

LEAD DIOXIDE

GHS Safety Data Sheet

Version No : 2.0

Page 1 of 14

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

LEAD DIOXIDE

OTHER NAMES

Pb-O₂, "lead brown", "lead oxide brown", "lead peroxide", "lead superoxide"

PROPER SHIPPING NAME

LEAD DIOXIDE

PRODUCT USE

Used as an oxidising agent, in electrodes, lead-acid storage batteries, curing agent for polysulphide elastomers, textiles (mordant, discharge in dyeing with indigo), matches, explosives and as an analytical reagent.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

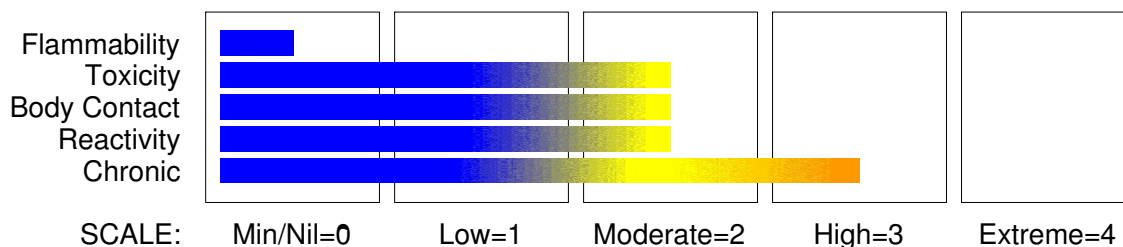
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



continued...

LEAD DIOXIDE

GHS Safety Data Sheet

Version No : 2.0

Page 2 of 14

Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4
Acute Toxicity (Oral) Category 4
Chronic Aquatic Hazard Category 1
Eye Irritation Category 2A
Organ Damage Category 2
Oxidizing Solid Category 3
Reproductive Toxicity Category 1A
Reproductive Toxicity Category 2
Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 3



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined using GHS criteria:

H335 H275 H332 H302 H316 H319 H360 H361 H373 H410

May cause respiratory irritation

May intensify fire; oxidizer

Harmful if inhaled

Harmful if swallowed

Causes mild skin irritation

Causes serious eye irritation

May damage the unborn child

Suspected of damaging fertility

May cause damage to organs through prolonged or repeated exposure.

Very toxic to aquatic life with long lasting effects

PRECAUTIONARY STATEMENTS

Prevention

Wash hands thoroughly after handling.

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

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

Use only outdoors or in a well ventilated area.

Do not breathe dust/fume/gas/mist/vapours/spray.

Use personal protective equipment as required.

Do not handle until all safety precautions have been read and understood.

Keep away from heat.

Obtain special instructions before use.

continued...

LEAD DIOXIDE

GHS Safety Data Sheet

Version No : 2.0

Page 3 of 14

Section 2 - HAZARDS IDENTIFICATION

Take any precaution to avoid mixing with combustible or incompatible materials.

Response

If exposed or concerned: Get medical attention advice.

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

If eye irritation persists, get medical advice/attention.

Wear eye/face protection.

If skin irritation occurs, seek medical advice/attention.

Specific treatment: refer to Label or MSDS.

Get medical advice/attention if you feel unwell.

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

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

Storage

Store away from combustibles and incompatible materials

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
lead dioxide	1309-60-0	>95

Section 4 - FIRST AID MEASURES

SWALLOWED

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

· IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.

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

Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

· Induce vomiting with fingers down the back of the of the throat, ONLY IF CONSCIOUS.

· Lean patient forward or place on left side (head-down position if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

· In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.

· If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided.

Further action will be the responsibility of the medical specialist.

· If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.

EYE

If this product comes in contact with the eyes:

· Wash out immediately with fresh running water.

· Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.

continued...

LEAD DIOXIDE

Section 4 - FIRST AID MEASURES

- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If skin contact occurs:

- Immediately remove all contaminated clothing, including footwear.
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Other measures are usually unnecessary.

NOTES TO PHYSICIAN

- Gastric acids solubilise lead and its salts and lead absorption occurs in the small bowel.
- Particles of less than 1 μm diameter are substantially absorbed by the alveoli following inhalation.
- Lead is distributed to the red blood cells and has a half-life of 35 days. It is subsequently redistributed to soft tissue & bone-stores or eliminated. The kidney accounts for 75% of daily lead loss; integumentary and alimentary losses account for the remainder.
- Neurasthenic symptoms are the most common symptoms of intoxication. Lead toxicity produces a classic motor neuropathy. Acute encephalopathy appears infrequently in adults. Diazepam is the best drug for seizures.
- Whole-blood lead is the best measure of recent exposure; free erythrocyte protoporphyrin (FEP) provides the best screening for chronic exposure. Obvious clinical symptoms occur in adults when whole-blood lead exceeds 80 $\mu\text{g/dL}$.
- British Anti-Lewisite is an effective antidote and enhances faecal and urinary excretion of lead. The onset of action of BAL is about 30 minutes and most of the chelated metal complex is excreted in 4-6 hours, primarily in the bile. Adverse reaction appears in up to 50% of patients given BAL in doses exceeding 5 mg/kg. CaNa₂EDTA has also been used alone or in concert with BAL as an antidote. D-penicillamine is the usual oral agent for mobilisation of bone lead; its use in the treatment of lead poisoning remains investigational. 2,3-dimercapto-1-propanesulfonic acid (DMPS) and dimercaptosuccinic acid (DMSA) are water soluble analogues of BAL and their effectiveness is undergoing review. As a rule, stop BAL if lead decreases below 50 $\mu\text{g/dL}$; stop CaNa₂EDTA if blood lead decreases below 40 $\mu\text{g/dL}$ or urinary lead drops below 2 mg/24hrs.

[Ellenhorn & Barceloux: Medical Toxicology]

BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
1. Lead in blood	30 $\mu\text{g}/100\text{ ml}$	Not Critical	
2. Lead in urine	150 $\mu\text{g}/\text{gm creatinine}$	Not Critical	B
3. Zinc protoporphyrin in blood	250 $\mu\text{g}/100\text{ ml erythrocytes OR } 100\text{ ug}/100\text{ ml blood}$	After 1 month exposure	B

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

continued...

LEAD DIOXIDE

GHS Safety Data Sheet

Version No : 2.0

Page 5 of 14

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 breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses.
- Fight fire from a safe distance, with adequate cover.
- Extinguishers should be used only by trained personnel.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- Avoid spraying water onto liquid pools.
- 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.
- If fire gets out of control withdraw personnel and warn against entry.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Will not burn but increases intensity of fire.
 - Heating may cause expansion or decomposition leading to violent rupture of containers.
 - Heat affected containers remain hazardous.
 - Contact with combustibles such as wood, paper, oil or finely divided metal may produce spontaneous combustion or violent decomposition.
 - May emit irritating, poisonous or corrosive fumes.
- Other decomposition products include oxygen (O₂) and lead monoxide (PbO).

Personal Protective Equipment

Gloves, boots (chemical resistant).
Breathing apparatus.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- No smoking, naked lights, ignition sources.
- Avoid all contact with any organic matter including fuel, solvents, sawdust, paper or cloth and other incompatible materials, as ignition may result.
- Avoid breathing dust or vapours and all contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with dry sand, earth, inert material or vermiculite.
- DO NOT use sawdust as fire may result.
- Scoop up solid residues and seal in labelled drums for disposal.
- Neutralise/decontaminate area.

continued...

LEAD DIOXIDE

GHS Safety Data Sheet

Version No : 2.0

Page 6 of 14

Section 6 - ACCIDENTAL RELEASE MEASURES

MAJOR SPILLS

Pollutant - contain spillage.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus and protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses.
- No smoking, flames or ignition sources.
- Increase ventilation.
- Contain spill with sand, earth or other clean, inert materials.
- NEVER USE organic absorbents such as sawdust, paper or cloth.
- Use spark-free and explosion-proof equipment.
- Collect any recoverable product into labelled containers for possible recycling.
- Avoid contamination with organic matter to prevent subsequent fire and explosion.
- DO NOT mix fresh with recovered material.
- Collect residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- Decontaminate equipment and launder all protective clothing before storage and re-use.
- 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:

lead dioxide 100 mg/m³

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

lead dioxide 0.3 mg/m³

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

lead dioxide 0.18 mg/m³

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

lead dioxide 0.06 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 X 0

+: May be stored together

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LEAD DIOXIDE

GHS Safety Data Sheet

Version No : 2.0

Page 7 of 14

Section 6 - ACCIDENTAL RELEASE MEASURES

O: May be stored together with specific preventions

X: Must not be stored together

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid personal contact and inhalation of dust, mist or vapours.
- Always wear protective equipment and wash off any spillage on clothing.
- Use in well ventilated areas, prevent accumulation of vapours.
- Keep material away from light, heat, ignition sources, flammables or combustibles.
- Keep dry and away from incompatible materials.
- Keep cool and below defined Control Temperature.
- Avoid friction, shock or containment.
- Use non-sparking equipment.
- Avoid physical damage to containers
- DO NOT repack or return unused portions to original container.
- Withdraw only sufficient material for immediate use.
- Contamination can cause VIOLENT DECOMPOSITION with intense heat and fire.
- Ensure proper rotation of stocks to limit decomposition and instability which may occur on long storage.
- When handling NEVER smoke, eat or drink.
- Always wash hands with soap and water after handling.
- Use only good occupational work practice.
- Observe manufacturer's storing and handling directions.

SUITABLE CONTAINER

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

Oxidising agents as a class are not necessarily combustible themselves, but can increase the risk and intensity of fire in many other substances.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed as supplied.
- No smoking, naked lights, heat or ignition sources.
- Store in a cool, dry, well ventilated area.
- Store under cover and away from sunlight.
- Store below safe storage (control) temperature.
- Store away from flammable or combustible materials, debris and waste.
- Contact may cause fire or violent reaction.
- Store away from incompatible materials.
- Store away from foodstuff containers
- DO NOT stack on wooden floors or wooden pallets.
- Protect containers against physical damage, FRICTION or SHOCK.
- Check regularly for spills and leaks.
- Observe manufacturer's storage and handling recommendations.

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LEAD DIOXIDE

GHS Safety Data Sheet

Version No : 2.0

Page 8 of 14

Section 7 - HANDLING AND STORAGE

- Restrictions may apply on quantities and to other material permitted in the same location.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- lead dioxide: CAS:1309- 60- 0 CAS:60525- 54- 4

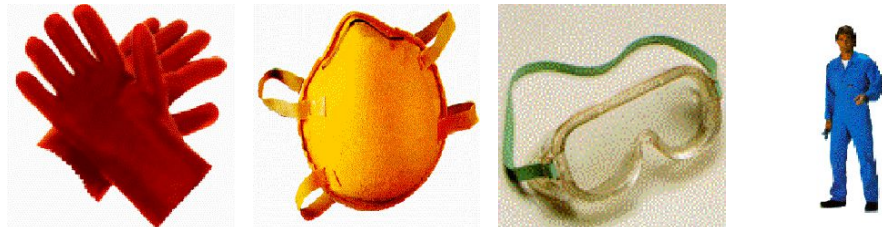
EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
lead dioxide	100	

MATERIAL DATA

#32pb

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.

OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.

continued...

LEAD DIOXIDE

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- 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

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

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

Type of Contaminant:

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

Upper end of the range

1: Disturbing room air currents

2: Contaminants of high toxicity

continued...

LEAD DIOXIDE

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 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

Dark brown, hexagonal, odourless crystals. Insoluble in water and alcohol. Soluble in glacial acetic acid. When heated evolves oxygen, first forming Pb3O4. Oxidising agent.

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Molecular Weight: 239.21

Melting Range (°C): 290 (decomposes)

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable.

Volatile Component (%vol): Not applicable

Relative Vapour Density (air=1): Not applicable

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Not available.

Specific Gravity (water=1): 9.38

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): Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable under normal handling conditions.
- Prolonged exposure to heat.
- Hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

continued...

LEAD DIOXIDE

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.

- Gastric acids solubilise lead and its salts and lead absorption occurs in the small bowel.
- Particles of less than 1 um diameter are substantially absorbed by the alveoli following inhalation.
- Lead is distributed to the red blood cells and has a half-life of 35 days. It is subsequently redistributed to soft tissue & bone-stores or eliminated. The kidney accounts for 75% of daily lead loss; integumentary and alimentary losses account for the remainder.
- Neurasthenic symptoms are the most common symptoms of intoxication. Lead toxicity produces a classic motor neuropathy. Acute encephalopathy appears infrequently in adults. Diazepam is the best drug for seizures.
- Whole-blood lead is the best measure of recent exposure; free erythrocyte protoporphyrin (FEP) provides the best screening for chronic exposure. Obvious clinical symptoms occur in adults when whole-blood lead exceeds 80 ug/dL.
- British Anti-Lewisite is an effective antidote and enhances faecal and urinary excretion of lead. The onset of action of BAL is about 30 minutes and most of the chelated metal complex is excreted in 4-6 hours, primarily in the bile. Adverse reaction appears in up to 50% of patients given BAL in doses exceeding 5 mg/kg. CaNa2EDTA has also been used alone or in concert with BAL as an antidote. D-penicillamine is the usual oral agent for mobilisation of bone lead; its use in the treatment of lead poisoning remains investigational. 2,3-dimercapto-1-propanesulfonic acid (DMPS) and dimercaptosuccinic acid (DMSA) are water soluble analogues of BAL and their effectiveness is undergoing review. As a rule, stop BAL if lead decreases below 50 ug/dL; stop CaNa2EDTA if blood lead decreases below 40 ug/dL or urinary lead drops below 2 mg/24hrs.

[Ellenhorn & Barceloux: Medical Toxicology]

BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
1. Lead in blood	30 ug/100 ml	Not Critical	
2. Lead in urine	150 ug/gm creatinine	Not Critical	B
3. Zinc protoporphyrin in blood	250 ug/100 ml erythrocytes OR 100 ug/100 ml blood	After 1 month exposure	B

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

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 dust may produce eye discomfort causing transient smarting, blinking.

continued...

LEAD DIOXIDE

SKIN

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. Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.

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

INHALED

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.

CHRONIC HEALTH EFFECTS

There is sufficient evidence to establish a causal relationship between human exposure to the material and subsequent developmental toxic effects in the off-spring.

Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts.

Excessive exposure to lead can affect the blood, the nervous system, heart, endocrine organs and the immune system and the digestive system. The synthesis of haemoglobin is inhibited and can result in anaemia. If left untreated, neuromuscular dysfunction, possible paralysis and encephalopathy (brain tissue damage) may result. Other symptoms of overexposure include joint and muscle pain, weakness of the extensor muscles (frequently the hand and wrist), headache, dizziness, abdominal pain, diarrhoea, constipation, nausea, vomiting, blue line on the gums, insomnia and metallic taste. High body levels produce cerebrospinal pressure, brain damage with stupor leading to coma and, in some cases, death. Early symptoms of lead poisoning ("plumbism") include anorexia and loss of weight, constipation, apathy or irritability, occasional vomiting, fatigue, headache, weakness, and a metallic taste in the mouth. Advanced poisonings are characterised by intermittent vomiting, irritability, nervousness, myalgia of the arms and legs (often with wrist and foot drop). Severe poisonings may produce persistent vomiting, ataxia, stupor or lethargy, visual disturbances progressing to optic neuritis and atrophy, hypertension, papilloedema, cranial nerve paralysis, delirium, convulsions and coma. Neurological effects include mental retardation, seizures, cerebral palsy and marked muscular contractions that distort the spine, limbs, hips and sometimes the cranial innervated muscles (dystonia musculorum deformans). Industrial exposure has been associated with irreversible kidney damage.

Lead is a cumulative poison with adverse effects in pregnancy [NIOSHTIC]

Lead salts have been reported to cross the placenta and induce embryo- and foeto-mortality. They also may have a teratogenic effect (causing birth deformities) in certain animal species. Organometallic lead may not produce these effects. Adverse effects of lead on human reproduction, embryonic and foetal development and postnatal mental development have also been recorded. Foetal exposure to lead may result in birth

LEAD DIOXIDE

GHS Safety Data Sheet

Version No : 2.0

Page 13 of 14

Section 11 - TOXICOLOGICAL INFORMATION

defects, mental retardation, behavioural disorders and death during the first year of childhood. Paternal effects may include reduced sex drive, impotence, sterility and adverse effects on the sperm which in turn may increase the potential for increased birth defects. Maternal effects may include miscarriage and stillbirth in exposed women, or women whose husbands might be exposed, sterility or decreased fertility, and abnormal menses. Exposure by both parents to lead may exacerbate the reproductive effects.

TOXICITY AND IRRITATION

TOXICITY

Intraperitoneal(guinea pig)LD50:220 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

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

- Recycle wherever possible. Special hazard may exist - specialist advice may be required.
- Consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury or incinerate residue at an approved site.
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
- Puncture containers to prevent re-use and bury at an authorised landfill.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: OXIDIZING AGENT
HAZCHEM: 2Z

UNDG:

Dangerous Goods Class: 5.1
UN Number: 1872
Shipping Name: LEAD DIOXIDE

Subrisk: NONE
Packing Group: III

Air Transport IATA:

ICAO/IATA Class: 5.1
UN/ID Number: 1872

ICAO/IATA Subrisk: None
Packing Group: III

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LEAD DIOXIDE

GHS Safety Data Sheet

Version No : 2.0

Page 14 of 14

Section 14 - TRANSPORTATION INFORMATION

ERG Code: 5L
Shipping name: LEAD DIOXIDE

Maritime Transport IMDG:

IMDG Class:	5.1	IMDG Subrisk:	None
UN Number:	1872	Packing Group:	III
EMS Number:	F- A, S- Q		
Shipping name:	LEAD DIOXIDE		

Section 15 - REGULATORY INFORMATION

REGULATIONS

lead dioxide (CAS: 1309-60-0) is found on the following regulatory lists;
International Agency for Research on Cancer (IARC) Carcinogens
OSPAR List of Chemicals for Priority Action

No data available for lead dioxide as CAS: 60525-54-4.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
lead dioxide	1309- 60- 0, 60525- 54- 4

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