

O-CRESOL

GHS Safety Data Sheet

Version No:4

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

O-CRESOL

OTHER NAMES

C7-H8-O, CH₃C₆H₄OH, 2-cresol, 1-hydroxy-2-methylbenzene, o-hydroxytoluene, 2-hydroxytoluene, o-methylphenol, 2-methylphenol, o-methylphenylol, 2-methylphenylol, orthocresol

PROPER SHIPPING NAME

CRESOLS, SOLID

PRODUCT USE

Used as antiseptics, insecticides and disinfectants. Incorporated in explosives, synthetic resins, petroleum, photographic, paints and is also used as an ore flotation agent. It can also be used as an intermediate for dyes, plastics and antioxidants.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

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

MUMBAI- 400030.INDIA.

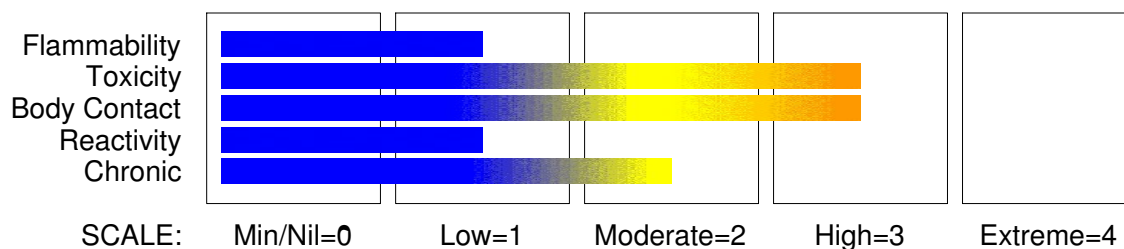
technical@sdfine.com

Telephone: 91- 22- 24959898

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HAZARD RATINGS



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Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Dermal) Category 3
Acute Toxicity (Inhalation) Category 2
Acute Toxicity (Oral) Category 3
Skin Corrosion/Irritation Category 1C



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H330 H311 H301 H314

Fatal if inhaled

Toxic in contact with skin

Toxic if swallowed

Causes severe skin burns and eye damage

PRECAUTIONARY STATEMENTS

Prevention

Wear protective gloves/clothing and eye/face protection.

Wash hands thoroughly after handling.

Wear protective gloves/clothing

Wear respiratory protection.

Use only outdoors or in a well ventilated area.

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

Do not breathe dust/fume/gas/mist/vapours/spray.

Do not breathe dust or mist.

Wash thoroughly after handling.

Response

Immediately call a POISON CENTER or doctor/physician.

Wash contaminated clothing before reuse.

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

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

Keep container tightly closed.

Specific treatment: refer to Label or MSDS.

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

If on skin or hair: remove/take off immediately all contaminated clothing. Rinse with

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Section 2 - HAZARDS IDENTIFICATION

water/shower.

Absorb spillage to prevent material damage.

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

Remove/Take off immediately all contaminated clothing

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

Wash/Decontaminate removed clothing before reuse.

Storage

Store in a corrosive resistant container with a resistant inliner.

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
o- cresol	95-48-7	>99

Section 4 - FIRST AID MEASURES

SWALLOWED

- Give a slurry of activated charcoal in water to drink. NEVER GIVE AN UNCONSCIOUS PATIENT WATER TO DRINK.

- At least 3 tablespoons in a glass of water should be given.

- Although induction of vomiting may be recommended (IN CONSCIOUS PERSONS ONLY), such a first aid measure is dissuaded due to the risk of aspiration of stomach contents. (i) It is better to take the patient to a doctor who can decide on the necessity and method of emptying the stomach. (ii) Special circumstances may however exist; these include non-availability of charcoal and the ready availability of the doctor.

NOTE: If vomiting is induced, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear protective gloves when inducing vomiting.

- REFER FOR MEDICAL ATTENTION WITHOUT DELAY.

- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.

- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.

- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS. (ICSC20305/20307).

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

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Section 4 - FIRST AID MEASURES

personnel.

SKIN

If spilt on skin:

- Remove contaminated clothing, swab repeatedly with glycerin, PEG (polyethylene glycol), or PEG/ methylated spirit mixture or if necessary with methylated spirit alone*
 - Contamination of skin with phenol and some of its derivatives may produce rapid collapse and death.
 - After skin contamination, keep patient under observation for at least 24-48 hours.
 - Phenol-decontaminating fluid is more effective than water in removing phenol from the skin and retarding absorption; olive oil or vegetable oil may also be used; do not use mineral oil.
 - Alcohols* (methylated spirit, for example) may enhance absorption and their use alone may be ill-advised; some authorities however continue to advise the use of such treatment.
 - Rapid water dilution of phenol burns may increase systemic absorption by decreasing the extent of the coagulum and thus allowing greater absorption (1).
- (1) Ellenhorn and Barceloux: Medical Toxicology: Diagnosis and Treatment of Human Poisoning.

INHALED

- Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. This must definitely be left to a doctor or person authorised by him/her. (ICSC13719).
- If fumes or combustion products are inhaled remove from contaminated area.
 - Lay patient down. Keep warm and rested.
 - Protheses 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, without delay.

NOTES TO PHYSICIAN

For acute or short term repeated exposures to phenols/ cresols:

- Phenol is absorbed rapidly through lungs and skin. [Massive skin contact may result in collapse and death]*
- [Ingestion may result in ulceration of upper respiratory tract; perforation of oesophagus and/or stomach, with attendant complications, may occur. Oesophageal stricture may occur.]*
- An initial excitatory phase may present. Convulsions may appear as long as 18 hours after ingestion. Hypotension and ventricular tachycardia that require vasopressor and antiarrhythmic therapy, respectively, can occur.
- Respiratory arrest, ventricular dysrhythmias, seizures and metabolic acidosis may complicate severe phenol exposures so the initial attention should be directed towards stabilisation of breathing and circulation with ventilation, intubation, intravenous lines, fluids and cardiac monitoring as indicated.
- [Vegetable oils retard absorption; do NOT use paraffin oils or alcohols. Gastric lavage, with endotracheal intubation, should be repeated until phenol odour is no longer detectable; follow with vegetable oil. A saline cathartic should then be given.]*

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Section 4 - FIRST AID MEASURES

ALTERNATIVELY: Activated charcoal (1g/kg) may be given. A cathartic should be given after oral activated charcoal.

- Severe poisoning may require slow intravenous injection of methylene blue to treat methaemoglobinaemia.
- [Renal failure may require haemodialysis.]*
- Most absorbed phenol is biotransformed by the liver to ethereal and glucuronide sulfates and is eliminated almost completely after 24 hours. [Ellenhorn and Barceloux: Medical Toxicology] *[Union Carbide]

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker who has been exposed to the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
1. Total phenol in blood	250 mg/gm creatinine	End of shift	B, NS

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

NS: Non-specific determinant; also seen in exposure to other materials.

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort. Rest and medical observation is therefore essential.

Immediate administration of an appropriate spray, by a doctor or a person authorised by him/her should be considered.

(ICSC24419/24421.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.
- Water spray or fog - Large fires only.

FIRE FIGHTING

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

FIRE/EXPLOSION HAZARD

- Combustible solid which burns but propagates flame with difficulty.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely

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Section 5 - FIRE FIGHTING MEASURES

if ignited.

- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.
- All movable parts coming in contact with this material should have a speed of less than 1-meter/sec.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

FIRE INCOMPATIBILITY

Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result.

Personal Protective Equipment

Breathing apparatus.

Gas tight chemical resistant suit.

Limit exposure duration to 1 BA set 30 mins.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable labelled container for waste disposal.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

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Section 6 - ACCIDENTAL RELEASE MEASURES

life-threatening health effects is:

o-cresol 250 ppm

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

o-cresol 25 ppm

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

o-cresol 5 ppm

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

o-cresol 5 ppm

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	$\geq 0.1\%$	Toxic (T)	$\geq 3.0\%$
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R50	$\geq 0.25\%$	Corrosive (C)	$\geq 5.0\%$
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R51	$\geq 2.5\%$		
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else	$\geq 10\%$		
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where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X



X



+



X



X



+

+: 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 all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.

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Section 7 - HANDLING AND STORAGE

- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

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

All inner and sole packagings for substances that have been assigned to Packaging Groups I or II on the basis of inhalation toxicity criteria, must be hermetically sealed.

STORAGE INCOMPATIBILITY

Avoid strong bases.

- Phenols are incompatible with strong reducing substances such as hydrides, nitrides, alkali metals, and sulfides.
 - Avoid use of aluminium, copper and brass alloys in storage and process equipment.
 - Heat is generated by the acid-base reaction between phenols and bases.
 - Phenols are sulfonated very readily (for example, by concentrated sulfuric acid at room temperature), these reactions generate heat.
 - Phenols are nitrated very rapidly, even by dilute nitric acid.
 - Nitrated phenols often explode when heated. Many of them form metal salts that tend toward detonation by rather mild shock.
- Avoid reaction with oxidising agents.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- o- cresol: CAS:95- 48- 7

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
o- cresol		250 [Unch]

MATERIAL DATA

#5571

Odour Threshold Value: Variously reported as 0.00068 ppm and 0.68 ppm.

Concentrations of cresol in air as low as 5 ppm are easily recognised.

The recommended TLV-TWA takes account of the closely analogous to the toxic action of phenol

Systemic absorption by all routes may induce convulsions with damage to

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

the lungs and central nervous system. Exposure at or below the recommended TLV-TWA is thought to protect the worker from respiratory, cardiovascular, hepatic, renal and neurological toxicity. Workers or volunteers exposed to phenol at or below 5.2 ppm have experienced no ill-effects. Because phenol as a vapour, liquid or solid can penetrate the skin causing systemic effects, a skin notation is considered necessary. Although ACGIH has not recommended a STEL it is felt that ACGIH excursion limits (15 ppm limited to a total duration of 30 minutes with brief excursions limited to no more than 25 ppm) and NIOSH Ceiling values (15 minutes at 15.6 ppm) are sufficiently similar so as to provide the same margin of safety.

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

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

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

are important in the selection of gloves.

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber.

OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

RESPIRATOR

Protection Factor	Half- Face Respirator	Full- Face Respirator	Powered Air Respirator
10 x ES	P1 Air- line*	- -	PAPR- P1 -
50 x ES	Air- line**	P2	PAPR- P2
100 x ES	-	P3	-
		Air- line*	-
100+ x ES	-	Air- line**	PAPR- P3

* - Negative pressure demand ** - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might consist of:
 - (a): particle dust respirators, if necessary, combined with an absorption cartridge;
 - (b): filter respirators with absorption cartridge or canister of the right type;
 - (c): fresh-air hoods or masks
- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently remove the contaminant.

Type of Contaminant:

direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).

Air Speed:

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

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

Within each range the appropriate value depends on:

Lower end of the range

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only
- 3: Intermittent, low production.

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Solid crystals or liquid ranging from colourless to yellow but darkens with exposure to air and light. Sweet tar-like odour. Slowly mixes and sinks with cold water ; is soluble in hot water (1 part in 40) and organic solvents, vegetable oils, ether, alcohol and benzene.

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Corrosive.

Molecular Weight: 108.15

Melting Range (°C): 30- 31

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable.

Volatile Component (%vol): Not available.

Relative Vapour Density (air=1): 3.7

Lower Explosive Limit (%): 1.35 @ 148.9 C

Autoignition Temp (°C): 599

State: Divided solid

Boiling Range (°C): 191- 192

Specific Gravity (water=1): 1.05 @ 20 C

pH (as supplied): Not applicable

Vapour Pressure (kPa): 0.133 @ 38.2 C

Evaporation Rate: Not available

Flash Point (°C): 81- 83

Upper Explosive Limit (%): Not available.

Decomposition Temp (°C): Not Available

Viscosity: Not Applicable

log Kow (Prager 1995): 1.95

log Kow (Sangster 1997): 1.98

log Kow: 1.95

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

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Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 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.

Some phenol derivatives may produce mild to severe damage within the gastrointestinal tract. Absorption may result in profuse perspiration, intense thirst, nausea, vomiting, diarrhoea, cyanosis (following the formation of methaemoglobin), hyperactivity, stupor, falling blood pressure, hypernea, abdominal pain, haemolysis, convulsions, coma and pulmonary oedema followed by pneumonia. Respiratory failure and kidney damage may follow. Severe phenol ingestions cause hypotension, coma, ventricular dysrhythmias, seizures and white coagulative chemical burns.

Phenol does not uncouple oxidative phosphorylation like dinitrophenol and pentachlorophenol and thus does not cause a heat exhaustion-like syndrome. Phenolic groups with ortho and para positions free from substitution are reactive; this is because the ortho and para positions on the aromatic ring are highly activated by the phenolic hydroxyl group and are therefore readily substituted.

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.

Some phenol derivatives may produce mild to severe eye irritation with redness, pain and blurred vision. Permanent eye injury may occur; recovery may also be complete or partial.

SKIN

Skin contact with the material may produce toxic effects; systemic effects may result following absorption.

The material can produce chemical burns following direct contact with the skin.

Phenol and some of its derivatives may produce mild to severe skin irritation on repeated or prolonged contact, producing second and third degree chemical burns. Rapid cutaneous absorption may lead to systemic toxicity affecting the cardiovascular and central nervous system. Absorption through the skin may result in profuse perspiration, intense thirst, nausea, vomiting, diarrhoea, cyanosis (following the formation of methaemoglobin), hyperactivity, stupor, falling blood pressure, hyperpnoea, abdominal pain, haemolysis, convulsions, coma and pulmonary oedema followed by pneumonia. Respiratory failure and kidney damage may follow.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

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Section 11 - TOXICOLOGICAL INFORMATION

INHALED

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system in a substantial number of individuals following inhalation. Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce serious damage to the health of the individual. 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

Prolonged exposure to some derivatives of phenol may produce dermatitis, anorexia, weight loss, weakness, muscle aches and pain, liver damage, dark urine, ochronosis, skin eruptions, diarrhoea, nervous disorders with headache, salivation, fainting, increased skin and scleral pigmentation, vertigo and mental disorders. Liver and kidney damage may also ensue. Chronic phenol toxicity was first noted in medical personnel in the late 1800s when 5 and 10% phenol was used as a skin disinfectant. The term carbolic (phenol) marasmus was given to this syndrome.

Addition of structurally related phenolic compounds to the diet of Syrian golden hamsters induced forestomach hyperplasia and tumours. These compounds included 2(3)-tert-butyl-4-methoxyphenol (BHA) (CAS RN: 25013-16-5), 2-tert-butyl-4-methylphenol (TBMP) (29759-28-2) and p-tert-butylphenol (PTBP) (98-54-4); less active were catechol (154-23-4), p-methylphenol (331-39-5), methylhydroquinone (MHQ) (95-71-6) and pyrogallol (87-66-1), whilst no activity was seen with resorcinol (108-46-3), hydroquinone (123-31-9), propylparaben (94-13-3) and tert-butylhydroquinone (TBHQ) (1948-33-0).

In autoradiographic studies, intake of BHA, TBMP, catechol, PMOP, PTBP and MHQ resulted in a significant increase in the labelling index of the forestomach epithelium, whilst PMOP induced epithelial damage and pyloric regenerative hyperplasia. Catechol, CA and PYMP induced similar but less marked alterations. Both catechol and PMOP increased the labelling index in the glandular stomach. The urinary bladder was free from histopathological lesions, but propylparabene, catechol, TBHQ and MHQ increased the labelling index. The authors of this study concluded that long term administration of PTBP and TBMP may be carcinogenic for hamster forestomach and that both 1-hydroxy and tert-butyl substituents may play a role in the induction of forestomach tumours.

Hiros, M., et al: Carcinogenesis, Vol 7, pp 1285-1289; 1986.

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.

Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

The primary route of exposure is usually through skin absorption.

Dilute solutions cause redness, vesiculation and burning of the skin.

Chronic exposure to the skin can cause facial peripheral nerve damage, impairment of renal function and even necrosis of the liver and kidneys. Acute exposure by all routes of absorption may cause muscular weakness, gastroenteric disturbances, pancreas and spleen injury.

In extreme cases it has been known to be a severe depressant of

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Section 11 - TOXICOLOGICAL INFORMATION

the cardiovascular system and the central nervous system, particularly the spinal cord.

Symptoms of systemic absorption include: headache, nausea, shock, hypothermia, unconsciousness, respiratory failure and in some cases death. (ILO ENCYCLOPAEDIA)

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 121 mg/kg None reported

Dermal (rabbit) LD50: 890 mg/kg

IRRITATION

The material may produce severe irritation to the eye causing pronounced inflammation.

Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

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.

Section 12 - ECOLOGICAL INFORMATION

Hazardous Air Pollutant:	Yes
Fish LC50 (96hr.) (mg/l):	18- 20.8
Algae IC50 (72hr.) (mg/l):	6.8- 33
BCF<100:	18
log Kow (Prager 1995):	1.95
log Kow (Sangster 1997):	1.98
Half- life Soil - High (hours):	168
Half- life Soil - Low (hours):	24
Half- life Air - High (hours):	16
Half- life Air - Low (hours):	1.6
Half- life Surface water - High (hours):	168
Half- life Surface water - Low (hours):	24
Half- life Ground water - High (hours):	336
Half- life Ground water - Low (hours):	48
Aqueous biodegradation - Aerobic - High (hours):	168
Aqueous biodegradation - Aerobic - Low (hours):	24
Aqueous biodegradation - Anaerobic - High (hours):	672

continued...

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Section 12 - ECOLOGICAL INFORMATION

Aqueous biodegradation - Anaerobic - Low (hours):	96
Aqueous photolysis half- life - High (hours):	282
Aqueous photolysis half- life - Low (hours):	214
Photooxidation half- life water - High (hours):	3480
Photooxidation half- life water - Low (hours):	66
Photooxidation half- life air - High (hours):	16
Photooxidation half- life air - Low (hours):	1.6

Environmental toxicity is a function of the n-octanol/ water partition coefficient (log Pow, log Kow). Phenols with log Pow >7.4 are expected to exhibit low toxicity to aquatic organisms. However the toxicity of phenols with a lower log Pow is variable, ranging from low toxicity (LC50 values >100 mg/l) to highly toxic (LC50 values <1 mg/l) dependent on log Pow, molecular weight and substitutions on the aromatic ring. Dinitrophenols are more toxic than predicted from QSAR estimates. Hazard information for these groups is not generally available.

DO NOT discharge into sewer or waterways.

log Kow: 1.95

Koc: 18-22

Half-life (hr) air: 9.6

Half-life (hr) H2O surface water: 48

Henry's atm m³ /mol: 1.60E-06

BOD 5 if unstated: 1.6-1.74,65%

COD: 2.38-2.39,92%

ThOD: 2.52

BCF: 18

Toxicity Fish: non tox at 5mg/L

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible.
 - Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
 - Treat and neutralise at an approved treatment plant. Treatment should involve : Mixing or slurring in water; Neutralisation followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
 - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
 - Containers may still present a chemical hazard/ danger when empty.
 - Return to supplier for reuse/ recycling if possible.
- Otherwise:
- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
 - Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

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Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC,CORROSIVE
HAZCHEM: 2X

UNDG:

Dangerous Goods Class: 6.1
UN Number: 3455
Shipping Name:CRESOLS, SOLID

Subrisk: 8
Packing Group: II

Air Transport IATA:

ICAO/IATA Class: 6.1
UN/ID Number: 3455
ERG Code: 6C
Shipping name:CRESOLS, SOLID

ICAO/IATA Subrisk: 8
Packing Group: II

Maritime Transport IMDG:

IMDG Class: 6.1
UN Number: 3455
EMS Number: F- A, S- B
Shipping name:CRESOLS, SOLID

IMDG Subrisk: 8
Packing Group: II

Section 15 - REGULATORY INFORMATION

REGULATIONS

o-cresol (CAS: 95-48-7) 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

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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