



FURFURALDEHYDE

GHS SAFETY DATA SHEET

Version No:4

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

FURFURAL

OTHER NAMES

C5-H4-O2, 2-furancarboxaldehyde, 2-furancarboxaldehyde, 2-furaldehyde, 2-furaldehyde, fural, 2-furaldehyde, 2-furaldehyde, 2-furancarboxal, 2-furancarboxal, furfuraldehyde, 2-furyl-methanal, 2-furyl-methanal

PROPER SHIPPING NAME

FURALDEHYDES

PRODUCT USE

Solvent refining of lubricating oils, butadiene, rosin, and other organic materials; solvent for nitrocellulose, cellulose acetate, shoe dyes; intermediate for tetrahydrofuran and furfuryl alcohol, phenolic and furan polymers; wetting agent in manufacture of abrasive wheels and brake linings, weed killer, fungicide, adipic acid and adiponitrile, road construction, production of lysine, refining of rare earths and metals, flavouring, analytical reagent.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

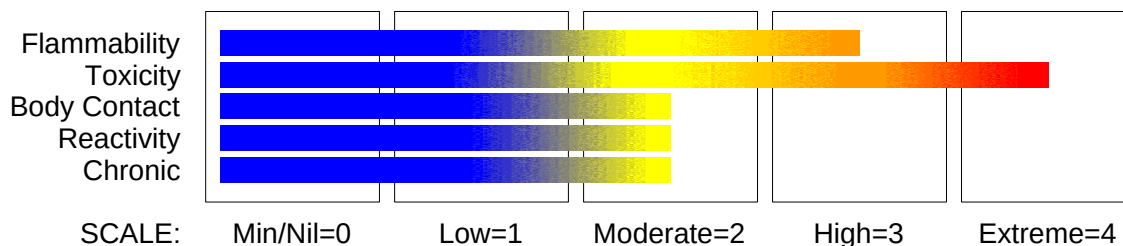
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HAZARD RATINGS



continued...

FURFURALDEHYDE

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Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Dermal) Category 4
Acute Toxicity (Inhalation) Category 2
Acute Toxicity (Oral) Category 3
Carcinogen Category 2
Eye Irritation Category 2A
Flammable Liquid Category 2
Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 3
Skin Sensitizer Category 1



EMERGENCY OVERVIEW

HAZARD

DANGER
Determined by using GHS criteria:
H335 H225 H330 H301 H312 H316 H319 H317 H351
May cause respiratory irritation
Highly flammable liquid and vapour
Fatal if inhaled
Toxic if swallowed
Harmful in contact with skin
Causes mild skin irritation
Causes serious eye irritation
May cause allergic skin reaction
Suspected of causing cancer

PRECAUTIONARY STATEMENTS

Prevention

Obtain special instructions before use.
Contaminated clothing should not be allowed out of the workplace.
Wash hands thoroughly after handling.
Do not eat, drink or smoke when using this product.
Wear respiratory protection.
Avoid breathing dust/fume/gas/mist/vapours/spray.
Use only outdoors or in a well ventilated area.
Wear protective gloves/clothing
Do not breathe dust/fume/gas/mist/vapours/spray.
Wear protective gloves and eye/face protection.
Use explosion-proof electrical/ventilating/lighting/equipment

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Keep container tightly closed.
Use personal protective equipment as required.
Keep away from heat/sparks/open flame - No smoking.
Use only non-sparking tools.
Do not handle until all safety precautions have been read and understood.
Take precautionary measures against static discharge
Ground/bond container and receiving equipment.

Response

If exposed or concerned: Get medical attention advice.
Wash contaminated clothing before reuse.
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
If eye irritation persists, get medical advice/attention.
If skin irritation or rash occurs, seek medical advice/attention.
Wear eye/face protection.
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
If skin irritation occurs, seek medical advice/attention.
Specific treatment: refer to Label or MSDS.
Call a POISON CENTER or doctor/physician if you feel unwell.
If on skin or hair: remove/take off immediately all contaminated clothing. Rinse with water/shower.
IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.
IF ON SKIN: Gently wash with plenty of soap and water.
IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.
Immediately call a POISON CENTER or doctor/physician.

Storage

Store locked up.

Disposal

Dispose of contents and container in accordance with relevant legislation.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
furfural	98-01-1	100

Section 4 - FIRST AID MEASURES

SWALLOWED

- If swallowed do NOT induce vomiting.
 - If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
 - Observe the patient carefully.
 - Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
 - Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
 - Seek medical advice.
- Avoid giving milk or oils.

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Avoid giving alcohol.

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:

- Quickly but gently, wipe material off skin with a dry, clean cloth.
- Immediately 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 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 simple aldehydes:

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.
- 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.
- Give activated charcoal.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Consider intubation at first sign of upper airway obstruction resulting from oedema.
- 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.

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FURFURALDEHYDE

- 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.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime. Other useful analyses include anion and osmolar gaps, arterial blood gases (ABGs), chest radiographs and electrocardiographs.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Treat bronchospasm in a similar manner to that employed for reactive airway disease. Severe exposures may require inhaled corticosteroids.
- Sodium bicarbonate may correct acidosis.
- Haemodialysis may assist in severely symptomatic patients.
- Consult a toxicologist as necessary.

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

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

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.

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Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration

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into the lungs may be delayed up to 48 hours.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comment

Total furoic acid in urine	200 mg/gm creatinine	End of shift	

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 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

- Liquid and vapour are flammable.
- Moderate fire hazard when exposed to heat or flame.
- Vapour forms an explosive mixture with air.
- Moderate explosion hazard when exposed to heat or flame.
- 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: carbon dioxide (CO₂), other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

WARNING: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.

FIRE INCOMPATIBILITY

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

Personal Protective Equipment

- Breathing apparatus.
- Gas tight chemical resistant suit.
- Limit exposure duration to 1 BA set 30 mins.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- 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.
- 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.

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:

furfural 100 ppm

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

furfural 10 ppm

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

furfural 2 ppm

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

furfural 2 ppm

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

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Section 6 - ACCIDENTAL RELEASE MEASURES

Very Toxic (T+)	$\geq 0.1\%$	Toxic (T)	$\geq 3.0\%$
R50	$\geq 0.25\%$	Corrosive (C)	$\geq 5.0\%$
R51	$\geq 2.5\%$		
else	$\geq 10\%$		

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.
 - 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.
- DO NOT allow clothing wet with material to stay in contact with skin.

SUITABLE CONTAINER

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

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents.

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STORAGE REQUIREMENTS

- Store in approved flammable liquid storage area.
- No smoking, naked lights/ignition sources.
- 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.

WARNING: Long standing in contact with air and light may result in the formation of potentially explosive peroxides.

Store under an inert gas, e.g. argon or nitrogen.

Storage in air for extended periods is not recommended because polymer formation, darkening of colour and increases in acidity can occur.

Storage under an inert gas such as nitrogen is recommended.

Violent polymerisation can occur upon contact with strong mineral acids, alkalis or at elevated temperatures.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
furfural		100

ODOUR SAFETY FACTOR (OSF)

OSF=26 (FURFURAL)

Exposed individuals are NOT reasonably expected to be warned, by smell, that the Exposure Standard is being exceeded.

Odour Safety Factor (OSF) is determined to fall into either Class C, D or E.

The Odour Safety Factor (OSF) is defined as:

OSF= Exposure Standard (TWA) ppm/ Odour Threshold Value (OTV) ppm

Classification into classes follows:

Class	OSF	Description
A	550	Over 90% of exposed individuals are aware by smell that the Exposure Standard (TLV- TWA for example) is being reached, even when distracted by working activities
B	26- 550	As " A" for 50- 90% of persons being distracted
C	1- 26	As " A" for less than 50% of persons being distracted
D	0.18- 1	10- 50% of persons aware of being tested perceive by smell that the Exposure Standard is being reached
E	<0.18	As " D" for less than 10% of persons aware of being tested

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MATERIAL DATA

Odour Threshold Value: 0.002-0.25 ppm

Exposure at or below the recommended TLV-TWA is thought to minimise the potential for irritation of the eyes, mucous membranes (significant at 5 ppm) and skin and the risk of systemic injury. There is some doubt that the recommended value will fully protect workers from irritant and systemic effects. Indications of carcinogenic potential further add to this doubt.

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.

NOTE: The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

OTHER

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

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the computer-generated selection: furfural

Protective Material

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

BUTYL/NEOPRENE	A
PE/EVAL/PE	A
PVA	A
BUTYL	A
NEOPRENE/NATURAL	B
NEOPRENE	C
NATURAL+NEOPRENE	C
VITON	C
NATURAL RUBBER	C
PVC	C
NITRILE+PVC	C
NITRILE	C

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

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	A- AUS	-
1000	50	-	A- AUS
5000	50	Airline *	-
5000	100	-	A- 2
10000	100	-	A- 3
	100+		Airline**

* - Continuous Flow

** - Continuous-flow or positive pressure demand.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult
your

Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

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

An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine

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the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25- 0.5 m/s (50- 100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5- 1 m/s (100- 200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1- 2.5 m/s (200- 500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood- local control only

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

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Colourless oily liquid with almond-like odour; slightly soluble in water (8.3% @ 20 deg.C). Miscible with alcohol, ether and benzene.
Turns reddish brown on exposure to air and light.

PHYSICAL PROPERTIES

Liquid.
Does not mix with water.
Sinks in water.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Toxic or noxious vapours/gas.

Molecular Weight: 96.09
Melting Range (°C): - 36.5
Solubility in water (g/L): Partly miscible
pH (1% solution): Not available
Volatile Component (%vol): 100
Relative Vapour Density (air=1): 3.31
Lower Explosive Limit (%): 2.1
Autoignition Temp (°C): 316
State: Liquid

Boiling Range (°C): 161 - 162
Specific Gravity (water=1): 1.16
pH (as supplied): Not applicable
Vapour Pressure (kPa): 0.27 @ 20 deg.C
Evaporation Rate: <1 BuAc=1
Flash Point (°C): 60 Closed cup.
Upper Explosive Limit (%): 19.3
Decomposition Temp (°C): Not Available
Viscosity: Not Available

log Kow (Sangster 1997): 0.46

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.
Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result.
(ICSC13733).

EYE

Evidence exists, or practical experience predicts, that the material may cause 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. Repeated or prolonged eye contact 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 be harmful; systemic effects may result following absorption.
Strong evidence exists that exposure to the material may produce irreversible damage

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(other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by skin contact.

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.

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.

Toxic effects may result from skin absorption.

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure.

Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

Photosensitisation designates an abnormal adverse reaction to ultraviolet (UV) and/or visible radiation and is used to describe phototoxic reactions (those having a non-immunological basis), photoallergic reactions (those having an immunological basis) and other, as yet, unexplained reactions of the skin and eyes to sunlight.

INHALED

Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severely toxic effects. Relatively small amounts absorbed from the lungs may prove fatal.

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation.

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

CHRONIC HEALTH EFFECTS

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

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

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Section 11 - TOXICOLOGICAL INFORMATION

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.

On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

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

Sensitisation may result in allergic dermatitis responses including rash, itching, hives or swelling of extremities.

Chronic effects include eczema, allergic sensitisation and photosensitisation in certain individuals.

Repeated or prolonged skin contact may stain the skin yellow brown.

Chronic respiratory or skin diseases are aggravated by long term exposure.

[Genium / CCINFO]

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 65 mg/kg

Inhalation (human) TClO: 0.310 mg/m³

Inhalation (rat) LC50: 175 ppm/6h

Dermal (rabbit) LDLo: 620 mg/kg

Carcinogenic by RTECS criteria (oral mouse liver tumors)

Substance has been investigated as a mutagen;

Human sister chromatid exchange in lymphocytes observed at 70 micromol/litre

IRRITATION

Skin (rabbit): 20 mg/24h Moderate

Eye (rabbit): 100 mg/24h Moderate

Section 12 - ECOLOGICAL INFORMATION

Fish LC50 (96hr.) (mg/l): 24- 32

Algae IC50 (72hr.) (mg/l): 2.7- 31

log Kow (Sangster 1997): 0.46

ThOD: 1.66

DO NOT discharge into sewer or waterways.

Koc: 1-40

Half-life (hr) air: 10.56

Half-life (hr) H₂O surface water: 237.6

Henry's atm m³ /mol: 3.70E-06

continued...

FURFURALDEHYDE

BOD 5 if unstated: 0.28-0.77
ThOD: 1.66
BCF: 0.08-1.2
Toxicity Fish: TLm(96)25->30mg/L

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible.
 - Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
 - Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material).
 - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
 - Containers may still present a chemical hazard/ danger when empty.
 - Return to supplier for reuse/ recycling if possible.
- Otherwise:
- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
 - Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

Section 14 - TRANSPORTATION INFORMATION



Labels Required: TOXIC, FLAMMABLE LIQUID
HAZCHEM: 2W

UNDG:

Dangerous Goods Class: 6.1
UN Number: 1199
Shipping Name: FURALDEHYDES

Subrisk: 3
Packing Group: II

Air Transport IATA:

ICAO/IATA Class: 6.1
UN/ID Number: 1199
ERG Code: 6F
Shipping name: FURALDEHYDES

ICAO/IATA Subrisk: 3
Packing Group: II

Maritime Transport IMDG:

IMDG Class: 6.1
UN Number: 1199
EMS Number: F- E, S- D

IMDG Subrisk: 3
Packing Group: II

FURFURALDEHYDE

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Section 14 - TRANSPORTATION INFORMATION

Shipping name:FURALDEHYDES

Section 15 - REGULATORY INFORMATION

REGULATIONS

furfural (CAS: 98-01-1) is found on the following regulatory lists;
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals

Section 16 - OTHER INFORMATION

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

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