

ETHYLENEDIAMINE TETRAACETIC ACID TETRASODIUM SALT DIHYDRATE**GHS Safety Data Sheet****Version No:3****Page 1 of 13**

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

EDTA TETRASODIUM SALT DIHYDRATE

OTHER NAMES

C10-H12-N2-Na4-O8, (OOCCH₂)₂NCH₂CH₂CH₂N(CH₂COO).Na₄, "Tetracemate tetrasodium", "ethylenediaminetetraacetic acid tetrasodium salt", "(ethylenedinitrilo)tetra-acetic acid tetrasodium salt", "tetrasodium ethylenediaminetetraacetate", "N, N'-ethylenediaminediacetic acid tetrasodium salt", "N, N'-ethylenediaminediacetic acid tetrasodium salt", "RON 51", "N, N'-1, 2-ethanediylbis[N-(carboxymethyl)glycine]tetrasodium salt", "N, N'-1, 2-ethanediylbis[N-(carboxymethyl)glycine]tetrasodium salt"

PRODUCT USE

Chelating/sequestering agent for the clarification of liquids, pharmaceuticals, detergents, shampoos, agent for metal poisoning, decontamination of radioactive liquids and in analytical chemistry. Used in agricultural chemical sprays; metal cleaning and plating; to remove insoluble deposits of magnesium and calcium salts; in textiles to improve dyeing; scouring and detergent operations; decreasing blood cholesterol.

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

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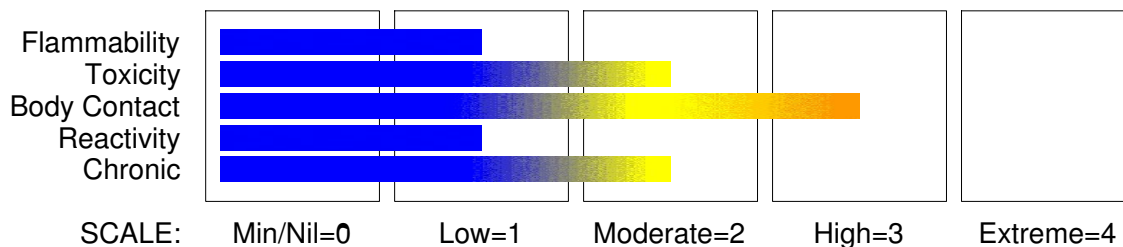
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Oral) Category 4
Respiratory Irritation Category 3
Serious Eye Damage Category 1
Skin Corrosion/Irritation Category 2



EMERGENCY OVERVIEW

HAZARD

DANGER
Determined by using GHS criteria:
H335 H302 H315 H318
May cause respiratory irritation
Harmful if swallowed
Causes skin irritation
Causes serious eye damage

PRECAUTIONARY STATEMENTS

Prevention

Wash hands thoroughly after handling.
Wash thoroughly after handling.
Do not eat, drink or smoke when using this product.

Response

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
Immediately call a POISON CENTER or doctor/physician.
If eye irritation persists, get medical advice/attention.
Wear eye/face protection.
If skin irritation occurs, seek medical advice/attention.
Remove/Take off immediately all contaminated clothing
Specific treatment: refer to Label or MSDS.

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Section 2 - HAZARDS IDENTIFICATION

IF ON SKIN: Gently wash with plenty of soap and water.
Wash/Decontaminate removed clothing before reuse.

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
EDTA tetrasodium salt	64-02-8	> 80

Section 4 - FIRST AID MEASURES

SWALLOWED

- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
 - For advice, contact a Poisons Information Centre or a doctor.
 - Urgent hospital treatment is likely to be needed.
 - In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
 - If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
 - If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.
 - Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:
 - INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- NOTE: Wear a protective glove when inducing vomiting by mechanical means.

EYE

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

SKIN

- If skin 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.

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Section 4 - FIRST AID MEASURES

- Lay patient down. Keep warm and rested.
- Prosthesis 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

Treat symptomatically.

For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
 - Watch for signs of respiratory insufficiency and assist ventilation as necessary.
 - Administer oxygen by non-rebreather mask at 10 to 15 L/min.
 - Monitor and treat, where necessary, for pulmonary oedema.
 - Monitor and treat, where necessary, for shock.
 - Anticipate seizures.
 - DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
-

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- There is no restriction on the type of extinguisher which may be used.
- Use extinguishing media suitable for surrounding area.

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves for fire only.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use fire fighting procedures suitable for surrounding area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.

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Section 5 - FIRE FIGHTING MEASURES

- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Solid which exhibits difficult combustion or is difficult to ignite.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
- Dry dust can also 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-metre/sec.

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

May emit poisonous fumes.

May emit corrosive 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

Gloves, boots (chemical resistant).

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

Moderate hazard.

- CAUTION: Advise personnel in area.
- Alert Emergency Services and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.

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Section 6 - ACCIDENTAL RELEASE MEASURES

- 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:

EDTA tetrasodium salt 150 mg/m³

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

EDTA tetrasodium salt 30 mg/m³

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

EDTA tetrasodium salt 4 mg/m³

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

EDTA tetrasodium salt 1.25 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	>= 0.1%	Toxic (T)	>= 3.0%
R50	>= 0.25%	Corrosive (C)	>= 5.0%
R51	>= 2.5%		
else	>= 10%		

where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

Personal Protective Equipment advice is contained in Section 8 of the MSDS.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.

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Section 7 - HANDLING AND STORAGE

- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

In presence of moisture, the material is corrosive to aluminium, zinc and tin producing highly flammable hydrogen gas.
Avoid reaction with oxidising agents.

STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials have no OELs on our records

- EDTA tetrasodium salt:

CAS:64- 02- 8 CAS:10378- 23- 1 CAS:13235- 36- 4
CAS:70699- 53- 5 CAS:8023- 21- 0 CAS:8013- 51- 2
CAS:50809- 35- 3

PERSONAL PROTECTION



EYE

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids.

- polychloroprene
- nitrile rubber
- butyl rubber
- fluorocautchouc
- polyvinyl chloride

Gloves should be examined for wear and/ or degradation constantly.

OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash 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.

· 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.

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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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.

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

White odourless crystals or powder; mixes with water, forming an alkaline solution. Slightly soluble in alcohol. Hygroscopic.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 380.2

Melting Range (°C): > 200

Solubility in water (g/L): Miscible

pH (1% solution): 11.5

Volatile Component (%vol): Not applicable.

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

Lower Explosive Limit (%): Not available.

Autoignition Temp (°C): > 200

State: Divided solid

Boiling Range (°C): Not available.

Specific Gravity (water=1): 0.42 bulk

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not applicable.

Evaporation Rate: Not applicable

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not available.

Decomposition Temp (°C): > 200

Viscosity: Not Applicable

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Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS**ACUTE HEALTH EFFECTS****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.

EYE

When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals.

Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

SKIN

Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

The material may accentuate any pre-existing dermatitis condition.

Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

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

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. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

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.

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.

CHRONIC HEALTH EFFECTS

Sequestering agents are occasionally used in therapies for various forms of poisoning and are normally injected intravenously. A systemic reaction known as the "excessive chelation syndrome" consists mainly of malaise, fatigue, thirst and parathesias, followed by chills and fever. Myalgia, headache, anorexia, nausea and occasionally marked urinary frequency and urgency may also occur. Minor reactions resembling those produced by histamine or the common cold are sometimes seen.

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

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.

Parenteral administration of EDTA and its salts in high doses may produce severe renal lesions with tubular necrosis, internal haemorrhage, transient bone marrow depression and life-threatening hypocalcaemia. Prolonged parenteral exposures produce electrolyte imbalance and possible cardiac arrhythmias.

Prolonged or repeated skin contact may result in irritation. EDTA and its metal salts do not permeate the cellular membrane to a significant extent; they remain in the extracellular fluid until excreted. (ILO Encyclopaedia)

NOTE: Conflicting animal test data is available with regard to the teratogenic potential of EDTA sodium salts. Some data indicate that teratogenic effects may occur at extremely high maternal doses.

TOXICITY AND IRRITATION**TOXICITY**

Oral (rat) LD50: 2000- 3200 mg/kg*

IRRITATION

Skin (rabbit):500 mg/24h- Moderate

Eyes (rabbit): 1.9 mg

Eyes (rabbit):100 mg/24h- Moderate

*[BASF]

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

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Section 11 - TOXICOLOGICAL INFORMATION

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

DO NOT discharge into sewer or waterways.

Not readily biodegradable. Harmful to aquatic organisms.

May cause long term adverse effects in the aquatic environment.

[ORICA]

Toxicity to fish: LC50 (96h): >500 mg/l (Leuciscus idus)

Toxicity to daphnae (acute): EC50 (48h): >100 mg/l

Toxicity to algae EC50 (72h): 10-100 mg/l

COD Value: 570 mg O2/g

BOD5-Value: 20 mg O2/g

Toxicity to bacteria: 50 mg/l Warburg test

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.
- Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

Laboratory scale cleanup:-

Scoop up spilled material into a large beaker and dissolve with water.

Adjust to a pH of 6-9 with an acid such as sulfuric or citric.

Flush reacted material to the drain with a large excess of water.

Decontaminate spill area with a dilute solution of a weak acid.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM: None

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

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Section 14 - TRANSPORTATION INFORMATION

IMDG

Section 15 - REGULATORY INFORMATION

REGULATIONS

EDTA tetrasodium salt (CAS: 64-02-8) is found on the following regulatory lists;
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for EDTA tetrasodium salt as CAS: 10378-23-1, CAS: 13235-36-4, CAS: 70699-53-5, CAS: 8023-21-0, CAS: 8013-51-2, CAS: 50809-35-3.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
EDTA tetrasodium salt	64- 02- 8, 10378- 23- 1, 13235- 36- 4, 70699- 53- 5, 8023- 21- 0, 8013- 51- 2, 50809- 35- 3

The above information is believed to be accurate and represent the best information currently available to us, but does not represent any warranty expressed or implied of the properties of the product. User should make their own investigation to determine the suitability of the information for their particular purpose.

Issue Date: 16-Aug-2017