

MORPHOLINE

GHS Safety Data Sheet

Version No:7

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

MORPHOLINE

OTHER NAMES

C4-H9-O-N, C4-H9-O-N, OCH₂-CH₂-NHCH₂-CH₂, "diethyleneimide oxide", "diethylene imideoxide", "diethylene oximide", "diethylenimide oxide"

PROPER SHIPPING NAME

MORPHOLINE

PRODUCT USE

Solvent for resins, waxes, casein, dyes. Morpholine fatty acid salts are used as surface active agents and emulsifiers. Other morpholine compounds are used as corrosion inhibitors, antioxidants, plasticisers. Morpholine compounds are also used as viscosity improvers, insecticides, fungicides, herbicides, local anaesthetics and antiseptics.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

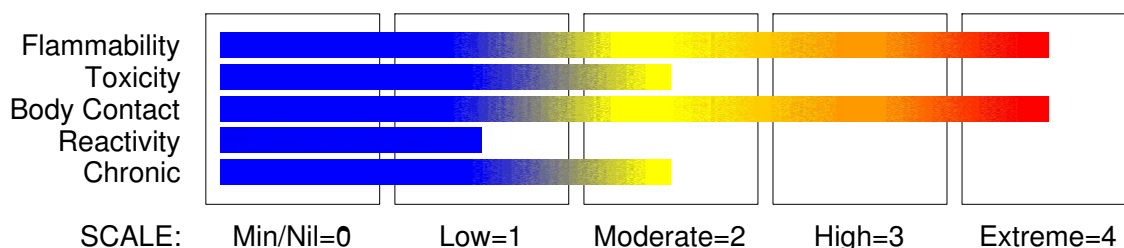
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HAZARD RATINGS



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Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Dermal) Category 4
Acute Toxicity (Inhalation) Category 2
Acute Toxicity (Oral) Category 4
Flammable Liquid Category 3
Metal Corrosion Category 1
Skin Corrosion/Irritation Category 1A



EMERGENCY OVERVIEW

HAZARD

DANGER
Determined by using GHS criteria:
H226 H330 H312 H302 H290 H314
Flammable liquid and vapour
Fatal if inhaled
Harmful in contact with skin
Harmful if swallowed
May be corrosive to metals
Causes severe skin burns and eye damage

PRECAUTIONARY STATEMENTS

Prevention

Do not breathe dust or mist.
Wash thoroughly after handling.
Wash hands thoroughly after handling.
Ground/bond container and receiving equipment.
Do not eat, drink or smoke when using this product.
Use only outdoors or in a well ventilated area.
Wear respiratory protection.
Do not breathe dust/fume/gas/mist/vapours/spray.
Wear protective gloves/clothing and eye/face protection.
Wear protective gloves/clothing
Use explosion-proof electrical/ventilating/lighting/equipment
Take precautionary measures against static discharge
Wear protective gloves and eye/face protection.
Keep away from heat/sparks/open flame - No smoking.
Keep container tightly closed.
Use only non-sparking tools.

Response

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.
Immediately call a POISON CENTER or doctor/physician.

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Section 2 - HAZARDS IDENTIFICATION

IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.
If on skin or hair: remove/take off immediately all contaminated clothing. Rinse with water/shower.
Wash contaminated clothing before reuse.
Absorb spillage to prevent material damage.
Specific treatment: refer to Label or MSDS.
IF ON SKIN: Gently wash with plenty of soap and water.
Call a POISON CENTER or doctor/physician if you feel unwell.

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	%
morpholine	110-91-8	>99

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.

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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 or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- Neutralising agents should never be given since exothermic heat reaction may compound injury.
- * Catharsis and emesis are absolutely contra-indicated.
- * Activated charcoal does not absorb alkali.
- * Gastric lavage should not be used.

Supportive care involves the following:

- Withhold oral feedings initially.
- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology].

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Water spray or fog.
- Alcohol stable foam.
- Dry chemical powder.
- Carbon dioxide.

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- Wear full body protective clothing with breathing apparatus.

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Section 5 - FIRE FIGHTING MEASURES

- Prevent, by any means available, spillage from entering drains or water course.
- If safe, switch off electrical equipment until vapour fire hazard removed.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- Avoid spraying water onto liquid pools.
- 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.

FIRE/EXPLOSION HAZARD

- Liquid and vapour are highly flammable.
 - Severe fire hazard when exposed to heat, flame and/or oxidisers.
 - Vapour may travel a considerable distance to source of ignition.
 - Heating may cause expansion or decomposition leading to violent rupture of containers.
 - On combustion, may emit toxic fumes of carbon monoxide (CO).
- Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.
May emit corrosive fumes.

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.
Chemical splash suit.

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 small quantities with vermiculite or other absorbent material.
- Wipe up.
- Collect residues in a flammable waste container.

MAJOR SPILLS

Chemical Class: amines, alkyl

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

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

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Section 6 - ACCIDENTAL RELEASE MEASURES

wood fiber - pillow	3	throw	pitchfork	R, P, DGC, RT,
treated wood fibre - pillow	3	throw	pitchfork	DGC, RT
foamed glass - pillow	4	throw	pitchfork	R, P, DGC, RT

LAND SPILL - MEDIUM

cross- linked polymer - particulate	1	blower	skiploader	R, W, SS
cross- linked polymer - pillow	2	throw	skiploader	R, DGC, RT
sorbent clay - particulate	3	blower	skiploader	R, I, P
polypropylene - particulate	3	blower	skiploader	W, SS, DGC
expanded mineral - particulate	4	blower	skiploader	R, I, W, P, DGC
polypropylene - mat	4	throw	skiploader	DGC, RT

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.
- May be violently or explosively reactive.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Water spray or fog may be used to disperse vapour.
- Contain or absorb spill with sand, earth or vermiculite.
- Use only spark-free shovels and explosion proof equipment.
- Collect recoverable product into labelled containers for recycling.
- 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:

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Section 6 - ACCIDENTAL RELEASE MEASURES

morpholine 1400 ppm

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

morpholine 30 ppm

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

morpholine 30 ppm

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

morpholine 20 ppm

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

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

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. 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.
- Containers, even those that have been emptied, may contain explosive vapours.

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Section 7 - HANDLING AND STORAGE

- Do NOT cut, drill, grind, weld or perform similar operations on or near containers.

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.

STORAGE INCOMPATIBILITY

- Avoid oxidising agents, acids, acid chlorides, acid anhydrides.
- Avoid strong acids.
Avoid contact with copper, aluminium and their alloys.

STORAGE REQUIREMENTS

- Store in approved flammable liquid storage area.
 - No smoking, naked lights/ignition sources.
 - Keep containers securely sealed.
 - Store away from incompatible materials in a cool, dry, well-ventilated area.
 - Protect containers against physical damage and check regularly for leaks.
 - Observe manufacturer's storing and handling recommendations.
- DO NOT store near acids, or oxidising agents.
No smoking, naked lights, heat or ignition sources.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- morpholine: CAS:110- 91- 8 CAS:854893- 20- 2 CAS:147366- 31- 2 CAS:99108- 56- 2 CAS:96122- 95- 1 CAS:88542- 81- 8

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
morpholine		1, 400 [LEL]

NOTES

Values marked LEL indicate that the IDLH was based on 10% of the lower explosive limit for safety considerations even though the relevant toxicological data indicated that irreversible health effects or impairment of escape existed only at higher concentrations.

ODOUR SAFETY FACTOR (OSF)

OSF=1E3 (MORPHOLINE)

MATERIAL DATA

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no -observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

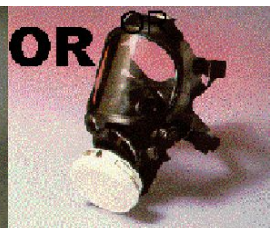
OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

Odour Threshold Value: 0.011 ppm (detection), 0.070 ppm (recognition)

Morpholine vapour irritates eyes, nose and throat, following repeated exposure of rats to 25 ppm. Exposure at or below the TLV-TWA is thought to significantly reduce the risk of eye and respiratory tract irritation in workers. Because morpholine permeates the skin, in sufficient quantities to produce systemic effects, a skin notation has been added.

PERSONAL PROTECTION



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 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.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

OTHER

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

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the computer-generated selection: morpholine

Protective Material

BUTYL	A
PVA	B
NATURAL RUBBER	C

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

RESPIRATOR

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Breathing Zone Level ppm (volume)	Maximum Protection Factor	Half- face Respirator	Full- Face Respirator
1000	10	AK- AUS	-
1000	50	-	AK- AUS
5000	50	Airline *	-
5000	100	-	AK- 2
10000	100	-	AK- 3
	100+		Airline**

* - Continuous Flow

** - Continuous-flow or positive pressure demand.

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

For further information consult site specific CHEMWATCH data (if available), or 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

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MORPHOLINE

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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:

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

Mobile, oily, hygroscopic liquid, with characteristic "fishy" amine odour.

A mild base. Mixes with water, acetone, benzene, ether, castor oil, ethanol, ethylene glycol, 2-hexanone, linseed oil, turpentine, pine oil.

Viscosity @ 20 deg.C, cp : 2.23

PHYSICAL PROPERTIES

Liquid.

Mixes with water.

Corrosive.

Alkaline.

Molecular Weight: 87.12

Boiling Range (°C): 128.9

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Melting Range (°C): - 5
Solubility in water (g/L): Miscible
pH (1% solution): 11.0 @ 25% soln.
Volatile Component (%vol): Not available.
Relative Vapour Density (air=1): 3.0
Lower Explosive Limit (%): 1.8
Autoignition Temp (°C): 310
State: Liquid

Specific Gravity (water=1): 0.998 @ 20 C
pH (as supplied): Not available
Vapour Pressure (kPa): 1.3 @ 23 deg.C
Evaporation Rate: Slow
Flash Point (°C): 38
Upper Explosive Limit (%): 11.0
Decomposition Temp (°C): Not Available
Viscosity: 2.230 cSt@40°C

log Kow (Prager 1995): 0.42
log Kow: -1.08- -0.86

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

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

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

Ingestion of alkaline corrosives may produce immediate pain, and circumoral burns. Mucous membrane corrosive damage is characterised by a white appearance and soapy feel; this may then become brown, oedematous and ulcerated. Profuse salivation with an inability to swallow or speak may also result. Even where there is limited or no evidence of chemical burns, both the oesophagus and stomach may experience a burning pain; vomiting and diarrhoea may follow. The vomitus may be thick and may be slimy (mucous) and may eventually contain blood and shreds of mucosa. Epiglottal oedema may result in respiratory distress and asphyxia. Marked hypotension is symptomatic of shock; a weak and rapid pulse, shallow respiration and clammy skin may also be evident. Circulatory collapse may occur and, if uncorrected, may produce renal failure. Severe exposures may result in oesophageal or gastric perforation accompanied by mediastinitis, substernal pain, peritonitis, abdominal rigidity and fever. Although oesophageal, gastric or pyloric stricture may be evident initially, these may occur after weeks or even months and years. Death may be quick and results from asphyxia, circulatory collapse or aspiration of even minute amounts. Death may also be delayed as a result of perforation, pneumonia or the effects of stricture formation.

Aliphatic and alicyclic amines are generally well absorbed from the gut. Corrosive action may cause tissue damage throughout the gastrointestinal tract. Detoxification is thought to occur in the liver, kidney and intestinal mucosa with the enzymes, monoamine oxidase and diamine oxidase (histaminase) having a significant role.

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Section 11 - TOXICOLOGICAL INFORMATION

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 contact with alkaline corrosives may produce pain and burns. Oedema, destruction of the epithelium, corneal opacification and iritis may occur. In less severe cases these symptoms tend to resolve. In severe injuries the full extent of the damage may not be immediately apparent with late complications comprising a persistent oedema, vascularisation and corneal scarring, permanent opacity, staphyloma, cataract, symblepharon and loss of sight.

Vapours of volatile amines cause eye irritation with lachrymation, conjunctivitis and minor transient corneal oedema which results in "halos" around lights (glauropsia). This effect disappears spontaneously within a few hours of the end of exposure, and does not produce physiological after-effects. Although no detriment to the eye occurs as such, glauropsia predisposes an affected individual to physical accidents and reduces the ability to undertake skilled tasks such as driving a vehicle.

Direct local contact with the liquid may produce eye damage which may be permanent in the case of the lower molecular weight species.

SKIN

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

Skin contact with the material may be harmful; systemic effects may result following absorption.

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

The material produces severe skin irritation; evidence exists, or practical experience predicts, that the material either:

- produces severe inflammation of the skin in a substantial number of individuals following direct contact, and/or
- produces significant and severe inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period.
- Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

NOTE: Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

Skin contact with alkaline corrosives may produce severe pain and burns; brownish stains may develop. The corroded area may be soft, gelatinous and necrotic; tissue destruction may be deep.

Volatile amine vapours produce primary skin irritation and dermatitis. Direct local contact, with the lower molecular weight liquids, may produce skin burns. Percutaneous absorption of simple aliphatic amines is known to produce lethal effects often the same as that for oral administration. Cutaneous sensitisation has been recorded chiefly due to ethyleneamines. Histamine release following exposure to many aliphatic amines may result in "triple response" (white vasoconstriction, red flare and wheal) in human skin.

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 of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.

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

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Section 11 - TOXICOLOGICAL INFORMATION

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.

Inhalation of alkaline corrosives may produce irritation of the respiratory tract with coughing, choking, pain and mucous membrane damage. Pulmonary oedema may develop in more severe cases; this may be immediate or in most cases following a latent period of 5-72 hours. Symptoms may include a tightness in the chest, dyspnoea, frothy sputum, cyanosis and dizziness. Findings may include hypotension, a weak and rapid pulse and moist rales. Inhalation of amine vapours may cause irritation of the mucous membranes of the nose and throat and lung irritation with respiratory distress and cough. Single exposures to near lethal concentrations and repeated exposures to sublethal concentrations produces tracheitis, bronchitis, pneumonitis and pulmonary oedema. Aliphatic and alicyclic amines are generally well absorbed from the respiratory tract. Systemic effects include headache, nausea, faintness and anxiety. These effects are thought to be transient and are probably related to the pharmacodynamic action of the amines. Histamine release by aliphatic amines may produce bronchoconstriction and wheezing.

CHRONIC HEALTH EFFECTS

Repeated or prolonged exposure to corrosives 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.

On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

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

Long term exposure to morpholine and some of its congeners may produce liver and kidney damage. Obvious evidence of chronic nasal irritation and inflammation and ocular injury (including retinal degeneration, corneal irritation, uveitis and corneal damage) has been documented in rats exposed to 150 ppm, 6 hours/day, 5 days/week for 104 weeks. Earlier reports linking exposure to morpholine with an increased incidence of hepatocellular carcinoma and pulmonary angiosarcoma, probably resulted from exposure to the carcinogenic contaminant, N-nitrosomorpholine. It must be noted, however, that there is a potential to convert morpholine, a secondary amine, in the body, to the potentially carcinogenic N-nitroso-morpholine. N-nitroso-compounds represent a major class of important chemical carcinogens and mutagens. The induction of tumours by single doses of these substances testify to their potency. Whilst it is difficult to extrapolate animal carcinogenicity data to humans, such data strongly suggests that these compounds are human carcinogens. As a rule the N-nitrosamines as a group are carcinogenic in a multitude of organs and tissues. This is also true for the individual N-nitrosamines where the tumour localisation does not depend only on the kind of nitrosamine but also the species and dose. Mostly, however, a preferred target organ (or even several) can be identified. This is frequently the liver.

Secondary amines may react in the acid conditions of the stomach with oxidants or preservatives) to form potentially carcinogenic N-nitrosamines. The formation of nitrosamines from such amines has not only been observed in animals models but, at least for certain compounds, in the workplace. The amine-containing substances and end products handled at work can themselves be contaminated to a degree with corresponding nitrosamines. Under conditions encountered in practice nitrosation is to be expected with secondary amines and to a limited extent with primary and tertiary amines. Nitrogen oxides are the most probable nitrosating agents. Nitrosyl chloride, nitrite esters, metal nitrites and nitroso compounds may also be involved. Several factors such as pH, temperature, catalysts and inhibitors influence the extent of nitrosation. Two

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precautionary measures are therefore necessary when handling amines at the workplace.

- Simultaneous exposure to nitrosating agents should be reduced to minimum. This can be put into practice by eliminating nitrosating agents or, if they play a role in the actual process, replacing them with substances that do not lead to the formation of carcinogenic nitrosamines. In particular the level of nitrogen oxides at the workplace should be monitored and reduced when necessary.

- The levels of nitrosamines in the workplace and in substances containing amines should be monitored.

Commission for the Investigation of Health Hazards of Chemical Compounds in the Work Area, Report No. 31, DFG, 1995.

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 1050 mg/kg

Inhalation (rat) LC50: 8000 ppm/8 hr

Dermal (rabbit) LD50: 500 mg/kg

IRRITATION

Skin (rabbit): 995 mg/24hr- SEVERE

Skin (rabbit):500mg open- Moderate

Eye (rabbit): 2 mg - SEVERE

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.

The substance is classified by IARC as Group 3:

NOT classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

Section 12 - ECOLOGICAL INFORMATION

Fish LC50 (96hr.) (mg/l):	350- 400
Algae IC50 (72hr.) (mg/l):	1.7- 4.1
log Kow (Prager 1995):	0.42
log Pow (Verschuereen 1983):	- 1.08
BOD5:	0.02 (0.9%)
ThOD:	2.6

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

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Section 12 - ECOLOGICAL INFORMATION

log Kow: -1.08- -0.86
Koc: 8
Half-life (hr) air: 4
Henry's atm m³ /mol: 1.41E-07
BOD 5 if unstated: 0.02,0.9%
ThOD: 2.6
Toxicity invertebrate: LC50(96)220mg/L

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 suitable dilute acid followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

WASTE DISPOSAL PROCEDURES

- Collect and package recoverable quantities of morpholine in labelled containers for incineration. Wear eye protection, protective clothing and rubber gloves to control personal contact from small quantities of morpholine.
- Dissolve
1mL of the morpholine in 50mL of 3M sulfuric acid. Stir small portions of 10mg of potassium permanganate into the morpholine solution over a period of one hour.
Stir the mixture at room temperature for 48 hours. Neutralise the solution with solid sodium carbonate or 10% solution of sodium hydroxide. Add solid sodium bisulfite until the solution turns colourless. Empty the liquid portion into the drain with water. Discard any brown solid residue with normal refuse [Armour 1996].

SPILLAGE DISPOSAL

- Wear breathing apparatus, eye protection, protective clothing and butyl rubber gloves to control personal contact from morpholine. Cover and contain the spill with a 1:1:1 mixture by weight of sodium carbonate or calcium carbonate, bentonite and sand. Collect the absorbed morpholine mixture and transfer to a well ventilated area. Add enough water so as to dissolve the sodium carbonate. Allow to stand so the solids settle. Empty the liquid portion into another container. Discard the residual solid quantities with normal refuse. Add 6M sulfuric acid to obtain a pH of 2, to the liquid portions. Add solid potassium permanganate so that the liquid is purple. Allow to stand at room temperature for 48 hours. Neutralise with solid sodium carbonate or with 10% aqueous solution of sodium hydroxide. Add sodium bisulfite until the solution is

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Section 13 - DISPOSAL CONSIDERATIONS

colourless. Empty the liquid into the drain. Dispose of any solid quantities with normal refuse [Armour 1996].

Section 14 - TRANSPORTATION INFORMATION



Labels Required: CORROSIVE,FLAMMABLE LIQUID
HAZCHEM: 2W

UNDG:

Dangerous Goods Class: 8
UN Number: 2054
Shipping Name:MORPHOLINE

Subrisk: 3
Packing Group: I

Air Transport IATA:

ICAO/IATA Class: 8
UN/ID Number: 2054
ERG Code: 8F
Shipping name:MORPHOLINE

ICAO/IATA Subrisk: 3
Packing Group: I

Maritime Transport IMDG:

IMDG Class: 8
UN Number: 2054
EMS Number: F- E, S- C
Shipping name:MORPHOLINE

IMDG Subrisk: 3
Packing Group: I

Section 15 - REGULATORY INFORMATION

REGULATIONS

morpholine (CAS: 110-91-8) is found on the following regulatory lists;
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
International Agency for Research on Cancer (IARC) Carcinogens
International Council of Chemical Associations (ICCA) - High Production Volume List
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for morpholine as CAS: 854893-20-2, CAS: 147366-31-2, CAS: 99108-56-2, CAS: 96122-95-1, CAS: 88542-81-8.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
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Section 16 - OTHER INFORMATION

morpholine

110- 91- 8, 854893- 20- 2, 147366- 31- 2, 99108-
56- 2, 96122- 95- 1, 88542- 81- 8

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