



HYDROXYLAMINE HYDROCHLORIDE

GHS Safety Data Sheet

Version No:5

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

HYDROXYLAMINE HYDROCHLORIDE

OTHER NAMES

N-H4-Cl-O, N-H4-Cl-O, NH₂OH.HCl, "hydroxyamine hydrochloride", "hydroxyammonium chloride", "hydroxylamine chloride", "hydroxylamine chloride (1:1)", "oxammonium hydrochloride"

PROPER SHIPPING NAME

CORROSIVE SOLID, TOXIC, N.O.S.(contains hydroxylamine hydrochloride)

PRODUCT USE

Used in organic synthesis, photographic developer, medicine, controlled reduction reactions, non-discolouring short-stopper for synthetic rubbers, antioxidant for fatty acids and soaps.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

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

MUMBAI- 400030.INDIA.

technical@sdfine.com

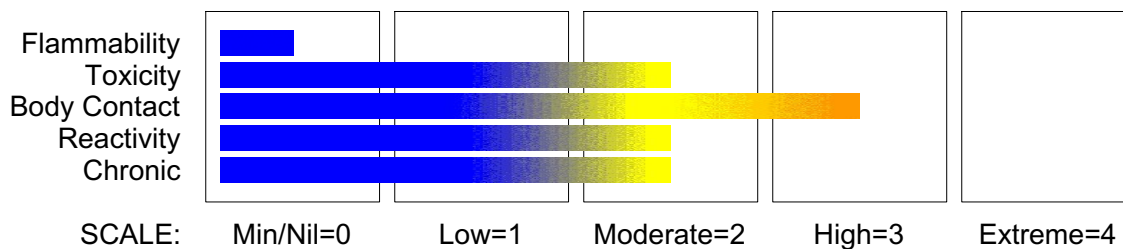
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Section 2 - HAZARDS IDENTIFICATION

HAZARD RATINGS



GHS Classification

Acute Aquatic Hazard Category 1

Acute Toxicity (Oral) Category 3

Eye Irritation Category 2A

Metal Corrosion Category 1

Respiratory Sensitizer Category 1

continued...

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Section 2 - HAZARDS IDENTIFICATION

Skin Corrosion/Irritation Category 2

Skin Sensitizer Category 1



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H301 H302 H315 H319 H334 H317 H290 H400

Toxic if swallowed

Harmful if swallowed

Causes skin irritation

Causes serious eye irritation

May cause allergic or asthmatic symptoms or breathing difficulties if inhaled

May cause allergic skin reaction

May be corrosive to metals

Very toxic to aquatic life

Ecotoxic to terrestrial vertebrates

Harmful to terrestrial vertebrates

PRECAUTIONARY STATEMENTS

Prevention

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.

Contaminated work clothing should not be allowed out of the workplace.

Avoid release to the environment.

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

In case of inadequate ventilation wear respiratory protection.

Response

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

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

IF ON SKIN: Wash with plenty of soap and water.

IF INHALED: If breathing is difficult, 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.

Rinse mouth.

If skin irritation or rash occurs: Get medical advice/attention.

If eye irritation persists: Get medical advice/attention.

If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.

Wash contaminated clothing before reuse.

Absorb spillage to prevent material damage.

Collect spillage.

Storage

Store locked up.

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Section 2 - HAZARDS IDENTIFICATION

Store in corrosive resistant container or with a resistant inner liner.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
hydroxylamine hydrochloride	5470-11-1	> 99
hydrolyses to ammonia	1336-21-6	

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.
- Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.
- Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).

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Section 4 - FIRST AID MEASURES

- As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested.
 - Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.
- This must definitely be left to a doctor or person authorised by him/her.
(ICSC13719).

NOTES TO PHYSICIAN

» Treat symptomatically.

For acute or short term repeated exposures to strong acids:

- Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
- Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- Charcoal has no place in acid management.
- Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

- Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
- Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

- Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjunctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.
- Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
- Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

[Ellenhorn and Barceloux: Medical Toxicology].

The material may induce methaemoglobinaemia following exposure.

- Initial attention should be directed at oxygen delivery and assisted ventilation if necessary. Hyperbaric oxygen has not demonstrated substantial benefits.
- Hypotension should respond to Trendelenburg's position and intravenous fluids; otherwise dopamine may be needed.
- Symptomatic patients with methaemoglobin levels over 30% should receive methylene blue. (Cyanosis, alone, is not an indication for treatment). The usual dose is 1-2 mg/kg of a 1% solution (10 mg/ml) IV over 50 minutes; repeat, using the same dose, if symptoms of hypoxia fail to subside within 1 hour.

- Thorough cleansing of the entire contaminated area of the body, including the scalp and nails, is of utmost importance. BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comment
1. Methaemoglobin in	1.5% of haemoglobin	During or end of shift	B, NS, SQ

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Section 4 - FIRST AID MEASURES

blood

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

NS: Non-specific determinant; also observed after exposure to other materials

SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.

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

- » WARNING: May EXPLODE on heating!!!.
- Non combustible.
- Not considered to be a significant fire risk.
- Acids may react with metals to produce hydrogen, a highly flammable and explosive gas.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- May emit corrosive, poisonous fumes. May emit acrid smoke.

FIRE INCOMPATIBILITY

- » None known.

Personal Protective Equipment

Gas tight chemical resistant suit.

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.

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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.

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

- DO NOT use aluminium or galvanised containers.
- Check regularly for spills and leaks.
- Glass container is suitable for laboratory quantities.
- 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

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Section 7 - HANDLING AND STORAGE

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

- Inorganic acids are generally soluble in water with the release of hydrogen ions. The resulting solutions have pH's of less than 7.0.
- Inorganic acids neutralise chemical bases (for example: amines and inorganic hydroxides) to form salts - neutralisation can generate dangerously large amounts of heat in small spaces.
- The dissolution of inorganic acids in water or the dilution of their concentrated solutions with additional water may generate significant heat.
- The addition of water to inorganic acids often generates sufficient heat in the small region of mixing to cause some of the water to boil explosively. The resulting "bumping" can spatter the acid.
- Inorganic acids react with active metals, including such structural metals as aluminum and iron, to release hydrogen, a flammable gas.
- Inorganic acids can initiate the polymerisation of certain classes of organic compounds.
- Inorganic acids react with cyanide compounds to release gaseous hydrogen cyanide.
- Inorganic acids generate flammable and/or toxic gases in contact with dithiocarbamates, isocyanates, mercaptans, nitrides, nitriles, sulfides, and strong reducing agents. Additional gas-generating reactions occur with sulfites, nitrites, thiosulfates (to give H₂S and SO₃), dithionites (SO₂), and even carbonates.
- Acids often catalyse (increase the rate of) chemical reactions.
- Segregate from alcohol, water.
- Avoid strong bases.
- NOTE: May develop pressure in containers; open carefully. Vent periodically. Avoid storage with copper, zinc, iron powders, copper salts and nitrates. Reacts vigorously with oxidisers. May generate sufficient heat to ignite combustible material. On heating exothermic decomposition may be initiated. Heavy metal impurities may reduce the decomposition temperature. Alkalies liberate hydroxylamine which is toxic and may decompose violently.

STORAGE REQUIREMENTS

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

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- hydroxylamine hydrochloride: CAS:5470- 11- 1
- ammonia: CAS:1336- 21- 6 CAS:7664- 41- 7

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
ammonia		300

MATERIAL DATA

» for exposure to ammonia gas/ vapours:

Odour Threshold Value: Variously reported as 0.019 ppm and 55 ppm; AIHA Value 16.7 ppm (detection)

NOTE: Detector tubes for ammonia, measuring in excess of 1 ppm, are commercially available.

The TLV-TWA is thought to be protective against irritation of the eyes and respiratory tract and minimise discomfort among workers that are not inured to its effects and systemic damage. Acclimatised persons are able to tolerate prolonged exposures of up to 100 ppm without symptoms. Marked irritation has been seen in persons exposed to ammonia concentrations between 50 and 100 ppm only when the exposures involved sudden concentration peaks which do not permit short-term acclimatisation. The detoxification capacity of the liver is significant since the amount of ammonia formed endogenously in the intestines markedly exceeds that from external sources.

Human exposure effects, at vapour concentrations of about:

Concentration (ppm)	Possible Effects
5	minimal irritation
9- 50	nasal dryness, olfactory fatigue and moderate irritation
125- 137	definite nose, throat and chest irritation
140	slight eye irritation
150	laryngeal spasm
500	30 minute exposures may produce cyclic hypernea, increased blood pressure and pulse rate, and upper respiratory tract irritation which may persist for 24 hours
700	immediate eye irritation
1, 500- 10, 000	dyspnea, convulsive coughing, chest pain, respiratory spasm, pink frothy sputum, rapid asphyxia and delayed pulmonary oedema which may be fatal. Other effects include runny nose, swelling of the lips, restlessness, headache, salivation, nausea, vomiting, glottal oedema, pharyngitis, tracheitis, and speech difficulties. Bronchopneumonia, asphyxiation due to spasms, inflammation, and oedema of the larynx, may be fatal. Residual effects include hoarseness, productive cough, and decreased respiratory function
>2, 500	severe eye irritation, with swelling of the eyelids, lachrymation, blepharospasm, palpebral oedema, increased intraocular pressure, oval semi- dilated, fixed pupils, corneal ulceration (often severe) and temporary blindness. Depending on duration of exposure, there may be destruction of the epithelium, corneal and lenticular opacification, and iritis accompanied by hypopyon or haemorrhage and possible loss of pigment from the posterior layer of the iris. Less severe damage is often resolved. In the case of severe damage, symptoms may be delayed; late complications including persistent oedema, vascularisation and corneal scarring, permanent opacity, acute angle glaucoma, staphyloma, cataract, and atrophy of the retina, iris, and symblepharon. Long- term exposure to sub- acute concentrations or single exposures to high concentrations may produce chronic airway

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

dysfunction, alveolar disease, bronchiolitis, bronchiectasis, emphysema and anxiety neuroses

Odour Safety Factor(OSF)

OSF=3.8 (AMMONIA).

INGREDIENT DATA

AMMONIA:

» for exposure to ammonia gas/ vapours:

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Odour Safety Factor(OSF)

OSF=3.8 (AMMONIA).

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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.

NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

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

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

are important in the selection of gloves.

OTHER

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

- 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.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- 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

» Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations.

Provide adequate ventilation in warehouse or closed storage area. 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	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 1-2

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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

Colourless, hygroscopic crystals. Soluble in water (560 g/l. 20 C), glycerol and alcohol. Insoluble in ether. Slowly decomposes when moist.

PHYSICAL PROPERTIES

Corrosive.
Acid.

Molecular Weight: 69.50
Melting Range (°C): 151 Decomposes.
Solubility in water (g/L): Reacts
pH (1% solution): 3.4
Volatile Component (%vol): Not applicable
Relative Vapour Density (air=1): Not applicable
Lower Explosive Limit (%): Not applicable
Autoignition Temp (°C): Not available
State: DIVIDED SOLID

Boiling Range (°C): Decomposes.
Specific Gravity (water=1): 1.67
pH (as supplied): Not applicable
Vapour Pressure (kPa): Not applicable
Evaporation Rate: Not applicable
Flash Point (°C): Not applicable
Upper Explosive Limit (%): Not applicable
Decomposition Temp (°C): 152
Viscosity: Not Applicable

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Contact with alkaline material liberates heat.

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.

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

» Limited evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.

» The substance and/or its metabolites may bind to haemoglobin inhibiting normal uptake of oxygen. This condition, known as "methaemoglobinemia", is a form of oxygen starvation (anoxia).

Symptoms include cyanosis (a bluish discolouration skin and mucous membranes) and breathing difficulties. Symptoms may not be evident until several hours after exposure.

At about 15% concentration of blood methaemoglobin there is observable cyanosis of the lips, nose and earlobes. Symptoms may be absent although euphoria, flushed face and headache are commonly experienced. At 25-40%, cyanosis is marked but little disability

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occurs other than that produced on physical exertion. At 40-60%, symptoms include weakness, dizziness, lightheadedness, increasingly severe headache, ataxia, rapid shallow respiration, drowsiness, nausea, vomiting, confusion, lethargy and stupor. Above 60% symptoms include dyspnea, respiratory depression, tachycardia or bradycardia, and convulsions. Levels exceeding 70% may be fatal.

» Hydroxylamine is a so-called "nitric oxide vasodilator" which produces relaxation of vascular smooth muscle. This may produce lowered blood pressure (orthostatic hypotension), reflex tachycardia, circulatory inadequacy and cardiovascular collapse. Large doses produce intravascular haemolysis. Hydroxylamine also inhibits the aggregation of platelets following metabolic conversion of nitrogen oxide which, in turn, activates reactions. As a consequence, following even minor injury, blood leaks from the capillaries (to produce purpura) and small blue-purple skin blemishes (petechiae) appear. Bleeding times are prolonged and clot retraction may be impaired.

Hydroxylamine and its derivatives produce Heinz bodies in red blood cells; these are dark-staining granules consisting of denatured haemoglobin which is bound (covalently) on the cell membrane. A consequence of the production of these bodies is the gross distortion of the cell which results in impairment of active or passive ion-transport or removal of these cells from the circulation by the spleen (splenic phagocytosis).

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.

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

SKIN

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

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

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

» Open cuts, abraded or irritated skin should not be exposed to this material.

» Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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 may produce health damage*.

» Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.

» Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

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Section 11 - TOXICOLOGICAL INFORMATION

CHRONIC HEALTH EFFECTS

» Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

Harmful: danger of serious damage to health by prolonged exposure if swallowed.

Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.

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

Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population.

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.

Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of

appropriate studies with similar materials using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.

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.

TOXICITY AND IRRITATION

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

TOXICITY

Oral (mouse) LD50: 408 mg/kg

» Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).

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

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

IRRITATION

Nil Reported

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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.

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.

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.

NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.

Human leucocyte cell mutagen in vivo

Section 12 - ECOLOGICAL INFORMATION

Very toxic to aquatic organisms.

This material and its container must be disposed of as hazardous waste.

Avoid release to the environment.

Refer to special instructions/ safety data sheets.

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.

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Section 13 - DISPOSAL CONSIDERATIONS

- 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.
- 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



Labels Required: CORROSIVE, TOXIC
HAZCHEM: None

UNDG:

Dangerous Goods Class:	8	Subrisk:	6.1
UN Number:	2923	Packing Group:	II
Shipping Name: CORROSIVE SOLID, TOXIC, N.O.S. (contains hydroxylamine hydrochloride)			

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	6.1
UN/ID Number:	2923	Packing Group:	II
Special provisions:	A3		
Shipping Name: CORROSIVE SOLID, TOXIC, N.O.S. *(CONTAINS HYDROXYLAMINE HYDROCHLORIDE)			

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	6.1
UN Number:	2923	Packing Group:	II
EMS Number:	F- A, S- B	Special provisions:	223 274 944
Limited Quantities:	5 kg	Marine Pollutant:	Not Determined
Shipping Name: CORROSIVE SOLID, TOXIC, N.O.S. (contains hydroxylamine hydrochloride)			

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Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable

No data available for hydroxylamine hydrochloride as CAS: 5470-11-1.

Section 16 - OTHER INFORMATION

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

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