



Multi-52

Parkway Process Solutions Pty Ltd T/A Multi-Wet

Chemwatch: 36-3076

Version No: 6.2.16.10

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 01/11/2019

Print Date: 03/09/2021

S.GHS.AUS.EN

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Multi-52
Chemical Name	Not Applicable
Synonyms	Multi-Wet
Proper shipping name	HYPOCHLORITE SOLUTION
Chemical formula	Not Applicable
Other means of identification	Not Available

Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses	Industrial cooling water microbiocide.
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Details of the supplier of the safety data sheet

Registered company name	Parkway Process Solutions Pty Ltd T/A Multi-Wet	
Address	Unit 1/ 36 Juna Drive WA 6090 Australia	
Telephone	1300 727 5929 (1300 PARKWAY)	
Fax	Not Available	
Website	www.pwnps.com	
Email	solutions@pwnps.com	

Emergency telephone number

Association / Organisation	Parkway Process Solutions Pty Ltd T/A Multi-Wet	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+61 2 9186 1132	+61 2 9186 1132
Other emergency telephone numbers	1300 727 5929 (1300 PARKWAY)	+61 1800 951 288

Once connected and if the message is not in your preferred language then please dial 01

SECTION 2 Hazards identification

Classification of the substance or mixture

HAZARDOUS CHEMICAL. DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

ChemWatch Hazard Ratings


	Min	Max	
Flammability	0		
Toxicity	0		
Body Contact	3		
Reactivity	1		
Chronic	0		

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	S5
Classification [1]	Corrosive to Metals Category 1, Skin Corrosion/Irritation Category 1B, Serious Eye Damage/Eye Irritation Category 1, Hazardous to the Aquatic Environment Acute Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Multi-52

Hazard pictogram(s)	
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Signal word	Danger
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Hazard statement(s)

AUH031	Contact with acid liberates toxic gas.
H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H401	Toxic to aquatic life.

Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P234	Keep only in original packaging.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7681-52-9	12	sodium hypochlorite
Not Available	>50	Ingredients determined not to be hazardous
Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available		

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ 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 Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prosthesis 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. ▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▶ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.

	This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)
Ingestion	<ul style="list-style-type: none"> ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ 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. ▶ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

For acute or repeated exposures to hypochlorite solutions:

- ▶ Release of small amounts of hypochlorous acid and acid gases from the stomach following ingestion, is usually too low to cause damage but may be irritating to mucous membranes. Buffering with antacid may be helpful if discomfort is evident.
- ▶ Evaluate as potential caustic exposure.
- ▶ Decontaminate skin and eyes with copious saline irrigation. Check exposed eyes for corneal abrasions with fluorescein staining.
- ▶ Emesis or lavage and catharsis may be indicated for mild caustic exposure.
- ▶ Chlorine exposures require evaluation of acid/base and respiratory status.
- ▶ Inhalation of vapours or mists may result in pulmonary oedema.

ELLENHORN and BARCELOUX: Medical Toxicology.

Excellent warning properties force rapid escape of personnel from chlorine vapour thus most inhalations are mild to moderate. If escape is not possible, exposure to high concentrations for a very short time can result in dyspnea, haemophysis and cyanosis with later complications being tracheobroncho-pneumonitis and pulmonary oedema. Oxygen, intermittent positive pressure breathing apparatus and aerosolised bronchodilators are of therapeutic value where chlorine inhalation has been light to moderate. Severe inhalation should result in hospitalisation and treatment for a respiratory emergency.

Any chlorine inhalation in an individual with compromised pulmonary function (COPD) should be regarded as a severe inhalation and a respiratory emergency. [CCINFO, Dow 1988] Effects from exposure to chlorine gas include pulmonary oedema which may be delayed. Observation in hospital for 48 hours is recommended

Diagnosed asthmatics and those people suffering from certain types of chronic bronchitis should receive medical approval before being employed in occupations involving chlorine exposure.

If burn is present, treat as any thermal burn, after decontamination.

for corrosives:

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.
- ▶ Where eyes have been exposed, flush immediately with water and continue to irrigate with normal saline during transport to hospital.
- ▶ **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.
- ▶ Skin burns should be covered with dry, sterile bandages, following decontamination.
- ▶ **DO NOT attempt neutralisation as exothermic reaction may occur.**

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.

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.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Consider endoscopy to evaluate oral injury.
- ▶ Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L. *EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994*

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort. Rest and medical observation is therefore essential. Immediate administration of an appropriate spray, by a doctor or a person authorised by him/her should be considered.

(ICSC24419/24421)

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	▶ Alert Fire Brigade and tell them location and nature of hazard.
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	<ul style="list-style-type: none"> 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.
Fire/Explosion Hazard	<ul style="list-style-type: none"> Non combustible. Not considered a significant fire risk, however containers may burn. <p>Decomposes on heating and produces: carbon dioxide (CO2) hydrogen chloride phosgene other pyrolysis products typical of burning organic material. May emit corrosive fumes.</p>
HAZCHEM	2X

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. Check regularly for spills and leaks. Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Contain and absorb spill with sand, earth, inert material or vermiculite.
Major Spills	<ul style="list-style-type: none"> 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.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> DO NOT allow clothing wet with material to stay in contact with skin Avoid all personal contact, including inhalation. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Avoid contact with moisture.
Other information	<ul style="list-style-type: none"> Store in original containers. Keep containers securely sealed. Store in a cool, dry, well-ventilated area. Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> Lined metal can, lined metal pail/ can. Plastic pail. Polyliner drum. Packing as recommended by manufacturer. <p>For low viscosity materials</p> <ul style="list-style-type: none"> 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. <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> Removable head packaging; Cans with friction closures and low pressure tubes and cartridges <p>may be used.</p>
Storage incompatibility	<ul style="list-style-type: none"> Contact with acids produces toxic fumes <p>Contact with acids produces toxic fumes of chlorine</p> <ul style="list-style-type: none"> Avoid reaction with oxidising agents Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits


Ingredient	TEEL-1	TEEL-2	TEEL-3
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Ingredient	TEEL-1	TEEL-2	TEEL-3
sodium hypochlorite	13 mg/m ³	140 mg/m ³	290 mg/m ³
sodium hypochlorite	2 mg/m ³	290 mg/m ³	1,800 mg/m ³

Ingredient	Original IDLH	Revised IDLH
sodium hypochlorite	Not Available	Not Available

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> Chemical goggles. Full face shield may be required for supplementary but never for primary protection of eyes. Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> Wear chemical protective gloves, e.g. PVC. Wear safety footwear or safety gumboots, e.g. Rubber When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. <p>NOTE:</p> <ul style="list-style-type: none"> 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. Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> Overalls. PVC Apron. PVC protective suit may be required if exposure severe. Eyewash unit.

Recommended material(s)

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:

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Material	CPI
NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NEOPRENE	A
NITRILE	A
NITRILE+PVC	A
PVC	A

* CPI - Chemwatch Performance Index

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.

Respiratory protection

Type AB-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

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.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AB-AUS / Class1 P2	-
up to 50	1000	-	AB-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	AB-2 P2
up to 100	10000	-	AB-3 P2
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO₂), G = Agricultural chemicals, K = Ammonia(NH₃), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in

Continued...

which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used
76ab-p()

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Clear pale yellow alkaline liquid; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	1.18
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	9-12	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	~100	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	2.33 @20C	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>The material is not thought to produce adverse health effects 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.</p> <p>Chlorine vapour is extremely irritating to the airways and lungs, causing coughing, choking, breathing difficulty, chest pain, headache, vomiting, fluid accumulation in the lungs, chest infection and loss of consciousness. Effects may be delayed. Long term exposure (at workplace) may lead to corrosion of the teeth, irritate the linings of the nose and may increase the likelihood of developing tuberculosis. Recent studies have not confirmed these findings.</p> <p>Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane.</p>
Ingestion	<p>The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.</p> <p>Accidental ingestion of the material may be seriously damaging to the health of the individual; animal experiments indicate that ingestion of less than 40 gram may be fatal.</p> <p>Swallowing hypochlorites may cause burning in the mouth and throat, abdominal cramps, nausea, vomiting, diarrhea, pain, inflammation of the mouth and stomach, low blood pressure, shock, confusion and delirium. Severe poisonings may lead to convulsion, coma and death.</p> <p>Hypochlorites irritate the mouth, throat and stomach; the hypochlorous acid liberated in the stomach can cause tearing of the stomach wall, with bleeding, and can be fatal.</p>
Skin Contact	<p>The material can produce chemical burns following direct contact with the skin.</p> <p>Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.</p> <p>Skin contact will result in rapid drying, bleaching, leading to chemical burns on prolonged contact</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Contact may cause severe itchiness, skin lesions and mild eczema. Exudation and sloughing may occur. Two patients were reported with chronic allergic dermatitis of the hand, related to sensitization to sodium hypochlorite as the active component of laundry bleach.</p> <p>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.</p>
Eye	<p>The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.</p> <p>If applied to the eyes, this material causes severe eye damage.</p> <p>Hypochlorite in pool water at concentrations of 1 ppm chlorine or less is non irritating to eyes if the pH is higher than 7.2 (slightly alkaline); At lower pH sensation of stinging, smarting of eyes with transient reddening may occur but generally no injury.</p> <p>Eye contact with a 5% hypochlorite solution may produce a temporary burning discomfort and slight irritation of the epithelium of the cornea, but</p>

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	without injury.								
Chronic	<p>Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue.</p> <p>There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>Reduced breathing capacity may result from chronic low level exposure to chlorine gas. Chronic poisoning may result in cough, severe chest pains, sore throat and blood in the phlegm. Moderate to severe exposures over 3 years produced decreased lung capacity in a number of workers.</p> <p>Delayed effects can include shortness of breath, violent headaches, lung swelling and pneumonia.</p>								
Multi-52	<table border="1"> <thead> <tr> <th>TOXICITY</th> <th>IRRITATION</th> </tr> </thead> <tbody> <tr> <td>Dermal (None) LD50: >3000 mg/kg^[2]</td> <td>Not Available</td> </tr> <tr> <td>Oral (None) LD50: 192 mg/kg^[2]</td> <td></td> </tr> </tbody> </table>	TOXICITY	IRRITATION	Dermal (None) LD50: >3000 mg/kg ^[2]	Not Available	Oral (None) LD50: 192 mg/kg ^[2]			
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Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances								

SODIUM HYPOCHLORITE	<p>as sodium hypochlorite pentahydrate</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia.</p> <p>Hypochlorite salts are classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans.</p> <p>Evidence of carcinogenicity may be inadequate or limited in animal testing.</p> <p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>Hypochlorite salts are extremely corrosive and can cause severe damage to the eyes and skin. A number of skin cancers have been observed in mice, when applied to their skin.</p>
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Acute Toxicity	✗	Carcinogenicity	✗
Skin Irritation/Corrosion	✓	Reproductivity	✗
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✗
Respiratory or Skin sensitisation	✗	STOT - Repeated Exposure	✗
Mutagenicity	✗	Aspiration Hazard	✗

Legend: ✗ – Data either not available or does not fill the criteria for classification
✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
Multi-52	Not Available	Not Available	Not Available	Not Available	Not Available
sodium hypochlorite	NOEC(ECx)	72h	Algae or other aquatic plants	0.005mg/l	2
	EC50	72h	Algae or other aquatic plants	0.018mg/l	2
	LC50	96h	Fish	0.037mg/l	2
	EC50	48h	Crustacea	0.01mg/l	4
	EC50	96h	Algae or other aquatic plants	~0.1-0.4mg/l	2
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

Toxic to aquatic organisms.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

For Chlorine:

Atmospheric Fate: Atmospheric chlorine forms hydrochloric or hypochlorous acid in the atmosphere, either through reactions with hydroxyl radicals or, other trace species, such as hydrocarbons. These acids are believed to be removed from the atmosphere primarily through precipitation washout/dry deposition. When chlorine, hypochlorous acid or hydrogen chloride mixes in the atmosphere with water vapor, dilute solutions of strong mineral acids form which fall to earth as "acid rain", snow, fog, or acidified dry particles.

Terrestrial Fate: Soil - Chlorine may react with soil components to form chlorides; depending on their water solubility, these chlorides are easily washed out from the soil.

Continued...

In freshwater, the hypochlorites break down rapidly into non-toxic compounds when exposed to sunlight. While chlorine levels decline rapidly in seawater, hypobromite (which is acutely toxic to aquatic organisms) is formed. Sodium and calcium hypochlorite exhibit low levels of toxicity to birds, but they are highly toxic to freshwater fish and invertebrates. As hypochlorite is a highly reactive chemical, it undergoes a series of reactions, including oxidation of inorganic and organic species, and chlorination, forming organohalogen by-products.

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients


SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ 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 SDS and observe all notices pertaining to the product. <p>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.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.</p> <ul style="list-style-type: none"> ▶ 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. ▶ Treat and neutralise at an approved treatment plant. Treatment should involve: Neutralisation followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material) ▶ Decontaminate empty containers.
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SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	2X

Land transport (ADG)

UN number	1791	
UN proper shipping name	HYPOCHLORITE SOLUTION	
Transport hazard class(es)	Class	8
	Subrisk	Not Applicable
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	223
	Limited quantity	5 L

Air transport (ICAO-IATA / DGR)

Multi-52

UN number	1791	
UN proper shipping name	Hypochlorite solution	
Transport hazard class(es)	ICAO/IATA Class	8
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	8L
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	A3 A803
	Cargo Only Packing Instructions	856
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	852
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y841
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1791	
UN proper shipping name	HYPOCHLORITE SOLUTION	
Transport hazard class(es)	IMDG Class	8
	IMDG Subrisk	Not Applicable
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	EMS Number	F-A , S-B
	Special provisions	223 274 900
	Limited Quantities	5 L

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
sodium hypochlorite	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
sodium hypochlorite	Not Available

SECTION 15 Regulatory information

Safety, health and environmental regulations / legislation specific for the substance or mixture

sodium hypochlorite is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (sodium hypochlorite)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes

National Inventory	Status
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes

Legend: Yes = All CAS declared ingredients are on the inventory
No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	01/11/2019
Initial Date	22/04/2014

SDS Version Summary

Version	Date of Update	Sections Updated
6.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
6.1.2.1	26/04/2021	Regulation Change
6.1.3.1	03/05/2021	Regulation Change
6.1.4.1	06/05/2021	Regulation Change
6.1.5.1	10/05/2021	Regulation Change
6.1.5.2	30/05/2021	Template Change
6.1.5.3	04/06/2021	Template Change
6.1.5.4	05/06/2021	Template Change
6.1.6.4	07/06/2021	Regulation Change
6.1.6.5	09/06/2021	Template Change
6.1.6.6	11/06/2021	Template Change
6.1.6.7	15/06/2021	Template Change
6.1.7.7	17/06/2021	Regulation Change
6.1.8.7	21/06/2021	Regulation Change
6.1.8.8	05/07/2021	Template Change
6.1.9.8	14/07/2021	Regulation Change
6.1.10.8	19/07/2021	Regulation Change
6.1.10.9	01/08/2021	Template Change
6.1.11.9	02/08/2021	Regulation Change
6.1.12.9	05/08/2021	Regulation Change
6.1.13.9	09/08/2021	Regulation Change
6.1.14.9	23/08/2021	Regulation Change
6.1.15.9	26/08/2021	Regulation Change
6.1.15.10	29/08/2021	Template Change
6.1.16.10	30/08/2021	Regulation Change
6.2.16.10	31/08/2021	Synonyms

Other information

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

The 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.

Definitions and abbreviations

PC – TWA: Permissible Concentration-Time Weighted Average
 PC – STEL: Permissible Concentration-Short Term Exposure Limit
 IARC: International Agency for Research on Cancer
 ACGIH: American Conference of Governmental Industrial Hygienists
 STEL: Short Term Exposure Limit
 TEEL: Temporary Emergency Exposure Limit.
 IDLH: Immediately Dangerous to Life or Health Concentrations
 ES: Exposure Standard
 OSF: Odour Safety Factor
 NOAEL :No Observed Adverse Effect Level
 LOAEL: Lowest Observed Adverse Effect Level
 TLV: Threshold Limit Value
 LOD: Limit Of Detection
 OTV: Odour Threshold Value
 BCF: BioConcentration Factors
 BEI: Biological Exposure Index
 AIIC: Australian Inventory of Industrial Chemicals
 DSL: Domestic Substances List

NDSL: Non-Domestic Substances List
IECSC: Inventory of Existing Chemical Substance in China
EINECS: European INventory of Existing Commercial chemical Substances
ELINCS: European List of Notified Chemical Substances
NLP: No-Longer Polymers
ENCS: Existing and New Chemical Substances Inventory
KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances
TSCA: Toxic Substances Control Act
TCSI: Taiwan Chemical Substance Inventory
INSQ: Inventario Nacional de Sustancias Químicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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TEL (+61 3) 9572 4700.