

MERCURIC IODIDE

GHS Safety Data Sheet

Version No:1

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

MERCURIC IODIDE

OTHER NAMES

Hg-I₂, "mercury (II) iodide", "mercury (II) iodide", "mercury iodide", "mercuric iodide, red", "mercury biniodide", "red mercuric iodide"

PROPER SHIPPING NAME

MERCURY IODIDE

PRODUCT USE

Medicine (topical antiseptic); analytical reagent (Nessler's reagent, Mayer's reagent).

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

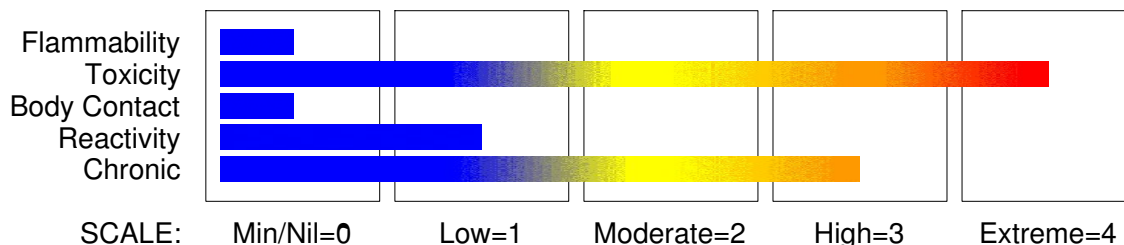
technical@sdfine.com

Telephone: 91- 22- 24959898

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HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Dermal) Category 1

Acute Toxicity (Inhalation) Category 2

Acute Toxicity (Oral) Category 2

Chronic Aquatic Hazard Category 1

Organ Damage Category 2

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Section 2 - HAZARDS IDENTIFICATION

Reproductive Toxicity Category 1B
Skin Sensitizer Category 1



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H310 H330 H300 H317 H360 H373 H410

Fatal in contact with skin

Fatal if inhaled

Fatal if swallowed

May cause allergic skin reaction

May damage the unborn child

May cause damage to organs through prolonged or repeated exposure.

Very toxic to aquatic life with long lasting effects

PRECAUTIONARY STATEMENTS

Prevention

Wear protective gloves/clothing

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

Contaminated clothing should not be allowed out of the workplace.

Do not get in eyes, on skin or on clothing

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

Wear respiratory protection.

Use only outdoors or in a well ventilated area.

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

Use personal protective equipment as required.

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

Obtain special instructions before use.

Wash hands thoroughly after handling.

Response

If exposed or concerned: Get medical attention advice.

If skin irritation or rash occurs, seek medical advice/attention.

Wash contaminated clothing before reuse.

Keep container tightly closed.

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

Specific treatment: refer to Label or MSDS.

Remove/Take off immediately all contaminated clothing

Get medical advice/attention if you feel unwell.

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

Wash/Decontaminate removed clothing before reuse.

Immediately call a POISON CENTER or doctor/physician.

IF ON SKIN: Gently wash with plenty of soap and water.

Storage

Store locked up.

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Section 2 - HAZARDS IDENTIFICATION

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
mercuric iodide	7774-29-0	> 99

Section 4 - FIRST AID MEASURES

SWALLOWED

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

- If swallowed and if more than 15 minutes from a hospital induce vomiting.
- Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- NOTE: DO NOT INDUCE VOMITING in an unconscious person.
- Always wear protective glove when inducing vomiting by mechanical means.

EYE

If this product comes in contact with the eyes:

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

SKIN

If skin or hair contact occurs:

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

INHALED

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

NOTES TO PHYSICIAN

- Moderate adsorption of inorganic mercury compounds through the gastro-intestinal tract (7-15%) is the principal cause of poisoning. These compounds are highly concentrated (as the mercuric (Hg (2+) form) in the kidney; acute ingestion may lead to oliguric renal failure. Severe mucosal necrosis may also result from ingestion.
- Chronic effects range from proteinuria to nephrotic syndrome. Chronic presentation also involves dermatitis, gingivitis, stomatitis, tremor and neuropsychiatric symptoms of erethism.
- Absorbed inorganic mercury does not significantly cross the blood-brain barrier.

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Section 4 - FIRST AID MEASURES

- Emesis and lavage should be initiated following acute ingestion.
- Activated charcoal interrupts absorption; cathartics should be administered when charcoal is given.
- The use of British Anti-Lewisite is indicated in severe inorganic poisoning. Newer derivatives of BAL (e.g. dimercaptosuccinic acid, [DMSA] and 2,3-dimercapto-1-propanesulfate [DMPS]) may prove more effective. [Ellenhorn and Barceloux: Medical Toxicology]

BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
1. Total inorganic mercury in urine	35 ug/gm creatinine	Preshift	B
2. Total inorganic mercury in blood	15 ug/L	End of shift at end of workweek	B

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

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 full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- Do not approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

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

FIRE INCOMPATIBILITY

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

Personal Protective Equipment

Breathing apparatus.
Gas tight chemical resistant suit.
Limit exposure duration to 1 BA set 30 mins.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.

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Section 6 - ACCIDENTAL RELEASE MEASURES

- 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 in clean drum then flush area with water.

MAJOR SPILLS

Environmental hazard - contain spillage.

- 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.
- 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:

mercuric iodide 20 mg/m³

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

mercuric iodide 0.2 mg/m³

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

mercuric iodide 0.15 mg/m³

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

mercuric iodide 0.05 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	$\geq 0.1\%$	Toxic (T)	$\geq 3.0\%$
R50	$\geq 0.25\%$	Corrosive (C)	$\geq 5.0\%$
R51	$\geq 2.5\%$		
else	$\geq 10\%$		

where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X X + X X +

+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

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Section 6 - ACCIDENTAL RELEASE MEASURES

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- 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

- Glass container.
- Plastic container.
- Metal can or drum
- Packaging as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Avoid storage with chlorine trifluoride, potassium and sodium.

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.
- Protect from light.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- mercuric iodide: CAS:7774- 29- 0

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
mercuric iodide	10	

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

MATERIAL DATA

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as a Human Carcinogen.

Some jurisdictions require that health surveillance be conducted on occupationally exposed workers. Such surveillance should emphasise

- demography, occupational and medical history and advice
- physical examination with emphasis on neurological, renal and gastrointestinal systems and skin
- urinary inorganic mercury.

PERSONAL PROTECTION



EYE

- Safety glasses with side shields; or as required,
- 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

Wear chemical protective gloves, eg. PVC.
Wear safety footwear.

OTHER

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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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: solvent, vapours, degreasing etc., evaporating from tank (in still air).	Air Speed: 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 multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Scarlet-red, heavy, odourless, almost tasteless powder. Sensitive to light. Turns yellow when heated to 130 deg.C, returning to red on cooling.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Almost completely insoluble in water. Soluble in boiling alcohol and in solutions of sodium thiosulphate or potassium iodide or other hot alkali chloride solutions.

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Molecular Weight: 454.39

Melting Range (°C): 257- 259

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable.

Volatile Component (%vol): Not available

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

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): 349- 354

Specific Gravity (water=1): 6.28

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not available.

Evaporation Rate: Not available

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not Available

Viscosity: 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

Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual.

Symptoms of ingestion within the first few minutes may include pain, profuse vomiting and severe purging and the victim may die within a few hours from peripheral vascular collapse secondary to fluid and electrolyte loss. Primary gastroenteritis may subside spontaneously within a few days but severe haemorrhagic inflammation of the colon (colitis) has occurred as late as 9 days following ingestion. A second phase developing over 1-3 days is characterised by stomatitis (lesions of the mouth parts), membranous colitis and kidney damage (tubular nephritis). This second phase is associated with a slow and prolonged excretion of mercury by salivary glands, the gastrointestinal mucosa and kidneys. Death in this phase usually occurs as a result of kidney failure.

The alimentary effects of many mercury compounds are so rapid that the course and outlook is largely determined by events within the first 5-10 minutes. Acute systemic mercurialism may be lethal within a few minutes or death may be delayed for 5-12 days. The ionisable salts are corrosive and tissue damage occurs almost immediately in the mouth, throat and oesophagus.

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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 produce severely toxic effects; systemic effects may result following absorption and these may be fatal.

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.

Iodine and iodides, whether applied topically or administered systemically, may produce allergic reactions such as urticaria, angioedema, cutaneous haemorrhage or purpuras, arthralgia, lymphadenopathy and eosinophilia.

Toxic effects may result from skin absorption.

INHALED

The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation, of the material, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.

CHRONIC HEALTH EFFECTS

There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.

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

In animal tests all forms of mercury have been shown to be teratogenic with mercury ion easily crossing the placental barrier. Chronic exposures in workers may result in excessive salivation (ptyalism), anorexia, digestive disturbances, vague abdominal distress and mild diarrhoea. Renal involvement is rare. Chronic mercurialism manifests itself primarily in neurological effects with the central nervous system the principal target of damage. Tremors involving the hands and fingers and, less often, eyelids, cheeks, tongue and legs, are encountered. Motor control may be impaired resulting in slurred or scanning speech or ataxic gait. Visual and aural disturbance may occur. A common syndrome, described as "erethism," involves behavioral changes such as depression, despondency, and fearfulness. These are often accompanied by insomnia, headache and fatigue. Advanced cases exhibit memory loss, hallucinations and mental deterioration. Other symptoms may include a constant metallic taste and gingivitis of various grades leading to pyorrhea and the loosening of teeth. A dark blue line may occur along the gingival margins and a discolouration of the anterior lens surface (mercurialentis) is considered a useful diagnostic indicator of the chronic condition. Acrodynia ("pink disease") is an uncommon syndrome involving a change in colour of the of the extremities, apathy, anorexia, fever, kidney damage, perspiration, photophobia and insomnia and, most characteristically, pruritic (itchy) scaling of hands and feet.

Iodine and iodides may produce goitre and hypothyroidism as well as hyperthyroidism. A mild toxic syndrome resulting from chronic iodide overdose and from repeated administration of small amounts of iodine ("iodism") is characterised by salivation, coryza, sneezing, conjunctivitis, headache, fever, laryngitis, bronchitis, stomatitis, parotitis (iodine mumps), and various skin rashes (iododerma*, thrombotic thrombocytopenic purpura). Swelling and inflammation of the throat, irritated and swollen eyes and pulmonary oedema may also occur. Oedema of the glottis, necessitating tracheotomy has been reported. Occasional use of iodides for asthma in pregnancy has resulted in foetal death, severe goiter, hypothyroidism and the cretinoid appearance of the new-born. *Iododerma may vary from mild erythema and acneform eruptions to urticaria and suppurative or haemorrhagic rashes.

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Section 11 - TOXICOLOGICAL INFORMATION

TOXICITY AND IRRITATION

TOXICITY

Oral (man) LDLo: 357 mg/kg

Oral (rat) LD50: 18 mg/kg

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

Dyspnae, diarrhoea, nausea and vomiting, foetotoxicity and teratogenesis recorded.

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant:Yes

Mercury may occur in the environment as free mercury, $\text{Hg}(0)$, mercury ions in salts and complexes, Hg^+ and $(\text{Hg}2)^{2+}$ and as organic mercury compounds. Each species has its own set of physical, chemical and toxicologic properties.

In natural systems a dynamic equilibrium between soil and water mercury occurs determined largely by the physicochemical and biological conditions which pertain. Mercury ion is transported to aquatic ecosystems via surface run-off and from the atmosphere. It is complexed or tightly bound to both inorganic and organic particles, particularly sediments with high sulfur content. Organic acids such as fulvic and humic acids are often associated with mercury not bound to particles. Methyl mercury is produced by sediment micro-organisms, nonbiologically in sediments and by certain species of fish. The methylation of mercury by micro-organisms is the detoxification response that allows the organism to dispose of the heavy metal ions as small organometallic complexes. Methylation occurs only within a narrow pH range in which the micro-organism might exist and the rate of synthesis depends on the redox potential, composition of the microbial population, availability of $\text{Hg}2^+$ and temperature. Vitamin B12 derivatives are thought to be the methylating agents, because they are the only methyl carbanion- or methyl radical-donating coenzymes known. In addition it has been demonstrated that the livers of yellow-fin tuna and albacore produce methyl mercury results in its desorption at relatively high rates thus little methyl mercury is found in sediments. Demethylation by sediment micro-organisms also occurs at a rapid rate compared with methylation. The best conversion rate for inorganic mercury to methyl mercury under ideal conditions is less than 1.5% per month. Methyl mercury released into surface waters may also undergo photodecomposition into mercury.

Methyl mercury can be bioaccumulated by planktonic algae and fish. In fish, the rate of absorption of methyl mercury is faster than that of inorganic mercury and the clearance rate is slower resulting in high concentrations of methyl mercury in muscle tissue. The ratio of organic mercury to total mercury is generally high in fish compared with other aquatic organisms. Selenium which is also present in seawater and other seafoods readily complexes with methyl mercury and is thought to have a protective effect against the toxic action of methyl mercury. The danger of methyl mercury poisoning has been illustrated in Minimata, Japan in the late 1950s following industrial release of mercury into the bay which subsequently resulted in at least 1200 cases of poisoning, some fatal.

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:

- Dissolve the material (in water or acid solution as appropriate) or convert it to a water soluble state with appropriate oxidising agent.

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Section 13 - DISPOSAL CONSIDERATIONS

- Precipitate as the sulfide, adjusting the pH to neutral to complete the precipitation.
- Filter off sulfide solids for recovery or disposal to approved land-fill.
- Destroy excess sulfide in solution with, for example, sodium hypochlorite, neutralise, and flush to sewer (subject to local regulation).

Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC
HAZCHEM: 2X

UNDG:

Dangerous Goods Class: 6.1
UN Number: 1638
Shipping Name: MERCURY IODIDE

Subrisk: None
Packing Group: II

Air Transport IATA:

ICAO/IATA Class: 6.1
UN/ID Number: 1638
ERG Code: 6L
Shipping name: MERCURY IODIDE

ICAO/IATA Subrisk: None
Packing Group: II

Maritime Transport IMDG:

IMDG Class: 6.1
UN Number: 1638
EMS Number: F- A, S- A
Shipping name: MERCURY IODIDE

IMDG Subrisk: None
Packing Group: II
Marine Pollutant: Yes

Section 15 - REGULATORY INFORMATION

REGULATIONS

mercuric iodide (CAS: 7774-29-0) is found on the following regulatory lists;
Great Lakes Binational Toxics Strategy Substances (U.S. and Canada) - Level I Substances
United Nations List of Prior Informed Consent Chemicals
United Nations List of Prior Informed Consent Chemicals - French
United Nations List of Prior Informed Consent Chemicals - Spanish

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

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Section 16 - OTHER INFORMATION

determine the suitability of the information for their particular purpose.

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