

MERCUROCHROME

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

MERCUROCHROME

OTHER NAMES

C20-H8-Br2-Hg-Na2-O6, "fluorescein, 2', 7'-dibromo-4'-(hydroxymercurio)-, disodium salt", "fluorescein, 2', 7'-dibromo-4'-(hydroxymercurio)-, disodium salt", "2, 7-dibromo-4-hydroxymercurifluoresceine disodium salt", "2, 7-dibromo-4-hydroxymercurifluoresceine disodium salt", "disodium 2, 7-dibrom-4-hydroxy-mercuri-fluorescein", "disodium 2, 7-dibrom-4-hydroxy-mercuri-fluorescein", "disodium 2', 7'-dibromo-4'-(hydroxymercury)fluorescein", "disodium 2', 7'-dibromo-4'-(hydroxymercury)fluorescein"

PROPER SHIPPING NAME

PHENYLMERCURIC COMPOUND, N.O.S.

PRODUCT USE

Weak disinfectant.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

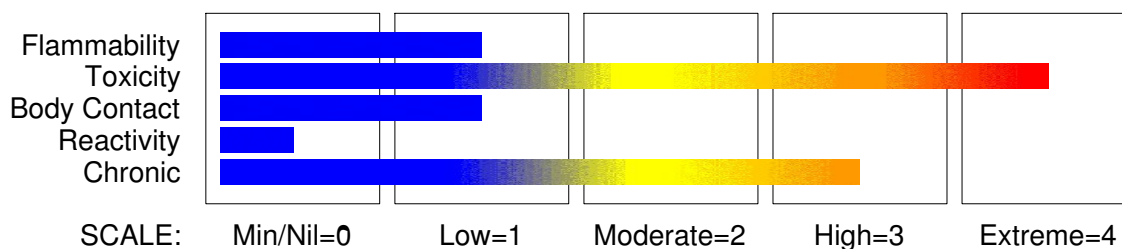
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



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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
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.

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Section 2 - HAZARDS IDENTIFICATION

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.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
merbromin	129-16-8	>98

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:
· 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.

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Section 4 - FIRST AID MEASURES

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, without delay.

NOTES TO PHYSICIAN

For acute and short term repeated exposures to aryl and alkylmethoxy compounds of mercury : Absorption proceeds more rapidly than its inorganic counterpart but once inside the body biotransformation releases inorganic mercury. [Ellenhorn and Barceloux: Medical Toxicology].

• 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.

• 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

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- Do not approach containers suspected to be hot.

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Section 5 - FIRE FIGHTING MEASURES

- 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

- Solid which exhibits difficult combustion or is difficult to ignite.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
- Dry dust can also be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge 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.
- All movable parts coming in contact with this material should have a speed of less than 1-metre/sec.

May emit poisonous fumes.

Combustion products include: mercury vapour / mercury metal, hydrogen bromide and carbon dioxide (CO₂).

FIRE INCOMPATIBILITY

Avoid contamination with strong oxidising agents 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.
- 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

- 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.

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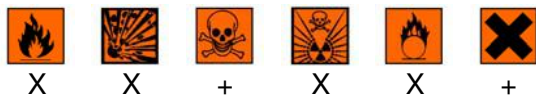
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Section 6 - ACCIDENTAL RELEASE MEASURES

- If contamination of drains or waterways occurs, advise emergency services.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

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 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

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

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents.
Avoid strong acids, bases.
Incompatible with alkaloidal salts and many local anaesthetics.

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.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- merbromin: CAS:129- 16- 8

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
merbromin	10	

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.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Irridescent green crystals; mix with water to give carmine-red solution.
Very dilute solutions (1:2000) possess a yellow-green fluorescence.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Soluble in 94% alcohol (1:50) and methanol (1:8).

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 750.67

Melting Range (°C): Not available

Solubility in water (g/L): Miscible

pH (1% solution): 8.8 (0.5%)

Volatile Component (%vol): Negligible

Relative Vapour Density (air=1): >1

Lower Explosive Limit (%): Not available

Autoignition Temp (°C): Not available

State: Divided solid

Boiling Range (°C): Not available

Specific Gravity (water=1): Not available

pH (as supplied): Not applicable

Vapour Pressure (kPa): Negligible

Evaporation Rate: Not applicable

Flash Point (°C): Not available

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

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.

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).

The dust may produce eye discomfort causing transient smarting, blinking.

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Section 11 - TOXICOLOGICAL INFORMATION

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.

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

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.

Symptoms of chronic toxicity include psychic and emotional disturbances (excitability, anxiety, depression, indecision, insomnia), nervous system effects (muscular tremors, incoordination), gingivitis, stomatitis and kidney damage.

[Genium]

Chronic effects include kidney and liver damage.

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.

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

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Section 11 - TOXICOLOGICAL INFORMATION

pregnancy.

TOXICITY AND IRRITATION

TOXICITY

Intravenous (mouse) LD50: 50 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant:Extreme

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

- Consult manufacturer for recycling options and recycle where possible .
- Consult State Land Waste Management Authority for disposal.
- Incinerate residue at an approved site.
- Recycle containers if possible, or dispose of in an authorised landfill.

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Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC
HAZCHEM: 2X

UNDG:

Dangerous Goods Class:	6.1	Subrisk:	None
UN Number:	2026	Packing Group:	II
Shipping Name: PHENYLMERCURIC COMPOUND, N.O.S.			

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	2026	Packing Group:	II
ERG Code:	6L		
Shipping name: PHENYLMERCURIC COMPOUND, N.O.S.			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	2026	Packing Group:	II
EMS Number:	F- A, S- A	Marine Pollutant:	Extreme
Shipping name: PHENYLMERCURIC COMPOUND, N.O.S.			

Section 15 - REGULATORY INFORMATION

REGULATIONS

merbromin (CAS: 129-16-8) 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 - 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 determine the suitability of the information for their particular purpose.

Issue Date: 12-May-2018