

POTASSIUM BORON FLUORIDE

GHS Safety Data Sheet

Version No:4
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

POTASSIUM FLUOROBORATE

OTHER NAMES

KBF₄, "potassium fluoroborate", "potassium borofluoride", avogadrite, "borate(1-), tetrafluoro-, potassium", "potassium tetrafluoro borate", "potassium tetrafluoroborate"

PROPER SHIPPING NAME

CORROSIVE SOLID, N.O.S.(contains potassium fluoborate)

PRODUCT USE

Component of brazing fluxes and soldering fluxes. Used in the sand casting of aluminium and magnesium. As a grinding aid in grinding wheels. In electrochemical and plating processes.

SUPPLIER

Company: S D FINE - CHEM LIMITED

Address:

315- 317, T.V.IND.ESTATE,

248 WORLI ROAD,

MUMBAI- 400 030, INDIA

technical@sdfine.com

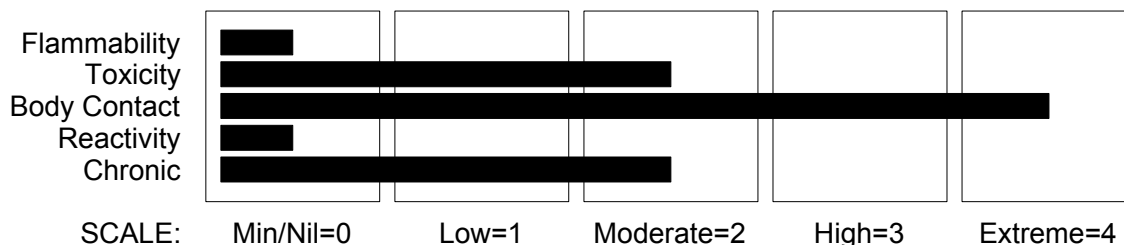
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Section 2 - HAZARDS IDENTIFICATION

HAZARD RATINGS



GHS Classification

Metal Corrosion Category 1

Serious Eye Damage Category 1

Skin Corrosion/Irritation Category 1B

continued...

POTASSIUM BORON FLUORIDE



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H290 H314 H318

May be corrosive to metals

Causes severe skin burns and eye damage

Causes serious eye damage

PRECAUTIONARY STATEMENTS

Prevention

Keep only in original container.

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

Wash thoroughly after handling.

Wear protective gloves/protective clothing/eye protection/face protection.

Response

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.

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

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

Immediately call a POISON CENTER or doctor/physician.

Wash contaminated clothing before reuse.

Absorb spillage to prevent material damage.

Storage

Store locked up.

Store in corrosive resistant container or with a resistant inner liner.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
potassium fluoborate	14075-53-7	> 99

Section 4 - FIRST AID MEASURES

SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

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- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Transport to hospital or doctor without delay.

EYE

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

SKIN

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

INHALED

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

For massive exposures:

- If dusts, vapours, aerosols, fumes or combustion products are inhaled, remove from contaminated area.
- Lay patient down.
- Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- If victim is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth.
- Transport to hospital, or doctor, urgently.

NOTES TO PHYSICIAN

- For acute or repeated short term exposures to boron and its compounds:
 - Nausea, vomiting, diarrhoea and epigastric pain, haematemesis and blue-green discolouration of both faeces and vomitus characterise adult boron intoxication.
 - Access and correct any abnormalities found in airway and circulation.
 - A tidal volume of 10-15 mg/kg should be maintained.
 - Emesis should be induced unless the patient is in coma, is experiencing seizures or has lost the gag reflex. If any of these are present, gastric lavage should be performed with a large-bore tube after endotracheal intubation or in the presence of continuous respiratory action.
 - Activated charcoal is probably not of value though its use might be indicated following gastric evacuation. Catharsis might be useful to eliminate any borates remaining in the gastro-intestinal tract (magnesium

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sulfate: adults, 30 gms: children 250 mg/kg).
• Peritoneal dialysis and haemodialysis remove some borates. [Ellenhorn and Barceloux: Medical Toxicology].
for corrosives:

BASIC TREATMENT

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

ADVANCED TREATMENT

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

EMERGENCY DEPARTMENT

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

BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed
For acute or short term repeated exposures to fluorides:

- Fluoride absorption from gastro-intestinal tract may be retarded by calcium salts, milk or antacids.
- Fluoride particulates or fume may be absorbed through the respiratory tract with 20-30% deposited at alveolar level.
- Peak serum levels are reached 30 mins. post-exposure; 50% appears in the urine within 24 hours.
- For acute poisoning (endotracheal intubation if inadequate tidal volume), monitor breathing and evaluate/monitor blood pressure and pulse frequently since shock may supervene with little warning. Monitor ECG immediately; watch for arrhythmias and evidence of Q-T prolongation or T-wave changes. Maintain monitor. Treat shock vigorously with isotonic saline (in 5% glucose) to restore blood volume and enhance renal excretion.
- Where evidence of hypocalcaemic or normocalcaemic tetany exists, calcium gluconate (10 ml of a 10% solution) is injected to avoid tachycardia.

BIOLOGICAL EXPOSURE INDEX - BEI

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

continued...

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

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

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

Treat symptomatically.

Ingestion - intravenous injection of 10% calcium gluconate repeated hourly is a routine treatment for systemic poisoning.

Inhalation - continue observation for 48 hours due to danger of pulmonary oedema.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

FIRE FIGHTING

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

FIRE/EXPLOSION HAZARD

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

FIRE INCOMPATIBILITY

- None known.

Personal Protective Equipment

Gas tight chemical resistant suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.

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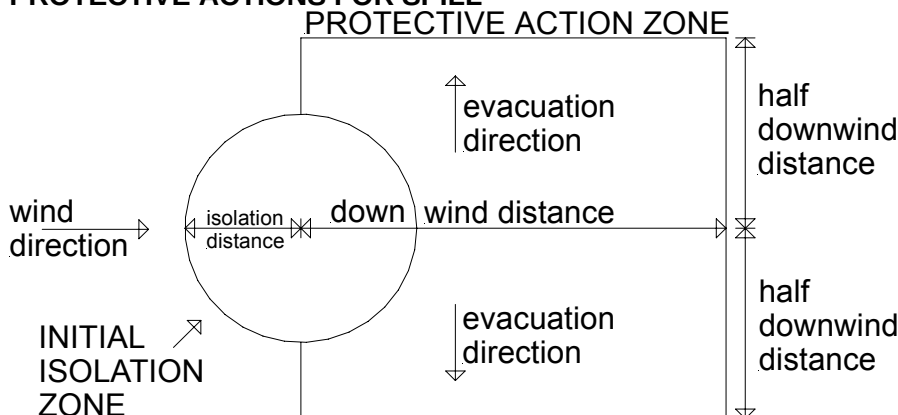
Section 6 - ACCIDENTAL RELEASE MEASURES

- Use dry clean up procedures and avoid generating dust.
- Place in a suitable, labelled container for waste disposal.
- Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.
- Check regularly for spills and leaks.

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

PROTECTIVE ACTIONS FOR SPILL



From IERG (Canada/Australia)

Isolation Distance	25 metres
Downwind Protection Distance	250 metres
IERG Number	37

FOOTNOTES

1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.

2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.

3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.

4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills".

LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as

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a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.

5 Guide 154 is taken from the US DOT emergency response guide book.

6 IERG information is derived from CANUTEC - Transport Canada.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

For low viscosity materials

- Drums and jerricans must be of the non-removable head type.
- Where a can is to be used as an inner package, the can must have a screwed enclosure.

For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
 - Cans with friction closures and
 - low pressure tubes and cartridges
- may be used.

-

Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

STORAGE INCOMPATIBILITY

- Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.
- These trifluorides are hypergolic oxidisers. They ignites on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition.
- The state of subdivision may affect the results.
- Dangerous goods of other classes.
- Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
- Avoid reaction with oxidising agents.

STORAGE REQUIREMENTS

- Material is hygroscopic, i.e. absorbs moisture from the air. Keep containers well sealed in storage.
- Store in original containers.

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Section 7 - HANDLING AND STORAGE

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

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: *May be stored together*

O: *May be stored together with specific preventions*

X: *Must not be stored together*

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- potassium fluoborate:

CAS:14075- 53- 7

MATERIAL DATA

POTASSIUM FLUOBORATE:

- For inorganic borates and tetraborates:

No data are currently available to establish a causal link between inhalation exposures to sodium tetraborates and chronic respiratory and/or systemic effects.

An occupationally important toxic effect of the sodium tetraborates is their acute irritant effect when in contact with skin and the mucous membranes of the eyes, nose and other sites of the respiratory tract. The irritant properties increase with decreasing water of hydration due to the exothermic effect of hydration.

The TLV-TWA of 1 mg/m³ for the anhydrous and pentahydrate forms and 5 mg/m³ for the decahydrate is thought to be protective against the acute irritant effects.

For fluorides:

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

PERSONAL PROTECTION



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EYE

- Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure
- Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted
- Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.
- Alternatively a gas mask may replace splash goggles and face shields.
- 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

- Elbow length PVC gloves.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.
- Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

OTHER

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

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult your

continued...

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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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

■ Material is hygroscopic, absorbs moisture from surrounding air. White or colourless crystals. Soluble in water. No odour. Insoluble in alcohol, ether, alkalis. Decomposes above 350 C and releases highly irritating and toxic hydrogen

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POTASSIUM BORON FLUORIDE

fluoride gas, and fumes of boron trifluoride and potassium fluoride.
Solutions in water should not be handled in glass.

PHYSICAL PROPERTIES

Does not mix with water.
Sinks in water.
Corrosive.

State	DIVIDED SOLID	Molecular Weight	125.91
Melting Range (°C)	Not available.	Viscosity	Not Applicable
Boiling Range (°C)	Not available.	Solubility in water (g/L)	Partly miscible
Flash Point (°C)	Not applicable	pH (1% solution)	3
Decomposition Temp (°C)	350- 530	pH (as supplied)	Not applicable
Autoignition Temp (°C)	Not applicable	Vapour Pressure (kPa)	Not applicable
Upper Explosive Limit (%)	Not applicable	Specific Gravity (water=1)	2.498 @ 20 C.
Lower Explosive Limit (%)	Not applicable	Relative Vapour Density (air=1)	Not applicable
Volatile Component (%vol)	Not applicable	Evaporation Rate	Not applicable

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- The material can produce severe chemical burns within the oral cavity and gastrointestinal tract following ingestion.
- Accidental ingestion of the material may be damaging to the health of the individual.

EYE

- The material can produce severe chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.
- If applied to the eyes, this material causes severe eye damage.

SKIN

- The material can produce severe chemical burns following direct contact with the skin.
- Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

- The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

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■ 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. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.

■ Borates, as represented by borax, may act as simple respiratory irritants. In a study of the respiratory effects of borax dust on active borax workers, the incidence of respiratory symptoms, pulmonary function and abnormalities of chest radiographs were related to estimated exposures. Dryness of the mouth, nose or throat, dry cough, nose bleeds, sore throat, productive cough, shortness of breath and chest tightness were related to exposures of 4 mg/m³ or more.

■ Not normally a hazard due to non-volatile nature of product.

■ Acute effects of fluoride inhalation include irritation of nose and throat, coughing and chest discomfort. A single acute over-exposure may even cause nose bleed. Pre-existing respiratory conditions such as emphysema, bronchitis may be aggravated by exposure. Occupational asthma may result from exposure.

CHRONIC HEALTH EFFECTS

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

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

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. Prime symptom is breathlessness; lung shadows show on X-ray.

Borate can accumulate in the testes and deplete germ cells and cause withering of the testicles, according to animal testing. Hair loss, skin inflammation, stomach ulcer and anaemia can all occur. Repeated swallowing or inhalation irritates the stomach, causes a loss of appetite, disturbed digestion, nausea and vomiting, red rash, dry skin and mucous membranes, reddening of the tongue, cracking of the lips, inflamed conjunctiva, swelling of the eyelids and kidney injury. Animal testing revealed prolonged ingestion causes effects to the reproductive system in both males and females.

Extended exposure to inorganic fluorides causes fluorosis, which includes signs of joint pain and stiffness, tooth discolouration, nausea and vomiting, loss of appetite, diarrhoea or constipation, weight loss, anaemia, weakness and general unwellness. There may also be frequent urination and thirst. Redness, itchiness and allergy-like inflammation of the skin and mouth cavity can occur. The central nervous system may be involved. Fluoborates accumulate in the thyroid gland, preventing the uptake of iodine. Chronic exposure to boron trifluoride can increase levels of bone fluoride and cause dental fluorosis.

TOXICITY AND IRRITATION

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

■ Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. Extended exposure to inorganic fluorides causes fluorosis, which includes signs of joint pain and stiffness, tooth discolouration, nausea and vomiting, loss of appetite, diarrhoea or constipation, weight loss, anaemia, weakness and general unwellness. There may also be frequent urination and thirst. Redness, itchiness and

continued...

POTASSIUM BORON FLUORIDE

allergy-like inflammation of the skin and mouth cavity can occur. The central nervous system may be involved.
Oral (man) LDLo: 240-590 mg/kg
Estimated adult fatal dose: 6 gram.

No data
[Allied Chemical Estimate]

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

POTASSIUM FLUOBORATE:

■ Although small amounts of fluorides are conceded to have beneficial effects, two forms of chronic toxic effect, dental fluorosis and skeletal fluorosis may be caused by excessive intake over long periods. Fluorides are absorbed by humans following inhalation of workplace and ambient air that has been contaminated, ingestion of drinking water and foods and dermal contact.

Both hydrogen fluoride and particulate fluorides will be transported in the atmosphere and deposited on land or water by wet and dry deposition. Non-volatile inorganic fluoride particulates are removed from the atmosphere via condensation or nucleation processes. Fluorides adsorbed on particulate matter in the atmosphere are generally stable and are not readily hydrolysed, although they may be degraded by radiation if they persist in the atmosphere. Fluorine and the silicon fluorides (fluosilicates, silicofluorides) are hydrolysed in the atmosphere to form hydrogen fluoride. Hydrogen fluoride may combine with water vapour to produce an aerosol or fog of aqueous hydrofluoric acid. Based upon available data, inorganic fluoride compounds, with the exception of sulfur hexafluoride, are not expected to remain in the troposphere for long periods or to migrate to the stratosphere. Estimates of the residence time of sulfur hexafluoride in the atmosphere range from 500 to several thousand years. Fluoride in aerosols can be transported over large distances by wind or as a result of atmospheric turbulence. The distance travelled is determined by the deposition velocity of both the gaseous hydrogen fluoride and the fluorides in particulate form. Atmospheric fluorides may be transported to soils and surface waters through both wet and dry deposition processes.

Fluorides undergo transformations in soil and water, forming complexes and binding strongly to soil and sediment.

In water, the transport and transformation of inorganic fluorides are influenced by pH, water hardness and the presence of ion-exchange materials such as clays. In natural water, fluoride forms strong complexes with aluminum in water, and fluorine chemistry in water is largely regulated by aluminum concentration and pH. Below pH 5, fluoride is almost entirely complexed with aluminum and consequently, the concentration of free F⁻ is low. As the pH increases, Al-OH complexes dominate over Al-F complexes and the free F⁻ levels increase. Fluoride forms stable complexes with calcium and magnesium, which are present in sea water. Calcium carbonate precipitation dominates the removal of dissolved fluoride from sea water. The residence time for fluoride in ocean sediment is calculated to be 2-3 million years. Fluorosilicic acid and hydrofluoric acid in high aquatic concentrations such as may be found in industrial waste ponds may volatilise, releasing silicon tetrafluoride and hydrogen fluoride into the atmosphere.

Solubilisation of inorganic fluorides from minerals may also be enhanced by the presence of ion-exchange materials (e.g., bentonite clays and humic acid). Once dissolved, inorganic fluorides remain in solution under conditions of low pH and hardness and in the presence of ion-exchange material. Soluble inorganic fluorides may also form aerosols at the air-water interface or vaporise into the atmosphere whereas undissolved species generally undergo sedimentation.

Factors that influence the mobility of inorganic fluorides in soil are pH and the formation of aluminium and calcium complexes. In more acidic soils, concentrations of inorganic fluoride were considerably higher in the deeper horizons. The low affinity of fluorides for organic material results in leaching from the more acidic surface horizon and increased retention by clay minerals and silts in the more alkaline, deeper horizons. The maximum adsorption of fluoride to soil was reported to occur at pH 5.5. In acidic soils with pH below 6, most of the fluoride is in complexes with either aluminium or iron. Fluoride in alkaline soils at pH 6.5 and above is almost completely fixed in soils as calcium fluoride, if sufficient calcium carbonate is available.

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POTASSIUM BORON FLUORIDE

Fluoride is extremely immobile in soil, as determined by lysimeter experiments.

Populations living in areas with high fluoride levels in groundwater may be exposed to higher levels of fluorides in their drinking water or in beverages prepared with the water. Among these populations, outdoor laborers, people living in hot climates, and people with polydipsia will generally have the greatest daily intake of fluorides because they consume greater amounts of water.

Foods characteristically high in fluoride content are certain types of fish and seafood (1.9-28.5 mg/kg), especially those types in which the bones are consumed, bone products such as bone meal and gelatin, and tea, which contains approximately 0.52 mg fluoride/cup

Fluoride is mainly absorbed by the body in the form of hydrogen fluoride, which has a pKa of 3.45. That is, when ionic fluoride enters the acidic environment of the stomach lumen, it is largely converted into hydrogen fluoride. Most of the fluoride that is not absorbed from the stomach will be rapidly absorbed from the small intestine.

Fluorides have been shown to accumulate in animals that consume fluoride-containing foliage. Accumulation is primarily in skeletal tissue and therefore, it is unlikely that fluoride will biomagnify up the food chain.

■ For boron and borates:

Environmental fate:

Boron is generally found in nature bound to oxygen and is never found as the free element. Atmospheric boron may be in the form of particulate matter or aerosols as borides, boron oxides, borates, boranes, organoboron compounds, trihalide boron compounds, or borazines. Borates are relatively soluble in water, and will probably be removed from the atmosphere by precipitation and dry deposition. The half-life of airborne particles is usually on the order of days, depending on the size of the particle and atmospheric conditions. Boron readily hydrolyses in water to form the electrically neutral, weak monobasic acid boric acid (H_3BO_3) and the monovalent ion, $B(OH)_4^-$. In concentrated solutions, boron may polymerise, leading to the formation of complex and diverse molecular arrangements. Because most environmentally relevant boron minerals are highly soluble in water, it is unlikely that mineral equilibria will control the fate of boron in water. Boron was found to not be significantly removed during the conventional treatment of waste water. Boron may, however, be co-precipitated with aluminum, silicon, or iron to form hydroxyborate compounds on the surfaces of minerals.

Waterborne boron may be adsorbed by soils and sediments. Adsorption-desorption reactions are expected to be the only significant mechanism that will influence the fate of boron in water. The extent of boron adsorption depends on the pH of the water and the chemical composition of the soil. The greatest adsorption is generally observed at pH 7.5-9.0. The single most important property of soil that will influence the mobility of boron is the abundance of amorphous aluminum oxide. The extent of boron adsorption has also been attributed to the levels of iron oxide, and to a lesser extent, the organic matter present in the soil, although other studies found that the amount of organic matter present was not important. The adsorption of boron may not be reversible in some soils. The lack of reversibility may be the result of solid-phase formation on mineral surfaces and/or the slow release of boron by diffusion from the interior of clay minerals.

It is unlikely that boron is bioconcentrated significantly by organisms from water. A bioconcentration factor (BCF) relates the concentration of a chemical in the tissues of aquatic and terrestrial animals or plants to the concentration of the chemical in water or soil. The BCFs of boron in marine and freshwater plants, fish, and invertebrates were estimated to be <100. Experimentally measured BCFs for fish have ranged from 52 to 198. These BCFs suggest that boron is not significantly bioconcentrated.

As an element, boron itself cannot be degraded in the environment; however, it may undergo various reactions that change the form of boron (e.g., precipitation, polymerization, and acid-base reactions) depending on conditions such as its concentration in water and pH. In nature, boron is generally found in its oxygenated form. In aqueous solution, boron is normally present as boric acid and borate ions, with the dominant form of inorganic boron in natural aqueous systems as undissociated boric acid. Boric acid acts as an electron acceptor in aqueous solution, accepting an hydroxide ion from water to form $B(OH)_4^-$ -ion. In dilute solution, the favored form of boron is $B(OH)_4^-$. In more concentrated solutions (>0.1 M boric acid) and at neutral to alkaline pH (6-11), polymeric species are formed (e.g., $B_3O_3(OH)_4^-$, $B_5O_6(OH)_4^-$, $B_3O_3(OH)_5^{2-}$, and $B_4O_5(OH)_4^{2-}$). Most boron compounds are transformed to borates in soil due to the presence of moisture. Borates themselves are not further degraded in soil. However, borates can exist in a variety of forms in soil. Borates are removed from soils by water leaching and by assimilation by plants.

The most appreciable boron exposure to the general population is likely to be ingestion of food and to a

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POTASSIUM BORON FLUORIDE

lesser extent in water. As boron is a natural component of the environment, individuals will have some exposure from foods and drinking water

Boron-containing salts (borates) are ubiquitous in the environment. Surface soil, unpolluted waterways and seawater all typically contain significant amounts of boron as borate. Boron is an essential micronutrient for healthy growth of plants, however, it can be harmful to boron sensitive plants in higher quantities. In some areas such as the American Southwest, boron occurs naturally in surface waters in concentrations that have been shown to be toxic to commercially important plants.

Based on the collected information regarding aquatic toxicity, boron is not regarded as dangerous to aquatic organisms. The concentration in treated municipal waste water is a factor 100 lower than the NOEC-value for *Daphnia magna*.

No quality criteria exist for the concentration of boron in soil and compost. Boron is added to farmland when sewage sludge is applied as a soil improving agent, but there is not sufficient data to evaluate its effect on soil organisms. Being an essential micro-nutrient, no adverse effects of boron are expected at low concentrations.

Ecotoxicity:

In aquatic environments low concentrations of borates generally promote the growth of algae, whereas higher concentrations inhibited algal growth. In a growth inhibition test with *Scenedesmus subspicatus*, an EC50 value of 34 mg B/l was determined. Boric acid toxicity in *Daphnia* 48 h-LC50 (static test) was found to be 95 mg B/l. In a separate study it was concluded that chronic effects of boron to *Daphnia* may occur at a concentration of > 10 mg/l.

The toxicity of boron in fish is often higher in soft water than in hard water. The acute toxicity of boron towards *Danio rerio* (96 h-LC50) has been determined to 14.2 mg B/l. In a fish early life stage test with rainbow trout NOEC levels of boron have been determined in the range between 0.009 and 0.103 mg B/l, whereas the EC50 ranged from 27 to 100 mg B/l dependent on the water hardness.

- Prevent, by any means available, spillage from entering drains or water courses.
- DO NOT discharge into sewer or waterways.

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
potassium fluoborate	LOW		LOW	HIGH

Section 13 - DISPOSAL CONSIDERATIONS

- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.

- Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.

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Section 13 - DISPOSAL CONSIDERATIONS

For small quantities:

- Cautiously dissolve in water
- Neutralise with sodium carbonate or if product does not dissolve completely add a small quantity of hydrochloric acid followed by sodium carbonate
- Add excess calcium chloride to precipitate the fluoride and/ or carbonate
- Remove solids to site approved for hazardous waste.
- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Treat and neutralise at an approved treatment plant. Treatment should involve: Mixing or slurring in water; Neutralisation followed by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes 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.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: CORROSIVE

HAZCHEM:

☐ 2X

Land Transport UNDG:

Class or division:	8	Subsidiary risk:	None
UN No.:	1759	UN packing group:	II
Shipping Name: CORROSIVE SOLID, N.O.S. (contains potassium fluoborate)			

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	None
UN/ID Number:	1759	Packing Group:	II
Special provisions:	A3		
Shipping Name: CORROSIVE SOLID, N.O.S. *(CONTAINS POTASSIUM FLUOBORATE)			

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	1759	Packing Group:	II
EMS Number:	F- A, S- B	Special provisions:	274 944
Limited Quantities:	1 kg		
Shipping Name: CORROSIVE SOLID, N.O.S.(contains potassium fluoborate)			

Section 15 - REGULATORY INFORMATION

REGULATIONS

continued...

POTASSIUM BORON FLUORIDE

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Section 15 - REGULATORY INFORMATION

Section 16 - OTHER INFORMATION

■ The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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.

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