



A-CHLORALOSE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

A-CHLORALOSE

OTHER NAMES

C8-H11-Cl3-O6, alphachloralose, alpha-D-glucochloralase, alpha-D-glucochloralase, trichloroethylidene-alpha-D-glucofuranose, trichloroethylidene-alpha-D-glucofuranose, "alpha-D-glucofuranose-1, 2-O-(2, 2, 2-trichloroethylidene)", "alpha-D-glucofuranose-1, 2-O-(2, 2, 2-trichloroethylidene)", Alfamat, Alfakil, Alphakil, Anhydroglucochloral,

PROPER SHIPPING NAME

TOXIC SOLID, ORGANIC, N.O.S.

PRODUCT USE

Preparation of hypnotic baits with seed grain for birds, rodents, foxes and other animal pests.

Rodenticide, particularly for mice; narcotic action retards metabolism and fatally lowers body temperature.

Previously used as a hypnotic in human therapy. Used as an anaesthetic for laboratory animals.

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

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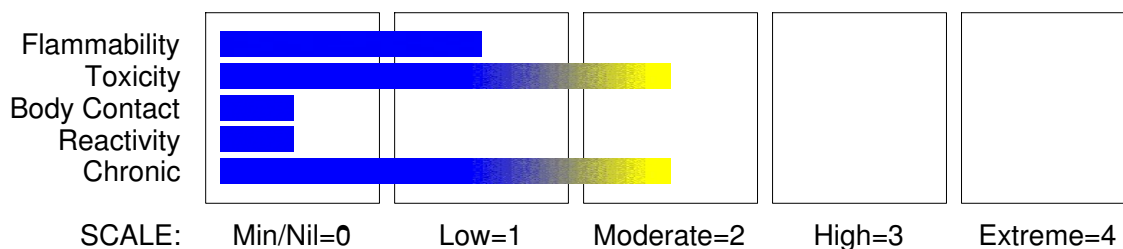
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 2

Organ Damage Category 2



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H300 H332 H373

Fatal if swallowed

Harmful if inhaled

May cause damage to organs through prolonged or repeated exposure.

PRECAUTIONARY STATEMENTS

Prevention

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

Wash hands thoroughly after handling.

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

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

Use only outdoors or in a well ventilated area.

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.

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

Get medical advice/attention if you feel unwell.

Specific treatment: refer to Label or MSDS.

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Section 2 - HAZARDS IDENTIFICATION

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
alpha- chloralose	15879-93-3	>90

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.
Avoid giving alcohol.

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

Immediately wash affected areas with water and soap.

INHALED

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

NOTES TO PHYSICIAN

Treat symptomatically.

Treat symptomatically for a narcotic analgesic.

A vigorous program of symptomatic and supportive therapy has saved many victims of poisoning. The single most important element in therapy is the correction of anoxia by all available means: the maintenance of a patent airway, the administration of oxygen, the use of artificial respiration, and the injection of specific narcotic antagonists such as nalorphine, levallorphan or naloxone promptly antagonises the respiratory depression, coma and hypotension from overdoses of morphine, codeine, all semi-synthetics and almost all synthetic narcotics.

GOSSELIN et al: Clinical Toxicology of Commercial Products.

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Section 4 - FIRST AID MEASURES

In fully conscious patients, remove swallowed poison by thorough gastric lavage and emesis. The chances of removing a significant amount of the drug are better if treatment is started within the first two hours. If the patient is unconscious or depressed, emesis is contraindicated and the dangers of gastric lavage are not justified.

DREISBACH AND ROBERTSON: Handbook of Poisoning, Appleton & Lange.

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

- Solid which exhibits difficult combustion or is difficult to ignite.
- 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 also 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-metre/sec.

Combustion products include: carbon monoxide (CO), other pyrolysis products typical of burning organic material and hydrogen chloride.

FIRE INCOMPATIBILITY

Avoid mixing with strong oxidisers as ignition may result.

Personal Protective Equipment

- Breathing apparatus.
- Gas tight chemical resistant suit.
- Limit exposure duration to 1 BA set 30 mins.

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Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with sand, earth, inert material or vermiculite.
- Wipe up.
- Place in a suitable labelled container for waste disposal.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- 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.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

O: May be stored together with specific precautions

X: Must not be stored together

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- 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.

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Section 7 - HANDLING AND STORAGE

- 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

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

STORAGE INCOMPATIBILITY

Avoid storage with oxidisers.
Avoid contamination of water, foodstuffs, feed or seed.

STORAGE REQUIREMENTS

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

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- alpha- chloralose:

CAS:15879- 93- 3

MATERIAL DATA

Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

PERSONAL PROTECTION



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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

HANDS/FEET

DO NOT handle directly. Wear gloves and use scoop / tongs / tools.
Elbow length PVC gloves.

OTHER

Cotton washable overalls buttoned to the neck and wrist and washable hat.
Ensure there is ready access to an emergency shower.
• Ensure that there is ready access to eye wash unit.

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

- Use in a well-ventilated area or Local exhaust ventilation may be required for safe working, i.e. to keep exposures below required standards, otherwise PPE is required.
- 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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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:

direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).

Air Speed:

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 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 crystals or powder. Only slight solubility in water (0.44%).
Soluble in alcohol, diethyl ether. Practically insoluble in hydrocarbons.

PHYSICAL PROPERTIES

Solid.
Does not mix with water.

Molecular Weight: 309.54
Melting Range (°C): 178- 187
Solubility in water (g/L): Partly miscible
pH (1% solution): Not available

Boiling Range (°C): Not available
Specific Gravity (water=1): Not available
pH (as supplied): Not applicable
Vapour Pressure (kPa): Negligible @30C

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Volatile Component (%vol): Negligible
Relative Vapour Density (air=1): Not available
Lower Explosive Limit (%): Not available
Autoignition Temp (°C): Not available
State: Divided solid

Evaporation Rate: Very Low
Flash Point (°C): Not available
Upper Explosive Limit (%): Not available
Decomposition Temp (°C): Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Overalls.
- Eyewash unit.

Section 11 - TOXICOLOGICAL INFORMATION

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.

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

The commonest side-effects of narcotic analgesics (including morphine) are nausea, vomiting, constipation, drowsiness, and confusion. Urination may be difficult and there may be spasm of the gastrointestinal and biliary tracts. Other symptoms include dry mouth, pin-point pupils, sweating, flushing, vertigo, slow shallow respiration, weak pulse, cyanosis, palpitations, orthostatic hypotension, hypothermia, restlessness, and mood changes. Reports of acute toxicity have also included pulmonary oedema, spasticity, occur. Larger doses may produce respiratory depression and hypotension, with circulatory failure and deepening coma. Death may occur as a result of respiratory failure.

As analgesia wears off, there may be an increased sensitivity to pain. High doses may produce muscular rigidity and central nervous system depression may progress to stupor, sedation, unconsciousness, and coma. In which skeletal muscles become flaccid (although positive Babinski reflexes and muscle twitching may be present) and the pupils become breathing, apnea and cyanosis. Pulmonary oedema is relatively common. Other respiratory problems include bronchospasm and aspiration pneumonia. Peripheral vasodilation may result in flushing of the face, neck and upper thorax and fainting resulting from orthostatic hypotension. Serious effects deriving from cardiovascular system toxicity include hypertension, arrhythmias, shock, acute ventricular failure and cardiac arrest. Hypersensitivities may result from histamine-release and may produce rashes, pruritis and, on occasion, haemorrhagic urticaria. Gastrointestinal system effects produce decreased gastric motility, constipation, faecal impaction, cramping and increased muscle tone of the gastrointestinal and biliary tracts. Urinary retention and depressed urine formation have been recorded.

Liver function tests may be abnormal and the liver may become enlarged and tender. Mild leukocytosis, lymphocytosis, acidosis and hypoglycaemia may also occur. Anaphylactic reactions to morphine and codeine, following injection, have been reported.

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Section 11 - TOXICOLOGICAL INFORMATION

In an occupational setting, incidental exposure to the material may produce identical effects to those produced in therapy. Individual workers are expected to exhibit the same range of responses as those receiving the drug under supervision. Because individuals with a history of psychiatric disorders of addiction to, or abuse of, drugs and alcohol are at increased risk of habituation and dependence, they should be under surveillance when receiving any hypnotic drug. The most common side-effects of sleep medicines include drowsiness, dizziness, lightheadedness and difficult coordination. Alcohol may increase the side-effects of these drugs. Sleep medicines may also cause a special type of memory loss or "amnesia". When this occurs an individual may not remember events occurring several hours after taking the drug. When taking sleep drugs every night for several weeks, tolerance may develop and may lead to the individual increasing the dose to elicit earlier effects. When used at high doses for several weeks, dependence or "addiction" may also occur. Withdrawal symptoms may include unpleasant feelings in mild cases, whilst in more severe cases there may be abdominal and muscle cramps, vomiting, sweating, shakiness, and rarely, seizures. Rebound insomnia may also occur after withdrawal of the drug; an individual may have more trouble sleeping the first few nights after the drug is stopped than before starting treatment. Less common amongst individuals using hypnotic drugs are behavioural changes: these include loss of personal identity, confusion, strange behaviour, agitation, hallucinations, worsening of depression and suicidal thoughts. Sleep drugs may also cause sedation of the unborn baby when used during the last weeks of pregnancy.

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).

SKIN

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

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.

Toxic effects may result from skin absorption.

Bare unprotected skin should not be exposed to this material.

INHALED

The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation, of the material, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. 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.

CHRONIC HEALTH EFFECTS

Principal routes of exposure are usually by skin contact and inhalation of generated dust.

The symptoms of chronic poisoning or addiction may not be readily apparent. Pin-point pupils and rapid mood changes may be observed on occasion and the addict is usually not socially well integrated. Drug dependence of the morphine-type results from repeated administration and is characterised by an overwhelming need to continue taking the drug or one with similar properties and by a tendency to increase the dose owing to the development of tolerance, and by psychic or physiological and physical dependence on the

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Section 11 - TOXICOLOGICAL INFORMATION

drug. Physical dependence on morphine-like compounds has been reported in as little as two days whilst tolerance to morphine-like actions may occur over two to three weeks of moderate therapeutic doses. Prolonged therapy or abuse may produce abnormal pulmonary function, increased body temperature, myoglobinuria and renal failure. Some physiological values may not return to normal for several months following the acute withdrawal syndrome. Abrupt withdrawal of the opiates may produce yawning, mydriasis, lachrymation, rhinorrhea, sneezing, muscle tremor, headache, weakness, sweating, anxiety, irritability, disturbed sleep or insomnia, restlessness, orgasm, anorexia, anorexia, nausea, vomiting, loss of weight, diarrhoea, dehydration, leucocytosis, bone pain, abdominal and muscle cramps, increases in heart-rate, respiratory rate and blood pressure, rise in temperature and gooseflesh and vasomotor disturbance.

In an occupational setting, incidental exposure to the material may produce identical effects to those produced in therapy. Individual workers are expected to exhibit the same range of responses as those receiving the drug under supervision. Because individuals with a history of psychiatric disorders of addiction to, or abuse of, drugs and alcohol are at increased risk of habituation and dependence, they should be under surveillance when receiving any hypnotic drug. The most common side-effects of sleep medicines include drowsiness, dizziness, lightheadedness and difficult coordination. Alcohol may increase the side-effects of these drugs. Sleep medicines may also cause a special type of memory loss or "amnesia". When this occurs an individual may not remember events occurring several hours after taking the drug. When taking sleep drugs every night for several weeks, tolerance may develop and may lead to the individual increasing the dose to elicit earlier effects. When used at high doses for several weeks, dependence or "addiction" may also occur. Withdrawal symptoms may include unpleasant feelings in mild cases, whilst in more severe cases there may be abdominal and muscle cramps, vomiting, sweating, shakiness, and rarely, seizures. Rebound insomnia may also occur after withdrawal of the drug; an individual may have more trouble sleeping the first few nights after the drug is stopped than before starting treatment. Less common amongst individuals using hypnotic drugs are behavioural changes: these include loss of personal identity, confusion, strange behaviour, agitation, hallucinations, worsening of depression and suicidal thoughts. Sleep drugs may also cause sedation of the unborn baby when used during the last weeks of pregnancy.

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 400 mg/kg *

Oral (mouse) LD50: 32 mg/kg

Oral (quail) LD50: 31.6 mg/kg

Oral (pigeon) LD50: 178 mg/kg

Oral (duck) LD50: 42 mg/kg

Oral (chicken) LD50: 300 mg/kg

Somnolence, tremor, excitement, ataxia, analgesia, cardiac changes, respiratory depression, respiratory and blood tumours recorded.

Equivocal tumourigen by RTECS criteria.

IRRITATION

Nil Reported * [Manufacturer]

Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant: Not Determined

No data for alpha-chloralose.

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Section 13 - DISPOSAL CONSIDERATIONS

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

Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC
HAZCHEM: 2X

UNDG:

Dangerous Goods Class:	6.1	Subrisk:	None
UN Number:	2811	Packing Group:	III
Shipping Name: TOXIC SOLID, ORGANIC, N.O.S.			

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	2811	Packing Group:	III
ERG Code:	6L		
Shipping name: TOXIC SOLID, ORGANIC, N.O.S.			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	2811	Packing Group:	III
EMS Number:	F- A, S- A	Marine Pollutant:	Not Determined
Shipping name: TOXIC SOLID, ORGANIC, N.O.S.			

Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable
No data available for alpha-chloralose as CAS: 15879-93-3.

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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: 30-Mar-2018