

Oxycon Online Silica Reagent 3

Swan Analytical Australia Pty Ltd

Chemwatch: **9552575** Version No: **4.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: **01/11/2019** Print Date: **09/12/2019** S.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	Oxycon Online Silica Reagent 3
Synonyms	Part No: A-85.420.560; Oxycon On-Line Silica Reagent 3 for AMI Silica Oxalic acid dihydrate
Proper shipping name	CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S. (contains oxalic acid dihydrate)
Other means of identification	Not Available

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

Relevant identified uses Reagent for the determination of silica in laboratory.

Details of the supplier of the safety data sheet

Registered company name	Swan Analytical Australia Pty Ltd	SWAN Analytical New Zealand Pty Ltd		
Address	Unit 12 45 Leighton Place Hornsby NSW 2077 Australia	PO Box 125201 St Heliers, Auckland 1740 New Zealand		
Telephone	+61 2 9482 1455	+64 (0)9 213 7191		
Fax	+61 2 9482 1489	Not Available		
Website	www.swan.ch	www.swan-analytical.co.nz		
Email	sales@swan-analytical.com.au	sales@swan-analytical.co.nz		

Emergency telephone number

Association / Organisation	Chemwatch	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+800 2436 2255	+61 1800 951 288
Other emergency telephone numbers	+64 (0)9 213 7191	+61 2 9186 1132

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

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

CHEMWATCH HAZARD RATINGS

		Min	Max	
Flammability	1			
Toxicity	2			0 = Minimum
Body Contact	3			1 = Low 2 = Moderate
Reactivity	1			3 = High
Chronic	2			4 = Extreme

Poisons Schedule	S6
Classification ^[1]	Metal Corrosion Category 1, Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Skin Corrosion/Irritation Category 1B, Serious Eye Damage Category 1, Specific target organ toxicity - repeated exposure Category 2
Legend:	1. Classified by Chernwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)







SIGNAL WORD

DANGER

Chemwatch: 9552575 Page 2 of 9

Oxycon Online Silica Reagent 3

Issue Date: 01/11/2019 Print Date: 09/12/2019

Hazard statement(s)

Version No: 4.1.1.1

H290	May be corrosive to metals.
H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H314	Causes severe skin burns and eye damage.
H373	May cause damage to organs through prolonged or repeated exposure.

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P234	Keep only in original container.
P270	Do not eat, drink or smoke when using this product.

Precautionary statement(s) Response

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.
P310	Immediately call a POISON CENTER or doctor/physician.

Precautionary statement(s) Storage

P405 Store locked up.

Precautionary statement(s) Disposal

Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

P501

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
6153-56-6	>60	oxalic acid dihydrate

SECTION 4 FIRST AID MEASURES

Ingestion

► Observe the patient carefully.

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Description of first aid measure	es
Eye Contact	If this product comes in contact with the eyes: Immediately hold eyelids apart and flush the eye continuously with running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. Transport to hospital or doctor without delay. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: 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	 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. Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)
	 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.

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.

Version No: 4.1.1.1

Oxycon Online Silica Reagent 3

Issue Date: 01/11/2019 Print Date: 09/12/2019

Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

- ▶ Effective therapy against burns from oxalic acid involves replacement of calcium.
- ▶ Intravenous oxalic acid is substantially excreted (88% 90%) in the urine within 36 hours.

For acute or short term repeated exposures to strong acids:

- · Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues. INGESTION:
- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- ▶ DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
- Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- ► Charcoal has no place in acid management.
- ▶ Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

- Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
- ▶ Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

- ► Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjuctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.
- Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
- ▶ Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

[Ellenhorn and Barceloux: Medical Toxicology]

Treatment must be prompt

- Give immediately by mouth, a dilute solution of any soluble calcium salt; calcium lactate, lime water, finely pulverised chalk or plaster suspended in a large volume of water or milk. Large amounts of calcium are required to inactivate oxalate by precipitating it as the insoluble calcium salt. Do NOT give an emetic drug.
- Perform gastric lavage carefully or not at all if severe mucosal injury is evident. Dilute lime water (calcium hydroxide) makes a good lavage fluid if used in large quantity.
- Administer a slow intravenous injection of 10-20 ml of calcium gluconate (10% solution) or of calcium chloride (5% solution). This injection may be repeated frequently to prevent hypocalcaemic tetany. Calcium gluconate (10 m) may also be given intramuscularly every few hours. Calcium compounds are never given subcutaneously; even the intramuscular route is hazardous in infants because of the incidence of sloughing.
- ▶ In severe cases parathyroid extract (100 USP units) should be given intramuscularly.
- ▶ Morphine may be necessary to control pain.
- Freat shock by cautious intravenous injection of isotonic saline solution. Check for metabolic acidosis and infuse sodium bicarbonate if necessary.
- ▶ Watch for oedema of the glottis late formation of oesophageal stricture
- ▶ Useful demulcents by mouth include milk of magnesia, bismuth subcarbonate, and mineral oil.
- ▶ Prophylactic and therapeutic measures in anticipation of renal damage.

[GOSSELIN SMITH HODGE: Clinical Toxicology of Commercial Products]

Oxalates are readily metabolized to oxalic acid in the body. Oxalic acid is excreted in the urine at a rate of 8-40 mg/day in healthy normal men and women. About half is excreted as oxalic acid and half as magnesium, calcium or other salts. Ingested oxalic acid is also excreted in the feces. In rats, approximately half of ingested oxalic acid is destroyed by bacterial action and about 25% is excreted unchanged in the feces. In humans, calcium oxalate is deposited in the kidneys as crystals and may be deposited in non-crystalline form, bound to lipid, in the liver and other body tissues.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Fighting

Fire Incompatibility

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

Advice for firefighters

- Alert Fire Brigade and tell them location and nature of hazard.
 Wear full body protective clothing with breathing apparatus.
 - Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.

Combust

- ► Slight fire hazard when exposed to heat or flame.
- ▶ Acids may react with metals to produce hydrogen, a highly flammable and explosive gas.
- ► Heating may cause expansion or decomposition leading to violent rupture of containers.

Fire/Explosion Hazard

Combustion products include carbon monoxide (CO) carbon dioxide (CO2)

nitrogen oxides (NOx) other pyrolysis products typical of burning organic material.

HAZCHEM

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SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Chemwatch: **9552575** Page **4** of **9**

Version No: 4.1.1.1 Ovycon Online Silica Reager

Oxycon Online Silica Reagent 3

Issue Date: **01/11/2019**Print Date: **09/12/2019**

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	 Remove all ignition sources. Clean up all spills immediately. Avoid contact with skin and eyes. Control personal contact with the substance, by using protective equipment. 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	 Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus. Prevent, by any means available, spillage from entering drains or water course.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

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

 Safe handling

 Organic powders when finel
 - Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions)
 - Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.
 - ▶ Establish good housekeeping practices.
 - ▶ Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.
- Other information
- Store in original containers.
 Keep containers securely sealed.
 - Store in a cool, dry, well-ventilated area.
 - Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Suitable container

- ► DO NOT use aluminium or galvanised containers
- ► Check regularly for spills and leaks
- DO NOT use mild steel or galvanised containers
 Lined metal can, lined metal pail/ can.
- ▶ Plastic pail.
- Polyliner drum.
- ▶ Packing as recommended by manufacturer.

Storage incompatibility

- F Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.
- ► Segregate from alkalies, oxidising agents and chemicals readily decomposed by acids, i.e. cyanides, sulfides, carbonates.
- Avoid strong bases.















X — Must not be stored together

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

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	oxalic acid dihydrate	Oxalic acid	1 mg/m3	2 mg/m3	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
oxalic acid dihydrate	Oxalic acid, anhydrous; (Ethanedioic acid)	2 mg/m3	20 mg/m3	500 mg/m3
oxalic acid dihydrate	Oxalic acid dihydrate	2 mg/m3	83 mg/m3	500 mg/m3

			····g····-	
Ingredient	Original IDLH	Revised IDLH		
oxalic acid dihydrate	500 mg/m3	Not Available		

Exposure controls

Version No: **4.1.1.1**

Oxycon Online Silica Reagent 3

Issue Date: 01/11/2019
Print Date: 09/12/2019

Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.

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.

Personal protection











Eye and face protection

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.

Skin protection

See Hand protection below

► Wear chemical protective gloves, e.g. PVC.

Hands/feet protection

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.

Personal hygiene is a key element of effective hand care.

▶ Wear safety footwear or safety gumboots, e.g. Rubber

Body protection

See Other protection below

Other protection

- Overalls.
- ► PVC Apron.
- ▶ PVC protective suit may be required if exposure severe.
- Eyewash unit.

Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
P1	-	PAPR-P1
		PAPR-P2
-		-
		PAPR-P3
	•	P1 Air-line* Air-line** P2 P3 Air-line*

^{* -} Negative pressure demand ** - Continuous flow

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)

- ▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- ► Use approved positive flow mask if significant quantities of dust becomes airborne.
- ► Try to avoid creating dust conditions.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

• •	• •		
Appearance	White acidic solid with no odour; soluble in water.		
Physical state	Divided Solid	Relative density (Water = 1)	1.65
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	>157 (anhydrous)
Melting point / freezing point (°C)	101	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	149-160	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available

Chemwatch: 9552575 Page 6 of 9

Version No: 4.1.1.1

Issue Date: 01/11/2019 Print Date: 09/12/2019 **Oxycon Online Silica Reagent 3**

Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Applicable
Vapour pressure (kPa)	2.1 @ 50C	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	1 (ca. @ 1 g/l)
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	► Contact with alkaline material liberates heat
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

Inhalation of dusts, generated by the material, during the course of normal handling, may be harmful. Inhalation of oxalic acid dusts or vapours can cause ulceration of the linings of the nose and throat, nosebleed, headache and nervousness. The airborne dust behaves as a strong acid producing severe local burns of the linings of the nose and throat Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability

if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be

conducted on individuals who may be exposed to further risk if handling and use of the material result Inhaled

in excessive exposures. Corrosive acids can cause irritation of the respiratory tract, with coughing, choking and mucous membrane damage. There may be dizziness,

headache, nausea and weakness. Inhalation of soluble oxalate produces irritation of the respiratory tract. Effects on the body may include protein in the urine, ulceration of the mucous membranes, headache, nervousness, cough, vomiting, severe weight loss, back pain (due to kidney injury) and weakness.

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

Ingestion

Oxalic acid is a minor, normal body constituent occurring in blood, kidney, muscle and liver at very low concentrations. Higher concentrations are toxic. Ingestion of 5 grams has caused death within hours. It is a poison which affects the central nervous system and kidney function. Ingestion of low-molecular organic acid solutions may produce spontaneous haemorrhaging, production of blood clots, gastrointestinal damage and narrowing of the oesophagus and stomach entry.

Ingestion of acidic corrosives may produce burns around and in the mouth, the throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident.

Soluble or solubilised oxides are severely corrosive to the digestive tract, and severe inflammation of the stomach and gut and secondary shock can cause death. Where there are no digestive symptoms (as seen when a dilute solution is swallowed), symptoms in other systems may dominate, including muscle twitching, cramps and central nervous system depression.

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

The material can produce chemical burns following direct contact with the skin.

Solutions of 5% to 10% oxalic acid are irritating to the skin after prolonged contact; early gangrene may occur after hand immersion in oxalate solutions. Oxalate ion is an irritant, and may cause skin irritation, Following contact, skin lesions may develop.

Skin Contact Open cuts, abraded or irritated skin should not be exposed to this material

Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue.

Solution of material in moisture on the skin, or perspiration, may increase irritant effects

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

Eye

The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. If applied to the eyes, this material causes severe eye damage. Solutions of low-molecular weight organic acids cause pain and injury to the

Direct eye contact with acid corrosives may produce pain, tears, sensitivity to light and burns. Mild burns of the epithelia generally recover rapidly

and completely.

Chronic

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Based on experience with similar materials, there is a possibility that exposure to the material may reduce fertility in humans at levels which do not cause other toxic effects. Repeated or prolonged exposure to acids may result in the erosion of teeth, swelling and/or ulceration of mouth lining. Irritation of airways to lung,

with cough, and inflammation of lung tissue often occurs. Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis, caused by particles less than 0.5

micron penetrating and remaining in the lung. Chronic exposure to oxalates may result in circulatory failure or nervous system irregularities, the latter due to calcium binding to oxalate.

Prolonged and severe exposure can cause chronic cough, protein in the urine, vomiting, pain in the back, and gradual weight loss and weakness.

Oxycon Online Silica Reagent	TOXICITY	IRRITATION
3	Not Available	Not Available

Issue Date: 01/11/2019 watch: 0552575

Chemwatth. 9332373	rage / or 9	155ue Date. 01/11/2019
Version No: 4.1.1.1	Oxycon Online Silica Reagent 3	Print Date: 09/12/2019

	TOXICITY	IRRITATION	
	Oral (rat) LD50: 7500 mg/kg ^[2]	Eye (rabbit): 250 mg/24 h - SEVERE *	
oxalic acid dihydrate		Eye: adverse effect observed (irritating) ^[1]	
		Skin (rabbit): 500 mg/24 h - mild	
		Skin: no adverse effect observed (not irritating) ^[1]	
Legend:	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		

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia.

For acid mists, aerosols, vapours

OXALIC ACID DIHYDRATE

Test results suggest that eukaryotic cells are susceptible to genetic damage when the pH falls to about 6.5. Cells from the respiratory tract have not been examined in this respect. Mucous secretion may protect the cells of the airway from direct exposure to inhaled acidic mists (which also protects the stomach lining from the hydrochloric acid secreted there).

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

* Supreme Resources MSDS

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

Legend:

X - Data either not available or does not fill the criteria for classification

– Data available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ovusan Onlina Silian Bassant	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Oxycon Online Silica Reagent 3	Not Available	Not Available	Not Available	Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
oxalic acid dihydrate	EC50	48	Crustacea	136.9mg/L	2
	EC10	24	Algae or other aquatic plants	=220mg/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				

Prevent, by any means available, spillage from entering drains or water courses. DO NOT discharge into sewer or waterways

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
oxalic acid dihydrate	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation	
oxalic acid dihydrate	LOW (LogKOW = -1.7365)	

Mobility in soil

Ingredient	Mobility
oxalic acid dihydrate	HIGH (KOC = 1.895)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Chemwatch: 9552575 Page 8 of 9 Version No: 4.1.1.1

Issue Date: 01/11/2019 Print Date: 09/12/2019

Oxycon Online Silica Reagent 3

Product / Packaging disposal

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

Otherwise:

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

SECTION 14 TRANSPORT INFORMATION

Labels Required



HAZCHEM

2X

Land transport (ADG)

UN number	3261		
UN proper shipping name	CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S. (contains oxalic acid dihydrate)		
Transport hazard class(es)	Class 8 Subrisk Not Applicable		
Packing group	III		
Environmental hazard	Not Applicable		
Special precautions for user	Special provisions 223 274 Limited quantity 5 kg		

Air transport (ICAO-IATA / DGR)

	1			
UN number	3261			
UN proper shipping name	Corrosive solid, acidic, organic, n.o.s. * (contains oxalic acid dihydrate)			
Transport hazard class(es)	ICAO/IATA Class 8			
	ICAO / IATA Subrisk	Not Applicable		
	ERG Code	ERG Code 8L		
Packing group	III			
Environmental hazard	Not Applicable			
	Special provisions			
	Special provisions		A3 A803	
	Special provisions	not ruption o	A3 A803	
	Special provisions Cargo Only Packing In	nstructions	A3 A803 864	
			1	
Special precautions for user	Cargo Only Packing In	Qty / Pack	864	
Special precautions for user	Cargo Only Packing In	Qty / Pack Packing Instructions	864 100 kg	
Special precautions for user	Cargo Only Packing In Cargo Only Maximum Passenger and Cargo Passenger and Cargo	Qty / Pack Packing Instructions	864 100 kg 860	

Sea transport (IMDG-Code / GGVSee)

UN number	3261		
UN proper shipping name	CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S. (contains oxalic acid dihydrate)		
Transport hazard class(es)	IMDG Class 8 IMDG Subrisk Not Applicable		
Packing group	III		
Environmental hazard	Not Applicable		
Special precautions for user	EMS Number F-A , S-B Special provisions 223 274 Limited Quantities 5 kg		

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

Not Applicable

Oxycon Online Silica Reagent 3

SECTION 15 REGULATORY INFORMATION

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

OXALIC ACID DIHYDRATE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List

Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes

Australia Exposure Standards

 $\label{prop:control} \mbox{Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals}$

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) -

Schedule 6

Version No: 4.1.1.1

GESAMP/EHS Composite List - GESAMP Hazard Profiles

IMO IBC Code Chapter 17: Summary of minimum requirements
International Air Transport Association (IATA) Dangerous Goods Regulations
International Maritime Dangerous Goods Requirements (IMDG Code)
United Nations Recommendations on the Transport of Dangerous Goods Model
Regulations

Issue Date: 01/11/2019 Print Date: 09/12/2019

National Inventory Status

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (oxalic acid dihydrate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	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	01/11/2019
Initial Date	20/09/2013

SDS Version Summary

-		
Version	Issue Date	Sections Updated
4.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification, Classification, Supplier Information

Other information

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

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

Definitions and abbreviations

PC-TWA: Permissible Concentration-Time Weighted Average

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit $_{\circ}$

IDLH: Immediately Dangerous to Life or Health Concentrations

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

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