

POTASSIUM HYDROGEN DIFLUORIDE

GHS Safety Data Sheet

Version No:4

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

POTASSIUM HYDROGEN DIFLUORIDE

OTHER NAMES

KHF₂, "potassium fluoride acid", "potassium acid fluoride", "hydrogen potassium fluoride", "potassium hydrogen fluoride", "potassium monohydrogen difluoride"

PROPER SHIPPING NAME

POTASSIUM HYDROGEN DIFLUORIDE SOLID

PRODUCT USE

Production of pure potassium fluoride; electrolyte in fluorine manufacture; frosting and etching of glass; treating coal to prevent slag formation; silver solder flux; catalyst in alkylation of benzene.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

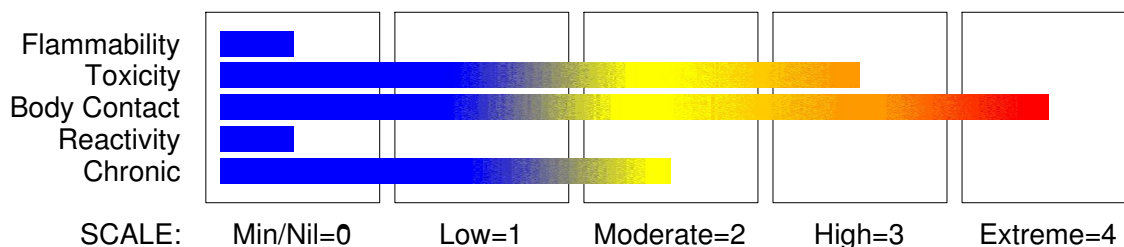
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 3

Metal Corrosion Category 1

Skin Corrosion/Irritation Category 1B

continued...

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Section 2 - HAZARDS IDENTIFICATION



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H301 H332 H290 H314

Toxic if swallowed

Harmful if inhaled

May be corrosive to metals

Causes severe skin burns and eye damage

PRECAUTIONARY STATEMENTS

Prevention

Wash hands thoroughly after handling.

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

Do not breathe dust or mist.

Wash thoroughly after handling.

Use only outdoors or in a well ventilated area.

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

Wear protective gloves/clothing and eye/face protection.

Response

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

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

Immediately call a POISON CENTER or doctor/physician.

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

Absorb spillage to prevent material damage.

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.

Specific treatment: refer to Label or MSDS.

Wash contaminated clothing before reuse.

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

Storage

Store in a corrosive resistant container with a resistant inliner.

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME
potassium bifluoride

CAS RN
7789-29-9

%
>98

continued...

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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 there is evidence of severe skin irritation or skin burns:

- Avoid further contact. Immediately remove contaminated clothing, including footwear.
- Flush skin under running water for 15 minutes.
- Avoiding contamination of the hands, massage calcium gluconate gel into affected areas, pay particular attention to creases in skin.
- Contact the Poisons Information Centre.
- Continue gel application for at least 15 minutes after burning sensation ceases.
- If pain recurs, repeat application of calcium gluconate gel or apply every 20 minutes.
- If no gel is available, continue washing for at least 15 minutes, using soap if available. If patient is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth.
- Transport to hospital, or doctor, urgently.

INHALED

For massive exposures:

- If dusts, vapours, aerosols, 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.
- If victim is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth.
- Transport to hospital, or doctor, urgently.
- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.

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Section 4 - FIRST AID MEASURES

- 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 corrosives:

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.
- Where eyes have been exposed, flush immediately with water and continue to irrigate with normal saline during transport to hospital.
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- Skin burns should be covered with dry, sterile bandages, following decontamination.
- DO NOT attempt neutralisation as exothermic reaction may occur.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Consider endoscopy to evaluate oral injury.
- Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

For acute or short term repeated exposures to fluorides:

- Fluoride absorption from gastro-intestinal tract may be retarded by calcium salts, milk or antacids.
- Fluoride particulates or fume may be absorbed through the respiratory tract with 20-30% deposited at alveolar level.
- Peak serum levels are reached 30 mins. post-exposure; 50% appears in the urine within 24 hours.
- For acute poisoning (endotracheal intubation if inadequate tidal volume), monitor breathing and evaluate/monitor blood pressure and pulse frequently since shock may

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Section 4 - FIRST AID MEASURES

supervene with little warning. Monitor ECG immediately; watch for arrhythmias and evidence of Q-T prolongation or T-wave changes. Maintain monitor. Treat shock vigorously with isotonic saline (in 5% glucose) to restore blood volume and enhance renal excretion.

· Where evidence of hypocalcaemic or normocalcaemic tetany exists, calcium gluconate (10 ml of a 10% solution) is injected to avoid tachycardia.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
Fluorides in urine	3 mg/gm creatinine	Prior to shift	B, NS
	10mg/gm creatinine	End of shift	B, NS

B: Background levels occur in specimens collected from subjects NOT exposed

NS: Non-specific determinant; also observed after exposure to other exposures.

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

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn.
- Decomposition may produce toxic fumes of: hydrogen fluoride.
May emit corrosive fumes.

FIRE INCOMPATIBILITY

None known.

Personal Protective Equipment

Gas tight chemical resistant suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.

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Section 6 - ACCIDENTAL RELEASE MEASURES

- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place in clean drum then flush area with water.

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

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.
- **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

- 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

Contact with acids produces toxic fumes.
Reacts with metals producing flammable / explosive hydrogen gas.

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Section 7 - HANDLING AND STORAGE

Dangerous goods of other classes.

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.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

O: May be stored together with specific precautions

X: Must not be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

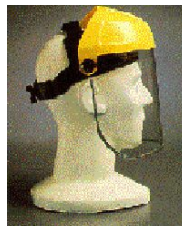
- potassium bifluoride:

CAS:7789- 29- 9

MATERIAL DATA

Based on a study in which the threshold for minimum increase in bone density due to fluoride exposure was 3.38 mg/m³ (as fluoride), the present TLV-TWA has been adopted to prevent irritant effects and disabling bone changes. There is also support for the proposition that occupational exposure below the TLV will have no adverse effect on pregnant women or off-spring. IARC has classified fluorides in drinking water as Group 3 carcinogens; i.e. Not classifiable as to its carcinogenicity to humans. Equivocal evidence of carcinogenic activity (osteosarcoma) has been found in male rats administered sodium fluoride in drinking water. (0-175 ppm) Evidence was not found in female rats or in male or female mice.

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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

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.

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

Air Speed:
0.25- 0.5 m/s (50- 100 f/min.)
0.5- 1 m/s (100- 200 f/min.)

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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).

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

White powder of crystals. Soluble in cold water, insoluble in alcohol (absolute), soluble in dilute alcohol. Decomposed by heat or acids, evolving HF (hydrofluoric acid fume). In presence of moisture, corrosive to glass, siliceous materials and most metals.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Corrosive.

Molecular Weight: 78.10

Melting Range (°C): Decomposes

Solubility in water (g/L): Miscible

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): Decomposes

Specific Gravity (water=1): 2.37

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not applicable.

Evaporation Rate: Not applicable

Flash Point (°C): Non combustible

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not available

Viscosity: Not available

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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.

Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.

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

Acute potassium poisonings following ingestion are rare because large doses usually induce vomiting and a healthy kidney ensures rapid excretion. Potassium poisoning disturbs the rhythm of the heart (a slow, weak pulse, heightened T waves on the ECG, arrhythmias heart block) and eventually produces a fall in blood pressure (due to weakened cardiac contractility). Respiration is initially accelerated but skeletal muscle weakness may bring to the stage of paralysis. Orally poisoned animals die from respiratory failure, sometimes following convulsion and gastroenteritis, dehydration of organs and early kidney damage (renal tubular necrosis). Survivors may develop loss of appetite (anorexia), excessive thirst (polydipsia), increase volumes of urine (polyuria), fever, convulsive movements and gastric disturbances within the first 24 hours; rapid recovery occurs thereafter.

Fluoride is a general protoplasmic poison which appears to produce at least four major functional derangements;

(1) enzyme inhibition, (2) hypocalcaemia, (3) cardiovascular collapse and (4) specific organ damage.

Hypocalcaemia which leads to severe reductions in plasma levels of both total calcium and ionic calcium, may appear several hours after exposure producing painful and involuntary muscular contractions (tetany) initially of the extremities (carpopedal spasm, twitching of limb muscles, laryngo-spasm, cardiospasm etc). Cardiovascular collapse is probably the principal cause of death in acute fluoride poisoning with sinus tachycardia the commonest cardiac finding and serious cardiac arrhythmias also common. Poisonings also cause major adverse effects on the brain and kidneys.

Toxic effects may include headache, excessive salivation, rapid movements of the eyeball (nystagmus) and dilated pupils. Convulsions may occur but lethargy, stupor and coma are more common. Renal pathology (acute congestion) has been described in human casualties.

EYE

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

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

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Section 11 - TOXICOLOGICAL INFORMATION

are present twenty-four hours or more after instillation.

SKIN

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

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

The skin is readily penetrated by the fluoride ion causing liquefaction necrosis of the soft tissues and decalcification and corrosion of bone. Healing is delayed and necrotic changes may continue to occur and spread beneath a layer of tough coagulated 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 produce serious damage to the health of the individual.

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.

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

Acute effects of fluoride inhalation include irritation of nose and throat, coughing and chest discomfort.

A single acute over-exposure may even cause nose bleed. Pre-existing respiratory conditions such as emphysema, bronchitis may be aggravated by exposure. Occupational asthma may result from exposure.

CHRONIC HEALTH EFFECTS

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

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.

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.

Long term exposure to vapour or dust with inorganic fluorides may result in fluorosis, with rheumatic symptoms, stiff joints, mottling of tooth enamel. Other signs may include nausea, vomiting, anorexia, diarrhoea or constipation, weight loss, anaemia, weakness and general ill-health. Polyuria and polydipsia may also occur. Exfoliative dermatitis, atopic dermatitis, stomatitis, gastrointestinal and respiratory allergy, and on occasions , central nervous system involvement have all been described.

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Section 11 - TOXICOLOGICAL INFORMATION

TOXICITY AND IRRITATION

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

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 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.

No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

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

DO NOT discharge into sewer or waterways.

Section 13 - DISPOSAL CONSIDERATIONS

For small quantities:

- Cautiously dissolve in water
- Neutralise with sodium carbonate or if product does not dissolve completely add a small quantity of hydrochloric acid followed by sodium carbonate
- Add excess calcium chloride to precipitate the fluoride and/ or carbonate
- Remove solids to site approved for hazardous waste.
- 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.
- 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.

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Section 14 - TRANSPORTATION INFORMATION



Labels Required: CORROSIVE, TOXIC
HAZCHEM: 2X

UNDG:

Dangerous Goods Class:	8	Subrisk:	6.1
UN Number:	1811	Packing Group:	II
Shipping Name: POTASSIUM HYDROGEN DIFLUORIDE SOLID			

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	6.1
UN/ID Number:	1811	Packing Group:	II
Special provisions:	None		
Shipping Name: POTASSIUM HYDROGEN DIFLUORIDE, SOLID			

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	6.1
UN Number:	1811	Packing Group:	II
EMS Number:	F- A, S- B	Special provisions:	None
Shipping Name: POTASSIUM HYDROGEN DIFLUORIDE, SOLID			

Section 15 - REGULATORY INFORMATION

REGULATIONS

potassium bifluoride (CAS: 7789-29-9) is found on the following regulatory lists;
The Australia Group Export Control List: Chemical Weapons Precursors

Section 16 - OTHER INFORMATION

MSDS SECTION CHANGES

The following table displays the version number of and date on which each section was last changed.

Section Name	Version	Date	Section Name	Version	Date	Section Name	Version	Date
Advice to Doctor	4	22- Jun- 2006	Handling Procedure	4	22- Jun- 2006	Instability Condition	4	22- Jun- 2006
First Aid (eye)	4	22- Jun- 2006	Storage (storage incompatibility)	4	22- Jun- 2006	Acute Health (eye)	4	22- Jun- 2006
First Aid (inhaled)	4	22- Jun- 2006	Storage (storage requirement)	4	22- Jun- 2006	Acute Health (inhaled)	4	22- Jun- 2006
First Aid (swallowed)	4	22- Jun- 2006	Storage (suitable container)	4	22- Jun- 2006	Acute Health (skin)	4	22- Jun- 2006
Fire Fighter (extinguishing media)	4	22- Jun- 2006	Engineering Control	4	22- Jun- 2006	Acute Health (swallowed)	4	22- Jun- 2006
Fire Fighter (fire fighting)	4	22- Jun- 2006	Personal Protection (eye)	4	22- Jun- 2006	Chronic Health	4	22- Jun- 2006
Fire Fighter (fire incompatibility)	4	22- Jun- 2006	Personal Protection (hands/feet)	4	22- Jun- 2006	Toxicity and Irritation (Other)	4	22- Jun- 2006

continued...

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Section 16 - OTHER INFORMATION

Fire Fighter (fire/explosion hazard)	4	22- Jun- 2006	Personal Protection (other)	4	22- Jun- 2006	Environmental	4	22- Jun- 2006
Spills (major)	4	22- Jun- 2006	Appearance	4	22- Jun- 2006	Disposal	4	22- Jun- 2006
Spills (minor)	4	22- Jun- 2006	Physical Properties	4	22- Jun- 2006	Transport	4	22- Jun- 2006

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: 22-Jun-2018