

ARSENAZO III

GHS SAFETY DATA SHEET

Version No:3
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

ARSENAZO III

OTHER NAMES

C22-H18-As2-N4-O14-S2, "2, 2'-(1, 8-dihydroxy-3, 6-disulfonylnaphthalene-2, 7-bisazo)-bis-benzenearsonic acid", "2, 2'-(1, 8-dihydroxy-3, 6-disulfonylnaphthalene-2, 7-bisazo)-bis-benzenearsonic acid"

PROPER SHIPPING NAME

ORGANOARSENIC COMPOUND, SOLID, N.O.S.(contains arsenazo III)

PRODUCT USE

Reagent for the determination of thulium, uranium, zirconium, cadmium, zinc and calcium.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,
MUMBAI- 400030.INDIA.

technical@sdfine.com

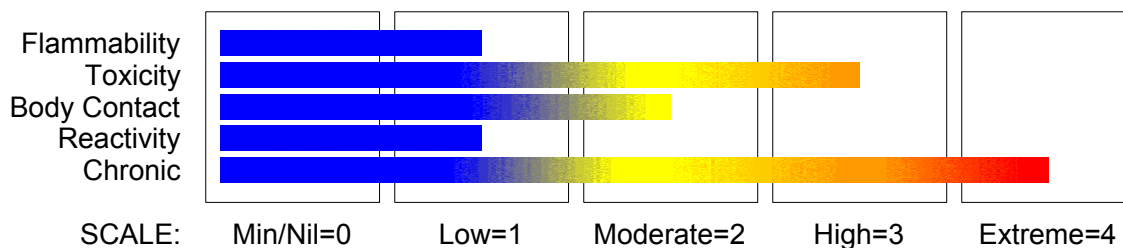
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Section 2 - HAZARDS IDENTIFICATION

HAZARD RATINGS



GHS Classification

Acute Aquatic Hazard Category 1

Acute Toxicity (Inhalation) Category 3

Acute Toxicity (Oral) Category 3

Carcinogen Category 1A

Chronic Aquatic Hazard Category 1

continued...

ARSENAZO III

Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 3
Skin Sensitizer Category 1



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H335 H301 H331 H316 H317 H350 H400 H410

May cause respiratory irritation

Toxic if swallowed

Toxic if inhaled

Causes mild skin irritation

May cause allergic skin reaction

May cause CANCER

Very toxic to aquatic life

Very toxic to aquatic life with long lasting effects

PRECAUTIONARY STATEMENTS

Prevention

Obtain special instructions before use.

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

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

Wash thoroughly after handling.

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

Use only outdoors or in a well-ventilated area.

Contaminated work clothing should not be allowed out of the workplace.

Avoid release to the environment.

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

Use personal protective equipment as required.

Response

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

IF ON SKIN: Wash with plenty of soap and water.

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

IF exposed or concerned: Get medical advice/ attention.

Call a POISON CENTER or doctor/physician.

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

Rinse mouth.

If skin irritation occurs: Get medical advice/ attention.

If skin irritation or rash occurs: Get medical advice/attention.

Wash contaminated clothing before reuse.

Collect spillage.

Storage

Store in a well-ventilated place. Keep container tightly closed.

Store locked up.

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Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
arsenazo III	1668-00-4	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

- Give a slurry of activated charcoal in water to drink. NEVER GIVE AN UNCONSCIOUS PATIENT WATER TO DRINK.
- At least 3 tablespoons in a glass of water should be given.
- Although induction of vomiting may be recommended (IN CONSCIOUS PERSONS ONLY), such a first aid measure is dissuaded due to the risk of aspiration of stomach contents. (i) It is better to take the patient to a doctor who can decide on the necessity and method of emptying the stomach. (ii) Special circumstances may however exist; these include non-availability of charcoal and the ready availability of the doctor.

NOTE: If vomiting is induced, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear protective gloves when inducing vomiting.

- REFER FOR MEDICAL ATTENTION WITHOUT DELAY.
- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS. (ICSC20305/20307).

EYE

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

SKIN

- » If skin contact occurs:
 - Immediately remove all contaminated clothing, including footwear.
 - Flush skin and hair with running water (and soap if available).
 - Seek medical attention in event of irritation.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- 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.

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NOTES TO PHYSICIAN

» For acute or short term repeated exposures to arsenic, soluble compounds: Treat as per arsenic poisoning.

- Acute skin lesions such as contact dermatitis usually do not require other treatment than removal from exposure.
 - If more severe symptoms of the respiratory system, the skin or the gastro-intestinal tract occur, British Anti-Lewisite (BAL, dimercaprol) may be given. Prompt administration in such cases is vital; to obtain maximum benefit such treatment should be administered within 4 hours of poisoning.
 - In addition, general treatment such as prevention of further absorption from the gastro-intestinal tract are mandatory.
 - General supportive therapy such as maintenance of respiration and circulation, maintenance of water and electrolyte balance and control of nervous system effects, as well as elimination of absorbed poison through dialysis and exchange transfusion, may be used if feasible.
 - Dimercaprol is given by deep intramuscular injection as a 5% solution in peanut oil (or a 10% solution with benzyl-benzoate in vegetable oil). It is usually given in a dose of 3 mg/kg, 4-hourly, for the first two days, or twice daily for up to seven days. [ILO Encyclopedia]
 - BAL Therapy is effective for haematological manifestations of chronic arsenic poisoning but not for neurological symptoms. Watch for side effects (e.g. urticaria, burning sensation in the lips, mouth and throat, fever, conjunctivitis etc).
 - Some relief results from administration of diphenhydramine (Benadryl) (1.5 mg/kg intramuscularly or by mouth every 6 hour). [Ellenhorn and Barceloux: Medical Toxicology]
- BIOLOGICAL EXPOSURE INDEX - BEI (Notice of Intent to Establish)

BEIs represent the levels of determinants which are most likely to be observed in specimens collected from a healthy worker who has been exposed to chemicals to the same extent as a worker with inhalation exposure to the

Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
Inorganic arsenic metabolites in urine	35 ug/gm creatinine	End of workweek	B

B: Background levels occur in specimens collected from subjects NOT exposed Consult specific documentation.

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.

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- 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), carbon dioxide (CO₂), nitrogen oxides (NO_x), sulfur oxides (SO_x), metal oxides, other pyrolysis products typical of burning organic material.

arsenic compounds.

May emit poisonous fumes.

FIRE INCOMPATIBILITY

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

Personal Protective Equipment

Gas tight chemical resistant suit.

Limit exposure duration to 1 BA set 30 mins.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
- Dampen with water to prevent dusting before sweeping.
- Place in suitable containers for disposal.

MAJOR SPILLS

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

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- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

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

STORAGE INCOMPATIBILITY

- Contact with acids produces toxic fumes.
- Avoid reaction with oxidising agents.
- Avoid strong acids, bases.

Arsine, an extremely poisonous (lethal) gas with a garlic odour can be generated when the material reacts with acids, alkalis or water in the presence of an active metal (zinc, aluminium, magnesium, manganese, sodium, iron, etc.)

STORAGE REQUIREMENTS

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

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



ARSENAZO III

X X + X X +

+: 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

- arsenazo III:

CAS:1668- 00- 4

MATERIAL DATA

» Use control measures / protective gear to avoid any personal contact. The ES-TWA is based solely on the prevention of systemic effects due to inhalation and is not protective against the substantial risk of cancer produced by exposure to inorganic arsenic. Some jurisdictions require health surveillance be performed on occupationally exposed workers.

Such surveillance should emphasise

- demography, occupational and medical history and health advice
- physical examination with emphasis on the peripheral nervous system and skin
- urinary total arsenic
- records of personal 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

- » Suitability and durability of glove type is dependent on usage. Factors such as:
- frequency and duration of contact,
 - chemical resistance of glove material,

continued...

- glove thickness and
 - dexterity,
- are important in the selection of gloves.
- Wear chemical protective gloves, eg. PVC.
 - Wear safety footwear or safety gumboots, eg. Rubber.

NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

OTHER

- Overalls.
- Eyewash unit.
- Barrier cream.
- Skin cleansing cream.

RESPIRATOR

Protection Factor	Half- Face Respirator	Full- Face Respirator	Powered Air Respirator
10 x ES	P1 Air- line*	- -	PAPR- P1 -
50 x ES	Air- line**	P2	PAPR- P2
100 x ES	-	P3	-
		Air- line*	-
100+ x ES	-	Air- line**	PAPR- P3

* - Negative pressure demand

** - Continuous flow.

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

ENGINEERING CONTROLS

» Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations.

Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	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	2.5- 10 m/s (500- 2000 f/min.)

continued...

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).

Within each range the appropriate value depends on:

Lower end of the range

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only.
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 4: Small hood- local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Black powder; does not mix well with water.

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Molecular Weight: 766.37

Melting Range (°C): >320

Solubility in water (g/L): Partly miscible

pH (1% solution): Not available

Volatile Component (%vol): Negligible

Relative Vapour Density (air=1): Not applicable

Lower Explosive Limit (%): Not available

Autoignition Temp (°C): Not available

State: Divided solid

Boiling Range (°C): Not available

Specific Gravity (water=1): Not available

pH (as supplied): Not applicable

Vapour Pressure (kPa): Negligible

Evaporation Rate: Not applicable

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not available

Decomposition Temp (°C): Not Available

Viscosity: 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

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

» Ingestion may produce nausea, vomiting and diarrhoea, bloody stools, shock, rapid pulse and coma. Severe gastritis or gastroenteritis may occur as a result of lesions produced by vascular damage from absorbed arsenic (and not local corrosion); symptoms may be delayed for several hours. Eventually a violent haemorrhagic gastroenteritis leads to profound loss of fluid and electrolyte resulting in shock and death. Occasionally alimentary symptoms are mild or absent in which case symptoms are usually referable to the central nervous system, headache, vertigo, muscle spasm or convulsion, delirium and, sometimes, mania. In advanced poisonings by arsenic and its inorganic salts, nervous symptoms are prominent; disorders of the brain (encephalopathies) and peripheral neuritis (more commonly) have been described. A prickling sensation (paresthesia), decreased sensitivity to sensation and pain (hypoesthesia), eventually paralysis and muscular atrophy appear, usually in the legs. 'Glove and stocking' distribution of sensory loss may be prominent. The toxic moiety is presumed to be trivalent arsenic in the form of inorganic arsenious acid (arsenite) or an organic arsenoxide. Arsenites are active enzyme inhibitors. Arsenic and its compounds may damage the stem cell which acts as the precursor to components of the blood. Loss of the stem cell may result in pancytopenia (a reduction in the number of red and white blood cells and platelets) with a latency period corresponding to the lifetime of the individual blood cells. Granulocytopenia (a reduction in granular leukocytes) develops within days and thrombocytopenia (a disorder involving platelets), within 1-2 weeks, whilst loss of erythrocytes (red blood cells) need months to become clinically manifest. Aplastic anaemia develops due to complete destruction of the stem cells.

EYE

» Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may cause transient discomfort characterised by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.

SKIN

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

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

» Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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.

» Arsenic and its compounds may irritate the skin. Certain individuals may develop sensitisation dermatitis characterised by eczema with scaling and hyperpigmentation of

the skin and hyperkeratosis of the palms of the hands and soles of the feet. Skin contact may cause erythema, with burning, itching, swelling and skin eruptions.

INHALED

» Inhalation of dusts, generated by the material, during the course of normal handling, may produce toxic effects.

» Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

» Inhalation of arsenic containing materials resemble those described for ingestion but in addition may produce severe nose and respiratory tract irritation.

Acute inhalation exposure can cause cough (with foamy sputum and rales), chest pain, shortness of breath, dizziness, headache, pulmonary oedema, extreme general weakness and cyanosis.

High exposures can cause poor appetite, nausea, vomiting and muscle cramps. Heart effects with abnormal EKG can also occur with very high exposures

Prolonged or repeated exposures may produce necrosis and perforation of the nasal septum.

CHRONIC HEALTH EFFECTS

» Symptoms of chronic poisoning by inhalation include weight loss, nausea and diarrhoea alternating with constipation, pigmentation and eruption of the skin, loss of hair, peripheral neuritis, blood disorders (anaemia), striations on fingernails and toenails. Long-term exposure can cause an ulcer or hole in the 'bone' dividing the

inner nose. Hoarseness and sore eyes also occur. Subacute and chronic exposure to arsenic and its organic salts may produce anorexia, mild gastrointestinal disturbances (nausea and vomiting), low grade fever, persistent headache, pallor, weakness and catarrhal inflammation. Stomatitis (oral lesions) and salivation are common. High or repeated exposure can cause nerve damage with 'pins and needles', burning, numbness, and later weakness of arms and legs. Repeated exposure can also damage the liver, causing narrowing of the blood

vessels, or interfere with bone marrow's ability to make red blood cells.

Skin afflictions are many and varied; erythema, eczema, pigmentation (arsenic melanosis), diffuse alopecia, keratosis (especially of the palms and soles), scaling and desquamation, brittle nails, white lines or bands on the nails (Mees lines), loss of hair and nails and localised subcutaneous oedema (especially of the eye-lids). Signs of renal damage may also develop. Liver enlargement (hepatomegaly) with jaundice (and sometimes pruritus) may develop into cirrhosis with accumulation of body fluids in the abdominal cavity (ascites). Nervous system effects involving the extremities (numbness, tingling, burning pain, weakness, incoordination) may also occur.

Arsenic exposure is linked with increase in diseases including ischaemia, cerebrovascular disease and carotid atherosclerosis. Several cytokines and growth factors involved in inflammation, have been identified in humans after prolonged exposure; these may heighten the risk of atherosclerosis (1). Individual variability in arsenic metabolism may determine susceptibility to arsenic disease. Genetic polymorphism (variability) for enzymes instrumental in arsenic metabolism (purine nucleoside phosphorylase and glutathione S-transferase omega 1-1) has been identified amongst individuals of European and Mexican Hispanic (indigenous) ancestry (2).

Many cases of skin cancer have been reported among people exposed to arsenic through medical treatment with inorganic trivalent arsenic compounds. In some instances skin cancers have occurred in combination with other cancers, such as liver angiosarcoma, intestinal and urinary bladder carcinomas and meningioma. Epidemiological studies of cancer after medical treatment have shown an excess of skin cancers but no clear

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association with other cancers has been shown.

Prolonged inhalation of arsenical dusts are implicated in lung cancer. Occupational exposure to inorganic arsenic, especially in mining and copper smelting, has consistently been associated with an increased risk of cancer. An almost tenfold increase in the incidence of lung cancer was found in workers most heavily exposed to arsenic and relatively clear dose-response relationships have been obtained with regard to cumulative exposure. Other smelter worker population's have been shown to have consistent increases in lung cancer incidence, as well as increases of about 20% in the incidence of gastrointestinal cancer and of 30% for renal cancer and haematolymphatic malignancies

An association between environmental exposure to arsenic through drinking water and skin cancer has been observed and confirmed. Epidemiological studies in areas where drinking water contained 0.35-1.14 mg/l arsenic elevated risks for cancers of the bladder, kidney, skin, liver, lung and colon in both men and women. Taiwanese exposed to naturally occurring arsenic in well-water have experienced skin cancer. Inorganic and organic arsenics are established carcinogens in man. Chronic human exposure to non-overtly toxic doses of arsenic is associated with carcinogenicity, although the mechanism is not fully understood. Arsenic does not directly cause DNA damage or mutations. Data indicates that nontoxic doses of arsenite can interact with glucocorticoid receptor (GR) complexes and selectively inhibit GR-mediated transcription which is associated with altered nuclear function (3).

(1) Wu et al; Environmental Health Perspectives, 111, 1429-1438, 2003

(2) Yu et al; Environmental Health Perspectives, 111, 1421-1427, 2003

(3) Kaltreider et al; Environmental Health Perspectives, 109, pp 245-251, 2001.

On the basis of limited epidemiological data, the material is regarded as carcinogenic to humans. At least one classification body considers that there is sufficient data to establish a causal association between human exposure to the material and the development of cancer.

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

There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.

TOXICITY AND IRRITATION

» No significant acute toxicological data identified in literature search.

CARCINOGEN

arsenazo III	International Agency for Research on Cancer (IARC) Carcinogens	Group	1
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Section 12 - ECOLOGICAL INFORMATION

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

This material and its container must be disposed of as hazardous waste.

Avoid release to the environment.

Refer to special instructions/ safety data sheets.

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC

HAZCHEM: None

UNDG:

Dangerous Goods Class:	6.1	Subrisk:	None
UN Number:	3465	Packing Group:	III
Shipping Name: ORGANOARSENIC COMPOUND, SOLID, N.O.S. (contains arsenazo III)			

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	3465	Packing Group:	III
Special provisions:	A3 A5		
Shipping Name: ORGANOARSENIC COMPOUND, SOLID, N.O.S. *(CONTAINS ARSENazo III)			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	3465	Packing Group:	III
EMS Number:	F- A, S- A	Special provisions:	223 274 944
Limited Quantities:	5 kg	Marine Pollutant:	Not Determined
Shipping Name: ORGANOARSENIC COMPOUND, SOLID, N.O.S.(contains arsenazo III)			

Section 15 - REGULATORY INFORMATION

REGULATIONS

arsenazo III (CAS: 1668-00-4) is found on the following regulatory lists;
International Agency for Research on Cancer (IARC) Carcinogens

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.

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