

# QUINOL

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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

**PRODUCT NAME**  
QUINOL

### OTHER NAMES

C<sub>6</sub>H<sub>6</sub>-O<sub>2</sub>, "C<sub>6</sub>H<sub>4</sub>-1, 4-(OH)<sub>2</sub>", "C<sub>6</sub>H<sub>4</sub>-1, 4-(OH)<sub>2</sub>", "benzene, p-dihydroxy-",  
"1, 4 - dihydroxybenzene", p-benzenediol, "pyrogentic acid"

### PROPER SHIPPING NAME

ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S.  
(contains hydroquinone)

### PRODUCT USE

Used as a photographic reducer and developer; as reagent in the  
determination of small quantities of phosphate; as antioxidant.

### SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

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

MUMBAI- 400030.INDIA.

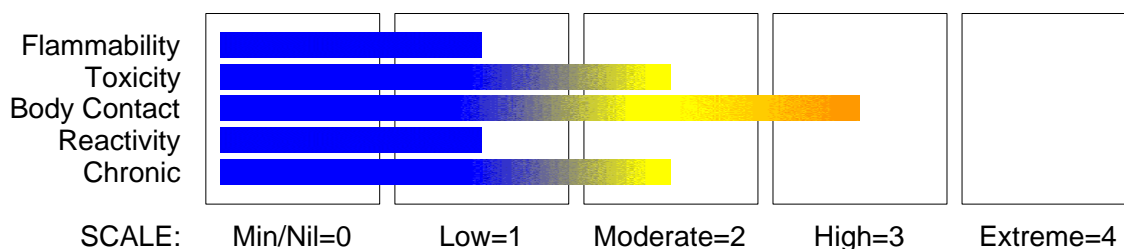
technical@sdfine.com

Telephone: 91- 22- 24959898

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### HAZARD RATINGS



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## Section 2 - HAZARDS IDENTIFICATION

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### GHS Classification

Acute Aquatic Hazard Category 1  
Acute Toxicity (Oral) Category 2  
Carcinogen Category 2  
Respiratory Irritation Category 3  
Serious Eye Damage Category 1  
Skin Corrosion/Irritation Category 2  
Skin Sensitizer Category 1



### EMERGENCY OVERVIEW

#### HAZARD

DANGER

Determined by using GHS criteria:

H335 H300 H315 H317 H351 H318 H400

May cause respiratory irritation

Fatal if swallowed

Causes skin irritation

May cause allergic skin reaction

Suspected of causing cancer

Causes serious eye damage

Very toxic to aquatic life

#### PRECAUTIONARY STATEMENTS

##### Prevention

Contaminated clothing should not be allowed out of the workplace.

Wash thoroughly after handling.

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

Use personal protective equipment as required.

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

Obtain special instructions before use.

Wash hands thoroughly after handling.

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

##### Response

Wear eye/face protection.

If skin irritation occurs, seek medical advice/attention.

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

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

If exposed or concerned: Get medical attention advice.

If eye irritation persists, get medical advice/attention.

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

Wash/Decontaminate removed clothing before reuse.

Remove/Take off immediately all contaminated clothing

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## Section 2 - HAZARDS IDENTIFICATION

Immediately call a POISON CENTER or doctor/physician.  
Wash contaminated clothing before reuse.  
IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.  
Specific treatment: refer to Label or MSDS.

### Storage

Store locked up.

### Disposal

Dispose of contents and container in accordance with relevant legislation.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
hydroquinone	123-31-9	>99

## 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:
- 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 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.

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## Section 4 - FIRST AID MEASURES

- 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

For acute or short term repeated exposures to phenols/ cresols:

- Phenol is absorbed rapidly through lungs and skin. [Massive skin contact may result in collapse and death]\*
  - [Ingestion may result in ulceration of upper respiratory tract; perforation of oesophagus and/or stomach, with attendant complications, may occur. Oesophageal stricture may occur.]\*
  - An initial excitatory phase may present. Convulsions may appear as long as 18 hours after ingestion. Hypotension and ventricular tachycardia that require vasopressor and antiarrhythmic therapy, respectively, can occur.
  - Respiratory arrest, ventricular dysrhythmias, seizures and metabolic acidosis may complicate severe phenol exposures so the initial attention should be directed towards stabilisation of breathing and circulation with ventilation, intubation, intravenous lines, fluids and cardiac monitoring as indicated.
  - [Vegetable oils retard absorption; do NOT use paraffin oils or alcohols. Gastric lavage, with endotracheal intubation, should be repeated until phenol odour is no longer detectable; follow with vegetable oil. A saline cathartic should then be given.]\*
- ALTERNATIVELY: Activated charcoal (1g/kg) may be given. A cathartic should be given after oral activated charcoal.
- Severe poisoning may require slow intravenous injection of methylene blue to treat methaemoglobinaemia.
  - [Renal failure may require haemodialysis.]\*
  - Most absorbed phenol is biotransformed by the liver to ethereal and glucuronide sulfates and is eliminated almost completely after 24 hours. [Ellenhorn and Barceloux: Medical Toxicology] \*[Union Carbide]

### BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
1. Total phenol in blood	250 mg/gm creatinine	End of shift	B, NS

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

NS: Non-specific determinant; also seen in exposure to other materials.

## Section 5 - FIRE FIGHTING MEASURES

### EXTINGUISHING MEDIA

- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.
- Water spray or fog - Large fires only.

### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.

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## Section 5 - FIRE FIGHTING MEASURES

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

- Combustible solid which burns but propagates flame with difficulty.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.
- All movable parts coming in contact with this material should have a speed of less than 1-meter/sec.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO<sub>2</sub>), other pyrolysis products typical of burning organic material.

### FIRE INCOMPATIBILITY

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

### Personal Protective Equipment

Gas tight chemical resistant suit.

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## Section 6 - ACCIDENTAL RELEASE MEASURES

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### 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.

#### 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

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## Section 6 - ACCIDENTAL RELEASE MEASURES

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:

hydroquinone 50 mg/m<sup>3</sup>

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

hydroquinone 20 mg/m<sup>3</sup>

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

hydroquinone 3 mg/m<sup>3</sup>

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

hydroquinone 2 mg/m<sup>3</sup>

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

**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.
- 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

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

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## Section 7 - HANDLING AND STORAGE

### STORAGE INCOMPATIBILITY

Avoid strong bases.

- Phenols are incompatible with strong reducing substances such as hydrides, nitrides, alkali metals, and sulfides.
- Avoid use of aluminium, copper and brass alloys in storage and process equipment.
- Heat is generated by the acid-base reaction between phenols and bases.
- Phenols are sulfonated very readily (for example, by concentrated sulfuric acid at room temperature), these reactions generate heat.
- Phenols are nitrated very rapidly, even by dilute nitric acid.
- Nitrated phenols often explode when heated. Many of them form metal salts that tend toward detonation by rather mild shock.

Avoid reaction with oxidising agents.

### STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.

### 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

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

The following materials had no OELs on our records

- hydroquinone: CAS:123- 31- 9

### EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
hydroquinone	50	

### MATERIAL DATA

The recommended TLV-TWA takes into account the toxicology of hydroquinone and experience of industrial exposures to benzenediols. Exposure at or below the limit is thought to minimise the risk to workers of eye injury, dermatitis and central nervous system effects. A short-term duration exposure value has not been recommended, because no quantitative data as to the levels of hydroquinone which produce eye irritation or more serious corneal changes has been identified.

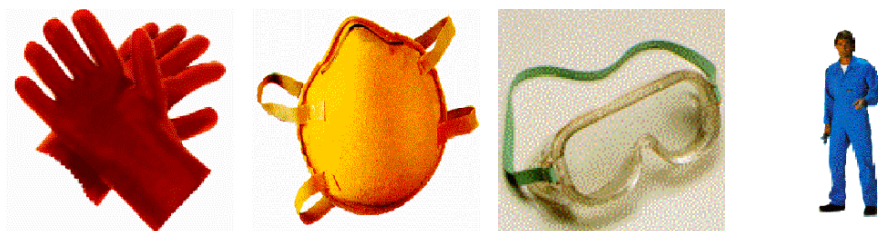
### PERSONAL PROTECTION

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## Section 8 - EXPOSURE CONTROLS / 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.

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.

### GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

" Forsberg Clothing Performance Index" .

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

Protective Material

NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NEOPRENE	A
NEOPRENE/NATURAL	A
NITRILE	A
PVC	A

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

### RESPIRATOR

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 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.
- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- 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
- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently remove the contaminant.

Type of Contaminant:	Air Speed:
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1- 2.5 m/s (200- 500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

White crystalline solid. Solubility in water: moderate (7g/100ml @ 25 C).

Freely soluble in alcohol, ether, slightly in benzene.

Oxidises in the air becoming brown; this is rapid in presence of alkali.

Very weak acid; pka = 10.35

### PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Molecular Weight: 110.11

Melting Range (°C): 173- 4

Solubility in water (g/L): Partly miscible

pH (1% solution): Very weak acid.

Volatile Component (%vol): Nil @ 38 C.

Relative Vapour Density (air=1): 3.81

Lower Explosive Limit (%): Not available.

Autoignition Temp (°C): 516

State: Divided solid

Boiling Range (°C): 285

Specific Gravity (water=1): 1.328

pH (as supplied): Not applicable

Vapour Pressure (kPa): 0.133 @ 132.4 C

Evaporation Rate: Non Volatile

Flash Point (°C): 165

Upper Explosive Limit (%): Not available.

Decomposition Temp (°C): Not Available

Viscosity: Not Applicable

log Kow: 0.5-0.59

## Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

### CONDITIONS CONTRIBUTING TO INSTABILITY

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

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## Section 11 - TOXICOLOGICAL INFORMATION

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### 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.

Some phenol derivatives may produce mild to severe damage within the gastrointestinal tract. Absorption may result in profuse perspiration, intense thirst, nausea, vomiting, diarrhoea, cyanosis (following the formation of methaemoglobin), hyperactivity, stupor, falling blood pressure, hypernea, abdominal pain, haemolysis, convulsions, coma and pulmonary oedema followed by pneumonia. Respiratory failure and kidney damage may follow. Severe phenol ingestions cause hypotension, coma, ventricular dysrhythmias, seizures and white coagulative chemical burns.

Phenol does not uncouple oxidative phosphorylation like dinitrophenol and pentachlorophenol and thus does not cause a heat exhaustion-like syndrome. Phenolic groups with ortho and para positions free from substitution are reactive; this is because the ortho and para positions on the aromatic ring are highly activated by the phenolic hydroxyl group and are therefore readily substituted.

##### EYE

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

Some phenol derivatives may produce mild to severe eye irritation with redness, pain and blurred vision. Permanent eye injury may occur; recovery may also be complete or partial.

##### SKIN

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

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

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

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

Phenol and some of its derivatives may produce mild to severe skin irritation on repeated or prolonged contact, producing second and third degree chemical burns. Rapid cutaneous absorption may lead to systemic toxicity affecting the cardiovascular and central nervous system. Absorption through the skin may result in profuse perspiration, intense thirst, nausea, vomiting, diarrhoea, cyanosis (following the formation of methaemoglobin), hyperactivity, stupor, falling blood pressure, hyperpnoea, abdominal pain, haemolysis, convulsions, coma and pulmonary oedema followed by pneumonia. Respiratory failure and kidney damage may follow.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may

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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 may produce health damage\*.

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.

Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant 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.

Pulmonary absorption may lead to systemic toxicity affecting the cardiovascular and central nervous system. Inhalation of phenol and some of its derivatives may produce profuse perspiration, intense thirst, nausea, vomiting, diarrhoea, cyanosis, hyperactivity, stupor, falling blood pressure, hyperpnoea, abdominal pain, haemolysis, convulsions, coma and pulmonary oedema with pneumonia. Respiratory failure and kidney damage may follow. Phenols may exhibit local anaesthetic properties and, in general, are central nervous system depressants at high concentrations. The dihydroxy derivatives act as simple phenols but their effects are largely limited to local irritation. Trihydroxy derivatives may reduce the oxygen content of blood at sufficient exposure levels. Methyl phenols (cresols) typically do not pose significant inhalation hazards due to relatively low vapour pressures and objectionable odours. Substituted phenols produce similar effects to phenol although such effects may only be evident at high levels of exposure. Alkyl substitution tends to increase toxicity.

## CHRONIC HEALTH EFFECTS

Prolonged exposure to some derivatives of phenol may produce dermatitis, anorexia, weight loss, weakness, muscle aches and pain, liver damage, dark urine, ochronosis, skin eruptions, diarrhoea, nervous disorders with headache, salivation, fainting, increased skin and scleral pigmentation, vertigo and mental disorders. Liver and kidney damage may also ensue. Chronic phenol toxicity was first noted in medical personnel in the late 1800s when 5 and 10% phenol was used as a skin disinfectant. The term carbolic (phenol) marasmus was given to this syndrome.

Addition of structurally related phenolic compounds to the diet of Syrian golden hamsters induced forestomach hyperplasia and tumours. These compounds included 2(3)-tert-butyl-4-methoxyphenol (BHA) (CAS RN: 25013-16-5), 2-tert-butyl-4-methylphenol (TBMP) (29759-28-2) and p-tert-butylphenol (PTBP) (98-54-4); less active were catechol (154-23-4), p-methylphenol (331-39-5), methylhydroquinone (MHQ) (95-71-6) and pyrogallol (87-66-1), whilst no activity was seen with resorcinol (108-46-3), hydroquinone (123-31-9), propylparaben (94-13-3) and tert-butylhydroquinone (TBHQ) (1948-33-0).

In autoradiographic studies, intake of BHA, TBMP, catechol, PMOP, PTBP and MHQ resulted in a significant increase in the labelling index of the forestomach epithelium, whilst PMOP induced epithelial damage and pyloric regenerative hyperplasia. Catechol, CA and PYMP induced similar but less marked alterations. Both catechol and PMOP increased the labelling index in the glandular stomach. The urinary bladder was free from histo-pathological lesions, but propylparabene, catechol, TBHQ and MHQ increased the labelling index. The authors of this study concluded that long term administration of PTBP and TBMP may be carcinogenic for hamster forestomach and that both 1-hydroxy and tert-butyl substituents may play a role in the induction of forestomach tumours.

Hiros, M., et al: Carcinogenesis, Vol 7, pp 1285-1289; 1986.

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.

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

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.

Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of

appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.

Characteristic eye injuries are common amongst workers exposed during the manufacture of hydroquinone. The injuries develop over a number of years and consist of corneal changes in the curvature of the lens long after exposure has ceased after staining and pigmentation of the cornea

has disappeared. Quinone, an agent used in the manufacture of hydroquinone, is thought to be the causative agent while hydroquinone dusts are thought to contribute to the injury.

Dermal exposure results from use of cosmetic skin lighteners containing hydroquinone. EEC countries have restricted content to 2% or less.

USFDA proposes 1.5 to 2.0% as limits. Some countries allow more. Mice implanted with hydroquinone-containing pellets showed a significant increase in the incidence of urinary bladder carcinomas. Skin painting studies failed to confirm the role of hydroquinone as a tumour-initiator.

A further study concluded that hydroquinone had a weak inhibitory action on the carcinogenicity of topical benz[a]pyrene in mouse skin.

When rats and mice received hydroquinone by gavage in drinking water in a two-year study, high dose male rats showed greater relative kidney weight and increased severity of nephropathy whilst high dose female rats showed decreased haematological indices. Relative liver weights were increased for dosed males and high dose-female mice. Thyroid gland follicular cell hyperplasia was observed in male and female mice whilst hepatic proliferative lesions were seen in male mice. Renal tubular cell adenomas were seen in male rats. Mononuclear cell leukaemia was seen in female rats. The incidence of hepatocellular neoplasms (primarily adenomas) was increased in dosed female mice.

## TOXICITY AND IRRITATION

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

### TOXICITY

Oral (human) LDLo: 29 mg/kg  
Oral (human) TDLo: 170 mg/kg  
Oral (rat) LD50: 320 mg/kg

### IRRITATION

Skin (human): 2% - Mild  
Skin (human): 5% - SEVERE

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.

continued...

## Section 11 - TOXICOLOGICAL INFORMATION

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.

The substance is classified by IARC as Group 3:

NOT classifiable as to its carcinogenicity to humans.

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

## Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant: Not Determined

Environmental toxicity is a function of the n-octanol/ water partition coefficient (log Pow, log Kow). Phenols with log Pow >7.4 are expected to exhibit low toxicity to aquatic organisms. However the toxicity of phenols with a lower log Pow is variable, ranging from low toxicity (LC50 values >100 mg/l) to highly toxic (LC50 values <1 mg/l) dependent on log Pow, molecular weight and substitutions on the aromatic ring. Dinitrophenols are more toxic than predicted from QSAR estimates. Hazard information for these groups is not generally available.

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.

The material is classified as an ecotoxin\* because the Fish LC50 (96 hours) is less than or equal to 0.1 mg/l

\* Classification of Substances as Ecotoxic (Dangerous to the Environment)

Appendix 8, Table 1

Compiler's Guide for the Preparation of International Chemical Safety Cards: 1993

Commission of the European Communities.

log Kow: 0.5-0.59

Koc: 9-50

BOD 5: 0.478-1,25-37%

COD: 1.83,90%

ThOD: 1.89

BCF: 40-65

Toxicity Fish: tox(24) 0.86-25mg/L

Toxicity invertebrate: TLm(96) insct 0.316mg/L

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## 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.
- Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

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## Section 13 - DISPOSAL CONSIDERATIONS

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



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 hydroquinone)			

### Air Transport IATA:

ICAO/IATA Class:	9	ICAO/IATA Subrisk:	None
UN/ID Number:	3077	Packing Group:	III
Special provisions:	A97		
Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID N.O.S.			

### Maritime Transport IMDG:

IMDG Class:	9	IMDG Subrisk:	None
UN Number:	3077	Packing Group:	III
EMS Number:	F- A, S- F	Special provisions:	274 909 944
Marine Pollutant:	Not Determined		
Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S.			

## Section 15 - REGULATORY INFORMATION

### REGULATIONS

hydroquinone (CAS: 123-31-9) is found on the following regulatory lists;  
International Agency for Research on Cancer (IARC) Carcinogens  
OECD Representative List of High Production Volume (HPV) Chemicals

## Section 16 - OTHER INFORMATION

continued...

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## 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
First Aid (eye)	5	3- Jul- 2006	Storage (storage incompatibility)	6	16- Nov- 2006	Instability Condition	5	3- Jul- 2006
First Aid (skin)	5	3- Jul- 2006	Storage (storage requirement)	6	16- Nov- 2006	Acute Health (eye)	5	3- Jul- 2006
First Aid (swallowed)	5	3- Jul- 2006	Storage (suitable container)	6	16- Nov- 2006	Acute Health (inhaled)	5	3- Jul- 2006
Fire Fighter (extinguishing media)	5	3- Jul- 2006	Engineering Control	5	3- Jul- 2006	Acute Health (skin)	5	3- Jul- 2006
Fire Fighter (fire fighting)	6	16- Nov- 2006	Exposure Standard	4	23- Jun- 2005	Acute Health (swallowed)	5	3- Jul- 2006
Fire Fighter (fire incompatibility)	5	3- Jul- 2006	Personal Protection (eye)	5	3- Jul- 2006	Chronic Health	6	16- Nov- 2006
Fire Fighter (fire/explosion hazard)	6	16- Nov- 2006	Personal Protection (hands/feet)	5	3- Jul- 2006	Toxicity and Irritation (Other)	6	16- Nov- 2006
Spills (major)	6	16- Nov- 2006	Personal Protection (other)	6	16- Nov- 2006	Environmental	5	3- Jul- 2006
Spills (minor)	6	16- Nov- 2006	Appearance	6	16- Nov- 2006	Disposal	5	3- Jul- 2006
Handling Procedure	5	3- Jul- 2006	Physical Properties	5	3- Jul- 2006	Transport	6	16- Nov- 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: 16-Nov-2017