Intratracheal administration of 12.5 mg/kg caused lethargy and death in rats in 15 minutes to 6 hours.

CHRONIC HEALTH EFFECTS

Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than

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Section 11 - TOXICOLOGICAL INFORMATION

would be expected from the response of a normal population.

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.

Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

On the basis of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans.

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

Occupational asthma attributed to the inhalation of cobalt powder has been confirmed following bronchial challenge tests. Chest tightness and chronic bronchitis have been recorded in hard-metal workers exposed to cobalt. Chronic exposure to cobalt produces polycythaemia (increase in blood haemoglobin), increased production of cells of the bone marrow and thyroid gland, pericardial effusion and damage to the alpha cells of the pancreas. Chronic administration of cobaltous chloride has produced goiter, reduced thyroid activity and lowered synthesis rates and levels of cytochrome P-450, an enzymatic system responsible for chemical detoxification, in the liver.

Animals also exhibit an increase in respiration, as well as tremor and convulsion. A toxic nephritis (kidney disease) may also develop. Epidemic cardiomyopathy (heart disease) among heavy beer drinkers in the 1960's in Canada, the USA and Belgium has been attributed to the addition of up to 1.5 ppm of cobalt as a foam restorative and stabiliser. Other factors are probably implicated as therapeutic doses of cobalt, up to 50 mg/day (in the treatment of refractory anaemias) do not produce this effect. Inadequate protein or vitamin intake amongst heavy drinkers, or the effects of alcohol in rendering the heart more susceptible to disease may be important. Allergic dermatitis of an erythematous papular type may also occur following occupational exposures and may also have positive skin tests.

Cobalt metal dust inhalations by miniature swine resulted in early marked decrease in lung compliance and increases in septal collagen. After a one-week "sensitising period", followed by a 10-day lapse period, further exposures produced wheezing produced by hypersensitivity reactions. Single and repeated subcutaneous or intramuscular injection of cobalt powder and salts to rats may cause sarcoma at the injection site but evidence for carcinogenicity by any other route of exposure does not exist. A number of single cases of malignant tumours, mostly sarcomas, have been reported at the site of orthopedic implants containing cobalt.

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 424 mg/kg

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

Hazardous Air Pollutant: Yes

No data for cobalt(II) sulfate.

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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.
-

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM: None

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

Section 15 - REGULATORY INFORMATION

REGULATIONS

cobalt(II) sulfate (CAS: 10124-43-3) is found on the following regulatory lists;
International Council of Chemical Associations (ICCA) - High Production Volume List
OECD Representative List of High Production Volume (HPV) Chemicals
United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic
Substances - Table II

cobalt(II) sulfate (CAS: 60459-08-7) is found on the following regulatory lists;
International Council of Chemical Associations (ICCA) - High Production Volume List
OECD Representative List of High Production Volume (HPV) Chemicals
United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic
Substances - Table II

No data available for cobalt(II) sulfate as CAS: 139939-65-4.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
cobalt(II) sulfate	10124- 43- 3, 60459- 08- 7, 139939- 65- 4

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

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Section 16 - OTHER INFORMATION

determine the suitability of the information for their particular purpose.

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