

METHANESULPHONYL CHLORIDE

GHS Safety Data Sheet

Version No:3

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

METHANE SULPHONYL CHLORIDE

OTHER NAMES

C-H3-Cl-O2-S, CH3-SO2-Cl, "mesyl chloride"

PROPER SHIPPING NAME

METHANESULPHONYL CHLORIDE

PRODUCT USE

Laboratory reagent. Used in manufacture of flame resistant products.
Stabiliser for liquid sulfur trioxide, biological chemicals.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

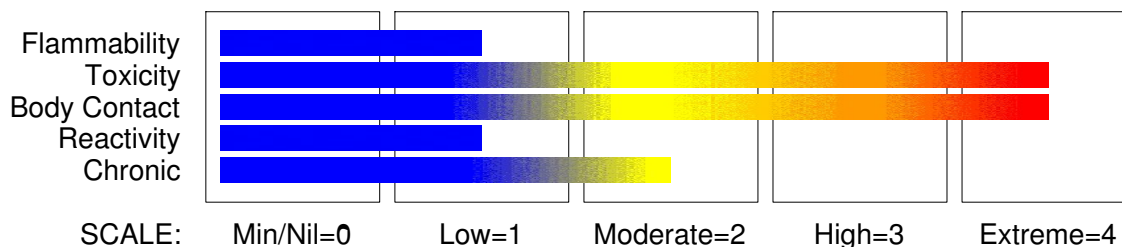
technical@sdfine.com

Telephone: 91- 22- 24959898

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Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 2

Acute Toxicity (Oral) Category 2

Skin Corrosion/Irritation Category 1C

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Section 2 - HAZARDS IDENTIFICATION



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H300 H330 H314

Fatal if swallowed

Fatal if inhaled

Causes severe skin burns and eye damage

PRECAUTIONARY STATEMENTS

Prevention

Wear protective gloves/clothing and eye/face protection.

Wash hands thoroughly after handling.

Wear respiratory protection.

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

Use only outdoors or in a well ventilated area.

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

Do not breathe dust or mist.

Wash thoroughly after handling.

Response

Wash contaminated clothing before reuse.

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

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

Keep container tightly closed.

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

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

Specific treatment: refer to Label or MSDS.

If on skin or hair: remove/take off immediately all contaminated clothing. Rinse with water/shower.

Absorb spillage to prevent material damage.

Immediately call a POISON CENTER or doctor/physician.

Storage

Store locked up.

Store in a corrosive resistant container with a resistant inliner.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
methanesulfonyl chloride	124-63-0	>98
may hydrolyse to give hydrogen chloride	7647-01-0	

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METHANESULPHONYL CHLORIDE

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

Section 4 - FIRST AID MEASURES

SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Transport to hospital or doctor without delay.

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

Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.

Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).

As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.

This must definitely be left to a doctor or person authorised by him/her. (ICSC13719).

- 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 or short term repeated exposures to strong acids:

- Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100%

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Section 4 - FIRST AID MEASURES

oxygen initially.

- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
- Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- Charcoal has no place in acid management.
- Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

- Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
- Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

- Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjunctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.
- Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
- Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

[Ellenhorn and Barceloux: Medical Toxicology].

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort. Rest and medical observation is therefore essential.

Immediate administration of an appropriate spray, by a doctor or a person authorised by him/her should be considered.

(ICSC24419/24421.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

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.

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Section 5 - FIRE FIGHTING MEASURES

FIRE/EXPLOSION HAZARD

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- Acids may react with metals to produce hydrogen, a highly flammable and explosive gas.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- May emit acrid smoke and corrosive fumes.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), hydrogen chloride, phosgene, sulfur oxides (SO_x), other pyrolysis products typical of burning organic material.

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

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with sand, earth, inert material or vermiculite.
- Wipe up.
- Place in a suitable labelled container for waste disposal.

MAJOR SPILLS

Chemical Class:acidic compounds, organic

For release onto land: recommended sorbents listed in order of priority.

SORBENT TYPE	RANK	APPLICATION	COLLECTION	LIMITATIONS
LAND SPILL - SMALL				
wood fiber - pillow	1	throw	pitchfork	R, P, DGC, RT
cross- linked polymer - particulate	1	shovel	shovel	R, W, SS
cross- linked polymer - pillow	1	throw	pitchfork	R, DGC, RT
sorbent clay - particulate	2	shovel	shovel	R, I, P
foamed glass - pillow	2	throw	pitchfork	R, P, DGC, RT
wood fiber - particulate	3	shovel	shovel	R, W, P, DGC

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Section 6 - ACCIDENTAL RELEASE MEASURES

LAND SPILL - MEDIUM

cross- linked polymer - particulate	1	blower	skiploader	R, W, SS
polypropylene - particulate	2	blower	skiploader	W, SS, DGC
sorbent clay - particulate	2	blower	skiploader	R, I, P
cross- linked polymer - pillow	3	throw	skiploader	R, DGC, RT
polypropylene - mat	3	throw	skiploader	W, SS, DGC
expanded mineral - particulate	3	blower	skiploader	R, I, W, P, DGC

Legend

DGC: Not effective where ground cover is dense

R; Not reusable

I: Not incinerable

P: Effectiveness reduced when rainy

RT:Not effective where terrain is rugged

SS: Not for use within environmentally sensitive sites

W: Effectiveness reduced when windy

Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control;

R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988.

- 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:

methanesulfonyl chloride 20 mg/m³

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

methanesulfonyl chloride 20 mg/m³

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

methanesulfonyl chloride 4 mg/m³

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

methanesulfonyl chloride 1.5 mg/m³

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Section 6 - ACCIDENTAL RELEASE MEASURES

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



+: 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

- DO NOT allow clothing wet with material to stay in contact with skin.
- DO NOT use aluminium, galvanised or tin-plated containers.
- DO NOT USE brass or copper containers / stirrers.
- 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.
 - Lined metal can, lined metal pail/ can.
 - Plastic pail.
 - Polyliner drum.
 - Packing as recommended by manufacturer.
 - Check all containers are clearly labelled and free from leaks.
- For low viscosity materials
- Drums and jerricans must be of the non-removable head type.

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Section 7 - HANDLING AND STORAGE

· Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
- Cans with friction closures and
- low pressure tubes and cartridges may be used.

-

Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages *.

-

In addition, where inner packagings are glass and contain liquids of packing group I and II there must be sufficient inert absorbent to absorb any spillage *.

-

* unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

All inner and sole packagings for substances that have been assigned to Packaging Groups I or II on the basis of inhalation toxicity criteria, must be hermetically sealed.

STORAGE INCOMPATIBILITY

Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.

Avoid strong bases.

Avoid reaction with oxidising agents.

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.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

• methanesulfonyl chloride:

CAS:124- 63- 0

• hydrogen chloride:

CAS:7647- 01- 0 CAS:7698- 05- 7

EMERGENCY EXPOSURE LIMITS

Material
hydrogen chloride

Revised IDLH Value (mg/m3)

Revised IDLH Value (ppm)
50

ODOUR SAFETY FACTOR (OSF)

OSF=1.3 (HYDROGEN CHLORIDE)

Exposed individuals are NOT reasonably expected to be warned, by smell, that the Exposure Standard is being exceeded.

Odour Safety Factor (OSF) is determined to fall into either Class C, D or E.

The Odour Safety Factor (OSF) is defined as:

OSF= Exposure Standard (TWA) ppm/ Odour Threshold Value (OTV) ppm

Classification into classes follows:

Class A	OSF 550	Description Over 90% of exposed individuals
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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

		are aware by smell that the Exposure Standard (TLV- TWA for example) is being reached, even when distracted by working activities
B	26- 550	As " A" for 50- 90% of persons being distracted
C	1- 26	As " A" for less than 50% of persons being distracted
D	0.18- 1	10- 50% of persons aware of being tested perceive by smell that the Exposure Standard is being reached
E	<0.18	As " D" for less than 10% of persons aware of being tested

MATERIAL DATA

None assigned. Refer to individual constituents.

INGREDIENT DATA

HYDROGEN CHLORIDE:

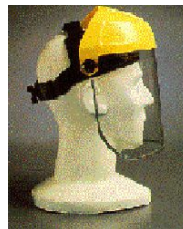
Odour Threshold Value: 0.262 ppm (detection), 10.06 ppm (recognition)

NOTE: Detector tubes for hydrochloric acid, measuring in excess of 1 ppm, are available commercially.

Hydrogen chloride is a strong irritant to the eyes, mucous membranes and skin. Chronic exposure produces a corrosive action on the teeth. Reports of respiratory irritation following short-term exposure at 5 ppm have lead to the recommended TLV-C. There is no indication that skin contact with hydrogen chloride elicits systemic poisoning and a skin designation has not been applied.

Exposure of humans to hydrogen chloride at 50 to 100 ppm for 1 hour is reported to be barely tolerable; 35 ppm caused irritation of the throat on short exposure and 10 ppm was the maximal concentration for prolonged exposure. It has been stated that hydrogen chloride at concentrations of 5 ppm is immediately irritating.

PERSONAL PROTECTION



OR

EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens

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METHANESULPHONYL CHLORIDE

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

Suitability and durability of glove type is dependent on usage. Factors such as:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity,

are important in the selection of gloves.

Elbow length PVC gloves.

When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

Local exhaust ventilation 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).

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)

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:

0.25- 0.5 m/s (50- 100 f/min.)

0.5- 1 m/s (100- 200 f/min.)

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:

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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 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

Clear colourless liquid; does not mix with water.

PHYSICAL PROPERTIES

Liquid.
Does not mix with water.
Sinks in water.
Corrosive.
Toxic or noxious vapours/gas.

Molecular Weight: 114.55
Melting Range (°C): Not available
Solubility in water (g/L): Immiscible
pH (1% solution): Not applicable
Volatile Component (%vol): Not available.
Relative Vapour Density (air=1): 3.9
Lower Explosive Limit (%): Not available
Autoignition Temp (°C): Not available.
State: Liquid

Boiling Range (°C): 60 (21 mm Hg)
Specific Gravity (water=1): 1.48
pH (as supplied): Not applicable
Vapour Pressure (kPa): 8.68 @ 20 C
Evaporation Rate: Not available
Flash Point (°C): >110
Upper Explosive Limit (%): Not available
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.

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Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

Accidental ingestion of the material may be severely damaging to the health of the individual; animal experiments indicate that ingestion of less than 5 gram may be fatal. Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal.

EYE

The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness.

Irritation of the eyes may produce a heavy secretion of tears (lachrymation).

SKIN

The material can produce chemical burns following direct contact with the skin.

Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue.

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

Solution of material in moisture on the skin, or perspiration, may markedly increase skin corrosion and accelerate tissue destruction.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

Inhalation may produce severe health damage*.

Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severely damaging effects to the health of the individual.

Relatively small amounts absorbed from the lungs may prove fatal.

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METHANESULPHONYL CHLORIDE

Section 11 - TOXICOLOGICAL INFORMATION

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema.

Inhalation of quantities of liquid mist may be extremely hazardous, even lethal due to spasm, extreme irritation of larynx and bronchi, chemical pneumonitis and pulmonary oedema.

CHRONIC HEALTH EFFECTS

Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

TOXICITY AND IRRITATION

Nil reported [Sigma/Aldrich]

The material may produce severe irritation to the eye causing pronounced inflammation.

Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

HYDROGEN CHLORIDE:

TOXICITY

Inhalation (human) LCLo: 1300 ppm/30m

IRRITATION

Eye (rabbit): 5 mg/30s - Mild

continued...

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Section 11 - TOXICOLOGICAL INFORMATION

Inhalation (human) LCLo: 3000 ppm/5m
Inhalation (rat) LC50: 3124 ppm/60m
4701 ppm/30m

Section 12 - ECOLOGICAL INFORMATION

DO NOT discharge into sewer or waterways.

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Treat and neutralise at an approved treatment plant. Treatment should involve : Neutralisation with soda-ash or soda-lime followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus
- Decontaminate empty containers with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC,CORROSIVE
HAZCHEM: 2X

UNDG:

Dangerous Goods Class:	6.1	Subrisk:	8
UN Number:	3246	Packing Group:	I
Shipping Name:METHANESULPHONYL CHLORIDE			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	8
UN Number:	3246	Packing Group:	I
EMS Number:	F- A, S- B		
Shipping name:METHANESULPHONYL CHLORIDE			

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS:IATA

Section 15 - REGULATORY INFORMATION

REGULATIONS

methanesulfonyl chloride (CAS: 124-63-0) is found on the following regulatory lists;

continued...

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Section 15 - REGULATORY INFORMATION

International Council of Chemical Associations (ICCA) - High Production Volume List
OECD Representative List of High Production Volume (HPV) Chemicals
WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have not been established

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.

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