

PHOSPHOROUS PENTOXIDE

GHS Safety Data Sheet

Version No:3

Page 1 of 16

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

PHOSPHORUS PENTOXIDE

OTHER NAMES

O5-P2, P2O5, "phosphoric anhydride", "phosphorous oxide", "phosphorous pentaoxide", "phosphorous (V) oxide", "phosphorous (V) oxide", "diphosphorous pentoxide", "phosphoric acid anhydride"

PROPER SHIPPING NAME

PHOSPHORUS PENTOXIDE

PRODUCT USE

Dehydrating agent; preparation of phosphorous oxychloride and metaphosphoric acid; surfactants; condensing agent in organic synthesis; sugar refining; laboratory reagent; fire extinguishing; special glass.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

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

MUMBAI- 400030.INDIA.

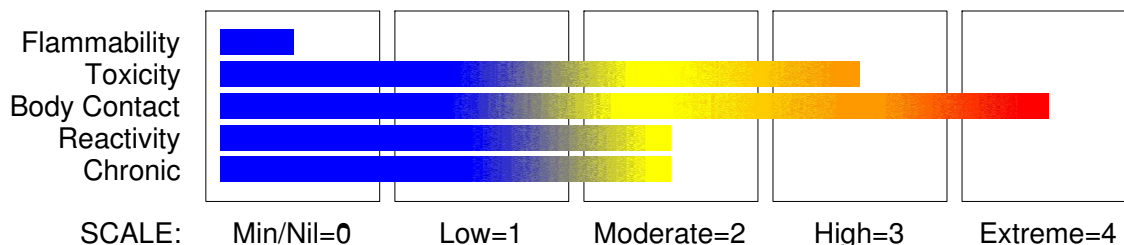
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 2

Metal Corrosion Category 1

Skin Corrosion/Irritation Category 1B

continued...

PHOSPHOROUS PENTOXIDE

GHS Safety Data Sheet

Version No:3

Page 2 of 16

Section 2 - HAZARDS IDENTIFICATION



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H330 H290 H314

Fatal if inhaled

May be corrosive to metals

Causes severe skin burns and eye damage

PRECAUTIONARY STATEMENTS

Prevention

Wear respiratory protection.

Use only outdoors or in a well ventilated area.

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

Do not breathe dust or mist.

Wash thoroughly after handling.

Wear protective gloves/clothing and eye/face protection.

Response

Keep container tightly closed.

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.

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

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

Wash contaminated clothing before reuse.

Absorb spillage to prevent material damage.

Immediately call a POISON CENTER or doctor/physician.

Specific treatment: refer to Label or MSDS.

Storage

Store locked up.

Store in a corrosive resistant container with a resistant liner.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
phosphorus pentoxide	1314-56-3	>98
reaction with water gives phosphoric acid	7664-38-2	

continued...

PHOSPHOROUS PENTOXIDE

GHS Safety Data Sheet

Version No:3

Page 3 of 16

Section 4 - FIRST AID MEASURES

SWALLOWED

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

EYE

If this product comes in contact with the eyes:

- Immediately hold eyelids apart and flush the eye continuously with running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
- Transport to hospital or doctor without delay.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If skin or hair contact occurs:

- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

NOTES TO PHYSICIAN

For acute or short term repeated exposures to strong acids:

- Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

continued...

PHOSPHOROUS PENTOXIDE

GHS Safety Data Sheet

Version No:3

Page 4 of 16

Section 4 - FIRST AID MEASURES

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

SKIN:

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

EYE:

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

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

- Use water delivered as a fine spray to control fire and cool adjacent 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 to be a significant fire risk.
 - Acids may react with metals to produce hydrogen, a highly flammable and explosive gas.
 - Heating may cause expansion or decomposition leading to violent rupture of containers.
 - May emit corrosive, poisonous fumes. May emit acrid smoke.
- Decomposition may produce toxic fumes of: phosphorus oxides (PO_x).

FIRE INCOMPATIBILITY

None known.

Keep dry.

NOTE: May develop pressure in containers; open carefully. Vent periodically.

Personal Protective Equipment

Breathing apparatus.
Chemical splash suit.

continued...

PHOSPHOROUS PENTOXIDE

GHS Safety Data Sheet

Version No:3

Page 5 of 16

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable labelled container for waste disposal.

MAJOR SPILLS

- 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.
- Consider evacuation (or protect in place).
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

phosphorus pentoxide 250 mg/m³

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

phosphorus pentoxide 50 mg/m³

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

phosphorus pentoxide 30 mg/m³

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

phosphorus pentoxide 10 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	>= 0.1%	Toxic (T)	>= 3.0%
R50	>= 0.25%	Corrosive (C)	>= 5.0%
R51	>= 2.5%		
else	>= 10%		

where percentage is percentage of ingredient found in the mixture

continued...

PHOSPHOROUS PENTOXIDE

GHS Safety Data Sheet

Version No:3

Page 6 of 16

Section 6 - ACCIDENTAL RELEASE MEASURES

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

O: May be stored together with specific precautions

X: Must not be stored together

Personal Protective Equipment advice is contained in Section 8 of the MSDS.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

DO NOT use aluminium, galvanised or tin-plated containers.

- 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.

SUITABLE CONTAINER

DO NOT use aluminium or galvanised containers.

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

In presence of moisture, the material is corrosive to aluminium, zinc and tin producing highly flammable hydrogen gas.

Contact with moisture or water may generate heat causing ignition.

Avoid strong bases.

- Inorganic acids are generally soluble in water with the release of hydrogen ions. The resulting solutions have pH's of less than 7.0.
- Inorganic acids neutralise chemical bases (for example: amines and inorganic hydroxides) to form salts.
- Neutralisation can generate dangerously large amounts of heat in small spaces.
- The dissolution of inorganic acids in water or the dilution of their concentrated solutions with additional water may generate significant heat.

continued...

PHOSPHOROUS PENTOXIDE

Section 7 - HANDLING AND STORAGE

- The addition of water to inorganic acids often generates sufficient heat in the small region of mixing to cause some of the water to boil explosively. The resulting "bumping" can spatter the acid.
 - Inorganic acids react with active metals, including such structural metals as aluminum and iron, to release hydrogen, a flammable gas.
 - Inorganic acids can initiate the polymerisation of certain classes of organic compounds.
 - Inorganic acids react with cyanide compounds to release gaseous hydrogen cyanide.
 - Inorganic acids generate flammable and/or toxic gases in contact with dithiocarbamates, isocyanates, mercaptans, nitrides, nitriles, sulfides, and strong reducing agents. Additional gas-generating reactions occur with sulfites, nitrites, thiosulfates (to give H₂S and SO₃), dithionites (SO₂), and even carbonates.
 - Acids often catalyze (increase the rate of) chemical reactions.
- Segregate from alcohol, water.
- Phosphates are incompatible with oxidising and reducing agents.
 - Phosphates are susceptible to formation of highly toxic and flammable phosphine gas in the presence of strong reducing agents such as hydrides.
 - Partial oxidation of phosphates by oxidizing agents may result in the release of toxic phosphorus oxides.
- Keep dry.
- NOTE: May develop pressure in containers; open carefully. Vent periodically.
- Segregate from formic acid, hydrogen fluoride, inorganic bases, iodides, metals, ammonia, barium sulfide, chlorine trifluoride, perchloric acid, oxygen difluoride and hydrogen peroxide.
- Reactions with 95% formic acid caused rapid evolution of carbon monoxide.
- dry mixtures of sodium oxide, calcium oxide react violently if warmed or moistened. A reaction with sodium carbonate may be initiated by strong local heating. The addition to 3-propynol results in ignition. Reacts violently with iodides, sulfides, vigorously with hydrogen fluoride and explosively with calcium when heated.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- phosphorus pentoxide: CAS:1314- 56- 3 CAS:59778- 57- 3 CAS:50811- 86- 4 CAS:24377- 84- 2 CAS:72906- 42- 4
- phosphoric acid: CAS:7664- 38- 2 CAS:28602- 75- 7 CAS:178560- 73- 1

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
phosphoric acid	1, 000	

MATERIAL DATA

No exposure limits set by NOHSC or ACGIH.
OES STEL: 2 mg/m3

continued...

PHOSPHOROUS PENTOXIDE

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

CEL TWA: 1 mg/m³; STEL: 2 mg/m³

[compare OEL TWA (Switzerland): 1 mg/m³; STEL: 2 mg/m³]

INGREDIENT DATA

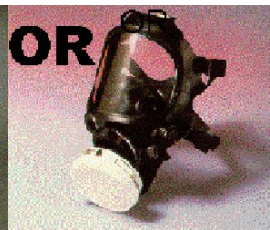
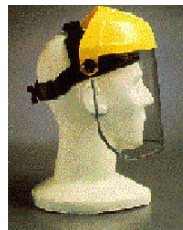
PHOSPHORIC ACID:

The saturated vapour concentration of phosphoric acid exceeds the TLV.

The TLV-TWA is based by analogy from comparable experience and data for sulfuric acid. Exposure at or below this limit is thought to prevent throat irritation amongst unacclimatised workers.

Fumes of phosphorus pentoxide at concentrations between 0.8 and 5.4 mg/m³ were reported to be noticeable but not uncomfortable whilst concentrations between 3.6 and 11.3 mg/m³ produced coughing in unacclimatised workers but were tolerable. Concentrations of 100 mg/m³ were unbearable except in inured workers.

PERSONAL PROTECTION



OR

EYE

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

OTHER

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

RESPIRATOR

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

continued...

PHOSPHOROUS PENTOXIDE

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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	B- AUS P	-
1000	50	-	B- AUS P
5000	50	Airline *	-
5000	100	-	B- 2 P
10000	100	-	B- 3 P
	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 your
Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:

solvent, vapours, degreasing etc., evaporating from tank (in still air).
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation) direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).

Air Speed:

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

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

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

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

Within each range the appropriate value depends on:

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

continued...

PHOSPHOROUS PENTOXIDE

GHS Safety Data Sheet

Version No:3

Page 10 of 16

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

Soft, deliquescent white powder with slight phosphorous-like odour.
Readily absorbs moisture from the air with avidity forming meta-, pyro- or ortho-phosphoric acid, depending upon amount of water absorbed and upon conditions of absorption.
Soluble in sulfuric acid: insoluble in acetone and ammonia.
Violent exothermic reaction with water.

PHYSICAL PROPERTIES

Solid.
Corrosive.
Acid.
Reacts violently with water.

Molecular Weight: 141.96
Melting Range (°C): 580- 585
Solubility in water (g/L): Reacts violently
pH (1% solution): <7
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): >300 (sublimes)
Specific Gravity (water=1): 2.39
pH (as supplied): Not applicable
Vapour Pressure (kPa): Not applicable.
Evaporation Rate: Not applicable
Flash Point (°C): Not applicable
Upper Explosive Limit (%): Not applicable
Decomposition Temp (°C): Not Available
Viscosity: Not Applicable

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

Contact with alkaline material liberates heat.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

The material can produce severe chemical burns within the oral cavity and gastrointestinal tract following ingestion.
Accidental ingestion of the material may be damaging to the health of the individual.
Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate

continued...

PHOSPHOROUS PENTOXIDE

Section 11 - TOXICOLOGICAL INFORMATION

pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal.

Phosphates are slowly and incompletely absorbed from the gastrointestinal tract and are unlikely (other than in abuse) to produce the systemic effects which occur when introduced by other routes. Such effects include vomiting, lethargy, fever, diarrhoea, falls in blood pressure, slow pulse, cyanosis, carpal spasm, coma and tetany. These effects result following sequestration of blood calcium.

Ingestion of large amounts of phosphate salts (over 1 gm for an adult) may produce osmotic catharsis resulting in diarrhoea and probably, abdominal cramp. Large doses (4-8 gm) will almost certainly produce these effects in most individuals. Most of the ingested salt will be excreted in the faeces of healthy individuals without producing systemic toxicity. Doses in excess of 10 gm may produce systemic toxicity.

EYE

The material can produce severe chemical burns to the eye following direct contact.

Vapours or mists may be extremely irritating.

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

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

SKIN

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

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

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

- produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or
- produces significant, but moderate, 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.

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

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.

PHOSPHOROUS PENTOXIDE

Section 11 - TOXICOLOGICAL INFORMATION

INHALED

Inhalation of dusts, generated by the material, during the course of normal handling, may produce toxic effects.

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

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

CHRONIC HEALTH EFFECTS

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

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

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.

Dogs given daily doses of sodium phosphate dibasic for 9-22 weeks showed calcium deposits in the kidneys (nephrocalcinosis) with disseminated atrophy of the proximal tubule.

Animals fed on sodium phosphate dibasic and potassium dihydrogen phosphate, in both short - and long-term studies, showed increased bone porosity; hyperparathyroidism and soft tissue calcification were also evident.

TOXICITY AND IRRITATION

TOXICITY

Inhalation (rat) LC50: 1217 mg/m³/1h

Inhalation (Rabbit) LC: 5000 mg/m³/2h

IRRITATION

Eye: SEVERE

Skin : 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 cause 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) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

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

continued...

PHOSPHOROUS PENTOXIDE

Section 11 - TOXICOLOGICAL INFORMATION

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.

PHOSPHORIC ACID:

TOXICITY

Unreported (human) LDLo: 220 mg/kg

Oral (rat) LD50: 1530 mg/kg

Oral (rat) LD50: 3500 mg/kg* [Monsanto]*

Dermal (rabbit) LD50: >1260 mg/kg*

IRRITATION

Skin (rabbit):595 mg/24h - SEVERE

Eye (rabbit): 119 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.

phosphoric acid (85%)

Section 12 - ECOLOGICAL INFORMATION

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

DO NOT discharge into sewer or waterways.

Reacts with water. After reaction, harmful effect on aquatic organisms.

Aquatic organisms LC50: 100 mg/l/96h

Refer to data for ingredients, which follows:

PHOSPHORIC ACID:

Fish LC50 (96hr.) (mg/l): 138

The principal problems of phosphate contamination of the environment relates to eutrophication processes in lakes and ponds. Phosphorus is an essential plant nutrient and is usually the limiting nutrient for blue-green algae. A lake undergoing eutrophication shows a rapid growth of algae in surface waters. Planktonic algae cause turbidity and flotation films. Shore algae cause ugly muddying, films and damage to reeds. Decay of these algae causes oxygen depletion in the deep water and shallow water near the shore. The process is self-perpetuating because anoxic conditions at the sediment/water interface causes the release of more adsorbed phosphates from the sediment. The growth of algae produces undesirable effects on the treatment of water for

continued...

PHOSPHOROUS PENTOXIDE

Section 12 - ECOLOGICAL INFORMATION

drinking purposes, on fisheries, and on the use of lakes for recreational purposes.

On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and /or delayed, to the structure and/ or functioning of natural ecosystems.

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

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.

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 : Mixing or slurring in water; Neutralisation with soda-lime or soda-ash followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.

For small quantities:

- Neutralise an aqueous solution of the material.
- Filter solids for disposal to approved land fill.
- Flush solution to sewer (subject to local regulation)
- Heat and fumes evolved during reaction may be controlled by rate of addition.
- 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 phosphorus pentoxide in a labelled container for recycling or disposal. Wear nitrile rubber gloves, protective clothing and eye protection to control personal contact. Work in a well ventilated area, and place the phosphorus pentoxide in a large evaporating dish and cover with excess solid sodium carbonate or calcium carbonate. Add the contents to a container of cold water. Allow to stand 24 hours. Test the pH of the solution, neutralise if necessary with sodium carbonate or 5% sodium hydroxide solution. Empty the solution into the drain with water [Armour 1996].

SPILLAGE DISPOSAL

- Wear nitrile rubber gloves, protective clothing, eye protection, face shield and if necessary a self contained breathing apparatus. Cover and contain the spill with a 1:1:1 mixture by weight of sodium carbonate or calcium carbonate, bentonite and sand. Collect the mixture in a plastic container and work in a

PHOSPHOROUS PENTOXIDE

GHS Safety Data Sheet

Version No:3

Page 15 of 16

Section 13 - DISPOSAL CONSIDERATIONS

well ventilated area. Allow to stand for 24 hours. Test the pH of the solution and neutralise with sodium carbonate. Empty the liquid into the drain with water. Treat the solid residue as normal refuse [Armour 1996].

Section 14 - TRANSPORTATION INFORMATION



Labels Required: CORROSIVE
HAZCHEM: 4W

UNDG:

Dangerous Goods Class: 8
UN Number: 1807
Shipping Name: PHOSPHORUS PENTOXIDE

Subrisk: None
Packing Group: II

Air Transport IATA:

ICAO/IATA Class: 8
UN/ID Number: 1807
ERG Code: 8W
Shipping name: PHOSPHORUS PENTOXIDE

ICAO/IATA Subrisk: None
Packing Group: II

Maritime Transport IMDG:

IMDG Class: 8
UN Number: 1807
EMS Number: F- A, S- B
Shipping name: PHOSPHORUS PENTOXIDE

IMDG Subrisk: None
Packing Group: II

Section 15 - REGULATORY INFORMATION

REGULATIONS

phosphorus pentoxide (CAS: 1314-56-3) is found on the following regulatory lists;
International Council of Chemical Associations (ICCA) - High Production Volume List
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for phosphorus pentoxide as CAS: 59778-57-3, CAS: 50811-86-4, CAS: 24377-84-2, CAS: 72906-42-4.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
phosphorus pentoxide	1314- 56- 3, 59778- 57- 3, 50811- 86- 4, 24377-

continued...

PHOSPHOROUS PENTOXIDE

GHS Safety Data Sheet

Version No:3

Page 16 of 16

Section 16 - OTHER INFORMATION

phosphoric acid

84- 2, 72906- 42- 4

7664- 38- 2, 28602- 75- 7, 178560- 73- 1

The above information is believed to be accurate and represent the best information currently available to us, but does not represent any warranty expressed or implied of the properties of the product. User should make their own investigation to determine the suitability of the information for their particular purpose.

Issue Date: 26-Jul-2017