



FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 1 of 15

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

FERRIC CHLORIDE

OTHER NAMES

Cl₃-Fe, FeCl₃, "ferric trichloride", "ferric perchloride", "iron chloride", "iron trichloride, anhydrous", "iron perchloride", "iron (III) chloride, anhydrous", "iron (III) chloride, anhydrous", "Flores Martis", "iron trichloride", "iron sesquichloride, solid", "ferric chloride, anhydrous", "iron chloride, solid", "ferric chloride solid, anhydrous", "anhydrous ferric chloride"

PROPER SHIPPING NAME

FERRIC CHLORIDE, ANHYDROUS

PRODUCT USE

In treatment of sewerage and industrial wastes; etching agent for engraving, photography and printing. A condensation catalyst in Friedel-Crafts reactions; mordant; oxidising, chlorinating and condensing agent. Also a disinfectant; feed additive; and used in water purification.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

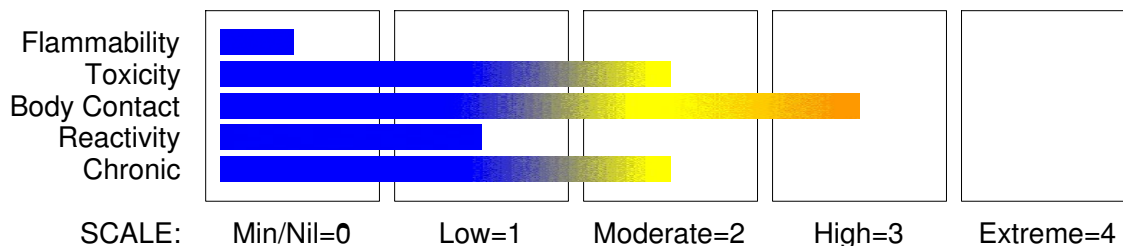
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 2 of 15

Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Oral) Category 4
Metal Corrosion Category 1
Skin Corrosion/Irritation Category 1C



EMERGENCY OVERVIEW

HAZARD

DANGER
Determined by using GHS criteria:
H302 H290 H314
Harmful if swallowed
May be corrosive to metals
Causes severe skin burns and eye damage

PRECAUTIONARY STATEMENTS

Prevention

Wash hands thoroughly after handling.
Do not eat, drink or smoke when using this product.
Do not breathe dust or mist.
Wear protective gloves/clothing and eye/face protection.
Wash thoroughly after handling.

Response

Immediately call a POISON CENTER or doctor/physician.
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.
If on skin or hair: remove/take off immediately all contaminated clothing. Rinse with water/shower.
Absorb spillage to prevent material damage.
Wash contaminated clothing before reuse.
Specific treatment: refer to Label or MSDS.

Storage

Store in a corrosive resistant container with a resistant liner.
Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 3 of 15

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
ferric chloride	7705-08-0	> 99

Section 4 - FIRST AID MEASURES

SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- 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.
- Transport to hospital or doctor without delay.

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 or hair contact occurs:
- Immediately flush body and clothes with large amounts of water, using safety shower if available.
 - Quickly remove all contaminated clothing, including footwear.
 - Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
 - Transport to hospital, or doctor.

INHALED

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

NOTES TO PHYSICIAN

- For acute or short term repeated exposures to iron and its derivatives:
- Always treat symptoms rather than history.

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 4 of 15

Section 4 - FIRST AID MEASURES

- In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
 - Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
 - Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
 - Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
 - Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater than 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex) are the usual means of decontamination.
 - Activated charcoal does not effectively bind iron.
 - Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
 - Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology].
- for corrosives:

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.
- Where eyes have been exposed, flush immediately with water and continue to irrigate with normal saline during transport to hospital.
- 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.
- Skin burns should be covered with dry, sterile bandages, following decontamination.
- DO NOT attempt neutralisation as exothermic reaction may occur.

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.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime.

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 5 of 15

Section 4 - FIRST AID MEASURES

· Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.

· Consider endoscopy to evaluate oral injury.

· Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

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 course.
- Use fire fighting procedures suitable for surrounding area.
- Do not approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn.
- Decomposition may produce toxic fumes of: hydrogen chloride, metal oxides.
May emit corrosive fumes.

FIRE INCOMPATIBILITY

None known.

Personal Protective Equipment

Breathing apparatus.

Gas tight chemical resistant suit.

Limit exposure duration to 1 BA set 30 mins.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

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

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 6 of 15

Section 6 - ACCIDENTAL RELEASE MEASURES

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- 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.

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:

ferric chloride 200 mg/m³

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

ferric chloride 15 mg/m³

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

ferric chloride 7.5 mg/m³

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

ferric chloride 3 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



X X + X X +

+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 7 of 15

Section 6 - ACCIDENTAL RELEASE MEASURES

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

SUITABLE CONTAINER

- Lined metal can, lined metal pail/ can.
 - Plastic pail.
 - Polyliner drum.
 - Packing as recommended by manufacturer.
 - Check all containers are clearly labelled and free from leaks.
- For low viscosity materials
- 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) and solids (between 15 C deg. and 40 deg C.):
- Removable head packaging;
 - Cans with friction closures and
 - low pressure tubes and cartridges may be used.
-
- Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

STORAGE INCOMPATIBILITY

Reacts with water or steam to produce toxic and corrosive fumes.
Avoid reaction with oxidising agents.
Dangerous goods of other classes.
Avoid storage with strong alkalis,
sodium, potassium and allyl chloride.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 8 of 15

Section 7 - HANDLING AND STORAGE

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

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

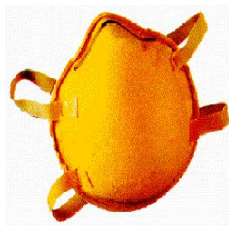
- ferric chloride:

CAS:7705- 08- 0 CAS:58694- 80- 7 CAS:12178- 83- 5 CAS:130622- 20- 7

MATERIAL DATA

The recommended TLV is thought to reduce the likelihood of respiratory irritation and skin irritation from exposure to aerosols and mists of soluble iron salts.

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

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber.

OTHER

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

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 9 of 15

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

RESPIRATOR

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

* - Negative pressure demand ** - Continuous flow.

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

For further information consult
your

Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

· Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.

· 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.

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

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 10 of 15

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

Black-brown solid, leaflets or plates. Very hygroscopic. Soluble in water, alcohol, glycerol, methanol, acetone and ether. In presence of moisture, is corrosive to most metals and alloys.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Corrosive.

Contact with water liberates toxic gas.

Molecular Weight: 162.20

Melting Range (°C): 300 approx.

Solubility in water (g/L): Miscible

pH (1% solution): 1- 2 approx.

Volatile Component (%vol): Not available

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

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not available.

State: Divided solid

Boiling Range (°C): 315- 319

Specific Gravity (water=1): 2.90 @ 25 C

pH (as supplied): Not applicable

Vapour Pressure (kPa): 0.13 @ 194 C

Evaporation Rate: Not available

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not Available

Viscosity: Not Applicable

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.

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 11 of 15

Section 11 - TOXICOLOGICAL INFORMATION

Iron poisoning, although rare, may result in epigastric pain and vomiting followed over 6-8 hours by shock, and in severe case coma and death. The toxicity of iron compounds increases in proportion to their solubility in the gastrointestinal tract. Vomitus frequently contains blood, due in part to capillary dilation and blood loss through gastrointestinal walls (diapedesis). Watery diarrhoea with ribbons of bowel mucosa contribute to cardiovascular collapse from fluid and electrolyte loss. Although a quiescent period may follow some victims relapse within 12 hours into lethal secondary shock. During relapse a profound metabolic acidosis is encountered. This has been attributed to hydrolysis of ferric ions in blood as well as increases in the level of lactic and citric acids. Respiratory changes resulting from acidosis are often evident. Postmortem examination often reveals liver damage consisting of periportal haemorrhagic necrosis. Poisoning may also produce a metallic taste, restlessness, lethargy, hypotonia, coma, pallor or cyanosis, fast, weak pulse, hypotension, hyperventilation (due to acidosis), shock, vasomotor instability and cardiovascular collapse. Pneumonitis, pulmonary oedema and haemorrhage, convulsions, liver impairment with jaundice, hypoglycaemia, multiple coagulation defects, kidney damage with anuria, pancreatic damage, vascular damage, hypovolaemia, haemoconcentration, profound shock and vascular collapse have been reported. Survivors may display gastric scarring or obstruction, pyloric obstruction or stenosis, mild hepatic scirrhosis or neuralgic sequelae.

EYE

The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

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

The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

SKIN

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

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.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

INHALED

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system in a substantial 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.

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

continued...

FERRIC CHLORIDE ANHYDROUS

Section 11 - TOXICOLOGICAL INFORMATION

measures be used in an occupational setting.

The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation.

Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence).

The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.

Exposure to high concentrations causes bronchitis and is characterised by the onset of haemorrhagic pulmonary oedema.

Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema.

CHRONIC HEALTH EFFECTS

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.

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

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

Chronic excessive iron intakes have been associated with haemosiderosis and consequent possible damage to the liver and pancreas.

High levels of iron may raise the risk of cancer. This concern stems from the theory that iron causes oxidative damage to tissues and organs by generating highly reactive chemicals, called free radicals, which subsequently react with DNA. Cells may be disrupted and may become cancerous. People whose genetic disposition prevents them from keeping tight control over iron (e.g. those with the inherited disorder, haemochromatosis) may be at increased risk.

Iron overload in men may lead to diabetes, arthritis, liver cancer, heart irregularities and problems with other organs as iron builds up.

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 13 of 15

Section 11 - TOXICOLOGICAL INFORMATION

[K. Schmidt, New Scientist, No. 1919 pp.11-12, 2nd April, 1994].

Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 450 mg/kg

Oral (mouse) LD50: 895 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

Daphnia magna EC50 (48hr.) (mg/l): 15 (96hr)

Algae IC50 (72hr.) (mg/l): 1

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

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.
- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
 - Treat and neutralise at an approved treatment plant. Treatment should involve : Mixing or slurring in water; Neutralisation with soda-lime or soda-ash followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
 - Decontaminate empty containers with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 14 of 15

Section 14 - TRANSPORTATION INFORMATION



Labels Required: CORROSIVE
HAZCHEM: 2XE

UNDG:

Dangerous Goods Class:	8	Subrisk:	None
UN Number:	1773	Packing Group:	III
Shipping Name: FERRIC CHLORIDE, ANHYDROUS			

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	None
UN/ID Number:	1773	Packing Group:	III
ERG Code:	8L		
Shipping name: FERRIC CHLORIDE, ANHYDROUS			

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	1773	Packing Group:	III
EMS Number:	F- A, S- B		
Shipping name: FERRIC CHLORIDE, ANHYDROUS			

Section 15 - REGULATORY INFORMATION

REGULATIONS

ferric chloride (CAS: 7705-08-0) is found on the following regulatory lists;
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
International Council of Chemical Associations (ICCA) - High Production Volume List
OECD Representative List of High Production Volume (HPV) Chemicals
WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have not been established

ferric chloride (CAS: 58694-80-7) is found on the following regulatory lists;
WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have not been established

No data available for ferric chloride as CAS: 12178-83-5, CAS: 130622-20-7.

continued...

FERRIC CHLORIDE ANHYDROUS

GHS Safety Data Sheet

Version No:5

Page 15 of 15

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
ferric chloride	7705- 08- 0, 58694- 80- 7, 12178- 83- 5, 130622- 20- 7

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: 27-Oct-2017