

LITHIUM BROMIDE ANHYDROUS

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

LITHIUM BROMIDE ANHYDROUS

OTHER NAMES

Br-Li, LiBr

PRODUCT USE

Pharmaceuticals, humectant, drying agent, batteries, low temperature heat exchange medium. Therapeutically used as a hypnotic and sedative.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,
MUMBAI- 400030.INDIA.

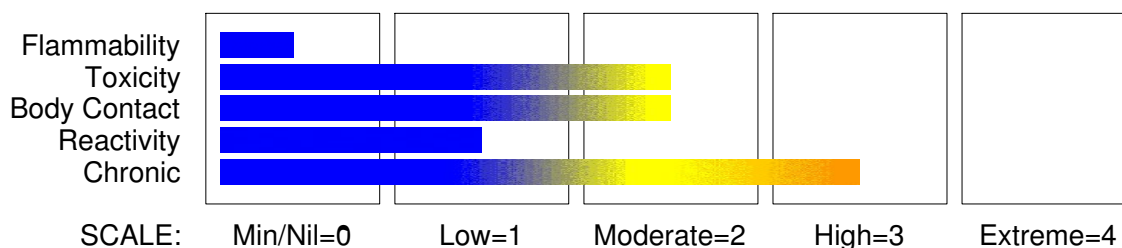
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Oral) Category 4

Reproductive Toxicity Category 1B



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Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H302 H360

Harmful if swallowed

May damage the unborn child

PRECAUTIONARY STATEMENTS

Prevention

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

Use personal protective equipment as required.

Wash hands thoroughly after handling.

Obtain special instructions before use.

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

Response

If exposed or concerned: Get medical attention advice.

Specific treatment: refer to Label or MSDS.

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
lithium bromide	7550-35-8	100

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:

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Section 4 - FIRST AID MEASURES

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

NOTES TO PHYSICIAN

Clinical effects of lithium intoxication appear to relate to duration of exposure as well as to level.

- Lithium produces a generalised slowing of the electroencephalogram; the anion gap may increase in severe cases.
- Emesis (or lavage if the patient is obtunded or convulsing) is indicated for ingestions exceeding 40 mg (Li)/Kg.
- Overdose may delay absorption; decontamination measures may be more effective several hours after cathartics.
- Charcoal is not useful. No clinical data are available to guide the administration of catharsis.
- Haemodialysis significantly increases lithium clearance; indications for haemodialysis include patients with serum levels above 4 mEq/L
- There are no antidotes.

[Ellenhorn and Barceloux: Medical Toxicology].

Treatment of intoxication by the bromide ion includes hydration, the maintenance of mild water diuresis, and sodium, or even better, ammonium chloride (10-15 gm. daily in divided doses) with an osmotic or high ceiling diuretic. Haemodialysis may be of value. [GOSSELIN, SMITH, HODGE: Clinical Toxicology of Commercial Products]

In acute poisoning the stomach should be emptied by aspiration and lavage and sodium chloride given by intravenous infusion. Dextrose has also been administered and frusemide may be given to aid diuresis. In severe cases of bromide intoxication or when usual treatments cannot be used haemodialysis or peritoneal dialysis may be of value.

[MARTINDALE: The Extra Pharmacopoeia].

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- There is no restriction on the type of extinguisher which may be used.

FIRE FIGHTING

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

Use fire fighting procedures suitable for surrounding area.

- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses.

Use water delivered as a fine spray to control the fire and cool adjacent area.

DO NOT approach containers suspected to be hot.

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

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Section 5 - FIRE FIGHTING MEASURES

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn.
- Decomposes on heating and produces acrid and toxic fumes of: hydrogen bromide.

FIRE INCOMPATIBILITY

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

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear impervious gloves and safety glasses.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place spilled material in clean, dry, sealable, labelled container.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Control personal contact by using protective equipment and dust respirator.
- Prevent spillage from entering drains, sewers or water courses.
- Avoid generating dust.
- Sweep, shovel up. Recover product wherever possible.
- Put residues in labelled plastic bags or other containers for disposal.
- 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:

lithium bromide 500 mg/m³

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

lithium bromide 15 mg/m³

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

lithium bromide 7 mg/m³

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

lithium bromide 1 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%		

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Section 6 - ACCIDENTAL RELEASE MEASURES

else $\geq 10\%$
where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together
O: May be stored together with specific precautions
X: Must not be stored together

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

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

SUITABLE CONTAINER

- Check that containers are clearly labelled.
- Packaging as recommended by manufacturer.
Glass container.
Metal can.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidising agents.
Segregate from acids.

STORAGE REQUIREMENTS

- Observe manufacturer's storing and handling recommendations.
Store in original containers.
Store in a cool, dry place.
DO NOT store near acids, or oxidising agents.
Keep containers securely sealed.
Protect containers against physical damage.
Check regularly for spills and leaks.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- lithium bromide: CAS:7550- 35- 8 CAS:85017- 82- 9 CAS:59217- 62- 8 CAS:14644- 35- 0 CAS:128084- 72- 0

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

MATERIAL DATA

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

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

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

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

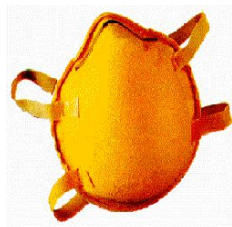
This limit does not apply:

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

This exposure standard applies to particles which

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

PERSONAL PROTECTION



EYE

- Safety glasses.
- 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 general protective gloves, eg. light weight rubber gloves.

OTHER

Ensure there is ready access to a safety shower.

- Eyewash unit.
 - Skin cleansing cream.
- Overalls.

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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

General exhaust is adequate under normal operating conditions. If risk of overexposure exists, wear SAA approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air)	0.25- 0.5 m/s (50- 100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5- 1 m/s (100- 200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1- 2.5 m/s (200- 500 f/min)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	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 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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White cubic deliquescent crystals or white to pinkish white powder.
No odour. Sharp bitter taste.

PHYSICAL PROPERTIES

Solid.
Mixes with water.

Molecular Weight: 86.85
Melting Range (°C): 547
Solubility in water (g/L): Miscible
pH (1% solution): Not available
Volatile Component (%vol): Negligible
Relative Vapour Density (air=1): Not available
Lower Explosive Limit (%): Not available
Autoignition Temp (°C): Not available
State: Divided solid

Boiling Range (°C): 1265
Specific Gravity (water=1): 3.464
pH (as supplied): Not applicable
Vapour Pressure (kPa): Not applicable
Evaporation Rate: Not available
Flash Point (°C): Not applicable
Upper Explosive Limit (%): Not available
Decomposition Temp (°C): Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual. Large doses of lithium ion have caused dizziness and prostration and can cause kidney damage if sodium intake is limited. Dehydration, weight-loss, dermatological effects and thyroid disturbances have been reported. Central nervous system effects that include slurred speech, blurred vision, sensory loss, impaired concentration, irritability, lethargy, confusion, disorientation, drowsiness, anxiety, spasticity, delirium, stupor, ataxia (loss of muscle coordination), sedation, fine and gross tremor, giddiness, twitching and convulsions may occur. Diarrhoea, vomiting and neuromuscular effects such as tremor, clonus (rapid contraction and relaxation of muscles) and hyperactive reflexes may occur as a result of repeated exposure to lithium.

Acute severe overexposure may affect the kidneys, resulting in renal dysfunction, albuminuria, oliguria and degenerative changes. Cardiovascular effects may also result in cardiac arrhythmias and hypotension.

Acute oral poisoning due to bromide salts (bromism) is rare as vomiting promptly rejects the dose. Blood levels of 125 mg/100 ml are regarded as the minimum intoxicating level. Systemic effects of the bromide ion include drowsiness, irritability, ataxia (loss of

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Section 11 - TOXICOLOGICAL INFORMATION

muscle co-ordination), vertigo, confusion, mania, hallucinations and coma. Other effects include skin rash, neurological symptoms, sensory disturbances and increased spinal fluid. Bromides depress the central nervous system and were once used as sedatives. They also exhibit anticonvulsant activity and were formerly employed against generalised tonic clonic seizures. Both therapeutic uses have been largely discontinued due to substitution by less toxic agents. Toxic levels of bromide can be reached very rapidly if dietary intake of chloride is reduced. Repeated ingestion of bromides may produce bromism a condition characterised by acneform eruptions, confusion, irritability, tremor, memory loss, anorexia, emaciation, headache, slurred speech, delusions, stupor, psychotic behaviour and coma.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).

SKIN

The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. Solution of material in moisture on the skin, or perspiration, may markedly increase skin corrosion and accelerate tissue destruction.

INHALED

The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. 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

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

Chronic intoxication with ionic bromides, historically, has resulted from medical use of bromides but not from environmental or occupational exposure; depression, hallucinosis, and schizophreniform psychosis can be seen in the absence of other signs of intoxication. Bromides may also induce sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness (aphasias), dysarthria, weakness, fatigue, vertigo, stupor, coma, decreased appetite, nausea and vomiting, diarrhoea, hallucinations, an acne like rash on the face, legs and trunk (seen in 25-30% of case involving bromide ion), and a profuse discharge from the nostrils (coryza). Ataxia and generalised hyperreflexia have also been observed. Correlation of neurologic symptoms with blood levels of bromide is inexact. The use of substances such as brompheniramine, as antihistamines, largely reflect current day usage of bromides; ionic bromides have been largely withdrawn from therapeutic use due to their toxicity. Several cases of foetal abnormalities have been described in mothers who took large doses of bromides during pregnancy.

Neuromuscular effects result from chronic over-exposure to lithium compounds. These may include tremor, ataxia, clonus and hyperactive reflexes. Some animal studies have shown that exposure during pregnancy may produce birth defects. Other studies with rats, rabbits and monkeys have not shown teratogenic effects. Human data are ambiguous; it is well established that lithium can cross the human placenta. Of 225 registered pregnancies in which the mothers had received lithium (as a tranquiliser) there were 25 instances of congenital malformation. Although pharmacological doses of lithium cannot be unequivocally designated as a human teratogen, lithium therapy is contraindicated in women of childbearing potential.

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Section 11 - TOXICOLOGICAL INFORMATION

Prolonged exposure may produce anorexia, weight loss and emaciation. The kidneys, behavioural/ central nervous system and peripheral nervous system may also show adverse effects.

Various types of dermatitis (psoriasis, alopecia, cutaneous ulcers, acne, follicular papules, xerosis cutis, exfoliative) may also result from chronic skin exposure.

Lithium ion can be an effective treatment for manic depression. It is thought to bind the enzyme IMPase (inositol monophosphatase) and thereby mediates its influence in producing a response to calcium-induced production of neurotransmitters and hormones thought to be responsible for the clinical picture.

In subchronic studies, rats were exposed to 3 milliequivalents Li/kg/day (equivalent to 1450 mg for a 70 kg person) but did not accumulate Li whilst on a high sodium diet. However when sodium was restricted, fatal kidney toxicity developed. Dogs survived daily dose of 50 mg LiCl/kg for 150 days to the termination of the experiment on a normal sodium intake, whereas the same dose was lethal in 12 to 18 days on a low sodium diet: 20 mg LiCl/kg/day resulted in death in 18 to 30 days.

As with any chemical product, contact with unprotected bare skin; inhalation of vapour, mist or dust in work place atmosphere; or ingestion in any form, should be avoided by observing good occupational work practice.

TOXICITY AND IRRITATION

TOXICITY

Subcutaneous (mouse) LD50: 1680 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

No data for lithium bromide.

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

For small quantities:

- Neutralise an aqueous solution of the material.
- Filter solids for disposal to approved land fill.
- Flush solution to sewer (subject to local regulation)
- Heat and fumes evolved during reaction may be controlled by rate of addition.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM: None

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

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Section 15 - REGULATORY INFORMATION

REGULATIONS

lithium bromide (CAS: 7550-35-8) is found on the following regulatory lists;
OECD Representative List of High Production Volume (HPV) Chemicals

lithium bromide (CAS: 85017-82-9) is found on the following regulatory lists;
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for lithium bromide as CAS: 59217-62-8, CAS: 14644-35-0, CAS: 128084-72-0.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
lithium bromide	7550- 35- 8, 85017- 82- 9, 59217- 62- 8, 14644- 35- 0, 128084- 72- 0

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