

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 1 of 14

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

NICKEL SULPHATE HEXAHYDRATE

OTHER NAMES

Ni-O4-S, "nickel sulphate", "nickelous sulphate", "nickel monosulfate", "sulfuric acid, nickel (2+) salt"

PROPER SHIPPING NAME

ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S.
(contains nickel(II) sulfate)

PRODUCT USE

Manufacture of nickel ammonium sulfate, nickel catalysts, nickel plating, mordant in dyeing and printing textiles, coatings, ceramics, blackening zinc and brass.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

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

MUMBAI- 400030.INDIA.

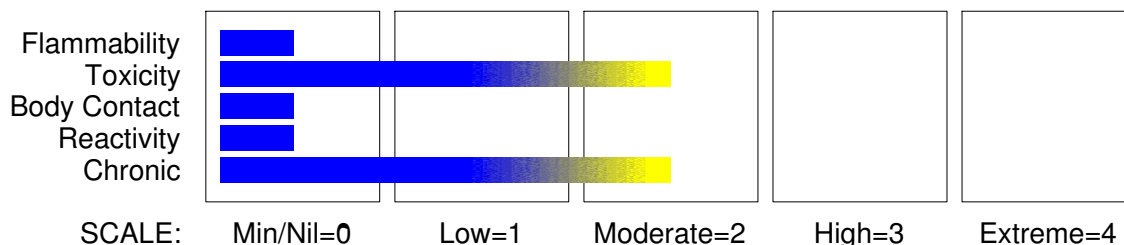
technical@sdfine.com

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HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 3

Carcinogen Category 2

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 2 of 14

Section 2 - HAZARDS IDENTIFICATION

Chronic Aquatic Hazard Category 1
Respiratory Sensitizer Category 1
Skin Sensitizer Category 1



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H301 H332 H334 H317 H351 H410

Toxic if swallowed

Harmful if inhaled

May cause allergic or asthmatic symptoms or breathing difficulties if inhaled

May cause allergic skin reaction

Suspected of causing cancer

Very toxic to aquatic life with long lasting effects

PRECAUTIONARY STATEMENTS

Prevention

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

In case of inadequate ventilation wear respiratory protection.

Use only outdoors or in a well ventilated area.

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

Use personal protective equipment as required.

Contaminated clothing should not be allowed out of the workplace.

Obtain special instructions before use.

Wash hands thoroughly after handling.

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

Response

IF INHALED: If breathing is difficult, remove to fresh air and keep at rest in a position comfortable for breathing.

If experiencing respiratory symptoms call a POISON CENTER or doctor/physician.

If exposed or concerned: Get medical attention advice.

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

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

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

Call a POISON CENTER or doctor/physician if you feel unwell.

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

Wash contaminated clothing before reuse.

Specific treatment: refer to Label or MSDS.

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 3 of 14

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
nickel(II) sulfate	7786-81-4	> 96

Section 4 - FIRST AID MEASURES

SWALLOWED

- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
 - For advice, contact a Poisons Information Centre or a doctor.
 - Urgent hospital treatment is likely to be needed.
 - 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.
 - 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 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.

EYE

- If this product comes in contact with the eyes:
- Wash out immediately with fresh 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.
 - If pain persists or recurs seek medical attention.
 - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

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

INHALED

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

NOTES TO PHYSICIAN

- In cases of nickel poisoning, dimercaptol delivered by deep intramuscular injection may be a suitable antidote. (Patients should not exhibit renal or hepatic dysfunction.) The use of diethyldithiocarbamate is the subject of ongoing research.
- Irritant contact dermatoses or eczemas may respond to applications of weak antiseptic packs, antibiotic ointments (tetracycline or erythromycin) or inert pastes and ointments. Systemic antibiotics are advisable in the presence of lymphangitis or lymphadenitis.

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 4 of 14

Section 4 - FIRST AID MEASURES

Preplacement and periodic medical examination of workers exposed to nickel are recommended. Preplacement examinations should evaluate any history of skin allergies or asthma, other exposures to nickel, smoking history, condition of nasal cavity and lungs. Periodic examinations should include chest X-rays. [Occupational Diseases]

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

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn.
- Decomposition may produce toxic fumes of: sulfur oxides (SO_x).

FIRE INCOMPATIBILITY

None known.

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

Environmental hazard - contain spillage.

- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
- Dampen with water to prevent dusting before sweeping.
- Place in suitable containers for disposal.

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 5 of 14

Section 6 - ACCIDENTAL RELEASE MEASURES

MAJOR SPILLS

Environmental hazard - contain spillage.

Moderate hazard.

- CAUTION: Advise personnel in area.
- Alert Emergency Services and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- 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:

nickel(II) sulfate 40 mg/m³

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

nickel(II) sulfate 2 mg/m³

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

nickel(II) sulfate 1.25 mg/m³

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

nickel(II) sulfate 1.25 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

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

where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+ X + X 0 +

+: 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.

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 6 of 14

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

- Glass container.
- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

None known.

STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
nickel(II) sulfate	10	

MATERIAL DATA

It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 7 of 14

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

PERSONAL PROTECTION



EYE

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

HANDS/FEET

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.

Neoprene gloves.

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber.

NOTE: The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

RESPIRATOR

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

* - Negative pressure demand ** - Continuous flow.

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

For further information consult your

continued...

NICKEL SULPHATE HEXAHYDRATE

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.

- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered.

Such protection might consist of:

- (a): particle dust respirators, if necessary, combined with an absorption cartridge;

- (b): filter respirators with absorption cartridge or canister of the right type;

- (c): fresh-air hoods or masks.

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:

direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)

grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).

Air Speed:

1- 2.5 m/s (200- 500 f/min.)

2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range

1: Room air currents minimal or favourable to capture

2: Contaminants of low toxicity or of nuisance value only.

3: Intermittent, low production.

4: Large hood or large air mass in motion

Upper end of the range

1: Disturbing room air currents

2: Contaminants of high toxicity

3: High production, heavy use

4: Small hood- local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 metres distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Blue or emerald green, odourless, efflorescent crystals with sweet astringent taste; mixes with water (1:1.4) and alcohol. The hexahydrate exists in two forms: the alpha-form is a blue-green crystalline structure which transforms to the beta-form at 53.3 deg C becoming green and transparent. When the beta-form is held at room temperature it becomes blue and opaque. Loses water of hydration at 100 deg C. to become a greenish-yellow anhydrous salt at 280 deg C.

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 9 of 14

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 262.89

Melting Range (°C): 100 (loses 6H₂O)

Solubility in water (g/L): Miscible

pH (1% solution): 3.0- 5.0 (5%)

Volatile Component (%vol): Not applicable

Relative Vapour Density (air=1): Not applicable

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Decomposes 840 C

Specific Gravity (water=1): 2.03

pH (as supplied): Not applicable

Vapour Pressure (kPa): Negligible

Evaporation Rate: Not applicable

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): 840

Viscosity: Not Applicable

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

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

Nickel is poorly absorbed from the gastrointestinal tract. It is transported in the plasma bound to serum albumin and various small organic ligands. Excretion in the urine is substantially complete in 4-5 days. Serum nickel is influenced by environmental nickel or nickel concentrations in the air with faecal nickel about 100 times urinary nickel.

Parenterally administered nickel is rapidly distributed to kidney, pituitary, lung, skin, adrenal and ovary and testis. In vivo binding with metallothionein has been demonstrated.

A nickel binding protein has also been identified in plasma; it has been tentatively identified as an alpha-1-glycoprotein with a serum alpha-1-macroglobulin complex.

Sulfate salts are poorly absorbed from the gastro-intestinal tract but because of osmotic activity are able to draw water from the lumen to produce diarrhoea (purging). Sulfate ion usually has little toxicological potential.

Nickel salts cause vomiting, following ingestion, as a result of astringent and irritant effects. In common with other irritant-emetics the lethal dose varies widely. Absorption is generally poor and systemic poisoning is rare. Systemic effects include increased blood sugar levels (hyperglycaemia), capillary damage (especially in the brain and adrenals), kidney damage, heart damage (myocardial weakness) and central nervous system depression.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may cause transient discomfort characterised by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 10 of 14

Section 11 - TOXICOLOGICAL INFORMATION

SKIN

Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Solution of material in moisture on the skin, or perspiration, may increase irritant effects.

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.

Nickel dusts, fumes and salts are potent contact allergens and sensitisers producing a dermatitis known as "nickel" rash.

In the absence of properly designed ventilation systems or where respiratory protective devices are inadequate, up to 10% of exposed workers are expected to be symptomatic.

INHALED

Inhalation of dusts, generated by the material, during the course of normal handling, may be harmful.

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

Regular exposure to nickel fume, as the oxide, may result in "metal fume fever" a sometimes debilitating upper respiratory tract condition resembling influenza.

Symptoms include malaise, fever, weakness, nausea and may appear quickly if operations occur in closed or poorly ventilated areas. Pulmonary oedema, pulmonary fibrosis and asthma has been reported in welders using nickel alloys; level of exposure are generally not available and case reports are often confounded by mixed exposures to other agents.

Inhalation of freshly formed metal oxide particles sized below 1.5 microns and generally between 0.02 to 0.05 microns may result in "metal fume fever". Symptoms may be delayed for up to 12 hours and begin with the sudden onset of thirst, and a sweet, metallic or foul taste in the mouth. Other symptoms include upper respiratory tract irritation accompanied by coughing and a dryness of the mucous membranes, lassitude and a generalised feeling of malaise. Mild to severe headache, nausea, occasional vomiting, fever or chills, exaggerated mental activity, profuse sweating, diarrhoea, excessive urination and prostration may also occur. Tolerance to the fumes develops rapidly, but is quickly lost. All symptoms usually subside within 24-36 hours following removal from exposure.

CHRONIC HEALTH EFFECTS

On the basis, primarily, of animal experiments, concern has been expressed 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.

Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray.

Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population.

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust,

continued...

NICKEL SULPHATE HEXAHYDRATE

Section 11 - TOXICOLOGICAL INFORMATION

perfumes and passive smoking.

Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

The most common toxic reaction to nickel is skin sensitisation which may produce a chronic eczema called "nickel itch". The first symptom is itching which occurs up to 7 days prior to the appearance of skin eruption. The primary skin eruption is erythematous or follicular and may be followed by superficial discrete ulcers (which discharge and become crusted), or eczema. In the chronic stages, pigmented or depigmented plaques may be formed. Recovery from the dermatitis usually occurs within 7 days but may take several weeks.

Nickel dusts and several specific compounds are carcinogenic in animals following inhalation or parenteral administration (but not by ingestion or skin contact). Increases in lung and nasal cavity cancers have been observed amongst nickel workers in smelters and refineries. Respiratory cancer risks primarily relate to chronic exposure to soluble nickels at concentrations in excess of 1 mg Ni/m³ and exposure to the less soluble forms at concentrations greater than 10 mg Ni/m³. Metallic nickel does not appear to pose such a threat.

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 275 mg/kg

IRRITATION

Nil Reported

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens).

Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

WARNING : IARC Cancer Review - Human Sufficient Evidence.

Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant:Not Determined

Hazardous Air Pollutant:

Yes

Fish LC50 (96hr.) (mg/l):

163.0, 397

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 12 of 14

Section 12 - ECOLOGICAL INFORMATION

Transport and distribution of nickel particulates between different environmental compartments, is strongly influenced by particle size. Fine particulate matter has a longer residence time in the environment and is carried a long distance from its source; larger particles are deposited near the emission source. Atmospheric residence time for nickel particulates is estimated to be 5.4-7.9 days. Water solubility and bioavailability is affected by soil pH; decrease in pH generally mobilises nickel, thus acid rain can mobilise nickel from the soil and increase nickel concentrations in ground water. Nickel bioaccumulates in the food chain but is not bioconcentrated.

Drinking Water Standards:

Nickel 50 ug/l (UK max.)

20 ug/l (WHO guideline)

Soil Guidelines:

Dutch Criteria: 35 mg/kg (target)

210 mg/kg (intervention).

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

DO NOT discharge into sewer or waterways.

Aquatic Toxicity:

as the hexahydrate:

Green algae EC50: >10 - <100 mg/l

Daphnia EC50: >1 - <10 mg/l

[INCO]

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

For small quantities:

- Dissolve the material (in water or acid solution as appropriate) or convert it to a water soluble state with appropriate oxidising agent.
- Precipitate as the sulfide, adjusting the pH to neutral to complete the precipitation.
- Filter off sulfide solids for recovery or disposal to approved land-fill.
- Destroy excess sulfide in solution with, for example, sodium hypochlorite, neutralise, and flush to sewer (subject to local regulation).
- 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.

Section 14 - TRANSPORTATION INFORMATION

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 13 of 14

Section 14 - TRANSPORTATION INFORMATION



Labels Required: MISCELLANEOUS
HAZCHEM: 2X

UNDG:

Dangerous Goods Class:	9	Subrisk:	None
UN Number:	3077	Packing Group:	III
Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains nickel(II) sulfate)			

Air Transport IATA:

ICAO/IATA Class:	9	ICAO/IATA Subrisk:	None
UN/ID Number:	3077	Packing Group:	III
ERG Code:	9L		
Shipping name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains nickel(II) sulfate)			

Maritime Transport IMDG:

IMDG Class:	9	IMDG Subrisk:	None
UN Number:	3077	Packing Group:	III
EMS Number:	F- A, S- F	Marine Pollutant:	Not Determined
Shipping name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains nickel(II) sulfate)			

Section 15 - REGULATORY INFORMATION

REGULATIONS

nickel(II) sulfate (CAS: 7786-81-4) is found on the following regulatory lists;
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals

nickel(II) sulfate (CAS: 10101-97-0) is found on the following regulatory lists;
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals

nickel(II) sulfate (CAS: 15244-37-8) is found on the following regulatory lists;
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals

nickel(II) sulfate (CAS: 10101-98-1) is found on the following regulatory lists;
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals

continued...

NICKEL SULPHATE HEXAHYDRATE

GHS Safety Data Sheet

Version No:4

Page 14 of 14

Section 15 - REGULATORY INFORMATION

No data available for nickel(II) sulfate as CAS: 14168-76-4, CAS: 61092-77-1, CAS: 139939-67-6.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
nickel(II) sulfate	7786- 81- 4, 10101- 97- 0, 15244- 37- 8, 14168- 76- 4, 61092- 77- 1, 10101- 98- 1, 139939- 67- 6

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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