

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 2 of 14

Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 4

Eye Irritation Category 2A

Respiratory Irritation Category 3

Self Reactive Type C

Skin Corrosion/Irritation Category 2



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H335 H242 H302 H332 H315 H319

May cause respiratory irritation

Heating may cause a fire

Harmful if swallowed

Harmful if inhaled

Causes skin irritation

Causes serious eye irritation

PRECAUTIONARY STATEMENTS

Prevention

Keep away from heat/sparks/open flames/hot surfaces. - No smoking.

Keep/Store away from clothing and other combustible materials.

Keep only in original container.

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

Wash thoroughly after handling.

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

Use only outdoors or in a well-ventilated area.

Wear protective gloves/protective clothing/eye protection/face protection.

Response

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

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

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

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

Rinse mouth.

If eye irritation persists: Get medical advice/attention.

Storage

Store in a well-ventilated place. Keep container tightly closed.

Store in a well-ventilated place. Keep cool.

Store locked up.

Store away from other materials.

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 3 of 14

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
Gibb' s Reagent	101-38-2	> 90
N, 2, 6- trichloro- p- benzoquinoneimine		

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.
- Seek medical attention without delay; 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, without delay.

NOTES TO PHYSICIAN

- 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.

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 4 of 14

Section 4 - FIRST AID MEASURES

- 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.
Treat symptomatically.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

■ For SMALL FIRES:

Dry chemical, CO2, water spray or foam.

For LARGE FIRES:

Flood fire area with water from a distance.

FIRE FIGHTING

■ BEWARE OF POSSIBLE CONTAINER EXPLOSION

- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear full protective clothing plus breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place)
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with flooding quantities of water from a protected location until well after fire is out.
- If safe to do so, remove undamaged containers from path of fire.
- If fire gets out of control withdraw personnel and warn against entry.
- Equipment should be thoroughly decontaminated after use.
- Fight fire from a protected position or use unmanned hose holders or monitor nozzles.
- Withdraw immediately in case of rising sound from venting safety devices or discolouration of tanks.
- ALWAYS stay away from tank ends.

FIRE/EXPLOSION HAZARD

■ Combustion products include:.

- Self-decomposition or self-ignition may be initiated by heat, chemical reaction, friction or impact.
- May decompose explosively when heated or involved in fire.
- May decompose explosively when confined.
- May burn vigorously; decomposition may be self-accelerating and produce large amounts of gas.
- Vapours or dusts may form explosive mixtures with air.
- May REIGNITE after fire is extinguished, carbon dioxide (CO2), hydrogen chloride, phosgene, nitrogen oxides

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 5 of 14

Section 5 - FIRE FIGHTING MEASURES

(NO_x), other pyrolysis products typical of burning organic material.

FIRE INCOMPATIBILITY

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

PERSONAL PROTECTION

Glasses:

Chemical goggles.

Respirator:

Particulate dust filter.

Section 6 - ACCIDENTAL RELEASE MEASURES

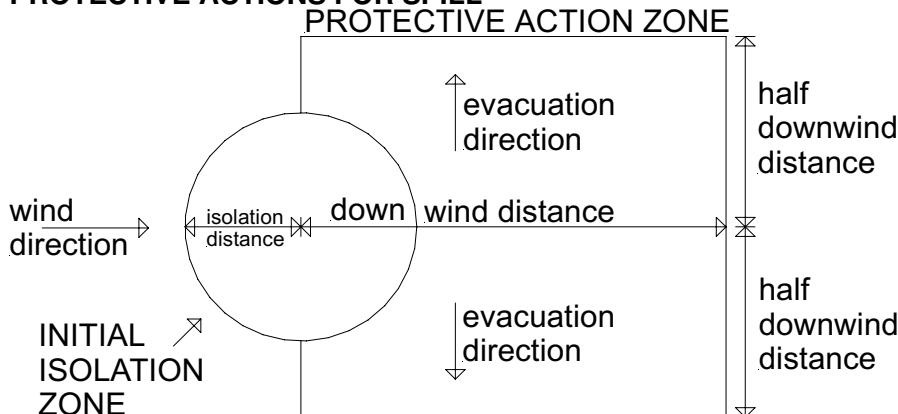
MINOR SPILLS

- ELIMINATE all ignition sources (no smoking, flares, sparks or flames).
- Do NOT touch or walk through spilled material.
- Stop leak if safe to do so.
- Prevent entry into waterways, drains or confined spaces.
- Absorb with earth, sand or other non-combustible material.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- DO NOT touch or walk through spilled material.
- Control personal contact by using protective equipment.
- Prevent, by any means available, spillage from entering drains or water course.
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Contain or cover with sand, earth or vermiculite.
- Use only spark-free shovels and explosion proof equipment.
- Collect recoverable product into labelled containers for recycling.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area with water and dike for later disposal; 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.

PROTECTIVE ACTIONS FOR SPILL



From IERG (Canada/Australia)

Isolation Distance	50 metres
Downwind Protection Distance	250 metres

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 6 of 14

Section 6 - ACCIDENTAL RELEASE MEASURES

IERG Number

21

FOOTNOTES

1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.

2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.

3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.

4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills".

LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.

5 Guide 149 is taken from the US DOT emergency response guide book.

6 IERG information is derived from CANUTEC - Transport Canada.

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 overexposure 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 smoking, naked lights or ignition sources.
- When handling, DO NOT eat, drink or smoke.
- Avoid contact with incompatible materials.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Working clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing/handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.

- Do NOT cut, drill, grind or weld such containers
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

SUITABLE CONTAINER

- For low viscosity materials and solids:

Drums and jerricans must be of the non-removable head type.

Where a can is to be used as an inner package, the can must have a screwed enclosure.

For materials with a viscosity of at least 2680 cSt. (23 deg. C):

- Removable head packaging and

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 7 of 14

Section 7 - HANDLING AND STORAGE

- cans with friction closures may be used.

-

Where combination packages are used, there must be sufficient inert absorbent material to absorb completely any leakage that may occur, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

All combination packages for Packing group I and II must contain cushioning material.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidising agents.

STORAGE REQUIREMENTS

■ FOR MINOR QUANTITIES:

- Store in an indoor fireproof cabinet or in a room of noncombustible construction.
- Provide adequate portable fire-extinguishers in or near the storage area.

FOR PACKAGE STORAGE:

- Store in original containers in approved flame-proof area.
- No smoking, naked lights, heat or ignition sources.
- DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
- Keep containers securely sealed.
- Store away from incompatible materials in a cool, dry, well ventilated area.
- Protect containers against physical damage and check regularly for leaks.
- Protect containers from exposure to weather and from direct sunlight unless: (a) the packages are of metal or plastic construction; (b) the packages are securely closed are not opened for any purpose while in the area where they are stored and (c) adequate precautions are taken to ensure that rain water, which might become contaminated by the dangerous goods, is collected and disposed of safely.
- Ensure proper stock-control measures are maintained to prevent prolonged storage of dangerous goods.
- Observe manufacturer's storing and handling recommendations.

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

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- Gibb's Reagent:

CAS:101- 38- 2

MATERIAL DATA

GIBB'S REAGENT:

■ It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply. Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 8 of 14

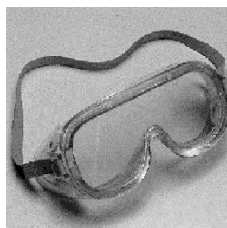
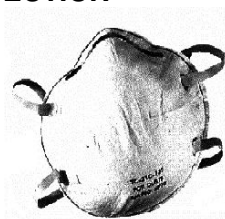
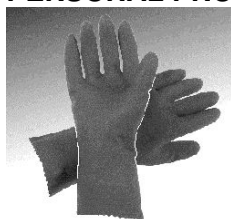
Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

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 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. Important factors in the selection of gloves include: such as:

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

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.
- Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 9 of 14

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- Wear physical protective gloves, eg. leather.
- Wear safety footwear.

OTHER

- Overalls.
- Eyewash unit.
- Barrier cream.
- Skin cleansing cream.
- Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity.
- For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets), non sparking safety footwear.
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory . These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

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

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

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

Type of Contaminant:

Air Speed:

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 10 of 14

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1- 2.5 m/s (200- 500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood- local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 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.

2 m

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Yellow crystals or powder with no odour; moderately soluble in water.

PHYSICAL PROPERTIES

Mixes with water.

State	DIVIDED SOLID	Molecular Weight	210.44
Melting Range (°C)	67	Viscosity	Not Applicable
Boiling Range (°C)	Not available.	Solubility in water (g/L)	Miscible
Flash Point (°C)	Not Available	pH (1% solution)	Not available.
Decomposition Temp (°C)	Not available.	pH (as supplied)	Not applicable
Autoignition Temp (°C)	Not available.	Vapour Pressure (kPa)	Not applicable.
Upper Explosive Limit (%)	Not available.	Specific Gravity (water=1)	Not available.
Lower Explosive Limit (%)	Not available.	Relative Vapour Density (air=1)	Not applicable.
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 11 of 14

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

EYE

- This material can cause eye irritation and damage in some persons.

SKIN

- This material can cause inflammation of the skin on contact in some persons.
- The material may accentuate any pre-existing dermatitis condition.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- 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.

INHALED

- Inhalation of dusts, generated by the material, during the course of normal handling, may be harmful.
 - The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
 - 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.
- If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.

CHRONIC HEALTH EFFECTS

- Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.
- Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.
- 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. Prime symptom is breathlessness; lung shadows show on X-ray.

TOXICITY AND IRRITATION

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

TOXICITY

Intraperitoneal (mouse) LD50: 20 mg/kg

IRRITATION

Nil Reported

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 12 of 14

Section 11 - TOXICOLOGICAL INFORMATION

Intravenous (mouse) LD50: 56 mg/kg

■ 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

Refer to data for ingredients, which follows:

GIBB'S REAGENT:

■ DO NOT discharge into sewer or waterways.

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
Gibb' s Reagent	HIGH		LOW	MED

Section 13 - DISPOSAL CONSIDERATIONS

- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.

- Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- Recycle wherever possible.

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 13 of 14

Section 13 - DISPOSAL CONSIDERATIONS

- 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 land-fill specifically licenced to accept chemical and / or pharmaceutical wastes 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.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: FLAMMABLE SOLID

HAZCHEM:

☐ 1WE (1)

Land Transport UNDG:

Class or division:	4.1	Subsidiary risk:	None
UN No.:	3224	UN packing group:	None
Shipping Name: SELF-REACTIVE SOLID TYPE C (contains Gibb's Reagent)			

Air Transport IATA:

ICAO/IATA Class:	4.1	ICAO/IATA Subrisk:	None
UN/ID Number:	3224	Packing Group:	-
Special provisions:	A20		
Shipping Name: SELF-REACTIVE SOLID TYPE C *(CONTAINS GIBB'S REAGENT)			

Maritime Transport IMDG:

IMDG Class:	4.1	IMDG Subrisk:	None
UN Number:	3224	Packing Group:	None
EMS Number:	F- J, S- G	Special provisions:	274
Limited Quantities:	100 g		
Shipping Name: SELF-REACTIVE SOLID TYPE C (contains Gibb's Reagent)			

Section 15 - REGULATORY INFORMATION

REGULATIONS

Gibb's Reagent (CAS: 101-38-2) is found on the following regulatory lists;

"Australia Inventory of Chemical Substances (AICS)"

continued...

2,6-DICHLOROQUINONE-4-CHLOROIMIDE

GHS Safety Data Sheet

Version No:4

Page 14 of 14

Section 16 - OTHER INFORMATION

MSDS SECTION CHANGES

The following table displays the version number of and date on which each section was last changed.

Section Name	Version	Date	Section Name	Version	Date	Section Name	Version	Date
First Aid (skin)	3	8- Oct- 2008	Storage (storage incompatibility)	3	8- Oct- 2008	Acute Health (eye)	3	8- Oct- 2008
Fire Fighter (extinguishing media)	3	8- Oct- 2008	Storage (storage requirement)	3	8- Oct- 2008	Acute Health (inhaled)	3	8- Oct- 2008
Fire Fighter (fire fighting)	3	8- Oct- 2008	Storage (suitable container)	3	8- Oct- 2008	Acute Health (skin)	3	8- Oct- 2008
Fire Fighter (fire incompatibility)	3	8- Oct- 2008	Engineering Control	3	8- Oct- 2008	Acute Health (swallowed)	3	8- Oct- 2008
Fire Fighter (fire/explosion hazard)	3	8- Oct- 2008	Exposure Standard	3	8- Oct- 2008	Chronic Health	3	8- Oct- 2008
Spills (major)	3	8- Oct- 2008	Personal Protection (eye)	3	8- Oct- 2008	Environmental	3	8- Oct- 2008
Spills (minor)	3	8- Oct- 2008	Personal Protection (hands/feet)	3	8- Oct- 2008	Disposal	3	8- Oct- 2008
Handling Procedure	3	8- Oct- 2008	Personal Protection (other)	3	8- Oct- 2008			

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: 28-May-2018