

L-ADRENALINE-D-HYDROGENTARTRATE

GHS Safety Data Sheet

Version No:5

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

L-ADRENALINE-D-HYDROGENTARTRATE

OTHER NAMES

C9-H13-NO3.C4-H6-O6,

"benzyl alcohol, 3, 4-dihydroxy-alpha-((methylamino)methyl)-, (-)-tartrate (1:1), (+)-", "adrenaline bitartrate", "adrenaline acid tartrate", "L-adrenalin D-bitartrate", "adrenaline hydrogen tartrate", "adrenaline tartrate", "L-adrenaline tartrate", "epinephrine bitartrate", "epinephrine D-bitartrate", "L-epinephrine D-bitartrate", "epinephrine hydrogen tartrate", "epinephrine tartrate", "L-epinephrine tartrate", Adrenatrate

PROPER SHIPPING NAME

MEDICINE, SOLID, TOXIC, N.O.S.(contains L-adrenaline-D-hydrogentartrate)

PRODUCT USE

A direct-acting sympathomimetic agent with pronounced effect on alpha- and beta-adrenergic receptors. Its action is likened to endogenous adrenaline released from the adrenal medulla in response to extreme physiological stress which increases speed and force of cardiac contraction, increases glucose output as well as markedly increasing oxygen consumption. Used to relieve bronchospasm in asthmatics, provide relief in acute allergy and may be life-saving in anaphylactic shock. Also indicated for cardiovascular procedures.

SUPPLIER

Company: S D FINE - CHEM LIMITED

Address:

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

248 WORLI ROAD,

MUMBAI- 400 030, INDIA

technical@sdfine.com

Telephone: 91- 22 24959898

Telephone: 91- 22 24959899

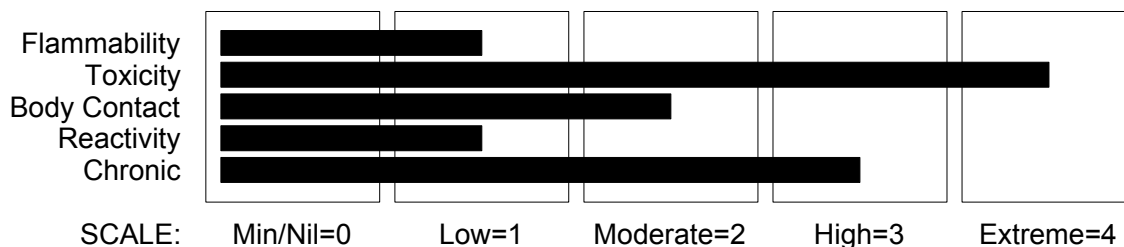
Fax: 91- 22 24937232

Section 2 - HAZARDS IDENTIFICATION

HAZARD RATINGS

continued...

L-ADRENALINE-D-HYDROGENTARTRATE



GHS Classification

Acute Toxicity (Inhalation) Category 4

Acute Toxicity (Oral) Category 1

Eye Irritation Category 2A

Reproductive Toxicity Category 1B

Respiratory Irritation Category 3

Skin Corrosion/Irritation Category 2



EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS criteria:

H335 H300 H300 H332 H315 H319 H360

May cause respiratory irritation

Fatal if swallowed

Fatal if swallowed

Harmful if inhaled

Causes skin irritation

Causes serious eye irritation

May damage the unborn child

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.

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

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

IF exposed or concerned: Get medical advice/ attention.

L-ADRENALINE-D-HYDROGENTARTRATE

Section 2 - HAZARDS IDENTIFICATION

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

Rinse mouth.

If eye irritation persists: Get medical advice/attention.

Storage

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

Store locked up.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
L- adrenaline- D- hydrogentartrate	51-42-3	>95

Section 4 - FIRST AID MEASURES

SWALLOWED

- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
 - For advice, contact a Poisons Information Centre or a doctor.
 - Urgent hospital treatment is likely to be needed.
 - 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.
 - 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 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.

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

- For adrenaline (epinephrine):
 - Because of rapid onset and short duration of adrenaline action, severe toxic reactions due to accidental administration of an overdose or to hypersensitivity should be by the immediate intravenous injection of
 - quick-acting alpha-adrenoceptor agents such as phentolamine mesylate (5-10 mg) followed by a beta-adrenoceptor blocker such as propranolol (2.5-5 mg).
 - Amyl nitrate, glyceryl trinitrate, phenoxybenzamine or chlorpromazine have also been used as alternatives in emergencies.
 - CAUTION: Care must be taken if a sympathomimetic agent is being treated with a monoamine oxidase inhibitor, (or within 14 days of stopping such treatment) or a tricyclic antidepressant (or within several days of stopping such treatment). Care must also be taken if a sympathomimetic drug is given to a patient receiving antihypertensive treatment
- Martindale.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

FIRE FIGHTING

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

FIRE/EXPLOSION HAZARD

- Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions.
- 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 (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds.; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.
- In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC)
- A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people.
- Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain

reactions of this type.

- Dry dust can 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-meter/sec
 - A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or pressure, may result in ignition especially in the absence of an apparent ignition source
 - One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapours).
 - Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases.
- Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.
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.

Section 6 - ACCIDENTAL RELEASE MEASURES

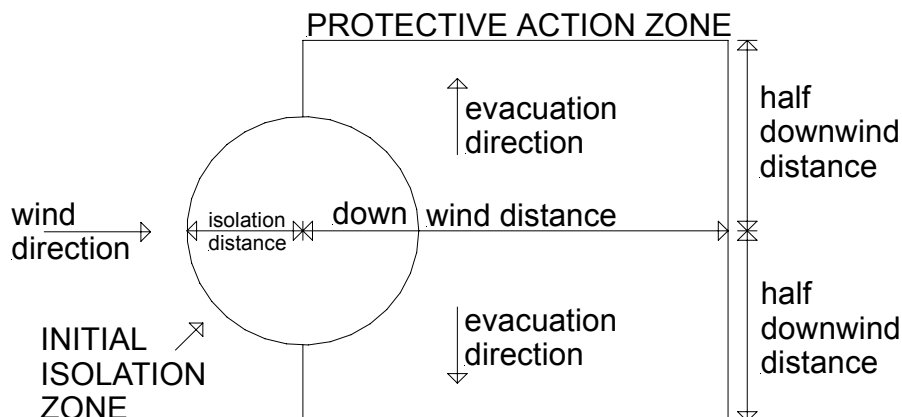
MINOR SPILLS

- 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 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.

PROTECTIVE ACTIONS FOR SPILL



From IERG (Canada/Australia)

Isolation Distance	25 metres
Downwind Protection Distance	250 metres
IERG Number	34

FOOTNOTES

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

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

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

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

LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.

5 Guide 151 is taken from the US DOT emergency response guide book.

6 IERG information is derived from CANUTEC - Transport Canada.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- 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.

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- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.

- Do NOT cut, drill, grind or weld such containers
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

SUITABLE CONTAINER

- Glass container is suitable for laboratory quantities.
- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

For low viscosity materials

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

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

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

-

Where combination packages are used, and the inner packages are of glass, 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 and II 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.

All inner and sole packagings for substances that have been assigned to Packaging Groups I or II on the basis of inhalation toxicity criteria, must be hermetically sealed.

STORAGE INCOMPATIBILITY

- Avoid oxidising agents, acids, acid chlorides, acid anhydrides, chloroformates.
- Avoid strong bases.

Heat and light accelerate decomposition.

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.

NOTE: Store in the dark.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



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

- L- adrenaline- D- hydrogentartrate:

CAS:51- 42- 3

MATERIAL DATA

L-ADRENALINE-D-HYDROGENTARTRATE:

■ It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

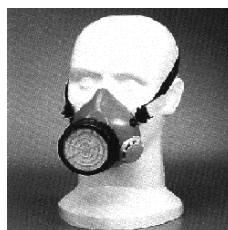
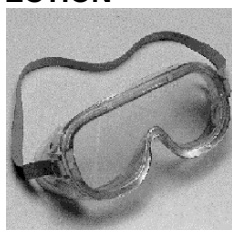
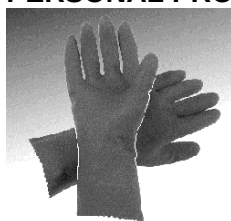
Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

PERSONAL PROTECTION



EYE

- Chemical protective goggles with full seal
- Shielded mask (gas-type)
- 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. Important factors in the selection of gloves include: such as:

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

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

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

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

- Rubber gloves (nitrile or low-protein, powder-free latex). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Protective shoe covers.
- Head covering.

OTHER

- For quantities up to 500 grams a laboratory coat may be suitable.
- For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.
- For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.
- For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.
- Eye wash unit.
- Ensure there is ready access to an emergency shower.
- For Emergencies: Vinyl suit.
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory . These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

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

■ For potent pharmacological agents:

Powders

To prevent contamination and overexposure, no open handling of powder should be allowed.

- Powder handling operations are to be done in a powders weighing hood, a glove box, or other equivalent ventilated containment system.
- In situations where these ventilated containment hoods have not been installed, a non-ventilated enclosed containment hood should be used.
- Pending changes resulting from additional air monitoring data, up to 300 mg can be handled outside of an enclosure provided that no grinding, crushing or other dust-generating process occurs.
- An air-purifying respirator should be worn by all personnel in the immediate area in cases where non-ventilated containment is used, where significant amounts of material (e.g., more than 2 grams) are used, or where the material may become airborne (as through grinding, etc.).
- Powder should be put into solution or a closed or covered container after handling.
- If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.

Solutions Handling:

- Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area.
- Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation.
- In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.
- Ensure gloves are protective against solvents in use.

Unless written procedures, specific to the workplace are available, the following is intended as a guide:

- For Laboratory-scale handling of Substances assessed to be toxic by inhalation. Quantities of up to 25 grams may be handled in Class II biological safety cabinets*; Quantities of 25 grams to 1 kilogram may be handled in Class II biological safety cabinets* or equivalent containment systems; Quantities exceeding 1 kg may be handled either using specific containment, a hood or Class II biological safety cabinet*,
- HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.
- The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated. Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated. When handling: Quantities of up to 25 grams, an approved respirator with HEPA filters or cartridges should be considered; Quantities of 25 grams to 1 kilogram, a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. Quantities in excess of 1 kilogram, a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered.

Written procedures, specific to a particular work-place, may replace these recommendations

* For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added, Laminar flow cabinets do not provide sufficient

continued...

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

protection when handling these materials unless especially designed to do so.

Pilot Plant and Production

- Wear appropriate gloves; lab coat, nylon coveralls or disposable Tyvek suit; safety glasses, safety shoes, and disposable booties. Use good manufacturing practices (i.e., cGMPs).
- Protective garment (coveralls, Tyvek, lab coat) is not to be worn outside the work area.
- Clean/dirty/decontamination areas are to be established.
- Negative/positive air pressure relationships and buffer zones required (i.e., ante-room/degowning room/airlock).
- Area access is to be restricted.
- High-energy operations such as milling, particle sizing, spraying or fluidising should be done within an approved emission control or containment system.
- Develop cleaning procedures and techniques that limit potential exposure.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White or greyish-white, odourless, crystalline powder or granules; mixes with water (1:3). Darkens on exposure to air and light. Practically insoluble in chloroform and ether. A 5.7% solution is iso-osmotic with serum.

PHYSICAL PROPERTIES

Solid.

Mixes with water.

State	Divided solid	Molecular Weight	333.3
Melting Range (°C)	147- 154 (decomp)	Viscosity	Not Applicable
Boiling Range (°C)	Not applicable	Solubility in water (g/L)	Miscible
Flash Point (°C)	Not available	pH (1% solution)	3 (5% solution)
Decomposition Temp (°C)	Not Available	pH (as supplied)	Not applicable
Autoignition Temp (°C)	Not available	Vapour Pressure (kPa)	Negligible
Upper Explosive Limit (%)	Not available	Specific Gravity (water=1)	Not available
Lower Explosive Limit (%)	Not available	Relative Vapour Density (air=1)	Not Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	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.

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual.

continued...

- As a result of enzymatic degradation in the gut and first-pass metabolism in the liver, adrenaline is almost totally inactive when given by mouth.
- Sympathomimetics, which mimic stimulation of the sympathetic nerves, cause a stimulatory effect on the heart and central nervous system, constriction of blood vessels supplying the skin and mucous membranes, dilation of blood vessels supplying muscles of movement, and widening of the airways. These drugs may act on the receptor or the release of the neurotransmitter noradrenaline. Central nervous effects include fear (feeling of "impending disaster"), anxiety, restlessness, tremor, sleep disturbance, confusion, irritability, weakness and hallucinations. There can be nausea and vomiting, loss of appetite, problems with urination, shortness of breath, disturbance in glucose levels and acid-base balance, sweating, excess saliva production and headache. Cardiovascular effects include changes in heart rate, irregularities in heart rhythm, low blood pressure with dizziness, fainting and flushing, or high blood pressure. Aerosols may cause death due to irregularities in the rhythm of the ventricles (two of the four chambers of the heart). Inhaling the material may cause death of heart tissue and heart attack.
- Stimulation of heart beta-1 adrenergic receptors may cause increased heart rate and irregularity of heartbeat, tightness and a constricting pain in the chest, palpitations and heart stoppage; low blood pressure with dizziness, fainting and flushing may also occur. Beta-1 receptors mediate the action of sympathomimetics; beta-2 receptors control dilation of the airways.
- Salts of tartaric acid (including Rochelle salt and Seidlitz powder) and the acid itself have all produced serious poisonings or fatalities in man. Gastrointestinal symptoms are marked and include violent vomiting, diarrhoea, abdominal pain and thirst followed by cardiovascular collapse and/or kidney failure.

EYE

- This material can cause eye irritation and damage in some persons.
- Melanin-like deposits in the cornea and conjunctiva may follow the use of eye-drops containing adrenaline and naso-lachrymal duct blockage may also occur. Repeated administration may cause oedema, hyperemia and inflammation of the eyes.

SKIN

- This material can cause inflammation of the skin on contact in some persons.
- The material may accentuate any pre-existing dermatitis condition.
- Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

- The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
- Inhalation of dusts, generated by the material during the course of normal handling, may produce serious damage to the health of the individual.
- Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.
- Inhalation exposure may cause susceptible individuals to show change in heart beat rhythm i.e. cardiac arrhythmia. Exposures must be terminated.

CHRONIC HEALTH EFFECTS

- Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is some evidence from animal testing that exposure to this material may result in toxic effects to the unborn baby. Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused

continued...

L-ADRENALINE-D-HYDROGENTARTRATE

Section 11 - TOXICOLOGICAL INFORMATION

by particles less than 0.5 micron penetrating and remaining in the lung. Prime symptom is breathlessness; lung shadows show on X-ray.

Side effects such as anxiety, dyspnoea, hyperglycaemia, restlessness, palpitations, tachycardia, tremors, weakness, dizziness, headache and coldness of the extremities may occur with small doses of adrenaline. Overdosage may result in cardiac arrhythmias, cerebral haemorrhage and pulmonary oedema.

May cause congenital malformation of the fetus if administered during pregnancy.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

TOXICITY AND IRRITATION

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

TOXICITY

Subcutaneous (rat) LDLo: 8.3 mg/kg

Intravenous (rat) LD50: 0.082 mg/kg

Oral (mouse) LD50: 4 mg/kg

Subcutaneous (Rat) LD50: 8.3 mg/kg

Intraperitoneal (Mouse) LD50: 7.8 mg/kg

Subcutaneous (Mouse) LD50: 11.1 mg/kg

Intravenous (Mouse) LD50: 1.78 mg/kg

■ Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

Reproductive effector

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

L-ADRENALINE-D-HYDROGENTARTRATE:

■ DO NOT discharge into sewer or waterways.

Section 13 - DISPOSAL CONSIDERATIONS

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

Otherwise:

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

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L-ADRENALINE-D-HYDROGENTARTRATE

Section 13 - DISPOSAL CONSIDERATIONS

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

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

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

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

- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- 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 land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC

HAZCHEM:

☐ 2X

Land Transport UNDG:

Class or division:	6.1	Subsidiary risk:	None
UN No.:	3249	UN packing group:	II
Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S. (contains L-adrenaline-D-hydrogentartrate)			

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	3249	Packing Group:	II
Special provisions:	A3		
Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(CONTAINS L-ADRENALINE-D-HYDROGENTARTRATE)			

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	3249	Packing Group:	II
EMS Number:	F- A, S- A	Special provisions:	221
Limited Quantities:	500 g		
Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(contains L-adrenaline-D-hydrogentartrate)			

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L-ADRENALINE-D-HYDROGENTARTRATE

Section 15 - REGULATORY INFORMATION

REGULATIONS

L-adrenaline-D-hydrogentartrate (CAS: 51-42-3) is found on the following regulatory lists;

"Australia Inventory of Chemical Substances (AICS)"

Section 16 - OTHER INFORMATION

■ Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Classification committee using available literature references.

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

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

Issue date: 17-07-2018