



WHITE SOFT PARAFFIN

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

WHITE SOFT PARAFFIN

OTHER NAMES

"petroleum jelly", vaseline, "Petrolatum U.S.P."

PRODUCT USE

Used as an ointment base and in cosmetics. Lubricating firearms and machinery, leather grease, shoe polish, rust preventatives.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,
MUMBAI- 400030.INDIA.

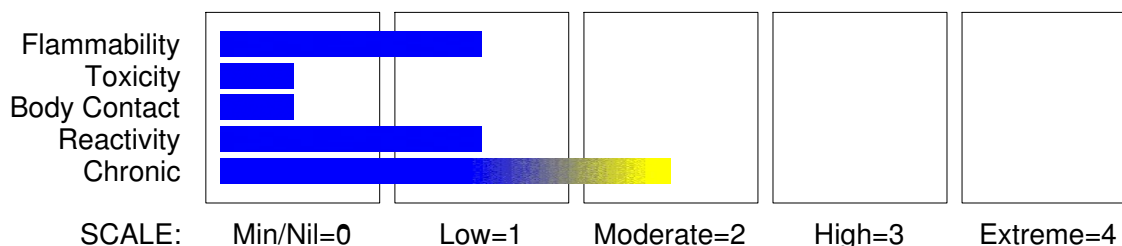
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

HAZARD

Not hazardous

No hazards determined by using GHS criteria

PRECAUTIONARY STATEMENTS

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Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
purified mixture of semi- solid hydrocarbons as petrolatum	8009-03-8.	> 98
petrolatum or petroleum jelly is a microcrystalline wax with a defined oil content. Microcrystalline waxes consist mainly of iso- and cyclo- paraffins with some alkylated aromatic hydrocabons.		

Section 4 - FIRST AID MEASURES

SWALLOWED

- 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.
- Seek medical advice.

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 or hair contact occurs:
- Flush skin and hair with running water (and soap if available).
 - Seek medical attention in event of irritation.
- In case of burns:
- Quickly immerse affected area in cold running water for 10 to 15 minutes.
 - Bandage lightly with a sterile dressing. Treat for shock if required.
 - Lay patient down. Keep warm and rested.
 - Transport to hospital, or doctor.

INHALED

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

NOTES TO PHYSICIAN

- Treat symptomatically.
- Heavy and persistent skin contamination over many years may lead to dysplastic changes. Pre-existing skin disorders may be aggravated by exposure to this product.
 - In general, emesis induction is unnecessary with high viscosity, low volatility

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Section 4 - FIRST AID MEASURES

products, i.e. most oils and greases.

- High pressure accidental injection through the skin should be assessed for possible incision, irrigation and/or debridement.

NOTE: Injuries may not seem serious at first, but within a few hours tissue may become swollen, discoloured and extremely painful with extensive subcutaneous necrosis. Product may be forced through considerable distances along tissue planes.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

Foam.

Dry chemical powder.

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.

DO NOT approach containers suspected to be hot.

If safe to do so, remove containers from path of fire.

Avoid spraying water onto liquid pools.

FIRE/EXPLOSION HAZARD

Combustible. Will burn if ignited.

NOTE: Burns with intense heat. Produces melting, flowing, burning liquid and dense acrid black smoke.

On combustion, emits toxic fumes of carbon monoxide (CO) and carbon dioxide (CO₂).

FIRE INCOMPATIBILITY

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

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

Clean up all spills immediately.

Slippery when spilt.

Avoid contact with skin and eyes.

Wipe up.

Place in suitable containers for disposal.

MAJOR SPILLS

Slippery when spilt.

Control personal contact by using protective equipment.

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

Shut off all possible sources of ignition and increase ventilation.

Increase ventilation.

No smoking or naked lights within area.

Contain spill with sand, earth or vermiculite.

Collect recoverable product into labelled containers for recycling.

Collect residues and seal in labelled drums for disposal.

Wash spill area with detergent and water.

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Section 6 - ACCIDENTAL RELEASE MEASURES

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

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+ + + + + +

+: May be stored together

O: May be stored together with specific 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

Use good occupational work practice.
Avoid generating and breathing mist and vapour.
Avoid contact with skin and eyes.
Avoid smoking, naked lights or ignition sources.
Avoid sources of heat.
Wear protective clothing when risk of exposure occurs.
When handling, DO NOT eat, drink or smoke.
Use in a well-ventilated area.
Keep containers securely sealed when not in use.
Always wash hands with soap and water after handling. Work clothes should be laundered separately.

SUITABLE CONTAINER

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

STORAGE INCOMPATIBILITY

Avoid storage with oxidisers.

STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.
Store at ambient temperatures.
Store away from incompatible materials.
No smoking, naked lights, heat or ignition sources.
Keep containers securely sealed.
Check regularly for spills and leaks.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

• petrolatum:

CAS:8009- 03- 8 CAS:8044- 24- 4 CAS:8040- 87- 7
CAS:8044- 23- 3 CAS:8044- 45- 9 CAS:8044- 46- 0
CAS:8057- 56- 5 CAS:8063- 27- 2 CAS:8040- 97- 9
CAS:8027- 32- 5 CAS:8044- 44- 8 CAS:8038- 17- 3
CAS:8041- 83- 6

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

MATERIAL DATA

Human exposure to oil mist alone has not been demonstrated to cause health effects except at levels above 5 mg/m³ (this applies to particulates sampled by a method that does not collect vapour). It is not advisable to apply this standard to oils containing unknown concentrations and types of additive.

PERSONAL PROTECTION



EYE

No special equipment for minor exposure i.e. when handling small quantities.

· OTHERWISE:

- Safety glasses with side shields.
- 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

PVC gloves or Rubber Gloves.

Safety footwear.

OTHER

Overalls.

- Eyewash unit.
- Barrier cream.

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
Occupational Health and Safety Advisor.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

ENGINEERING CONTROLS

None under normal operating conditions.

If risk of inhalation or overexposure exists, wear SAA approved respirator or work in fume hood.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White to dark brown, semisolid, combustible unctuous mass; floats on water.

PHYSICAL PROPERTIES

Liquid.

Does not mix with water.

Floats on water.

Molecular Weight: Not applicable.

Melting Range (°C): 38 - 58

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable.

Volatile Component (%vol): Not available.

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

Lower Explosive Limit (%): Not available.

Autoignition Temp (°C): Not available.

State: Non slump paste

Boiling Range (°C): Not available.

Specific Gravity (water=1): 0.82 - 0.9

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not available.

Evaporation Rate: Not available

Flash Point (°C): > 190 (COC)

Upper Explosive Limit (%): Not available.

Decomposition Temp (°C): Not available.

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Although ingestion is not thought to produce harmful effects (as classified under EC Directives), the material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health).

Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

Considered an unlikely route of entry in commercial/industrial environments.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or

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Section 11 - TOXICOLOGICAL INFORMATION

conjunctival redness (as with windburn).

SKIN

The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Irritation and skin reactions are possible with sensitive skin.

INHALED

The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

Not normally a risk due to low vapour pressure at ambient temperatures.

CHRONIC HEALTH EFFECTS

Principal route of exposure is by skin contact; lesser exposures include inhalation of fumes from hot oils, oil mists or droplets. Prolonged contact with mineral oils carries with it the risk of skin conditions such as oil folliculitis, eczematous dermatitis, pigmentation of the face (melanosis) and warts on the sole of the foot (plantar warts). With highly refined mineral oils no appreciable systemic effects appear to result through skin absorption.

Exposure to oil mists frequently elicits respiratory conditions, such as asthma; the provoking agent is probably an additive. High oil mist concentrations may produce lipoid pneumonia although clinical evidence is equivocal. In animals exposed to concentrations of 100 mg/m³ oil mist, for periods of 12 to 26 months, the activity of lung and serum alkaline phosphatase enzyme was raised; 5 mg/m³ oil mist did not produce this response. These enzyme changes are sensitive early indicators of lung damage. Workers exposed to vapours of mineral oil and kerosene for 5 to 35 years showed an increased prevalence of slight basal lung fibrosis.

Repeated or prolonged exposure to mixed hydrocarbons may produce narcosis with dizziness, weakness, irritability, concentration and/or memory loss, tremor in the fingers and tongue, vertigo, olfactory disorders, constriction of visual field, paraesthesias of the extremities, weight loss and anaemia and degenerative changes in the liver and kidney. Chronic exposure by petroleum workers, to the lighter hydrocarbons, has been associated with visual disturbances, damage to the central nervous system, peripheral neuropathies (including numbness and paraesthesias), psychological and neurophysiological deficits, bone marrow toxicities (including hypoplasia possibly due to benzene) and hepatic and renal involvement. Chronic dermal exposure to petroleum hydrocarbons may result in defatting which produces localised dermatoses. Surface cracking and erosion may also increase susceptibility to infection by microorganisms. One epidemiological study of petroleum refinery workers has reported elevations in standard mortality ratios for skin cancer along with a dose-response relationship indicating an association between routine workplace exposure to petroleum or one of its constituents and skin cancer, particularly melanoma. Other studies have been unable to confirm this finding.

TOXICITY AND IRRITATION

TOXICITY

Dermal (rabbit) TDLo: 100 ml/kg/30D- I
Tumorigenic effects.

IRRITATION

Nil Reported

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Section 12 - ECOLOGICAL INFORMATION

No data for petrolatum.

Section 13 - DISPOSAL CONSIDERATIONS

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

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM: None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS:UN, IATA,
IMDG

Section 15 - REGULATORY INFORMATION

REGULATIONS

petrolatum (CAS: 8009-03-8) is found on the following regulatory lists;
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for petrolatum as CAS: 8044-24-4, CAS: 8040-87-7, CAS: 8044-23-3, CAS: 8044-45-9, CAS: 8044-46-0, CAS: 8057-56-5, CAS: 8063-27-2, CAS: 8040-97-9, CAS: 8027-32-5, CAS: 8044-44-8, CAS: 8038-17-3, CAS: 8041-83-6.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
petrolatum	8009- 03- 8, 8044- 24- 4, 8040 - 87- 7, 8044- 23- 3, 8044- 45- 9, 8044- 46- 0, 8057- 56- 5, 8063- 27- 2, 8040- 97- 9, 8027- 32- 5 , 8044- 44- 8, 8038- 17- 3, 8041- 83- 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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