

SODIUM AZIDE

GHS Safety Data Sheet

Version No:3

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

SODIUM AZIDE

OTHER NAMES

Na-N₃, Azium, Kazoe, Smite

PROPER SHIPPING NAME

SODIUM AZIDE

PRODUCT USE

Used for air bag inflation; preservative in diagnostic medicinals; intermediate in explosives manufacture; in weed and fruit rot control.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

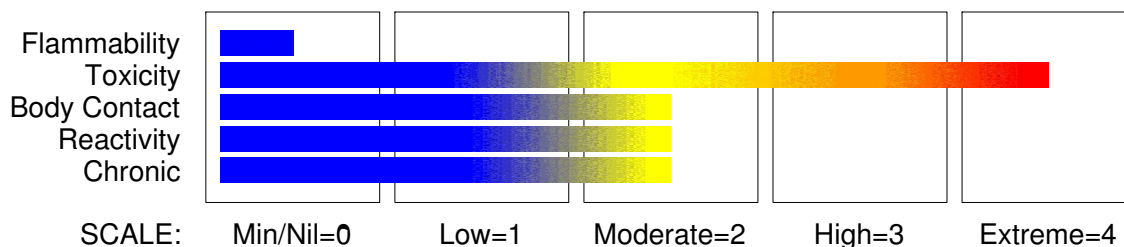
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Dermal) Category 1

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 2

Chronic Aquatic Hazard Category 1

Respiratory Irritation Category 3

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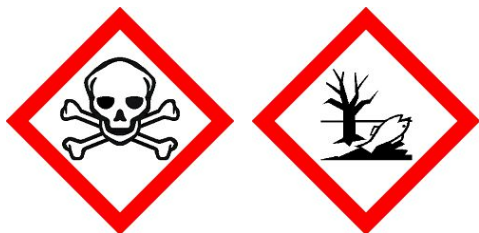
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Section 2 - HAZARDS IDENTIFICATION



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H335 H310 H300 H332 H410

May cause respiratory irritation

Fatal in contact with skin

Fatal if swallowed

Harmful if inhaled

Very toxic to aquatic life with long lasting effects

PRECAUTIONARY STATEMENTS

Prevention

Use only outdoors or in a well ventilated area.

Wash hands thoroughly after handling.

Wear protective gloves/clothing

Do not get in eyes, on skin or on clothing

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

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

Response

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

Wash/Decontaminate removed clothing before reuse.

Immediately call a POISON CENTER or doctor/physician.

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

Remove/Take off immediately all contaminated clothing

Specific treatment: refer to Label or MSDS.

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

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

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
sodium azide	26628-22-8	> 99

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Section 4 - FIRST AID MEASURES

SWALLOWED

For advice, contact a Poisons Information Centre or a doctor.

- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.

Transport to hospital or doctor and seek immediate medical attention.

If conscious, give water or a suspension of activated charcoal.

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 dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear breathing passages.
- Ask patient to rinse mouth with water but to not drink water.
- Seek immediate medical attention.

NOTES TO PHYSICIAN

Azide is an extremely potent direct acting vasodilator with a hypotensive dose of 0.2-0.4 ug/kg in humans. Acute human intoxications are characterised by profound hypotension unresponsive to pressor drugs. This response resembles that after sodium nitroprusside or sodium nitrite, but is more prolonged. Tachycardia, tachypnea, hypothermia, acidosis, convulsions and severe headaches are common. Several grams have produced collapse and death within 40 minutes. Pathologic findings were limited to the swelling of the brain and lungs and mild fatty degeneration of the liver. Like cyanide and hydrogen sulfide, azide stimulates carotid body chemoreceptors and inhibits haeme-type enzymes such as catalase, peroxidase and cytochrome oxidase.

If ingested, use p-aminopropiophenone as antidote.

[Manfr.]

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Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

Dry sand.

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

DO NOT use water.

FIRE FIGHTING

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).

Fight fire from a safe distance, with adequate cover.

DO NOT approach containers suspected to be hot.

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

Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

Pollutant.

WARNING: May EXPLODE on heating!!!.

Avoid creating dust - may present dust explosion hazard. Dry dust can be electrostatically charged by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport. Build-up of electrostatic charge may be prevented by grounding.

Personal Protective Equipment

Gas tight chemical resistant suit.

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

Pollutant

- 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 courses.
- Consider evacuation (or protect in place).
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Water spray or fog may be used to disperse / absorb vapour.
- Contain or absorb spill with sand, earth or vermiculite.

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Section 6 - ACCIDENTAL RELEASE MEASURES

- Collect recoverable product into labelled containers for recycling.
- 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:

sodium azide 12.5 mg/m³

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

sodium azide 0.29 mg/m³

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

sodium azide 0.29 mg/m³

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

sodium azide 0.29 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

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 overexposure 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 smoking, naked lights or ignition sources.
- When handling, DO NOT eat, drink or smoke.
- Avoid contact with incompatible materials.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Working clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing/handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

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Section 7 - HANDLING AND STORAGE

SUITABLE CONTAINER

Glass container is suitable for laboratory quantities.

- Polyethylene or polypropylene container.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Reacts vigorously with acids.

Avoid storage with strong oxidising agents, mineral acids, water, halogen acids and halogen compounds, barium carbonate, bromine, carbon disulfide, mercury, dimethyl sulfate, common metals, especially brass, copper, lead and silver, and benzoyl chloride plus potassium hydroxide.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- No smoking, naked lights or ignition sources.
- 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.

Keep dry.

Protect from light.

NOTE: If azides are poured down the drain they may accumulate in traps and react with lead and copper plumbing to form highly explosive compounds which may be detonated, inadvertently, by plumbers. On disposal, flush with large volumes of water to prevent azide build-up.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X



X



+



X



X



+

+: 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

- sodium azide: CAS:26628- 22- 8

MATERIAL DATA

Deaths due to sodium azide exposure are due to acute cardiovascular collapse, and central respiratory paralysis. Inhalation (or ingestion) produces dizziness, weakness, blurred vision, slight dyspnea, tachypnea, hypotension, tachycardia, acidosis, abdominal pain and spasms. Serious exposures produce polydipsia, leukocytosis, pulmonary oedema, bronchitis, convulsions, unconsciousness, and death. Solutions of sodium azide release hydrazoic acid which has the same degree of acute toxicity as the salt.

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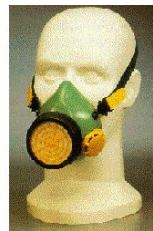
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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

Exposures must be controlled to very low levels to avoid hypotension. Estimation of a maximal intake of sodium azide over an 8-hour shift (assuming 10 m³ of air inhaled and a 75% retention) for a daily pulmonary absorption of 0.75 mg results in an ambient air concentration of 0.04 ppm (0.1 mg/m³). The permissible limits of exposure to both sodium and hydrogen azides are thought to incorporate a reasonable margin of safety against headache and other symptoms of systemic discomfort and are thought to be protective against significant changes in electrocardiogram readings and hypotension. An alert has been published by OSHA to highlight the fact that significant percutaneous absorption may occur and this route may contribute significantly to worker exposure.

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

Rubber gloves.
Wear physical protective gloves, eg. leather.
Safety footwear.

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	B P1 Air- line*	- -	B PAPR- P1 -
50 x ES	Air- line**	B P2	B PAPR- P2
100 x ES	-	B P3	-
		Air- line*	-
100+ x ES	-	Air- line**	B PAPR- P3

* - Negative pressure demand ** - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of

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SODIUM AZIDE

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25- 0.5 m/s (50- 100 f/min.)
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)	0.5- 1 m/s (100- 200 f/min.)
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:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	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.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Colourless hexagonal crystals with characteristic odour. Soluble in water and in liquid ammonia; hydrolyses in water to form hydrazoic acid. Slightly soluble in alcohol; insoluble in ether.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Contact with acids liberates very toxic gas.

Molecular Weight: 65.02

Melting Range (°C): 275 (decomposes)

Solubility in water (g/L): Miscible

pH (1% solution): Not available

Volatile Component (%vol): Not available.

Relative Vapour Density (air=1): 2.2

Lower Explosive Limit (%): Not available.

Autoignition Temp (°C): Not available.

State: Divided solid

Boiling Range (°C): Not applicable.

Specific Gravity (water=1): 1.85

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not available.

Evaporation Rate: Not available

Flash Point (°C): Not available.

Upper Explosive Limit (%): Not available.

Decomposition Temp (°C): Not available

Viscosity: Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of shock and friction.
- Presence of heat source.
- Presence of incompatible materials.
- Hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual.

Azide ingestion may produce breathlessness and a rapid heart beat within 5 minutes.

Nausea, vomiting, headache, restlessness and diarrhoea may occur within 15 minutes. Other symptoms include reduced blood pressure, abnormal breathing, reduced body temperature, reduced blood pH, convulsions, collapse and death. Azides are direct-acting and potent vasodilators which have been used clinically as hypotensive agents in hypertensive patients. Continued treatment with azides however produced increased sensitivity to these drugs. Ingestion of 5 to 10 mg produces transient headache, but 50-60 mg causes collapse, hypotension and tachycardia. Severe headache, convulsions, tachycardia, tachypnea, hyperthermia and acidosis are common in victims of poisoning. The profound hypotension produced by these agents is unresponsive to pressor drugs. Deliberate ingestion of "several" grams of sodium azide produced death within 40 minutes with autopsy showing mild fatty degeneration of the liver and pulmonary and brain oedema. Azide, in common with cyanide and sulfide, stimulates the carotid body chemoreceptors and inhibits haeme

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SODIUM AZIDE

Section 11 - TOXICOLOGICAL INFORMATION

-type enzymes such as catalases, peroxidases and cytochrome oxidase. The high toxicity of azide, however, is unlikely to be due to cytochrome oxidase inhibition. Large doses of azide may produce increases in blood pressure and generalised convulsions, followed by depression and collapse.

EYE

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

Eye contact may cause.

systemic effects.

SKIN

Skin contact with the material may produce severely toxic effects; systemic effects may result following absorption and these may be fatal.

The material is not thought to be a skin irritant (i.e. is unlikely to produce irritant dermatitis as described in EC Directives using animal models). Temporary discomfort, however, may result from prolonged dermal exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Bare unprotected skin should not be exposed to this material.

Toxic effects may result from skin absorption.

Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation.

INHALED

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

Azide vapours and fumes are mucous membrane irritants and heavy exposure may cause bronchitis and pulmonary oedema. Inhalation may produce sore throat, coughing, dizziness, shortness of breath and fainting. Azides may be absorbed from the respiratory tract with symptoms resembling those described under "Swallowed". Acute effects in humans inhaling hydrazoic acid (produced in aqueous solutions of sodium azide) include ocular irritation, bronchitis, headache, hypotension, weakness and collapse. It is estimated that concentrations as low as 0.5 ppm hydrazoic acid may produce headache. Exposure to extremely high concentrations is rare due to pronounced irritation.

Laboratory animals exposed to azide vapour/fume exhibit hypotensive effects, demyelination of nerve fibres in the central nervous system, testicular damage, blindness, attacks of rigidity and hepatic and cerebral effects.

CHRONIC HEALTH EFFECTS

Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts.

Workers exposed chronically to hydrazoic acid (produced in aqueous solutions of sodium azide) frequently complain about headache. Although many experience episodes with rapid and severe falls in both systolic and diastolic blood pressure they appear to exhibit no pathological signs after many years of exposure to the volatile acid. Rats given 5 and 10 mg/kg sodium azide in water by gavage for 103 weeks showed clinical signs of systemic intoxication. Convulsions, coma, and death resulted. Brain necrosis was seen at autopsy. There were no increases in the incidence of brain neoplasms.

TOXICITY AND IRRITATION

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

TOXICITY

Oral (man) LDLo: 143 mg/kg

Oral (human) TDLo: 0.71 mg/kg

Oral (woman) TDLo: 3 mg/kg

IRRITATION

Nil Reported

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Section 11 - TOXICOLOGICAL INFORMATION

Oral (rat) LD50: 27 mg/kg

Dermal (rabbit) LD50: 20 mg/kg

General anaesthesia, somnolence, convulsions, headache, irritability, arrhythmias, dyspnae, respiratory stimulation, diarrhoea recorded.

Section 12 - ECOLOGICAL INFORMATION

Toxicity Fish: 24hr LC50: 5000 ppm

Toxicity Fish (L. macrochirus) 24hr LC50: 1.5 ppm *

Acute toxicity for lower organisms: 5 mg/l approx. *

Acute toxicity for cold-blooded animals: 1 mg/l *

Microorganisms LC50: 5 mg/l *

* [Merck]

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Treat and neutralise at an effluent treatment plant.
- Recycle containers if possible, or dispose of in an authorised landfill.

NOTE: If azides are poured down the drain they may accumulate in traps and react with lead and copper plumbing to form highly explosive compounds which may be detonated, inadvertently, by plumbers. On disposal, flush with large volumes of water to prevent azide build-up.

WASTE DISPOSAL PROCEDURES

- Wear eye protection, protective clothing and nitrile rubber gloves to control personal contact from sodium azide. Work in a well ventilated area and behind a face shield. Add the azide to a cold 5.5% ceric ammonium nitrate solution (153mL/g azide) with agitation to ensure that the solid is suspended. Allow to cool and the reaction to cease. Follow the spillage procedure for more information [Armour 1996].

Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC

HAZCHEM: None

UNDG:

Dangerous Goods Class: 6.1

UN Number: 1687

Shipping Name: SODIUM AZIDE

Subrisk:

None

Packing Group:

II

Air Transport IATA:

ICAO/IATA Class: 6.1

UN/ID Number: 1687

Special provisions: None

Shipping Name: SODIUM AZIDE

ICAO/IATA Subrisk:

None

Packing Group:

II

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Section 14 - TRANSPORTATION INFORMATION

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	1687	Packing Group:	II
EMS Number:	F- A, S- A	Special provisions:	None
Shipping Name: SODIUM AZIDE			

Section 15 - REGULATORY INFORMATION

REGULATIONS

sodium azide (CAS: 26628-22-8) is found on the following regulatory lists;
OECD Representative List of High Production Volume (HPV) Chemicals

Section 16 - OTHER INFORMATION

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-Aug-2017