

LITHIUM CARBONATE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

LITHIUM CARBONATE

OTHER NAMES

C-O3.2Li, Li₂CO₃, Priadel, "quinolum retard", "dilithium carbonate", Camcolit, Lithocarb, Candamide, Lithinate, Hypnorex, Limas, Lithane, Lithobid, Lithonate, Lithotabs

PRODUCT USE

Used in the production of glazes for ceramic and electrical porcelain, as a catalyst in the production of other lithium compounds, coating of arc welding electrodes, nucleonics, luminescent paints and dyes, glass ceramics and in aluminium production.

A B.P. grade is used in medicine for the treatment of dementias.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

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

MUMBAI- 400030.INDIA.

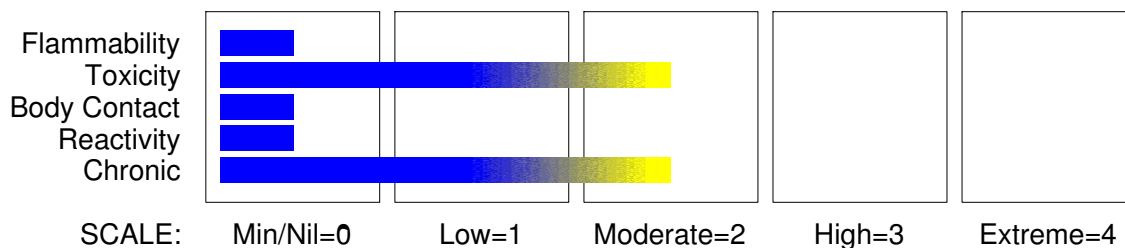
technical@sdfine.com

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

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Section 2 - HAZARDS IDENTIFICATION



EMERGENCY OVERVIEW

HAZARD

WARNING

Determined by using GHS criteria:

H302

Harmful if swallowed

PRECAUTIONARY STATEMENTS

Prevention

Wash hands thoroughly after handling.

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

Response

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 carbonate	554-13-2	> 99

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

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Section 4 - FIRST AID MEASURES

to a hospital together with a copy of the MSDS.

EYE

If this product comes in contact with the eyes:

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

SKIN

If skin contact occurs:

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

INHALED

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

NOTES TO PHYSICIAN

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].

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.

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

Use fire fighting procedures suitable for surrounding area.

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.

FIRE/EXPLOSION HAZARD

- Non combustible.

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Section 5 - FIRE FIGHTING MEASURES

- Not considered a significant fire risk, however containers may burn.

Personal Protective Equipment

Chemical splash suit.

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.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

lithium carbonate 200 mg/m³

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

lithium carbonate 7.5 mg/m³

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

lithium carbonate 1.25 mg/m³

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

lithium carbonate 0.4 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%

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Section 6 - ACCIDENTAL RELEASE MEASURES

R51 $\geq 2.5\%$
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

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- Avoid smoking, naked lights or ignition sources.
- 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.
- 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.

SUITABLE CONTAINER

- Check that containers are clearly labelled.
- Packaging as recommended by manufacturer.
Polylined drum.
Polyethylene or polypropylene container.
DO NOT use aluminium or galvanised containers.

STORAGE INCOMPATIBILITY

Segregate from strong oxidisers, strong acids, fluorine, aluminium and zinc.

STORAGE REQUIREMENTS

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

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Section 7 - HANDLING AND STORAGE

- Observe manufacturer's storing and handling recommendations.

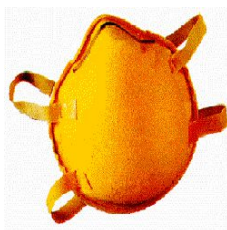
Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- lithium carbonate: CAS:554- 13- 2 CAS:216964- 61- 3 CAS:12767- 19- 0

PERSONAL PROTECTION



EYE

- Safety glasses.
- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

HANDS/FEET

- Barrier cream and Rubber Gloves.

OTHER

- Overalls and PVC apron.
- Ensure that there is ready access to eye wash unit.
- Ensure there is ready access to a safety shower.

RESPIRATOR

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

* - Negative pressure demand ** - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.
For further information consult site specific

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

data (if available), or your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

Use in a well-ventilated area.

- 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 value only
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 4: Small hood- local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating 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.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White, fluffy, alkaline powder. Solubility in water = 1.54% @ 5 deg C.;
0.72% @ 100 deg C. Insoluble in alcohol. Soluble in dilute acid.

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Molecular Weight: 73.89

Melting Range (°C): 723

Solubility in water (g/L): Partly miscible

pH (1% solution): 11.4

Volatile Component (%vol): Nil @ 38 C.

Relative Vapour Density (air=1): Not applicable

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not available.

State: Divided solid

Boiling Range (°C): 1310 decomposes

Specific Gravity (water=1): 2.11

pH (as supplied): Not applicable

Vapour Pressure (kPa): Negligible

Evaporation Rate: Non Volatile

Flash Point (°C): Non Flammable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): 1300

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

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.

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Section 11 - TOXICOLOGICAL INFORMATION

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

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

The material is not thought to be a skin irritant (i.e. is unlikely to produce irritant dermatitis as described in EC Directives using animal models). Temporary discomfort, however, may result from prolonged dermal exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

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.

The material may accumulate in the human body and progressively cause tissue damage. Chronic exposure may result in central nervous system changes (blackout spells, epileptic seizures, coma), cardiovascular changes (cardiac arrhythmia, hypertension and circulatory collapse) and irreversible renal damage, even death.

TOXICITY AND IRRITATION

TOXICITY

Oral (man) TDLo: 8 mg/kg
Oral (man) TDLo: 54 mg/kg
Oral (man) TDLo: 1080 mg/kg/13W I
Oral (woman) TDLo: 120 mg/kg/10D I
Oral (human) TDLo: 4111 mg/kg
Oral (rat) LD50: 525 mg/kg

Lacrimation, altered sleep times, hallucinations, distorted perception, toxic psychosis, excitement, ataxia, respiratory depression, allergic dermatitis (after systemic administration), foetotoxicity and foetolethality and specific development abnormalities recorded.

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

No data for lithium carbonate.

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:

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Section 13 - DISPOSAL CONSIDERATIONS

- 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

Section 15 - REGULATORY INFORMATION

REGULATIONS

lithium carbonate (CAS: 554-13-2) is found on the following regulatory lists;
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for lithium carbonate as CAS: 216964-61-3, CAS: 12767-19-0.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
lithium carbonate	554- 13- 2, 216964- 61- 3, 12767- 19- 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.

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