



Well Still

Siam funeral

Catalogue Number: 001

Version No: 2.5

Safety Data Sheet

Issue Date: 09/04/2021

Print Date: 09/04/2021

L.GHS.THA.EN

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

Product Identifier

Product name	Well Still
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	FORMALDEHYDE SOLUTION, FLAMMABLE
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	Arterial Embalming chemical
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Details of the supplier of the safety data sheet

Registered company name	Siam funeral
Address	village no.6, klongsi klongluang Pathumtani 12120 Thailand
Telephone	029027907
Fax	Not Available
Website	www.siamfuneral.com
Email	siamfuneral@gmail.com

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	029027907
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Classification	Flammable Liquid Category 3, Skin Corrosion/Irritation Category 1, Acute Toxicity (Dermal) Category 3, Specific target organ toxicity - single exposure Category 1, Serious Eye Damage/Eye Irritation Category 1, Acute Toxicity (Inhalation) Category 3, Carcinogenicity Category 1, Reproductive Toxicity Category 1, Skin Sensitizer Category 1, Germ cell mutagenicity Category 2, Acute Toxicity (Oral) Category 3, Acute Aquatic Hazard Category 2
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Label elements

Hazard pictogram(s)	
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Well Still

Signal word	Danger
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Hazard statement(s)

H226	Flammable liquid and vapour.
H314	Causes severe skin burns and eye damage.
H311	Toxic in contact with skin.
H370	Causes damage to organs.
H331	Toxic if inhaled.
H350	May cause cancer.
H360	May damage fertility or the unborn child.
H317	May cause an allergic skin reaction.
H341	Suspected of causing genetic defects.
H301	Toxic if swallowed.
H401	Toxic to aquatic life.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P260	Do not breathe mist/vapours/spray.
P270	Do not eat, drink or smoke when using this product.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.
P240	Ground/bond container and receiving equipment.
P241	Use explosion-proof electrical/ventilating/lighting/intrinsically safe equipment.
P242	Use only non-sparking tools.
P243	Take precautionary measures against static discharge.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.
P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/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.
P307+P311	IF exposed: Call a POISON CENTER or doctor/physician.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P363	Wash contaminated clothing before reuse.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.
P302+P352	IF ON SKIN: Wash with plenty of water.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.

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

Well Still

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
50-00-0	<35	<u>formaldehyde</u>
10043-35-3	<5	<u>boric acid</u>
57-55-6	<10	<u>propylene glycol</u>
7631-99-4	<10	<u>sodium nitrate</u>
67-56-1	<5	<u>methanol</u>

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. ▶ 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. ▶ 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. <p>This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)</p>
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

To treat poisoning by the higher aliphatic alcohols (up to C7):

- ▶ Gastric lavage with copious amounts of water.
- ▶ It may be beneficial to instill 60 ml of mineral oil into the stomach.
- ▶ Oxygen and artificial respiration as needed.
- ▶ Electrolyte balance: it may be useful to start 500 ml. M/6 sodium bicarbonate intravenously but maintain a cautious and conservative attitude toward electrolyte replacement unless shock or severe acidosis threatens.
- ▶ To protect the liver, maintain carbohydrate intake by intravenous infusions of glucose.
- ▶ Haemodialysis if coma is deep and persistent. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, Ed 5]

BASIC TREATMENT

- ▶ Establish a patent airway with suction where necessary.

Continued...

- 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 shock.
- Monitor and treat, where necessary, for pulmonary oedema.
- Anticipate and treat, where necessary, for 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.
- Give activated charcoal.

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.
- If the patient is hypoglycaemic (decreased or loss of consciousness, tachycardia, pallor, dilated pupils, diaphoresis and/or dextrose strip or glucometer readings below 50 mg), give 50% dextrose.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- 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 electrocardiograph.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- Acidosis may respond to hyperventilation and bicarbonate therapy.
- Haemodialysis might be considered in patients with severe intoxication.
- Consult a toxicologist as necessary. BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

For C8 alcohols and above.

Symptomatic and supportive therapy is advised in managing patients.

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

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

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	<ul style="list-style-type: none"> ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves in the event of a fire. ▸ 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	carbon dioxide (CO2) , other pyrolysis products typical of burning organic material. May emit poisonous fumes.

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"> ▶ Remove all ignition sources. ▶ 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 small quantities with vermiculite or other absorbent material. ▶ Wipe up. ▶ Collect residues in a flammable waste container. ▶ 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. 																																																																											
Major Spills	<p>Chemical Class: alcohols and glycols For release onto land: recommended sorbents listed in order of priority.</p> <table border="1"> <thead> <tr> <th>SORBENT TYPE</th> <th>RANK</th> <th>APPLICATION</th> <th>COLLECTION</th> <th>LIMITATIONS</th> </tr> </thead> <tbody> <tr> <td colspan="5">LAND SPILL - SMALL</td> </tr> <tr> <td>cross-linked polymer - particulate</td> <td>1</td> <td>shovel</td> <td>shovel</td> <td>R, W, SS</td> </tr> <tr> <td>cross-linked polymer - pillow</td> <td>1</td> <td>throw</td> <td>pitchfork</td> <td>R, DGC, RT</td> </tr> <tr> <td>sorbent clay - particulate</td> <td>2</td> <td>shovel</td> <td>shovel</td> <td>R,I, P</td> </tr> <tr> <td>wood fiber - pillow</td> <td>3</td> <td>throw</td> <td>pitchfork</td> <td>R, P, DGC, RT</td> </tr> <tr> <td>treated wood fiber - pillow</td> <td>3</td> <td>throw</td> <td>pitchfork</td> <td>DGC, RT</td> </tr> <tr> <td>foamed glass - pillow</td> <td>4</td> <td>throw</td> <td>pichfork</td> <td>R, P, DGC, RT</td> </tr> <tr> <td colspan="5">LAND SPILL - MEDIUM</td> </tr> <tr> <td>cross-linked polymer - particulate</td> <td>1</td> <td>blower</td> <td>skiploader</td> <td>R,W, SS</td> </tr> <tr> <td>polypropylene - particulate</td> <td>2</td> <td>blower</td> <td>skiploader</td> <td>W, SS, DGC</td> </tr> <tr> <td>sorbent clay - particulate</td> <td>2</td> <td>blower</td> <td>skiploader</td> <td>R, I, W, P, DGC</td> </tr> <tr> <td>polypropylene - mat</td> <td>3</td> <td>throw</td> <td>skiploader</td> <td>DGC, RT</td> </tr> <tr> <td>expanded mineral - particulate</td> <td>3</td> <td>blower</td> <td>skiploader</td> <td>R, I, W, P, DGC</td> </tr> <tr> <td>polyurethane - mat</td> <td>4</td> <td>throw</td> <td>skiploader</td> <td>DGC, RT</td> </tr> </tbody> </table> <p>Legend DGC: Not effective where ground cover is dense R: Not reusable I: Not incinerable P: Effectiveness reduced when rainy RT:Not effective where terrain is rugged SS: Not for use within environmentally sensitive sites W: Effectiveness reduced when windy Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control; R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988</p> <ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ May be violently or explosively reactive. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Consider evacuation (or protect in place). ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Water spray or fog may be used to disperse vapour. ▶ Contain or absorb spill with sand, earth or vermiculite. ▶ Use only spark-free shovels and explosion proof equipment. ▶ Collect recoverable product into labelled containers for recycling. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. 	SORBENT TYPE	RANK	APPLICATION	COLLECTION	LIMITATIONS	LAND SPILL - SMALL					cross-linked polymer - particulate	1	shovel	shovel	R, W, SS	cross-linked polymer - pillow	1	throw	pitchfork	R, DGC, RT	sorbent clay - particulate	2	shovel	shovel	R,I, P	wood fiber - pillow	3	throw	pitchfork	R, P, DGC, RT	treated wood fiber - pillow	3	throw	pitchfork	DGC, RT	foamed glass - pillow	4	throw	pichfork	R, P, DGC, RT	LAND SPILL - MEDIUM					cross-linked polymer - particulate	1	blower	skiploader	R,W, SS	polypropylene - particulate	2	blower	skiploader	W, SS, DGC	sorbent clay - particulate	2	blower	skiploader	R, I, W, P, DGC	polypropylene - mat	3	throw	skiploader	DGC, RT	expanded mineral - particulate	3	blower	skiploader	R, I, W, P, DGC	polyurethane - mat	4	throw	skiploader	DGC, RT
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- If contamination of drains or waterways occurs, advise emergency services.

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"> ▸ 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 storage and handling recommendations contained within this SDS. ▸ 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
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. ▸ Protect containers against physical damage and check regularly for leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

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. ▸ Check all containers are clearly labelled and free from leaks. <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> <p>-</p> <p>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 *.</p> <p>-</p> <p>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 *.</p> <p>-</p> <p>* unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.</p> <p>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.</p>
Storage incompatibility	<ul style="list-style-type: none"> ▸ Glycols and their ethers undergo violent decomposition in contact with 70% perchloric acid. This seems likely to involve formation of the glycol perchlorate esters (after scission of ethers) which are explosive, those of ethylene glycol and 3-chloro-1,2-propanediol being more powerful than glyceryl nitrate, and the former so sensitive that it explodes on addition of water. The substance may be or contains a "metalloid" <p>The following elements are considered to be metalloids; boron, silicon, germanium, arsenic, antimony, tellurium and (possibly) polonium</p> <p>The electronegativities and ionisation energies of the metalloids are between those of the metals and nonmetals, so the metalloids exhibit characteristics of both classes. The reactivity of the metalloids depends on the element with which they are reacting. For example, boron acts as a nonmetal when reacting with sodium yet as a metal when reacting with fluorine. Unlike most metals, most metalloids are amphoteric- that is they can act as both an acid and a base. For instance, arsenic forms not only salts such as arsenic halides, by the reaction with certain strong acid, but it also forms arsenites by reactions with strong bases.</p>

Most metalloids have a multiplicity of oxidation states or valences. For instance, tellurium has the oxidation states +2, -2, +4, and +6. Metalloids react like non-metals when they react with metals and act like metals when they react with non-metals.

- Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.

Alcohols

- are incompatible with strong acids, acid chlorides, acid anhydrides, oxidising and reducing agents.
- reacts, possibly violently, with alkaline metals and alkaline earth metals to produce hydrogen
- react with strong acids, strong caustics, aliphatic amines, isocyanates, acetaldehyde, benzoyl peroxide, chromic acid, chromium oxide, dialkylzincs, dichlorine oxide, ethylene oxide, hypochlorous acid, isopropyl chlorocarbonate, lithium tetrahydroaluminate, nitrogen dioxide, pentafluoroguanidine, phosphorus halides, phosphorus pentasulfide, tangerine oil, triethylaluminium, triisobutylaluminium
- should not be heated above 49 deg. C. when in contact with aluminium equipment

Formaldehyde:

- is a strong reducing agent
- may polymerise in air unless properly inhibited (usually with methanol up to 15%) and stored at controlled temperatures
- will polymerize with active organic material such as phenol
- reacts violently with strong oxidisers, hydrogen peroxide, potassium permanganate, acrylonitrile, caustics (sodium hydroxide, yielding formic acid and flammable hydrogen), magnesium carbonate, nitromethane, nitrogen oxides (especially a elevated temperatures), peroxyformic acid
- is incompatible with strong acids (hydrochloric acid forms carcinogenic bis(chloromethyl)ether*), amines, ammonia, aniline, bisulfides, gelatin, iodine, magnesite, phenol, some monomers, tannins, salts of copper, iron, silver.
- acid catalysis can produce impurities: methylal, methyl formate

Aqueous solutions of formaldehyde:

- slowly oxidise in air to produce formic acid
- attack carbon steel

Concentrated solutions containing formaldehyde are:

- unstable, both oxidising slowly to form formic acid and polymerising; in dilute aqueous solutions formaldehyde appears as monomeric hydrate (methylene glycol) - the more concentrated the solution the more polyoxymethylene glycol occurs as oligomers and polymers (methanol and amine-containing compounds inhibit polymer formation)
- readily subject to polymerisation, at room temperature, in the presence of air and moisture, to form paraformaldehyde (8-100 units of formaldehyde), a solid mixture of linear polyoxymethylene glycols containing 90-99% formaldehyde; a cyclic trimer, trioxane (CH₂O₃), may also form

Flammable and/or toxic gases are generated by the combination of aldehydes with azo, diazo compounds, dithiocarbamates, nitrides, and strong reducing agents

*The empirical equation may be used to determine the concentration of bis(chloromethyl)ether (BCME) formed by reaction with HCl:

$$\log(\text{BCME})\text{ppb} = -2.25 + 0.67 \cdot \log(\text{HCHO}) \text{ ppm} + 0.77 \cdot \log(\text{HCl})\text{ppm}$$

Assume values for formaldehyde, in air, of 1 ppm and for HCl of 5 ppm, resulting BCME concentration, in air, would be 0.02 ppb.

- Incidents involving interaction of active oxidants and reducing agents, either by design or accident, are usually very energetic and examples of so-called redox reactions.



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X — Must not be stored together

0 — May be stored together with specific preventions

+ — May be stored together

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
formaldehyde	Not Available	Not Available	Not Available
boric acid	6 mg/m3	23 mg/m3	830 mg/m3
propylene glycol	30 mg/m3	330 mg/m3	2,000 mg/m3

Ingredient	TEEL-1	TEEL-2	TEEL-3
propylene glycol	30 mg/m3	1,300 mg/m3	7,900 mg/m3
sodium nitrate	4.1 mg/m3	45 mg/m3	270 mg/m3
methanol	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
formaldehyde	20 ppm	Not Available
boric acid	Not Available	Not Available
propylene glycol	Not Available	Not Available
sodium nitrate	Not Available	Not Available
methanol	6,000 ppm	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
formaldehyde	E	≤ 0.1 ppm
boric acid	C	> 0.1 to ≤ milligrams per cubic meter of air (mg/m³)
propylene glycol	E	≤ 0.1 ppm
sodium nitrate	E	≤ 0.01 mg/m³
methanol	C	> 1 to ≤ 10 parts per million (ppm)

Notes: Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

MATERIAL DATA

for formaldehyde:

Odour Threshold Value for formaldehyde: 0.98 ppm (recognition)

NOTE: Detector tubes for formaldehyde, measuring in excess of 0.2 ppm are available commercially.

Formaldehyde vapour exposure:

Primary irritation is dependent on duration of exposure and individual susceptibility.

The following are typical symptoms encountered at various exposure levels.

0.1 ppm - Lower level of mucous eye, nose and throat irritation

0.8 ppm - Typical threshold of perception

1-2 ppm - Typical threshold of irritation

2-3 ppm - Irritation of eyes, nose and throat

4-5 ppm - Increased irritation, tearing, headache, pungent odour

10-20 ppm - Profuse tearing, severe burning, coughing

50 ppm - Serious bronchial and alveolar damage

100 ppm - Formaldehyde induced chemical pneumonia and death

Despite the intent of the TLV Ceiling recommendation it is believed that 0.3 ppm will not protect that portion of the workforce (up to 20%) reported to be responsive to low ambient concentrations. Because of the dose-related carcinogenic activity for rat and mouse inhalation of formaldehyde, the report of macromolecular adducts in the upper and lower respiratory tracts of nonhuman primates following inhalation of formaldehyde, the human case reports of upper respiratory tract malignant melanoma associated with

formaldehyde inhalation and the suggestive epidemiologic data on human cancer risk, the TLV Committee recommends that workplace formaldehyde air concentrations be reduced to the lowest possible levels that can be achieved using engineering controls.

Odour Safety Factor(OSF)

OSF=0.36 (FORMALDEHYDE)

For methanol:

Odour Threshold Value: 4.2-5960 ppm (detection), 53.0-8940 ppm (recognition)

NOTE: Detector tubes for methanol, measuring in excess of 50 ppm, are commercially available.

Exposure at or below the recommended TLV-TWA is thought to substantially reduce the significant risk of headache, blurred vision and other ocular and systemic effects.

Odour Safety Factor (OSF)

OSF=2 (METHANOL)

NOTE D: Certain substances which are susceptible to spontaneous polymerisation or decomposition are generally placed on the market in a stabilised form. It is in this form that they are listed on Annex I

When they are placed on the market in a non-stabilised form, the label must state the name of the substance followed by the words "non-stabilised"

European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

Exposure controls

Appropriate engineering	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed
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<p style="text-align: center;">controls</p>	<p>engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. 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. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.</p> <ul style="list-style-type: none"> ▸ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area. ▸ Work should be undertaken in an isolated system such as a "glove-box" . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system. ▸ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within. ▸ Open-vessel systems are prohibited. ▸ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation. ▸ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system. ▸ For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. ▸ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas). ▸ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air. ▸ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.
<p style="text-align: center;">Personal protection</p>	
<p style="text-align: center;">Eye and face protection</p>	<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. 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], [AS/NZS 1336 or national equivalent]
<p style="text-align: center;">Skin protection</p>	<p>See Hand protection below</p>
<p style="text-align: center;">Hands/feet protection</p>	<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. 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. 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. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> · 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, AS/NZS 2161.10.1 or national equivalent) 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, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves

	<p>for long-term use.</p> <ul style="list-style-type: none"> Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> Excellent when breakthrough time > 480 min Good when breakthrough time > 20 min Fair when breakthrough time < 20 min Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>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.</p>
<p>Body protection</p>	<p>See Other protection below</p>
<p>Other protection</p>	<ul style="list-style-type: none"> Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent] Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent] Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely. Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. Overalls. PVC Apron. PVC protective suit may be required if exposure severe. Eyewash unit. Ensure there is ready access to a safety shower.

Respiratory protection

Type AX 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	AX-AUS / Class1	-
up to 50	1000	-	AX-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	AX-2
up to 100	10000	-	AX-3
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

Well Still

75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Red		
Physical state	Liquid	Relative density (Water= 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	64	Molecular weight (g/mol)	Not Available
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	<1 Ether=1	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	73	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	6	Volatile Component (%vol)	>70
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (1%)	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"> ▶ Presence of heat source and ignition source ▶ 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>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects.</p> <p>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.</p> <p>Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in arrhythmias and hypotension. Gastrointestinal effects may include nausea and vomiting. Kidney and liver damage may result following massive exposures. The alcohols are potential irritants being, generally, stronger irritants than similar organic structures that lack functional groups (e.g. alkanes) but are much less irritating than the corresponding amines,</p>
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	<p>aldehydes or ketones. Alcohols and glycols (diols) rarely represent serious hazards in the workplace, because their vapour concentrations are usually less than the levels which produce significant irritation which, in turn, produce significant central nervous system effects as well.</p> <p>Inhalation of quantities of liquid mist may be extremely hazardous, even lethal due to spasm, extreme irritation of larynx and bronchi, chemical pneumonitis and pulmonary oedema.</p> <p>Inhalation of vapour at relatively low concentrations may cause a tingling sensation in the nose and upper respiratory tract. Slightly higher concentrations may cause a burning sensation, headache. High vapour concentrations of formaldehyde are capable of causing chest constriction, bronchiopneumonia, dysphagia, oedema, spasms of the larynx and dyspnoea.</p> <p>Minor but regular methanol exposures may effect the central nervous system, optic nerves and retinae. Symptoms may be delayed, with headache, fatigue, nausea, blurring of vision and double vision. Continued or severe exposures may cause damage to optic nerves, which may become severe with permanent visual impairment even blindness resulting.</p> <p>WARNING: Methanol is only slowly eliminated from the body and should be regarded as a cumulative poison which cannot be made non-harmful [CCINFO]</p>
Ingestion	<p>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.</p> <p>The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.</p> <p>Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury. Those possessing lower viscosity elicit a greater response. The result is a high blood level and prompt death at doses otherwise tolerated by ingestion without aspiration. In general the secondary alcohols are less toxic than the corresponding primary isomers. As a general observation, alcohols are more powerful central nervous system depressants than their aliphatic analogues. In sequence of decreasing depressant potential, tertiary alcohols with multiple substituent OH groups are more potent than secondary alcohols, which, in turn, are more potent than primary alcohols. The potential for overall systemic toxicity increases with molecular weight (up to C7), principally because the water solubility is diminished and lipophilicity is increased.</p> <p>Within the homologous series of aliphatic alcohols, narcotic potency may increase even faster than lethality</p> <p>Only scanty toxicity information is available about higher homologues of the aliphatic alcohol series (greater than C7) but animal data establish that lethality does not continue to increase with increasing chain length. Aliphatic alcohols with 8 carbons are less toxic than those immediately preceding them in the series. 10 -Carbon n-decyl alcohol has low toxicity as do the solid fatty alcohols (e.g. lauryl, myristyl, cetyl and stearyl). However the rat aspiration test suggests that decyl and melted dodecyl (lauryl) alcohols are dangerous if they enter the trachea. In the rat even a small quantity (0.2 ml) of these behaves like a hydrocarbon solvent in causing death from pulmonary oedema.</p> <p>Primary alcohols are metabolised to corresponding aldehydes and acids; a significant metabolic acidosis may occur. Secondary alcohols are converted to ketones, which are also central nervous system depressants and which, in the case of the higher homologues persist in the blood for many hours. Tertiary alcohols are metabolised slowly and incompletely so their toxic effects are generally persistent.</p> <p>The substance and/or its metabolites may bind to haemoglobin inhibiting normal uptake of oxygen. This condition, known as "methaemoglobinemia", is a form of oxygen starvation (anoxia).</p> <p>Symptoms include cyanosis (a bluish discoloration skin and mucous membranes) and breathing difficulties. Symptoms may not be evident until several hours after exposure.</p> <p>At about 15% concentration of blood methaemoglobin there is observable cyanosis of the lips, nose and earlobes. Symptoms may be absent although euphoria, flushed face and headache are commonly experienced. At 25-40%, cyanosis is marked but little disability occurs other than that produced on physical exertion. At 40-60%, symptoms include weakness, dizziness, lightheadedness, increasingly severe headache, ataxia, rapid shallow respiration, drowsiness, nausea, vomiting, confusion, lethargy and stupor. Above 60% symptoms include dyspnea, respiratory depression, tachycardia or bradycardia, and convulsions. Levels exceeding 70% may be fatal.</p> <p>Symptoms of borate poisoning include nausea, vomiting, diarrhoea, epigastric pain. These may be accompanied headache, weakness and a distinctive red skin rash. In severe cases there may be shock, increased heart rate and the skin may appear blue. Vomiting (which may be violent) is often persistent and vomitus and faeces may contain blood. Weakness, lethargy, headache, restlessness, tremors and intermittent convulsions may also occur. Poisoning produces central nervous system stimulation followed by depression, gastrointestinal disturbance (haemorrhagic gastro-enteritis), erythematous skin eruptions (giving rise to a boiled lobster appearance) and may also involve kidneys (producing oliguria, albuminuria, anuria) and, rarely, liver (hepatomegaly, jaundice). Toxic symptoms may be delayed for several hours.</p> <p>Ingested borates are readily absorbed and do not appear to be metabolised via the liver. Excretion occurs mainly through the kidneys in the urine with about half excreted in the first 12 hours and the remainder over 5-12 days. Borates are excreted primarily in the urine regardless of the route of administration.</p> <p>The borates (tetra-, di-, meta, or ortho- salts, in contrast to perborates) once solubilised in the acid of gastric juices, cannot be distinguished from each other on chemical or toxicological grounds. In humans acute gastroenteric (or percutaneous absorption of as little as 1 gm of sodium borate can result in severe gastrointestinal irritation, kidney damage. In adults the mean lethal dose of sodium borate or boric acid probably exceeds 30 gms (Gosselin) and death occurs due to vascular collapse in the early stages or to central nervous system depression in later stages.</p> <p>Children are thought to be more susceptible to the effects of borate intoxication.</p> <p>Ingestion of propylene glycol produced reversible central nervous system depression in humans following ingestion of 60 ml. Symptoms included increased heart-rate (tachycardia), excessive sweating (diaphoresis) and grand mal seizures in a 15 month child who ingested large doses (7.5 ml/day for 8 days) as an ingredient of vitamin preparation.</p> <p>Excessive repeated ingestions may cause hypoglycaemia (low levels of glucose in the blood stream) among susceptible individuals; this may result in muscular weakness, incoordination and mental confusion.</p> <p>Very high doses given during feeding studies to rats and dogs produce central nervous system depression (although one-third of that produced by ethanol), haemolysis and insignificant kidney changes.</p> <p>In humans propylene glycol is partly excreted unchanged in the urine and partly metabolised as lactic and pyruvic acid. Lactic</p>

	<p>acidosis may result. Ingestion of formaldehyde may cause immediate severe abdominal pain, with vomiting, nausea, diarrhoea, anuria, dizziness, followed by unconsciousness, convulsions and may result in death. The methanol stabiliser in solutions is a cause of visual impairment and possible permanent blindness</p>
<p>Skin Contact</p>	<p>Skin contact with the material may produce toxic effects; systemic effects may result following absorption. The material can produce chemical burns following direct contact with the skin. Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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. Minor regular skin contact with formaldehyde results in hardening of skin - tanning. Formaldehyde is a sensitising agent capable of inducing contact dermatitis. Episodes of contact dermatitis have been observed amongst workers exposed to formaldehyde in hospitals, in the production of formaldehyde resins, textiles, shampoos and laminated furniture. Contact urticaria has also been reported as a result of dermal exposure.</p> <p>The material produces severe skin irritation; evidence exists, or practical experience predicts, that the material either:</p> <ul style="list-style-type: none"> ▶ produces severe inflammation of the skin in a substantial number of individuals following direct contact, and/or ▶ produces significant and severe 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. <p>NOTE: Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p>
<p>Eye</p>	<p>The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. Irritation of the eyes may produce a heavy secretion of tears (lachrymation).</p>
<p>Chronic</p>	<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. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. On the basis of epidemiological data, the material is regarded as carcinogenic to humans. There is sufficient data to establish a causal association between human exposure to the material and the development of cancer. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.</p> <p>There is sufficient evidence to provide a strong presumption that human exposure to the material may result in impaired fertility on the basis of: - clear evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>The major concern of possible long-term effects of exposure to nitrate and nitrite is associated with formation of nitroso compounds, many of which are carcinogenic. This formation may take place wherever nitrite and nitrosable compounds are present, but it is favoured by acidic conditions or the presence of some bacteria. The gastrointestinal tract and especially the stomach is regarded as the main formation site, but nitrosation reactions can also take place in an infected urinary bladder. Nitrite is mutagenic in a number of in vitro assays against microorganisms or cultured mammalian cells. Nitrates show no mutagenic activity in microbial tests under aerobic conditions. Activity has been reported under anaerobic conditions, probably due to reduction of nitrate into nitrite</p> <p>The mutagenic effects of nitrites were observed in an in vivo and in vitro experiment using Syrian hamsters. In vivo assays have been equivocal, both positive and negative results having been reported</p> <p>Exposure to sodium nitrite in drinking water resulted in an increased incidence of epithelial hyperplasia in the forestomach of male and female rats and in the glandular stomach of male mice.</p> <p>There was equivocal evidence of carcinogenic activity of sodium nitrite in female B6C3F1 mice based on the positive trend in the incidences of squamous cell papillomas or carcinomas (combined) of the forestomach. There was no evidence of carcinogenic activity in male and female F344/N rats or B6C3F1 male mice exposed to 750, 1500 or 3000 ppm. NTP Technical Report Series No. 495, May 2001</p> <p>Under certain conditions, nitrites can react with secondary amines, either alone or in biological systems, to form carcinogenic nitrosamines.</p> <p>Sodium nitrite (60 mg/kg) administered in drinking water to pregnant guinea pigs produced maternal anaemia and increased the incidences of abortion and foetal mortality. Administration of 2000-3000 mg/l sodium nitrite in drinking water, to pregnant rats,</p>

produced 30-53% foetal mortality. In rat dams given 0.025-0.5% in feed, sodium nitrite caused an increase in foetal and pup mortality and decreases in pre-weanling body weights.

When administered by inhalation, formaldehyde induced squamous cell carcinomas of the nasal cavity in rats of both sexes. Although excess occurrence of a number of cancers has been reported in humans, the evidence for a possible involvement of formaldehyde is strongest for nasal and nasopharyngeal cancer. The occurrence of these cancers showed an exposure-response gradient in more than one study, but the numbers of exposed cases were often small and some studies did not show excesses in humans. Formaldehyde exposure has been associated with cancers of the lung, nasopharynx and oropharynx and nasal passages.

Several investigations have concluded that specific respiratory sensitisation occurs based on positive bronchial provocation tests amongst formaldehyde-exposed workers. These studies have been criticised for methodological reasons. One large study however revealed that 5% of persons exposed to formaldehyde and had asthma-like symptoms met the study criteria for formaldehyde-induced asthma; this included a positive response on a bronchial provocation test with 2.5 mg/m³ formaldehyde. Although differential individual sensitivity has been established, the mechanism for this increased sensitivity is unknown.

There is limited evidence that formaldehyde has any adverse effect on reproduction or development in humans. An investigation of reproductive function in female workers exposed to formaldehyde in the garment industry, revealed an increased incidence of menstrual disorders, inflammatory disease of the reproductive tract, sterility, anaemia, and low birth weights amongst off-spring. Long-term exposure to methanol vapour, at concentrations exceeding 3000 ppm, may produce cumulative effects characterised by gastrointestinal disturbances (nausea, vomiting), headache, ringing in the ears, insomnia, trembling, unsteady gait, vertigo, conjunctivitis and clouded or double vision. Liver and/or kidney injury may also result. Some individuals show severe eye damage following prolonged exposure to 800 ppm of the vapour.

Chronic boric acid poisoning is characterized by mild gastrointestinal irritation, loss of appetite, disturbed digestion, nausea, possibly vomiting and a hard blotchy rash. Dryness of skin, reddening of tongue, loss of hair, conjunctivitis, and kidney injury have also been reported.

[Occupational Diseases]

Long term exposure to boric acid may be of more concern, causes kidney damage and eventually kidney failure. Although it does not appear to be carcinogenic, studies in dogs have reported testicular atrophy after exposure to 32 mg/kg bw/day for 90 days. This level is far lower than the LD50.

Boric acid in high doses shows significant developmental toxicity and teratogenicity in rabbit, rat, and mouse fetuses as well as cardiovascular defects, skeletal variations, mild kidney lesions.

The mechanism of action by which boric acid causes testicular toxicity has been investigated and it has been proposed that decreased testosterone production arises via a CNS mediated mechanism. It is not likely that hormone changes can explain the testicular atrophy observed at high dose levels since it has been shown that spermatogenesis can be maintained in the presence of significantly decreased intra-testicular testosterone levels. The fact that testicular damage was reversible and less extensive in younger sexually immature males than in mature animals also argues against an endocrine disruptor mechanism because younger animals still in development may be expected to be more sensitive to anti-androgenic effects than adults.

Inhibition of spermiation has been investigated and the involvement of Sertoli cells is suggested, as effects on these cells can lead to testicular atrophy. The changes in serum hormone levels may reflect an indirect effect on the CNS mediated by paracrine and/or autocrine influences.

Chronic poisoning by borates may be characterised gastrointestinal disturbances and skin rash. Chronic absorption of small amounts of borax causes mild gastroenteritis and dermatitis.

Chronic feeding studies involving borate administration to rats and dogs leads to accumulation in the testes, germ cell depletion and testicular atrophy. Hair loss in a young woman was traced to chronic ingestion of boric acid-containing mouthwashes whilst hair loss, dermatitis, gastric ulcer and hypoplastic anaemia in an adult male was attributed to the consumption of an uncharacterised "boric tartrate" for 20 years (symptoms disappeared following withdrawal). Repeated ingestion or inhalation of sub-acute doses of boric acid produces gastrointestinal irritation and disturbance, loss of appetite, disturbed digestion, nausea and vomiting, erythematous rash which may become hard and purpuric, dryness of the skin and mucous membranes, reddening of the tongue, cracking of the lips, conjunctivitis, palpebral oedema and kidney injury. Workers exposed to dust levels containing in excess of 31 mg/m³ boric acid, showed atrophic and subatrophic changes of the respiratory mucous membranes. Prolonged ingestion by animals produces a variety of reproductive effects including changes to the ovaries, fallopian tubes, the testes, epididymis and sperm ducts.

Inorganic borates convert to boric acid at physiological pH in the aqueous layer overlying the mucosal surfaces prior to absorption. Boric acid is known to be readily taken up from the gastrointestinal tract in rats and humans, as demonstrated by experimental evidence in both human and animal studies, where more than 90% of the administered dose of borate was excreted as boric acid

Boric acid is not metabolized in either animals or humans, owing to the high energy level required (523 kJ/mol) to break the B-O bond. Because of the high pKa, regardless of the form of inorganic borate ingested (e.g., boric acid, disodium tetraborate dehydrate or boron associated with animal or plant tissues), uptake is almost exclusively (>98%) as undissociated boric acid.

Well Still	TOXICITY	IRRITATION
	Not Available	Not Available
formaldehyde	Dermal (rabbit) LD50: 270 mg/kg ^[2]	Eye (human): 4 ppm/5m
	Inhalation(Rat) LC50; <463 ppm4h ^[1]	Eye (rabbit): 0.75 mg/24H SEVERE
	Oral(Mouse) LD50; 42 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
		Skin (human): 0.15 mg/3d-I mild
		Skin (rabbit): 2 mg/24H SEVERE

		Skin: adverse effect observed (corrosive) ^[1]
boric acid	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
	Inhalation(Rat) LC50; >2.12 mg/l4h ^[1]	Skin (human): 15 mg/3d -I- mild
	Oral(Rat) LD50; >2600 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
propylene glycol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg - mild
	Inhalation(Rat) LC50; >44.9 mg/L4h ^[2]	Eye (rabbit): 500 mg/24h - mild
	Oral(Rat) LD50; >10400 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin(human):104 mg/3d Intermit Mod
		Skin(human):500 mg/7days mild
	Skin: no adverse effect observed (not irritating) ^[1]	
sodium nitrate	TOXICITY	IRRITATION
	dermal (rat) LD50: >5000 mg/kg ^[1]	Not Available
	Oral(Rat) LD50; >884.956 mg/kg ^[1]	
methanol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 15800 mg/kg ^[2]	Eye (rabbit): 100 mg/24h-moderate
	Inhalation(Rat) LC50; 83.2 mg/l4h ^[2]	Eye (rabbit): 40 mg-moderate
	Oral(Rat) LD50; >11872769 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin (rabbit): 20 mg/24 h-moderate
	Skin: no adverse effect observed (not irritating) ^[1]	
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	

FORMALDEHYDE	<p>No significant acute toxicological data identified in literature search.</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may produce severe 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) thickening of the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p> <p>WARNING: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS. Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen [National Toxicology Program: U.S. Dep. of Health & Human Services 2002]</p>
BORIC ACID	<p>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 epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>
Well Still & SODIUM NITRATE	<p>Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.</p>
Well Still & FORMALDEHYDE & SODIUM NITRATE	<p>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.</p>

<p>Well Still & FORMALDEHYDE</p>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p>
<p>Well Still & PROPYLENE GLYCOL</p>	<p>The acute oral toxicity of propylene glycol is very low, and large quantities are required to cause perceptible health damage in humans. Serious toxicity generally occurs only at plasma concentrations over 1 g/L, which requires extremely high intake over a relatively short period of time. It would be nearly impossible to reach toxic levels by consuming foods or supplements, which contain at most 1 g/kg of PG. Cases of propylene glycol poisoning are usually related to either inappropriate intravenous administration or accidental ingestion of large quantities by children. The potential for long-term oral toxicity is also low. Because of its low chronic oral toxicity, propylene glycol was classified by the U. S. Food and Drug Administration as "generally recognized as safe" (GRAS) for use as a direct food additive.</p> <p>Prolonged contact with propylene glycol is essentially non-irritating to the skin. Undiluted propylene glycol is minimally irritating to the eye, and can produce slight transient conjunctivitis (the eye recovers after the exposure is removed). Exposure to mists may cause eye irritation, as well as upper respiratory tract irritation. Inhalation of the propylene glycol vapours appears to present no significant hazard in ordinary applications. However, limited human experience indicates that inhalation of propylene glycol mists could be irritating to some individuals. It is therefore recommended that propylene glycol not be used in applications where inhalation exposure or human eye contact with the spray mists of these materials is likely, such as fogs for theatrical productions or antifreeze solutions for emergency eye wash stations.</p> <p>Propylene glycol is metabolised in the human body into pyruvic acid (a normal part of the glucose-metabolism process, readily converted to energy), acetic acid (handled by ethanol-metabolism), lactic acid (a normal acid generally abundant during digestion), and propionaldehyde (a potentially hazardous substance).</p> <p>Propylene glycol shows no evidence of being a carcinogen or of being genotoxic.</p> <p>Research has suggested that individuals who cannot tolerate propylene glycol probably experience a special form of irritation, but that they only rarely develop allergic contact dermatitis. Other investigators believe that the incidence of allergic contact dermatitis to propylene glycol may be greater than 2% in patients with eczema.</p> <p>One study strongly suggests a connection between airborne concentrations of propylene glycol in houses and development of asthma and allergic reactions, such as rhinitis or hives in children.</p> <p>Another study suggested that the concentrations of PGEs (counted as the sum of propylene glycol and glycol ethers) in indoor air, particularly bedroom air, is linked to increased risk of developing numerous respiratory and immune disorders in children, including asthma, hay fever, eczema, and allergies, with increased risk ranging from 50% to 180%. This concentration has been linked to use of water-based paints and water-based system cleansers.</p> <p>Patients with vulvodynia and interstitial cystitis may be especially sensitive to propylene glycol. Women suffering with yeast infections may also notice that some over the counter creams can cause intense burning. Post menopausal women who require the use of an oestrogen cream may notice that brand name creams made with propylene glycol often create extreme, uncomfortable burning along the vulva and perianal area. Additionally, some electronic cigarette users who inhale propylene glycol vapor may experience dryness of the throat or shortness of breath. As an alternative, some suppliers will put Vegetable Glycerin in the "e-liquid" for those who are allergic (or have bad reactions) to propylene glycol.</p> <p>Adverse responses to intravenous administration of drugs which use PG as an excipient have been seen in a number of people, particularly with large dosages thereof. Responses may include "hypotension, bradycardia... QRS and T abnormalities on the ECG, arrhythmia, cardiac arrest, serum hyperosmolality, lactic acidosis, and haemolysis". A high percentage (12% to 42%) of directly-injected propylene glycol is eliminated/secreted in urine unaltered depending on dosage, with the remainder appearing in its glucuronide-form. The speed of renal filtration decreases as dosage increases, which may be due to propylene glycol's mild anesthetic / CNS-depressant -properties as an alcohol. In one case, intravenous administration of propylene glycol-suspended nitroglycerin to an elderly man may have induced coma and acidosis.</p> <p>Propylene glycol is an approved food additive for dog food under the category of animal feed and is generally recognized as safe for dogs with an LD50 of 9 mL/kg. The LD50 is higher for most laboratory animals (20 mL/kg)</p> <p>Similarly, propylene glycol is an approved food additive for human food as well. The exception is that it is prohibited for use in food for cats due to links to Heinz body anemia.</p>
<p>PROPYLENE GLYCOL & METHANOL</p>	<p>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.</p>

<p>Acute Toxicity</p>	<p>✓</p>	<p>Carcinogenicity</p>	<p>✓</p>
<p>Skin Irritation/Corrosion</p>	<p>✗</p>	<p>Reproductivity</p>	<p>✓</p>
<p>Serious Eye Damage/Irritation</p>	<p>✓</p>	<p>STOT - Single Exposure</p>	<p>✓</p>
<p>Respiratory or Skin sensitisation</p>	<p>✓</p>	<p>STOT - Repeated Exposure</p>	<p>✗</p>
<p>Mutagenicity</p>	<p>✓</p>	<p>Aspiration Hazard</p>	<p>✗</p>

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

Well Still

Toxicity

Well Still	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
formaldehyde	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	96	Algae or other aquatic plants	0.005mg/l	4
	EC50	48	Crustacea	0.014-0.022mg/L	4
	LC50	96	Fish	0.002mg/L	4
	EC50	72	Algae or other aquatic plants	1.034-1.984mg/l	4
EC50	96	Algae or other aquatic plants	0.01mg/L	4	
boric acid	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48	Crustacea	0.506-0.622mg/L	4
	LC50	96	Fish	<0.253mg/L	4
	BCF	672	Fish	<3.2	7
	NOEC(ECx)	576	Fish	0.001mg/L	5
	EC50	72	Algae or other aquatic plants	40.2mg/l	2
EC50	96	Algae or other aquatic plants	15.4mg/l	2	
propylene glycol	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	336	Algae or other aquatic plants	<5300mg/l	1
	LC50	96	Fish	>10000mg/l	2
	EC50	48	Crustacea	>0.342mg/L	4
	EC50	72	Algae or other aquatic plants	19300mg/l	2
EC50	96	Algae or other aquatic plants	19000mg/l	2	
sodium nitrate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	2880	Fish	1.6mg/l	4
	LC50	96	Fish	14.431-16.214mg/L	4
EC50	48	Crustacea	3581mg/l	2	
methanol	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	21.233-24.544mg/L	4
	EC50(ECx)	96	Algae or other aquatic plants	<0.001mg/L	4
	EC50	48	Crustacea	>10000mg/l	4
EC50	96	Algae or other aquatic plants	<0.001mg/L	4	
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 boron and borates:

Environmental fate:

Boron is generally found in nature bound to oxygen and is never found as the free element. Atmospheric boron may be in the form of particulate matter or aerosols as borides, boron oxides, borates, boranes, organoboron compounds, trihalide boron compounds, or borazines. Borates are relatively soluble in water, and will probably be removed from the atmosphere by precipitation and dry deposition. The half-life of airborne particles is usually on the order of days, depending on the size of the particle and atmospheric conditions.

Boron readily hydrolyses in water to form the electrically neutral, weak monobasic acid boric acid (H₃BO₃) and the monovalent ion, B(OH)₄⁻. In concentrated solutions, boron may polymerise, leading to the formation of complex and diverse molecular arrangements. Because most environmentally relevant boron minerals are highly soluble in water, it is unlikely that mineral equilibria will control the fate of boron in water. Boron was found to not be significantly removed during the conventional treatment of waste water. Boron may, however, be co-precipitated with aluminum, silicon, or iron to form hydroxyborate compounds on the surfaces of minerals.

Waterborne boron may be adsorbed by soils and sediments. Adsorption-desorption reactions are expected to be the only significant mechanism that will influence

Continued...

the fate of boron in water. The extent of boron adsorption depends on the pH of the water and the chemical composition of the soil. The greatest adsorption is generally observed at pH 7.5-9.0. The single most important property of soil that will influence the mobility of boron is the abundance of amorphous aluminum oxide. The extent of boron adsorption has also been attributed to the levels of iron oxide, and to a lesser extent, the organic matter present in the soil, although other studies found that the amount of organic matter present was not important. The adsorption of boron may not be reversible in some soils. The lack of reversibility may be the result of solid-phase formation on mineral surfaces and/or the slow release of boron by diffusion from the interior of clay minerals. It is unlikely that boron is bioconcentrated significantly by organisms from water. A bioconcentration factor (BCF) relates the concentration of a chemical in the tissues of aquatic and terrestrial animals or plants to the concentration of the chemical in water or soil. The BCFs of boron in marine and freshwater plants, fish, and invertebrates were estimated to be <100. Experimentally measured BCFs for fish have ranged from 52 to 198. These BCFs suggest that boron is not significantly bioconcentrated.

As an element, boron itself cannot be degraded in the environment; however, it may undergo various reactions that change the form of boron (e.g., precipitation, polymerization, and acid-base reactions) depending on conditions such as its concentration in water and pH. In nature, boron is generally found in its oxygenated form. In aqueous solution, boron is normally present as boric acid and borate ions, with the dominant form of inorganic boron in natural aqueous systems as undissociated boric acid. Boric acid acts as an electron acceptor in aqueous solution, accepting a hydroxide ion from water to form (B(OH)₄)⁻ ion. In dilute solution, the favored form of boron is B(OH)₃. In more concentrated solutions (>0.1 M boric acid) and at neutral to alkaline pH (6–11), polymeric species are formed (e.g., B₃O₃(OH)₄⁻, B₅O₆(OH)₄⁻, B₃O₃(OH)₅²⁻, and B₄O₅(OH)₄²⁻).

Most boron compounds are transformed to borates in soil due to the presence of moisture. Borates themselves are not further degraded in soil. However, borates can exist in a variety of forms in soil. Borates are removed from soils by water leaching and by assimilation by plants.

The most appreciable boron exposure to the general population is likely to be ingestion of food and to a lesser extent in water. As boron is a natural component of the environment, individuals will have some exposure from foods and drinking water.

Boron-containing salts (borates) are ubiquitous in the environment. Surface soil, unpolluted waterways and seawater all typically contain significant amounts of boron as borate. Boron is an essential micronutrient for healthy growth of plants, however, it can be harmful to boron sensitive plants in higher quantities. In some areas such as the American Southwest, boron occurs naturally in surface waters in concentrations that have been shown to be toxic to commercially important plants.

Based on the collected information regarding aquatic toxicity, boron is not regarded as dangerous to aquatic organisms. The concentration in treated municipal waste water is a factor 100 lower than the NOEC-value for *Daphnia magna*.

No quality criteria exist for the concentration of boron in soil and compost. Boron is added to farmland when sewage sludge is applied as a soil improving agent, but there is not sufficient data to evaluate its effect on soil organisms. Being an essential micro-nutrient, no adverse effects of boron are expected at low concentrations.

Ecotoxicity:

In aquatic environments low concentrations of borates generally promote the growth of algae, whereas higher concentrations inhibited algal growth. In a growth inhibition test with *Scenedesmus subspicatus*, an EC₅₀ value of 34 mg B/l was determined. Boric acid toxicity in *Daphnia* 48 h-LC₅₀ (static test) was found to be 95 mg B/l. In a separate study it was concluded that chronic effects of boron to *Daphnia* may occur at a concentration of > 10 mg/l.

The toxicity of boron in fish is often higher in soft water than in hard water. The acute toxicity of boron towards *Danio rerio* (96 h-LC₅₀) has been determined to 14.2 mg B/l. In a fish early life stage test with rainbow trout NOEC levels of boron have been determined in the range between 0.009 and 0.103 mg B/l, whereas the EC₅₀ ranged from 27 to 100 mg B/l dependent on the water hardness.

The nitrates are of environmental concern because of their high water solubility and consequent leaching, diffusion, and environmental mobility in soil and water. Nitrate can contaminate groundwater to unacceptable levels. Nitrite is formed from nitrate or ammonium ion by micro-organisms in soil, water, sewage and the alimentary tract. The concern with nitrate in the environment is related to its conversion to nitrite.

Methaemoglobinaemia is caused following exposure to high levels of nitrite and produces difficulties in oxygen transport in the blood. Thousands of cases involving poisoning of infants, particularly in rural areas, have been reported as a result of drinking nitrate rich well-water.

Other concerns deriving from exposure to environmental nitrates relate to the production of nitrosamines following the reaction of food nitrites and secondary amines. Other nitroso-compounds may result following reaction with nitrites and amides, ureas, carbamates and other nitrogenous compounds. Nitrosamines produce liver damage, haemorrhagic lung lesions, convulsions and coma in rats, and teratogenic effects in experimental animals.

The N-nitroso class of compounds include potent carcinogens and mutagens: induction of tumors by single doses of N-nitroso compounds testify to this.

For formaldehyde:

Environmental fate:

Formaldehyde is ubiquitous in the environment as a contaminant of smoke and as photochemical smog.

In the atmosphere, formaldehyde both photolyses and reacts with reactive free radicals (primarily hydroxyl radicals); half-lives in the sunlit troposphere are 1.25 to 6 hours for photolysis, and 7.13-71.3 hours for reaction with hydroxyl radicals.

Reaction with nitrate radicals, insignificant during the day, may be an important removal process at night. Due to its solubility, formaldehyde will efficiently transfer to rain and surface water; one model predicts dry deposition and wet removal half-lives of 19 and 50 hours, respectively.

In water, formaldehyde will biodegrade to low concentrations within days; adsorption to sediment and volatilisation are not expected to be significant routes.

In soil, aqueous solutions of formaldehyde leach through the soil; at high concentrations adsorption to clay minerals may occur. Although biodegradable under both aerobic and anaerobic conditions the fate of formaldehyde in soil is unclear.

It does not bioconcentrate in the food chain.

Concentrated solutions containing formaldehyde are unstable, both oxidising slowly to formic acid and polymerising. In the presence of air and moisture, polymerisation takes place readily in concentrated solutions at room temperature to form paraformaldehyde, a solid mixture of linear polyoxymethylene glycols containing 90-99% formaldehyde.

Drinking Water Standards:

hydrocarbon total: 10 ug/l (UK max.)

pesticide: 0.1 ug/l (UK max.)

formaldehyde: 900 ug/l (WHO guideline)

Air Quality Standards:

<0.1 mg/m³ as a 30 min. average, indoor air, non-industrial buildings

(WHO guideline)

DO NOT discharge into sewer or waterways.

Persistence and degradability

Well Still

Ingredient	Persistence: Water/Soil	Persistence: Air
formaldehyde	LOW (Half-life = 14 days)	LOW (Half-life = 2.97 days)
boric acid	LOW	LOW
propylene glycol	LOW	LOW
sodium nitrate	LOW	LOW
methanol	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
formaldehyde	LOW (LogKOW = 0.35)
boric acid	LOW (BCF = 0)
propylene glycol	LOW (BCF = 1)
sodium nitrate	LOW (LogKOW = 0.209)
methanol	LOW (BCF = 10)

Mobility in soil

Ingredient	Mobility
formaldehyde	HIGH (KOC = 1)
boric acid	LOW (KOC = 35.04)
propylene glycol	HIGH (KOC = 1)
sodium nitrate	LOW (KOC = 14.3)
methanol	HIGH (KOC = 1)

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. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. 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.</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. ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
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SECTION 14 Transport information

Labels Required

	 
Marine Pollutant	NO

Land transport (ADR-RID)

UN number	1198	
UN proper shipping name	FORMALDEHYDE SOLUTION, FLAMMABLE	
Transport hazard class(es)	Class	3
	Subrisk	8
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	Hazard identification (Kemler)	38
	Classification code	FC
	Hazard Label	3 +8
	Special provisions	Not Applicable
	Limited quantity	5 L
	Tunnel Restriction Code	3 (D/E)

Air transport (ICAO-IATA / DGR)

UN number	1198	
UN proper shipping name	Formaldehyde solution, flammable	
Transport hazard class(es)	ICAO/IATA Class	3
	ICAO / IATA Subrisk	8
	ERG Code	3Ci
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	A180 A803
	Cargo Only Packing Instructions	365
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	354
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y342
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1198	
UN proper shipping name	FORMALDEHYDE SOLUTION, FLAMMABLE	
Transport hazard class(es)	IMDG Class	3
	IMDG Subrisk	8
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	EMS Number	F-E , S-C
	Special provisions	Not Applicable
	Limited Quantities	5 L

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

Not Applicable

Continued...

Well Still

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

Product name	Group
formaldehyde	Not Available
boric acid	Not Available
propylene glycol	Not Available
sodium nitrate	Not Available
methanol	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
formaldehyde	Not Available
boric acid	Not Available
propylene glycol	Not Available
sodium nitrate	Not Available
methanol	Not Available

SECTION 15 Regulatory information

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

formaldehyde is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

Thailand - List of Hazardous Substances B.E. 2556 (Thai)

Thailand Existing Chemicals Inventory (TECI)

Thailand Occupational Exposure Limits - Working Safety and Environmental Condition (Chemical) Table 3

boric acid is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List

Thailand - List of Hazardous Substances B.E. 2556 (Thai)

Thailand Existing Chemicals Inventory (TECI)

propylene glycol is found on the following regulatory lists

Thailand Existing Chemicals Inventory (TECI)

sodium nitrate is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2A: Probably carcinogenic to humans

Thailand Existing Chemicals Inventory (TECI)

methanol is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List

Thailand - List of Hazardous Substances B.E. 2556 (Thai)

Thailand Existing Chemicals Inventory (TECI)

Thailand Occupational Exposure Limits - Working Safety and Environmental Condition (Chemical) Table 1

National Inventory Status

National Inventory	Status
Australia - AIIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (formaldehyde; boric acid; propylene glycol; sodium nitrate; methanol)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes

Well Still

National Inventory	Status
Philippines - PICCS	Yes
USA - TSCA	Yes
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 and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	09/04/2021
Initial Date	09/04/2021

Other information

Ingredients with multiple cas numbers

Name	CAS No
formaldehyde	50-00-0, 8005-38-7, 8006-07-3, 8013-13-6, 112068-71-0
boric acid	10043-35-3, 11113-50-1, 41685-84-1
sodium nitrate	7631-99-4, 1401517-04-1, 862599-22-2

Classification of the preparation and its individual components has drawn on official and authoritative sources 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
 AII: Australian Inventory of Industrial Chemicals
 DSL: Domestic Substances List
 NDSL: Non-Domestic Substances List
 IECS: 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