

BARIUM DIPHENYLAMINE SULPHONATE

Version No:2.0
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GHS SAFETY DATA SHEET

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

BARIUM DIPHENYLAMINESULFONATE

OTHER NAMES

C₂₄H₂₀N₂S₂O₆Ba, (C₆H₅NHC₆H₄SO₃)₂Ba, "diphenylaminesulfonic acid, barium salt", "benzenesulfonic acid(phenylamino), barium salt", "4-(phenylamino)benzenesulfonic acid, barium salt", "4-(phenylamino)benzenesulfonic acid, barium salt", "p-anilinobenzenesulfonic acid, barium salt", "p-anilinobenzenesulfonic acid, barium salt", "N-phenylsulfanilic acid, barium salt", "N-phenylsulfanilic acid, barium salt", "diphenylamine sulphonate barium salt", "barium diphenylamine sulphonate", "barium diphenylamine sulfonate"

PROPER SHIPPING NAME

BARIUM COMPOUND, N.O.S.

PRODUCT USE

Used as a laboratory Redox indicator in oxidation-reduction titrations, changes from colourless to violet at transition EMF +0.84 volts.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

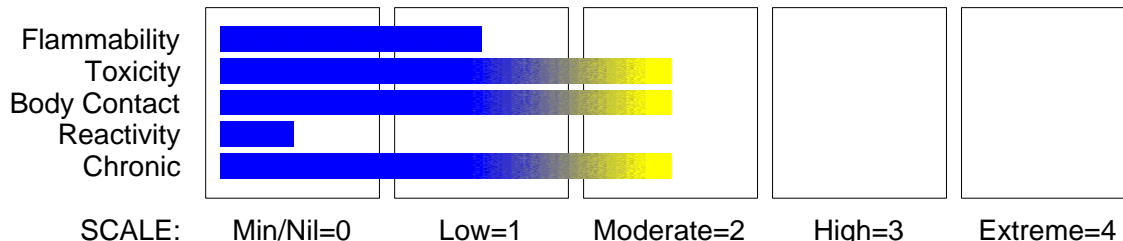
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HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Inhalation) Category 4
Acute Toxicity (Oral) Category 4
Respiratory Irritation Category 3
Respiratory Sensitizer Category 1



EMERGENCY OVERVIEW

HAZARD

DANGER
Determined by using GHS criteria:
H335 H332 H302 H334
May cause respiratory irritation
Harmful if inhaled
Harmful if swallowed
May cause allergic or asthmatic symptoms or breathing difficulties if inhaled

PRECAUTIONARY STATEMENTS

Prevention

Avoid breathing dust/fume/gas/mist/vapours/spray.
Use only outdoors or in a well ventilated area.
In case of inadequate ventilation wear respiratory protection.
Wash hands thoroughly after handling.
Do not eat, drink or smoke when using this product.

Response

If experiencing respiratory symptoms call a POISON CENTER or doctor/physician.
IF INHALED: If breathing is difficult, remove to fresh air and keep at rest in a position comfortable for breathing.
Call a POISON CENTER or doctor/physician if you feel unwell.
Specific treatment: refer to Label or MSDS.
IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

BARIUM DIPHENYLAMINE SULPHONATE

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Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
barium diphenylaminesulfonate	1300-92-1	> 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 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 or hair contact occurs:

· Immediately flush body and clothes with large amounts of water, using safety shower if available.

· Quickly remove all contaminated clothing, including footwear.

· Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.

· Transport to hospital, or doctor.

INHALED

· If dust is inhaled, remove from contaminated area.

· Encourage patient to blow nose to ensure clear passage of breathing.

· If irritation or discomfort persists seek medical attention.

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

· Lay patient down. Keep warm and rested.

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BARIUM DIPHENYLAMINE SULPHONATE

- 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

- After ingestion of barium acid salts, severe gastro-intestinal irritation followed by muscle twitching, progressive flaccid paralysis and severe hypokalemia and hypertension, occurs.
- Respiratory failure, renal failure and occasional cardiac dysrhythmias may result from an acute ingestion.
- Use sodium sulfate as a cathartic. Add 5-10 gm of sodium sulfate to lavage solution or as fluid supplement to Ipecac syrup (the sulfate salt is not absorbed)
- Monitor cardiac rhythm and serum potassium closely to establish the trend over the first 24 hours. Large doses of potassium may be needed to correct the hypokalemia.
- Administer generous amounts of fluid replacement but monitor the urine and serum for evidence of renal failure. [Ellenhorn and Barceloux: Medical Toxicology].

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

FIRE FIGHTING

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

FIRE/EXPLOSION HAZARD

- Solid which exhibits difficult combustion or is difficult to ignite.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
- Dry dust can also be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.
- All movable parts coming in contact with this material should have a speed of less than 1-metre/sec.

BARIUM DIPHENYLAMINE SULPHONATE

May emit poisonous fumes.

Decomposes on heating and produces acrid and toxic fumes of: sulfur oxides (SOx) and metal oxides.

FIRE INCOMPATIBILITY

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

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- 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.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

barium diphenylaminesulfonate 200 mg/m³

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

barium diphenylaminesulfonate 10 mg/m³

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

barium diphenylaminesulfonate 6 mg/m³

BARIUM DIPHENYLAMINE SULPHONATE

The threshold concentration below which most people will experience no appreciable risk of health effects:
barium diphenylaminesulfonate 2 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	>= 0.1%	Toxic (T)	>= 3.0%
R50	>= 0.25%	Corrosive (C)	>= 5.0%
R51	>= 2.5%		
else	>= 10%		

where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: *May be stored together*

O: *May be stored together with specific preventions*

X: *Must not be stored together*

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- 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

Glass container.

Plastic container.

Polylined drum.

- Check that containers are clearly labelled.

BARIUM DIPHENYLAMINE SULPHONATE

Packaging as recommended by manufacturer.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising 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

The following materials had no OELs on our records

- barium diphenylaminesulfonate:

CAS:1300- 92- 1 CAS:6211- 24- 1

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

Wear chemical protective gloves, eg. PVC.
Wear safety footwear.

OTHER

No special equipment needed when handling small quantities.
OTHERWISE:

continued...

BARIUM DIPHENYLAMINE SULPHONATE

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- Overalls.
- Barrier cream.
- 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.

If exposure to workplace dust is not controlled, respiratory protection is required; wear SAA approved dust respirator.

Correct respirator fit is essential to obtain adequate protection.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White crystals. No odour. Very slightly soluble in water.

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Molecular Weight: 536.59

Melting Range (°C): Not available.

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable

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 available

Upper Explosive Limit (%): Not available

Decomposition Temp (°C): Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

Product is considered stable and hazardous polymerisation will not occur.

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Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

Ingestion of soluble barium compounds may result in ulceration of the mucous membranes of the gastrointestinal tract, tightness in the muscles of the face and neck, gastroenteritis, vomiting, diarrhoea, muscular tremors and paralysis, anxiety, weakness, laboured breathing, cardiac irregularity due to contractions of smooth, striated and cardiac muscles (often violent and painful), slow irregular pulse, hypertension, convulsions and respiratory failure.

The substance and/or its metabolites may bind to haemoglobin inhibiting normal uptake of oxygen. This condition, known as "methaemoglobinemia", is a form of oxygen starvation (anoxia).

Symptoms include cyanosis (a bluish discolouration skin and mucous membranes) and breathing difficulties. Symptoms may not be evident until several hours after exposure.

At about 15% concentration of blood methaemoglobin there is observable cyanosis of the lips, nose and earlobes. Symptoms may be absent although euphoria, flushed face and headache are commonly experienced. At 25-40%, cyanosis is marked but little disability occurs other than that produced on physical exertion. At 40-60%, symptoms include weakness, dizziness, lightheadedness, increasingly severe headache, ataxia, rapid shallow respiration, drowsiness, nausea, vomiting, confusion, lethargy and stupor. Above 60% symptoms include dyspnea, respiratory depression, tachycardia or bradycardia, and convulsions. Levels exceeding 70% may be fatal.

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.

Open cuts, abraded or irritated skin should not be exposed to this material.

INHALED

Limited evidence exists, or practical experience predicts, that the material produces irritation of the respiratory system in a significant number of individuals following inhalation.

Barium fumes are respiratory irritants. Over-exposure to barium dusts and fume may result in rhinitis, frontal headache, wheezing, laryngeal spasm, salivation and anorexia. Long term effects include nervous disorders and adverse effects on the heart, circulatory system and musculature. Heavy exposures may result in a benign pneumoconiosis.

BARIUM DIPHENYLAMINE SULPHONATE

Absorbed sulfonates are quickly distributed through living systems and are readily excreted. Toxic effects may result from the effects of binding to proteins and the ability of sulfonates to translocate potassium and nitrate (NO₃⁻) ions from cellular to interstitial fluids. Airborne sulfonates may be responsible for respiratory allergies and , in some instances, minor dermal allergies.

CHRONIC HEALTH EFFECTS

Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population.

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.

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

Workers exposed to barium compounds have been reported to show an increased incidence of hypertension, irritation of the respiratory system, and damage to the spleen, liver and bone marrow. Long term exposure to some barium compounds (especially inorganic species) may produce a condition known as baritosis, a form of benign pneumoconiosis. X-ray may show this when no other abnormal signs are present.

Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. Barium sulfate produces noncollagenous pneumoconiosis identified by minimal stromal reaction, consisting mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible. Miners of ores containing barium sulfate do not show symptoms, abnormal physical signs, an incapacity to work, diminished lung function, an increased likelihood of developing pulmonary or other bronchial infections or other thoracic disease despite the fact that particulate matter may have been retained in the lungs for many years.

Most arylamines are powerful haemopoietic poisons producing methaemoglobinaemia in humans. High chronic doses cause splenic congestion and in turn sarcoma formation. Single ring aromatic amines are relatively weak carcinogens requiring large doses to produce any effect in animal experiments. The polycyclic aromatic amines exhibit a wide range of carcinogenic activity which appear, in part, to be dependent on the position on which benzene rings are substituted and the nature of the substituent.

TOXICITY AND IRRITATION

No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

No data for barium diphenylaminesulfonate.

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Authority for disposal.
- Bury or incinerate residue at an approved site.

BARIUM DIPHENYLAMINE SULPHONATE

- Recycle containers if possible, or dispose of in an authorised landfill.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC
HAZCHEM: 2Z

UNDG:

Dangerous Goods Class:	6.1	Subrisk:	None
UN Number:	1564	Packing Group:	III
Shipping Name: BARIUM COMPOUND, N.O.S.			

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	1564	Packing Group:	III
ERG Code:	6L		
Shipping name: BARIUM COMPOUND, N.O.S.			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	1564	Packing Group:	III
EMS Number:	F- A, S- A		
Shipping name: BARIUM COMPOUND, N.O.S.			

Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable
No data available for barium diphenylaminesulfonate as CAS: 1300-92-1, CAS: 6211-24-1.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
barium diphenylaminesulfonate	1300- 92- 1, 6211- 24- 1

BARIUM DIPHENYLAMINE SULPHONATE

The above information is believed to be accurate and represent the best information currently available to us, but does not represent any warranty expressed or implied of the properties of the product. User should make their own investigation to determine the suitability of the information for their particular purpose.

Issue Date: 12-May-2018