



FERROIN SOLN.

Version No:2.0

Page 1 of 15

GHS SAFETY DATA SHEET

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

1,10-PHENANTHROLINE/ FERROUS SULFATE SOLUTION

OTHER NAMES

C36-H24-Fe-N6-O4-S, "Ferroin solution", "1, 10-phenanthroline iron (II) sulphate complex", "1, 10-phenanthroline iron (II) sulphate complex"

PRODUCT USE

Commonly known as "Ferroin" which is used as an indicator in oxidation-reduction systems, and in the determination of nickel, ruthenium, silver and other metals.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,

MUMBAI- 400030.INDIA.

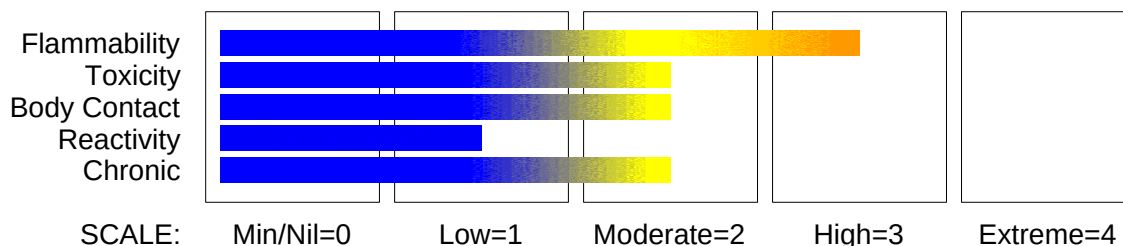
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Eye Irritation Category 2B

Respiratory Irritation Category 3

Skin Corrosion/Irritation Category 3

continued...

FERROIN SOLN.



EMERGENCY OVERVIEW

HAZARD

WARNING

Determined by using GHS criteria:

H335 H316 H320

May cause respiratory irritation

Causes mild skin irritation

Causes eye irritation

PRECAUTIONARY STATEMENTS

Prevention

Wash hands thoroughly after handling.

Response

If skin irritation occurs, seek medical advice/attention.

If eye irritation persists, get medical advice/attention.

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

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
0.025 M complex of		
1, 10- phenanthroline monohydrate	5144-89-8	
ferric sulfate	10028-22-5	
water	7732-18-5	>90

Section 4 - FIRST AID MEASURES

SWALLOWED

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

EYE

- If this product comes in contact with the eyes:
- Wash out immediately with fresh running water.
 - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and

FERROIN SOLN.

moving the eyelids by occasionally lifting the upper and lower lids.
· If pain persists or recurs seek medical attention.
· 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.
· Other measures are usually unnecessary.

NOTES TO PHYSICIAN

For acute or short term repeated exposures to ethanol:

· Acute ingestion in non-tolerant patients usually responds to supportive care with special attention to prevention of aspiration, replacement of fluid and correction of nutritional deficiencies (magnesium, thiamine pyridoxine, Vitamins C and K).
· Give 50% dextrose (50-100 ml) IV to obtunded patients following blood draw for glucose determination.
· Comatose patients should be treated with initial attention to airway, breathing, circulation and drugs of immediate importance (glucose, thiamine).
· Decontamination is probably unnecessary more than 1 hour after a single observed ingestion. Cathartics and charcoal may be given but are probably not effective in single ingestions.
· Fructose administration is contra-indicated due to side effects.

For acute and short term repeated exposures to methanol:

· Toxicity results from accumulation of formaldehyde/formic acid.
· Clinical signs are usually limited to CNS, eyes and GI tract Severe metabolic acidosis may produce dyspnea and profound systemic effects which may become intractable. All symptomatic patients should have arterial pH measured. Evaluate airway, breathing and circulation.
· Stabilise obtunded patients by giving naloxone, glucose and thiamine.
· Decontaminate with Ipecac or lavage for patients presenting 2 hours post-ingestion. Charcoal does not absorb well; the usefulness of cathartic is not established.
· Forced diuresis is not effective; haemodialysis is recommended where peak methanol levels exceed 50 mg/dL (this correlates with serum bicarbonate levels below 18 mEq/L).
· Ethanol, maintained at levels between 100 and 150 mg/dL, inhibits formation of toxic metabolites and may be indicated when peak methanol levels exceed 20 mg/dL. An intravenous solution of ethanol in D5W is optimal.
· Folate, as leucovorin, may increase the oxidative removal of formic acid. 4-methylpyrazole may be an effective adjunct in the treatment. 8-Phenytoin may be preferable to diazepam for controlling seizure.

[Ellenhorn Barceloux: Medical Toxicology]

BIOLOGICAL EXPOSURE INDEX - BEI

Determinant	Index	Sampling Time	Comment
1. Methanol in urine	15 mg/l	End of shift	B, NS
2. Formic acid in urine	80 mg/gm creatinine	Before the shift at end of workweek	B, NS

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

continued...

FERROIN SOLN.

NS: Non-specific determinant - observed following exposure to other materials.
For poisons (where specific treatment regime is absent):

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 .
- 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.

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.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Alcohol stable 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.
- May be violently or explosively reactive.
- 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).
- Fight fire from a safe distance, with adequate cover.
- 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.

continued...

FERROIN SOLN.

- If safe to do so, remove containers from path of fire.

FIRE/EXPLOSION HAZARD

- Liquid and vapour are highly flammable.
 - Severe fire hazard when exposed to heat, flame and/or oxidisers.
 - Vapour may travel a considerable distance to source of ignition.
 - Heating may cause expansion or decomposition leading to violent rupture of containers.
 - On combustion, may emit toxic fumes of carbon monoxide (CO).
- Combustion products include: formaldehyde carbon dioxide (CO₂).

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.
Chemical splash suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb small quantities with vermiculite or other absorbent material.
- Wipe up.
- Collect residues in a flammable waste container.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- May be violently or explosively reactive.
- 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).
- 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 vapour.
- Contain or absorb spill with sand, earth or vermiculite.
- Use only spark-free shovels and explosion proof equipment.
- Collect recoverable product into labelled containers for recycling.
- 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.
- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.

continued...

FERROIN SOLN.

- 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:

1,10-phenanthroline/ ferrous sulfate solution 250 mg/m³

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

1,10-phenanthroline/ ferrous sulfate solution 50 mg/m³

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

1,10-phenanthroline/ ferrous sulfate solution 30 mg/m³

The threshold concentration below which most people will experience no appreciable risk of health effects:

1,10-phenanthroline/ ferrous sulfate solution 10 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 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, heat or ignition sources.
 - When handling, DO NOT eat, drink or smoke.
 - Vapour may ignite on pumping or pouring due to static electricity.
 - DO NOT use plastic buckets.
 - Earth and secure metal containers when dispensing or pouring product.
 - Use spark-free tools when handling.
 - Avoid contact with incompatible materials.
 - Keep containers securely sealed.
 - 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.
- DO NOT allow clothing wet with material to stay in contact with skin.

SUITABLE CONTAINER

- Packing as supplied by manufacturer.
 - Plastic containers may only be used if approved for flammable liquid.
 - Check that containers are clearly labelled and free from leaks.
 - For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : 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)
 - For manufactured product having a viscosity of at least 250 cSt. (23 deg. C)
 - Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C)
 - (i) : Removable head packaging;
 - (ii) : Cans with friction closures and
 - (iii) : low pressure tubes and cartridges may be used.
 - Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages
 - In addition, where inner packagings are glass and contain liquids of packing group I there must be sufficient inert absorbent to absorb any spillage, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.
- None known.

STORAGE INCOMPATIBILITY

- Incompatible with aluminium. DO NOT heat above 49 deg. C. in aluminium equipment.
- Avoid oxidising agents, acids, acid chlorides, acid anhydrides.
- None known.

FERROIN SOLN.

STORAGE REQUIREMENTS

- Store in original containers in approved flame-proof area.
- No smoking, naked lights, heat or ignition sources.
- DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
- Keep containers securely sealed.
- Store away from incompatible materials in a cool, dry well ventilated area.
- 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

- | | |
|--|---|
| • 1, 10- phenanthroline/ ferrous sulfate solution: | CAS:14634- 91- 4 |
| • 1, 10- phenanthroline monohydrate: | CAS:5144- 89- 8 CAS:66- 71- 7 |
| • ferric sulfate: | CAS:10028- 22- 5 CAS:15244- 10- 7 |
| • water: | CAS:7732- 18- 5 CAS:558440- 53- 2 CAS:558440- 22- 5 |

MATERIAL DATA

Not available. Refer to individual constituents.

INGREDIENT DATA

1,10-PHENANTHROLINE MONOHYDRATE:

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).

FERRIC SULFATE:

The recommended TLV is thought to reduce the likelihood of respiratory irritation and skin irritation from exposure to aerosols and mists of soluble iron salts.

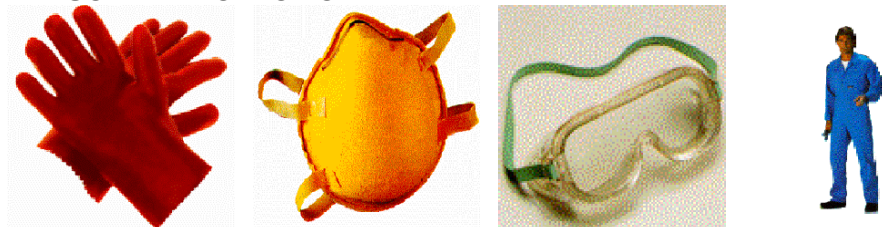
continued...

FERROIN SOLN.

WATER:

No exposure limits set by NOHSC or ACGIH.

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 or safety gumboots, eg. Rubber.

OTHER

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

RESPIRATOR

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Breathing Zone Level ppm (volume)	Maximum Protection Factor	Half- face Respirator	Full- Face Respirator
1000	10	- AUS P	-
1000	50	-	- AUS P
5000	50	Airline *	-
5000	100	-	- 2 P
10000	100	-	- 3 P
	100+		Airline**

* - Continuous Flow

** - Continuous-flow or positive pressure demand.

continued...

FERROIN SOLN.

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

For flammable liquids and flammable gases, local exhaust ventilation or a process enclosure ventilation system may be required. Ventilation equipment should be explosion-resistant.

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:

solvent, vapours, degreasing etc., evaporating
from tank (in still air).

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)

direct spray, spray painting in shallow booths,
drum filling, conveyer loading, crusher dusts,
gas discharge (active generation into zone of
rapid air motion)

Air Speed:

0.25- 0.5 m/s (50- 100 f/min.)

0.5- 1 m/s (100- 200 f/min.)

1- 2.5 m/s (200- 500 f/min.)

Within each range the appropriate value depends on:

Lower end of the range

1: Room air currents minimal or favourable to
capture

2: Contaminants of low toxicity or of nuisance
value only.

3: Intermittent, low production.

4: Large hood or large air mass in motion

Upper end of the range

1: Disturbing room air currents

2: Contaminants of high toxicity

3: High production, heavy use

4: Small hood- local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 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

Clear orange liquid; mixes with water.

continued...

FERROIN SOLN.

PHYSICAL PROPERTIES

Liquid.
Mixes with water.

Molecular Weight: Not applicable
Melting Range (°C): Not available
Solubility in water (g/L): Miscible
pH (1% solution): Not available
Volatile Component (%vol): Not available
Relative Vapour Density (air=1): Not available
Lower Explosive Limit (%): Not available
Autoignition Temp (°C): Not available
State: Liquid

Boiling Range (°C): >100
Specific Gravity (water=1): 0.999
pH (as supplied): Not applicable
Vapour Pressure (kPa): Not available
Evaporation Rate: Not available
Flash Point (°C): None
Upper Explosive Limit (%): Not available
Decomposition Temp (°C): Not available.
Viscosity: 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. Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury. Those possessing lower viscosity elicit a greater response. The result is a high blood level and prompt death at doses otherwise tolerated by ingestion without aspiration. As a general observation, alcohols are more powerful central nervous system depressants than their aliphatic analogues. In sequence of decreasing depressant potential, tertiary alcohols with multiple substituent OH groups are more potent than secondary alcohols, which, in turn, are more potent than primary alcohols. The potential for overall systemic toxicity increases with molecular weight, principally because the water solubility is diminished and lipophilicity is increased.

The material is not thought to produce adverse health effects following ingestion (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum.

EYE

Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

Evidence exists, or practical experience predicts, that the material may cause severe eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

SKIN

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

Skin contact with the material may be harmful; systemic effects may result following absorption.

The material may produce moderate skin irritation; limited evidence or practical experience suggests, that the material either:

- produces moderate inflammation of the skin in a substantial number of individuals following direct contact and/or
- produces significant, but moderate, 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.

Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man.

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

Inhalation may produce health damage*.

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

Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in

FERROIN SOLN.

arrhythmias and hypotension. Gastrointestinal effects may include nausea and vomiting. Kidney and liver damage may result following massive exposures. The alcohols are potential irritants being, generally, stronger irritants than similar organic structures that lack functional groups (e.g. alkanes) but are much less irritating than the corresponding amines, aldehydes or ketones. Alcohols and glycols (diols) rarely represent serious hazards in the workplace, because their vapour concentrations are usually less than the levels which produce significant irritation which, in turn, produce significant central nervous system effects as well.

The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.

Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination.

CHRONIC HEALTH EFFECTS

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

Long-term exposure to ethanol may result in progressive liver damage with fibrosis or may exacerbate liver injury caused by other agents.

Repeated ingestion of ethanol by pregnant women may adversely affect the central nervous system of the developing foetus, producing effects collectively described as foetal alcohol syndrome. These include mental and physical retardation, learning disturbances, motor and language deficiency, behavioural disorders and reduced head size.

Consumption of ethanol (in alcoholic beverages) may be linked to the development of Type I hypersensitivities in a small number of individuals. Symptoms, which may appear immediately after consumption, include conjunctivitis, angioedema, dyspnoea, and urticarial rashes. The causative agent may be acetic acid, a metabolite (1).

(1) Boehncke W.H., & H.Gall, Clinical & Experimental Allergy, 26, 1089-1091, 1996.

Long-term exposure to methanol vapour, at concentrations exceeding 3000 ppm, may produce cumulative effects characterised by gastrointestinal disturbances (nausea, vomiting), headache, ringing in the ears, insomnia, trembling, unsteady gait, vertigo, conjunctivitis and clouded or double vision. Liver and/or kidney injury may also result. Some individuals show severe eye damage following prolonged exposure to 800 ppm of the vapour.

Prolonged use of purgatives/ laxatives may produce watery diarrhoea with excessive loss of water and electrolytes (particularly potassium), muscular weakness and weight loss.

Changes in intestinal musculature associated with malabsorption, and dilation of the bowel, similar to ulcerative colitis and to megacolon may also result. Cardiac and renal symptoms have also been reported.

Principal route of exposure is usually by skin contact.

TOXICITY AND IRRITATION

1,10-PHENANTHROLINE MONOHYDRATE:

TOXICITY

Oral (rat) LD50: 132 mg/kg

IRRITATION

Nil Reported [Sigma Aldrich]

FERRIC SULFATE:

No significant acute toxicological data identified in literature search.

continued...

FERROIN SOLN.

Section 11 - TOXICOLOGICAL INFORMATION

Bacterial mutagen

WATER:

No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

DO NOT discharge into sewer or waterways.

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:

HAZCHEM: None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS:UN, IATA,
IMDG

Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable

No data available for 1,10-phenanthroline/ ferrous sulfate solution as CAS: 14634-91-4.

FERROIN SOLN.

Page 15 of 15

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
ferric sulfate	10028- 22- 5, 15244- 10- 7
water	7732- 18- 5, 558440- 53- 2, 558440- 22- 5

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: 4-Mar-2018