



4-CHLOROBENZYL CYANIDE

GHS SAFETY DATA SHEET

Version No:2.0
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

4-CHLOROBENZYL CYANIDE

OTHER NAMES

C8-H6-Cl-N, ClC6H4CH2CN, 4-(chlorophenyl)acetonitrile, 4-(chlorophenyl)acetonitrile, p-chlorophenylacetonitrile, p-chlorophenylacetonitrile, "benzeneacetonitrile, 4-chloro-", "benzeneacetonitrile, 4-chloro-", 4-chlorobenzeneacetonitrile, 4-chlorobenzeneacetonitrile, "p-chlorobenzyl cyanide", "p-chlorobenzyl cyanide", 2-(4-chlorophenyl)acetonitrile, 2-(4-chlorophenyl)acetonitrile

PROPER SHIPPING NAME

TOXIC SOLID, ORGANIC, N.O.S.

PRODUCT USE

Intermediate.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

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

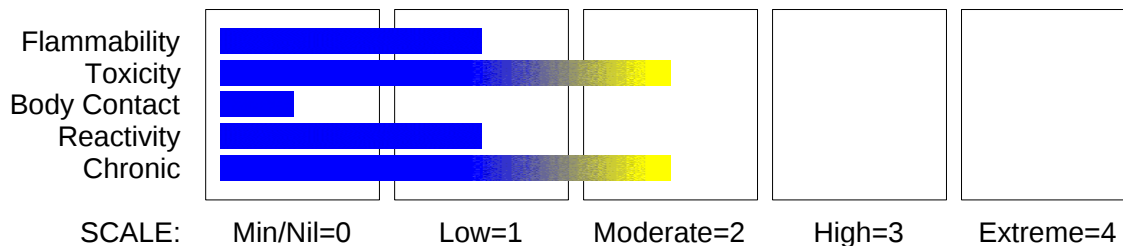
technical@sdfine.com

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HAZARD RATINGS



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Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Oral) Category 2



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H300

Fatal if swallowed

PRECAUTIONARY STATEMENTS

Prevention

Wash hands thoroughly after handling.

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

Response

Specific treatment: refer to Label or MSDS.

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

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
4- chlorobenzyl cyanide	140-53-4	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

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

· IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.

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

Where Medical attention is not immediately available or where the patient is more than 15

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minutes from a hospital or unless instructed otherwise:

- Induce vomiting with fingers down the back of the of the throat, ONLY IF CONSCIOUS.
- Lean patient forward or place on left side (head-down position if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

- 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.

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.

NOTES TO PHYSICIAN

May produce metabolic nitrile.

- Signs symptoms of acute cyanide poisoning reflect cellular hypoxia and are often non-specific.
- Cyanosis may be a late finding.
- A bradycardic, hypertensive and tachypneic patient suggests poisoning especially if CNS and cardiovascular depression subsequently occurs.
- Immediate attention should be directed towards assisted ventilation, administration of 100% oxygen, insertion of intravenous lines and institution of cardiac monitoring.
- Obtain an arterial blood gas immediately and correct any severe metabolic acidosis (pH below 7.15).
- Mildly symptomatic patients generally require supportive care alone. Nitrites should not be given indiscriminately - in all cases of moderate to severe poisoning, they should be given in conjunction with thiosulfate. As a temporizing measure supply amyl nitrite perles (0.2ml inhaled 30 seconds every minute) until intravenous lines for sodium nitrite are established. 10 ml of a 3% solution is administered over 4 minutes to produce 20%

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methaemoglobin in adults. Follow directly with 50 ml of 25% sodium thiosulfate, at the same rate, IV. If symptoms reappear or persist within 1/2-1 hour, repeat nitrite and thiosulfate at 50% of initial dose. As the mode of action involves the metabolic conversion of the thiosulfate to thiocyanate, renal failure may enhance thiocyanate toxicity.

- Methylene blue is not an antidote. [Ellenhorn and Barceloux: Medical Toxicology]

If amyl nitrite intervention is employed then Medical Treatment Kits should contain the following:

- One box containing one dozen amyl nitrite ampoules
- Two sterile ampoules of sodium nitrite solution (10 mL of a 3% solution in each)
- Two sterile ampoules of sodium thiosulfate solution (50 mL of a 25% solution in each)
- One 10 mL sterile syringe. One 50 mL sterile syringe. Two sterile intravenous needles.

One tourniquet.

- One dozen gauze pads.

- Latex gloves

- A "Biohazard" bag for disposal of bloody/contaminated equipment.

- A set of cyanide instructions on first aid and medical treatment.

- Notes on the use of amyl nitrite:-

- AN is highly volatile and flammable - do not smoke or use around a source of ignition.

- If treating patient in a windy or draughty area provide some shelter or protection (shirt, wall, drum, cupped hand etc.) to prevent amyl nitrite vapour from being blown away. Keep ampoule upwind from the nose, the objective is to get amyl nitrite into the patients lungs.

- Rescuers should avoid AN inhalation to avoid becoming dizzy and losing competence.

- Lay the patient down. Since AN dilates blood vessels and lowers blood pressure, lying down will help keep patient conscious.

- DO NOT overuse - excessive use might put the patient into shock. Experience at DuPont plants has not shown any serious after-effects from treatment with amyl nitrite.

ADDITIONAL NOTES:

- Major medical treatment procedures may vary e.g. US (FDA method as recommended by DuPont) uses amyl nitrite as a methaemoglobin generator, followed by treatment with sodium nitrite and then sodium thiosulfate.

MODES OF ACTION: Amyl nitrite (AN) reacts with haemoglobin (HB) to form about 5% methaemoglobin (MHB). Sodium nitrite (NaNO_2) reacts with haemoglobin to form approximately 20-30% methaemoglobin. Methaemoglobin attracts cyanide ions (CN) from tissue and binds with them to become cyanmethaemoglobin (CNMHB). Sodium thiosulfate ($\text{Na}_2\text{S}_2\text{O}_3$) converts cyanmethaemoglobin to thiocyanate (HSCN) which is excreted by the kidneys. i.e. $\text{AN} + \text{HB} = \text{MHB}$ $\text{NaNO}_2 + \text{HB} = \text{MHB}$ $\text{CN} + \text{MHB} = \text{CNMHB}$ $\text{Na}_2\text{S}_2\text{O}_3 + \text{CNMHB} + \text{O}_2 = \text{HSCN}$

- The administration of the antidote salts is intravenous in normal saline, Ringers lactate or other available IV fluid.

- European practice may use 4-dimethylaminophenol (DMAP) as a methaemoglobin generator.

Also hydroxycobalamin (Vitamin B12a) is used. Hydroxycobalamin works by reacting with cyanide to form cyanocobalamin (Vitamin B12) which is excreted in the urine.

- European and Australian NOHSC (Worksafe) propose dicobalt edetate (Kelocyanor) as antidote. This acts by chelating cyanide to form stable cobalticyanide, which is excreted in the urine. In all cases hyperbaric therapy may increase the efficiency of a cyanide antidote kit.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Foam.

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- 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 full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- If safe, switch off electrical equipment until vapour fire hazard removed.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- Avoid spraying water onto liquid pools.
- 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.

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), nitrogen oxides (NOx) and hydrogen chloride.

FIRE INCOMPATIBILITY

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

Personal Protective Equipment

Breathing apparatus.
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 all spills immediately.
- Avoid contact with skin and eyes.
- Wear impervious gloves and safety glasses.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and

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use).

- Place spilled material in clean, dry, sealable, labelled container.

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.
- 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.
- 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.

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SUITABLE CONTAINER

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

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents, bases and strong reducing agents.
Avoid strong acids.

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.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
4- chlorobenzyl cyanide	25	

MATERIAL DATA

These "dusts" have little adverse effect on the lungs and do not produce toxic effects or organic disease. Although there is no dust which does not evoke some cellular response at sufficiently high concentrations, the cellular response caused by P.N.O.C.s has the following characteristics:

- the architecture of the air spaces remain intact,
- scar tissue (collagen) is not synthesised to any degree,
- tissue reaction is potentially reversible.

Extensive concentrations of P.N.O.C.s may:

- seriously reduce visibility,
- cause unpleasant deposits in the eyes, ears and nasal passages,
- contribute to skin or mucous membrane injury by chemical or mechanical action, per se, or by the rigorous skin cleansing procedures necessary for their removal. [ACGIH]

This limit does not apply:

- to brief exposures to higher concentrations
- nor does it apply to those substances that may cause physiological impairment at lower concentrations but for which a TLV has as yet to be determined.

This exposure standard applies to particles which

- are insoluble or poorly soluble* in water or, preferably, in aqueous lung fluid (if data is available) and
- have a low toxicity (i.e.. are not cytotoxic, genotoxic, or otherwise chemically reactive with lung tissue, and do not emit ionizing radiation, cause immune sensitization, or cause toxic effects other than by inflammation or by a mechanism of lung overload).

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PERSONAL PROTECTION



EYE

- Safety glasses.
- 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

- Barrier cream with polyethylene gloves.
- Butyl rubber gloves or Neoprene gloves or PVC gloves.
- Safety footwear.

OTHER

- Overalls.
- Impervious protective clothing.
 - Eyewash 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

General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

ventilation in warehouse or closed storage areas. 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

White solid; does not mix well with water.

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Contact with acids liberates very toxic gas.

Molecular Weight: 151.60

Melting Range (°C): 30.5

Boiling Range (°C): 265- 267

Specific Gravity (water=1): Not available

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Solubility in water (g/L): Immiscible
pH (1% solution): Not applicable
Volatile Component (%vol): Negligible
Relative Vapour Density (air=1): >1
Lower Explosive Limit (%): Not available
Autoignition Temp (°C): Not available
State: Divided solid

pH (as supplied): Not applicable
Vapour Pressure (kPa): Negligible
Evaporation Rate: Not available
Flash Point (°C): >110
Upper Explosive Limit (%): Not available.
Decomposition Temp (°C): Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual. Considered an unlikely route of entry in commercial/industrial environments. Many nitriles produce similar symptoms to those produced by hydrogen cyanide but the onset of these symptoms is related to the ease with which cyanide is metabolically released from the substance. Frequently they produce primary eye and skin irritation and are absorbed rapidly and completely through intact skin. The toxicity of individual nitriles is sufficiently different to discourage use of the term "organic nitriles". Symptoms of poisoning may include salivation, nausea without vomiting, anxiety, confusion, vertigo, giddiness, lower jaw stiffness, convulsions, spasm (opisthotonos), paralysis, coma and cardiac arrhythmias. Cyanide readily forms stable complexes with biologically active metal ions, notably the ferric ion of cytochrome oxidase, producing significant inhibition of enzyme activity with a consequent loss of a cell's ability to utilise oxygen. Cyanosis (blue-grey discolouration of the skin and lips) is often present in cyanide and nitrile poisonings but may be a late finding. Non-lethal doses of cyanide are eventually released from the complex to be transformed to thiocyanate and excreted in the urine.

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

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

4-CHLOROBENZYL CYANIDE

INHALED

Inhalation may produce health damage*.

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.

Inhalation hazard is increased at higher temperatures.

Inhalation of vapour may aggravate a pre-existing respiratory condition.

CHRONIC HEALTH EFFECTS

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

Chronic exposure to cyanides and certain nitriles may result in interference to iodine uptake by thyroid gland and its consequent enlargement. This occurs following metabolic conversion of the cyanide moiety to thiocyanate. Thyroid insufficiency may also occur as a result of metabolic conversion of cyanides to the corresponding thiocyanate. Exposure to small amounts of cyanide compounds over long periods are reported to cause loss of appetite, headache, weakness, nausea, dizziness, abdominal pain, changes in taste and smell, muscle cramps, weight loss, flushing of the face, persistent runny nose and irritation of the upper respiratory tract and eyes. These symptoms are not specific to cyanide exposure and therefore the existence of a chronic cyanide toxicity remains speculative. Repeated minor contact with cyanides produces a characteristic rash with itching, papules (small, superficial raised spots on the skin) and possible sensitisation. Concerns have been expressed that low-level, long term exposures may result in damage to the nerves of the eye.

TOXICITY AND IRRITATION

TOXICITY

Intraperitoneal (mouse) LD50: 27 mg/kg

Intravenous (mouse) LD50: 56 mg/kg

Spastic paralysis, convulsions recorded.

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant: Not Determined

No data for 4-chlorobenzyl cyanide.

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

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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 4-chlorobenzyl cyanide as CAS: 140-53-4.

Section 16 - OTHER INFORMATION

Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
4- chlorobenzyl cyanide	140- 53- 4	R43

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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