

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 1 of 12

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

2',4'-DIHYDROXYACETOPHENONE

OTHER NAMES

C8-H8-O3, "1-acetyl-2, 4-dihydroxbenzene", "1-acetyl-2, 4-dihydroxbenzene", "acetophenone , 2', 4'-dihydroxy-", "acetophenone, 2', 4'-dihydroxy-", 4-acetylresorcinol, 4-acetylresorcinol, "2, 4-dihydroxyacetophenone", "2, 4-dihydroxyacetophenone", "1-(2, 4-dihydroxyphenyl)ethanone", "1-(2, 4-dihydroxyphenyl)ethanone", "ethanone, 1-(2, 4-dihydroxyphenyl)-", "ethanone, 1-(2, 4-dihydroxyphenyl)-", resacetophenone, beta-resacetophenone, resoacetophenone, "resorcinol, 4-acetyl-", "resorcinol, 4-acetyl-", "1-acetyl-2, 4-dihydroxybenzene", "1-acetyl-2, 4-dihydroxybenzene"

PRODUCT USE

Reagent for iron (in 10% alcoholic solution). A red colour is obtained with ferric ion in slightly acidic solution.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

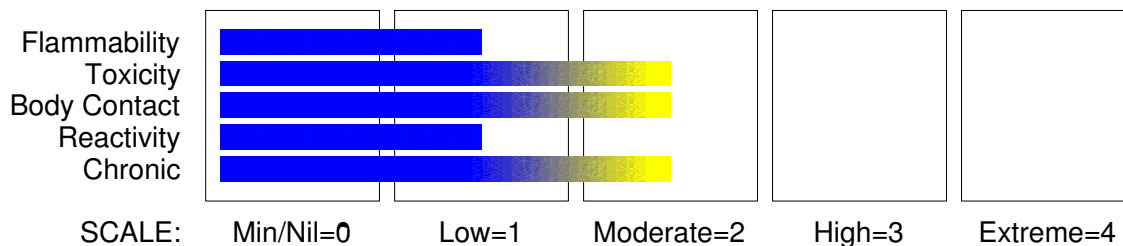
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

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HAZARD RATINGS



continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 2 of 12

Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Oral) Category 5
Eye Irritation Category 2A
Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 3
Skin Sensitizer Category 1



EMERGENCY OVERVIEW

HAZARD

WARNING

Determined by using GHS criteria:
H335 H303 H316 H319 H317
May cause respiratory irritation
May be harmful if swallowed
Causes mild skin irritation
Causes serious eye irritation
May cause allergic skin reaction

PRECAUTIONARY STATEMENTS

Prevention

Contaminated clothing should not be allowed out of the workplace.
Avoid breathing dust/fume/gas/mist/vapours/spray.
Wash hands thoroughly after handling.

Response

If skin irritation occurs, seek medical advice/attention.
Wear eye/face protection.
If skin irritation or rash occurs, seek medical advice/attention.
If eye irritation persists, get medical advice/attention.
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.
Specific treatment: refer to Label or MSDS.
Wash contaminated clothing before reuse.
IF ON SKIN: Gently wash with plenty of soap and water.

Disposal

Dispose of contents and container in accordance with relevant legislation.

continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 3 of 12

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
2' , 4' - dihydroxyacetophenone	89-84-9	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

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

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

EYE

If this product comes in contact with the eyes:

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

SKIN

If skin 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 dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear passage of breathing.
- If irritation or discomfort persists seek medical attention.

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

continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 4 of 12

Section 4 - FIRST AID MEASURES

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.]*

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.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

FIRE FIGHTING

Alert Fire Brigade and tell them location and nature of hazard.

- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water courses.

Cool fire exposed containers with water spray from a protected location.

DO NOT approach containers suspected to be hot.

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

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.

continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 5 of 12

Section 5 - FIRE FIGHTING MEASURES

- 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.

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

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place in clean drum then flush area with water.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place).
- Stop leak if safe to do so.
- 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.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 6 of 12

Section 6 - ACCIDENTAL RELEASE MEASURES

+: 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

- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- When handling DO NOT eat, drink or smoke.
- Always wash hands with soap and water after handling.
- Avoid physical damage to containers.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.

SUITABLE CONTAINER

- Metal can or drum
- Packaging as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

Multi-ply paper bag with sealed plastic liner or heavy gauge plastic bag.

NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse. Check that all containers are clearly labelled and free from leaks. Packing as recommended by manufacturer.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents, bases and strong reducing agents.

STORAGE REQUIREMENTS

- Keep dry.
- Store in original containers.
- Keep containers securely sealed.
- No smoking, naked lights or ignition sources.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials.
- Protect containers against physical damage.
- 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

- 2' , 4' - dihydroxyacetophenone: CAS:89- 84- 9

continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 7 of 12

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

MATERIAL DATA

These "dusts" have little adverse effect on the lungs and do not produce toxic effects or organic disease. Although there is no dust which does not evoke some cellular response at sufficiently high concentrations, the cellular response caused by P.N.O.C.s has the following characteristics:

- the architecture of the air spaces remain intact,
- scar tissue (collagen) is not synthesised to any degree,
- tissue reaction is potentially reversible.

Extensive concentrations of P.N.O.C.s may:

- seriously reduce visibility,
- cause unpleasant deposits in the eyes, ears and nasal passages,
- contribute to skin or mucous membrane injury by chemical or mechanical action, per se, or by the rigorous skin cleansing procedures necessary for their removal. [ACGIH]

This limit does not apply:

- to brief exposures to higher concentrations
- nor does it apply to those substances that may cause physiological impairment at lower concentrations but for which a TLV has as yet to be determined.

This exposure standard applies to particles which

- are insoluble or poorly soluble* in water or, preferably, in aqueous lung fluid (if data is available) and
- have a low toxicity (i.e.. are not cytotoxic, genotoxic, or otherwise chemically reactive with lung tissue, and do not emit ionizing radiation, cause immune sensitization, or cause toxic effects other than by inflammation or by a mechanism of lung overload).

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

- Barrier cream and Neoprene gloves.
- Wear chemical protective gloves, eg. PVC.
- Wear safety footwear.

continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 8 of 12

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

OTHER

- Overalls.
 - P.V.C. apron.
 - Barrier cream.
 - Skin cleansing cream.
 - Eye wash unit.
- Ensure there is ready access to a safety shower.

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

General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. 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.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25- 0.5 m/s (50- 100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5- 1 m/s (100- 200 f/min.)
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

1: Room air currents minimal or favourable to capture

2: Contaminants of low toxicity or of nuisance

Upper end of the range

1: Disturbing room air currents

2: Contaminants of high toxicity

continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 9 of 12

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

value only.

3: Intermittent, low production.

4: Large hood or large air mass in motion

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 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters 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

Yellow-gold powder; gradually decomposes in water. Soluble in pyridine, warm alcohol, glacial acetic acid.

PHYSICAL PROPERTIES

Solid.

Molecular Weight: 152.15

Melting Range (°C): 143- 144.5

Solubility in water (g/L): Reacts

pH (1% solution): Not available

Volatile Component (%vol): Not available

Relative Vapour Density (air=1): >1

Lower Explosive Limit (%): Not available

Autoignition Temp (°C): Not available

State: Divided solid

Boiling Range (°C): Not available

Specific Gravity (water=1): 1.18

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not available

Evaporation Rate: Not available

Flash Point (°C): Not available

Upper Explosive Limit (%): Not available.

Decomposition Temp (°C): Not available.

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

continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 10 of 12

Section 11 - TOXICOLOGICAL INFORMATION

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual. Ingestion may result in nausea, abdominal irritation, pain and vomiting. Considered an unlikely route of entry in commercial/industrial environments. 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

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.

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. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

SKIN

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

Limited 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. Toxic effects may result from skin absorption.

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.

continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 11 of 12

Section 11 - TOXICOLOGICAL INFORMATION

INHALED

Inhalation may produce health damage*.

Limited evidence exists, or practical experience predicts, that the material produces irritation of the respiratory system in a significant number of individuals following inhalation.

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.

Inhalation hazard is increased at higher temperatures.

Pulmonary absorption may lead to systemic toxicity affecting the cardiovascular and central nervous system. Inhalation of phenol and some of its derivatives may produce profuse perspiration, intense thirst, nausea, vomiting, diarrhoea, cyanosis, hyperactivity, stupor, falling blood pressure, hyperpnoea, abdominal pain, haemolysis, convulsions, coma and pulmonary oedema with pneumonia. Respiratory failure and kidney damage may follow. Phenols may exhibit local anaesthetic properties and, in general, are central nervous system depressants at high concentrations. The dihydroxy derivatives act as simple phenols but their effects are largely limited to local irritation. Trihydroxy derivatives may reduce the oxygen content of blood at sufficient exposure levels. Methyl phenols (cresols) typically do not pose significant inhalation hazards due to relatively low vapour pressures and objectionable odours. Substituted phenols produce similar effects to phenol although such effects may only be evident at high levels of exposure. Alkyl substitution tends to increase toxicity.

CHRONIC HEALTH EFFECTS

There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.

Principal routes of exposure are usually by skin contact/absorption, inhalation of generated dust and inhalation of vapour from heated material.

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.

continued...

2,4-DIHYDROXY ACETOPHENONE

GHS Safety Data Sheet

Version No:2.0

Page 12 of 12

Section 11 - TOXICOLOGICAL INFORMATION

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 2830 mg/kg
Maternal effects recorded.

IRRITATION

Eye (rabbit): 500 mg - SEVERE

Section 12 - ECOLOGICAL INFORMATION

No data for 2',4'-dihydroxyacetophenone.

Section 13 - DISPOSAL CONSIDERATIONS

- Consult manufacturer for recycling options and recycle where possible .
- Consult State Land Waste Management Authority for disposal.
- Incinerate residue at an approved site.
- Recycle containers if possible, or dispose of in an authorised landfill.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM: None

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

Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable
No data available for 2',4'-dihydroxyacetophenone as CAS: 89-84-9.

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.

Issue Date: 12-May-2018