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Algicide

Nowchem

Version No: 2.5 Safety Data Sheet according to WHS and ADG requirements

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

Product Identifier

Product name	Algicide
Synonyms	Not Available
Proper shipping name	CORROSIVE LIQUID, N.O.S.
Other means of identification	Not Available

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

Relevant identified uses Highly concentrated sanitiser with no perfume, suitable in food industry.

Details of the supplier of the safety data sheet

Registered company name	Nowchem
Address	112A Albatross Road NSW Australia
Telephone	(02) 4421 4099
Fax	(02) 4421 4932
Website	www.nowchem.com.au
Email	sales@nowchem.com.au

Emergency telephone number

Association / Organisation	Nowchem
Emergency telephone numbers	(02) 4421 4099
Other emergency telephone numbers	0413 809 255

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

CHEMWATCH HAZARD RATINGS

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

Poisons Schedule	Not Applicable
Classification ^[1]	Metal Corrosion Category 1, Skin Corrosion/Irritation Category 1A, Serious Eye Damage Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
SIGNAL WORD	

Hazard statement(s)

H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H335	May cause respiratory irritation.

Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read label before use.

Precautionary statement(s) Prevention

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read label before use.
P260	Do not breathe mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P234	Keep only in original container.

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.
P363	Wash contaminated clothing before reuse.
P390	Absorb spillage to prevent material damage.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

	P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
8001-54-5	15	benzalkonium chloride

SECTION 4 FIRST AID MEASURES

Description of first aid measures

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.

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	 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, 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).
Ingestion	 For advice, contact a Poisons Information Centre or a doctor at once. Urgent hospital treatment is likely to be needed. If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

For exposures to quaternary ammonium compounds;

- For ingestion of concentrated solutions (10% or higher): Swallow promptly a large quantity of milk, egg whites / gelatin solution. If not readily available, a slurry of activated charcoal may be useful. Avoid alcohol. Because of probable mucosal damage omit gastric lavage and emetic drugs.
- For dilute solutions (2% or less): If little or no emesis appears spontaneously, administer syrup of Ipecac or perform gastric lavage.
- If hypotension becomes severe, institute measures against circulatory shock.
- If respiration laboured, administer oxygen and support breathing mechanically. Oropharyngeal airway may be inserted in absence of gag reflex. Epiglottic or laryngeal edema may necessitate a tracheotomy.
- Persistent convulsions may be controlled by cautious intravenous injection of diazepam or short-acting barbiturate drugs. [Gosselin et al, Clinical Toxicology of Commercial Products]

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

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

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
Advice for firefighters	
Fire Fighting	 Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus. Prevent, by any means available, spillage from entering drains or water course. Use fire fighting procedures suitable for surrounding area. Cool fire exposed containers with water spray from a protected location. If safe to do so, remove containers from path of fire. Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	 Combustible. 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. May emit acrid smoke and corrosive fumes. Combustion products include: amp;43cw carbon dioxide (CO2) hydrogen chloride phosgene nitrogen oxides (NOx) other pyrolysis products typical of burning organic material.
HAZCHEM	2X

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

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.

Minor Spills

	 Clean up all spills imm Avoid breathing vapour Control personal conta Contain and absorb sp Wipe up. Place in a suitable, lab 	rs and contact wi ict with the subst bill with sand, ea	ance, by using protective rth, inert material or verm		nent.			
	Chemical Class:acidic compounds, organic For release onto land: recommended sorbents listed in order of priority.							
	SORBENT TYPE	RANK	APPLICATION	APPLICATION COLLECTION		CTION	LIMITATIONS	
	LAND SPILL - SMALL							
	wood fiber - pillow			1		throw	pitchfork	R, P, DGC, RT
	cross-linked polymer - pa	rticulate		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
	foamed glass - pillow			2		throw	pitchfork	R, P, DGC, RT
	wood fiber - particulate			3		shovel	shovel	R, W, P, DGC
	LAND SPILL - MEDIUM							
Major Spills	cross-linked polymer -particulate			1	blo	ower	skiploader	R, W, SS
	polypropylene - particulate	9		2	blo	ower	skiploader	W, SS, DGC
	sorbent clay - particulate			2	blo	ower	skiploader	R, I, P
	cross-linked polymer - pil	low		3	thr	ow	skiploader	R, DGC, RT
	polypropylene - mat			3	thr	ow	skiploader	W, SS, DGC
	expanded mineral - particulate			3	blo	ower	skiploader	R, I, W, P, DGC
	Legend DGC: Not effective where g R; Not reusable I: Not incinerable P: Effectiveness reduced w RT:Not effective where ter SS: Not for use within envir W: Effectiveness reduced w Reference: Sorbents for L R.W Melvold et al: Pollution	hen rainy rain is rugged ronmentally sens /hen windy iquid Hazardous	itive sites Substance Cleanup and			on 1988		

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling	3
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. 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 scoap 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.
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. 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 containe	 DO NOTuse aluminium or galvanised containers Check regularly for spills and leaks Plastic pail. Polyliner drum. Packing as recommended by manufacturer (HDPE). Check all containers are clearly labelled and free from leaks. For low viscosity materials Drums and jerricans must be of the non-removable head type. Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.): Removable head packaging;

	 Cans with friction closures and low pressure tubes and cartridges may be used. Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.
Storage incompatibility	 Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air. Avoid strong bases. Segregate from alkalies, oxidising agents and chemicals readily decomposed by acids, i.e. cyanides, sulfides, carbonates.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3	
benzalkonium chloride	Alkyl dimethylbenzyl ammonium chloride; (Benzalkonium chloride)	0.91 mg/m3	10 mg/m3	60 mg/m3	
Ingredient	nt Original IDLH Revised IDLF				
benzalkonium chloride	Not Available	Not Available			

MATERIAL DATA

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

▶ cause inflammation

cause increased susceptibility to other irritants and infectious agents

lead to permanent injury or dysfunction

- permit greater absorption of hazardous substances and
- + acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

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. 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. Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area.
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. 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]
Skin protection	See Hand protection below
Hands/feet protection	 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.
Body protection	See Other protection below
Other protection	 Overalls. PVC Apron. PVC protective suit may be required if exposure severe. Eyewash unit.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Clear Blue Liquid		
Physical state	Liquid	Relative density (Water = 1)	0.98 - 1.02
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	6 - 8	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Non Flammable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Miscible	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	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

Inhaled	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. The material has NOT been classified by EC Directives or other classification systems as 'harmful by inhalation'. This is because of the lack of corroborating animal or human evidence. In the absence of such evidence, care should be taken nevertheless to ensure exposure is kept to a minimum and that suitable control measures be used, in an occupational setting to control vapours, fumes and aerosols. Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema.
Ingestion	The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. The material has NOT been classified by EC Directives or other classification systems as 'harmful by ingestion'. This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern. Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show qastric and oesophageal perforation with peritonitis,
	fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal.
Skin Contact	The material can produce chemical burns following direct contact with the skin. Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions. 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.

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	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.			
Eye	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. Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The comea may ultimately become deeply vascularised and opaque resulting in blindness.			
Chronic	the initial contact. The comea may ultimately become deeply vascularised and opaque resulting in blindness. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Repeated or prolonged exposure to acids 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. The impact of inhaled acidic agents on the respiratory tract depends upon a number of interrelated factors. These include physicochemical characteristics, e.g., gas versus aerosol; particle size (small particles can penetrate deeper into the lung); water solubility (more soluble agents are more likely to be removed in the nose and mouth). Given the general lack of information on the particle size of aerosols involved in occupational exposures to acids, it is difficult to identify their principal deposition site within the respiratory tract. Acid mists containing particles with a diameter of up to a few micrometers will be deposited in both the upper and lower airways. They are irritating to mucous epithelia, they cause dental erosion, and they produce acute effects in the lungs (symptoms and changes in pulmonary function). Asthmatics appear to be at particular risk for pulmonary effects.			
Alaicida	TOXICITY	IRRITATION		

Algicide				
Algicide	Not Available	Not Available		
	TOXICITY	IRRITATION		
benzalkonium chloride	Dermal (rabbit) LD50: 1560 mg/kg ^[2]	Eye (human): 0.05 mg SEVERE		
benzaikonium chioride	Oral (rat) LD50: 240 mg/kg ^[2]	Eye (rabbit): 1mg/24h SEVERE		
		Skin (human): 0.15 mg/72h mild		

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

Algicide	Ashma-kike symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-altorgenic condition known as reactive airways dystunction syndrome (RADS) which can occur following exposure to high levels of high initiating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onsei of persistent astima-like symptoms within minutes to hours of a documented exposure to the initiant. A reversible airliow pattern, on spirometry with the presence of moderate to severe bronchial hyperatoxity on methacholine challenge testing and the lack of minimal hyphocycic inflammation, without esonicophila, have also been included in the criteria for diagnosis of RADS. RADS. (RADS, RADS) (or asthma) following an initiang inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the initiang substance. Industrial bronchits, on the down and sind sorder that occurs as result of exposure due to high concentrations of initiating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is to cancer task of dyspraee. coughts an important tole in protecting the gastice spinlelum from its auto-secreted hydrochotics add. In considering whether pH istelf induces genotosice events in hvir on the respiratory system, comparison should be made with the human stomach, in which gastic lucier may be at pH 1-2 under fasting or nocturnal conditions, and with the human uimary bladder, in which the pH of unine can range from 45 to > 7 and normally averages 6.2. Furthermore, exposures to low pH in vivo differ from exposures in vitro in thit, in vitro, in the invitro, in the vitro in the invitro, in the vitro in the invitro, in the vitro in the invitro in the invitro in the vitro in the vitro, in the vitro in the v

	The oral route of administration was characterised by delayed deaths, gastrointestinal lesions and respiratory and central nervous system depression. It was also found that given into a full stomach, the QACs lead to lower mortality and fewer gastrointestinal symptoms. This support the suggestion of an irritating effect Dermal toxicity: It has been concluded that the maximum concentration that did not produce irritating effect on intact skin is 0.1%. Irritation became manifest in the 1-10% range. Concentrations below 0.1% have caused irritation in persons with contact dermatitis or broken skin. Although the absorption of QACs through normal skin probably is of less importance than by other routes , studies with excised guinea pig skin have shown that the permeability constants strongly depends on the exposure time and type of skin Sensitisation: Topical mucosal application of QACs may produce sensitisation. Reports on case stories and patch test have shown that compounds such as benzalkonium chloride , cetalkonium chloride and cetrimide may possibly act as sensitisers . However, in general it is suggested that QACs have a low potential for sensitising man. It is difficult to distinguish between an allergic and an irritative skin reaction due to the inherent skin irritating effect of QACs. Long term/repeated exposure: Inhalation: A group of 196 farmers (with or without respiratory symptoms) were evaluated for the relationship between exposure to QACs (unspecified, exposure levels not given) and respiratory disorders by testing for lung function and bronchial responsiveness to histamine. After histamine provocation statistically significant associations seems even stronger in people without respiratory symptoms. Genetic toxicity: QACs have been investigated for mutagenicity in microbial test systems. In Ames tests using Salmonella typhimurium with and without metabolic activation no signs of mutagenicity has been observed. Negative results were also obtained in E. coli reversion and B. subtilis rec assays.				
Acute Toxicity	\otimes	Carcinogenicity	\otimes		
Skin Irritation/Corrosion	×	Reproductivity	\otimes		
Serious Eye Damage/Irritation	×	STOT - Single Exposure	✓		
Respiratory or Skin sensitisation	0	STOT - Repeated Exposure	\odot		

Aspiration Hazard

Data available but does not fill the criteria for classification
 Data available to make classification

— Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Mutagenicity

0

Toxicity

Algicide	ENDPOINT	TEST DURATION (HR)	TEST DURATION (HR)		VALUE		SOURCE	
	Not Available	Not Available	Not Available		Not Available No		Not Av	Not Available
benzalkonium chloride	ENDPOINT	TEST DURATION (HR)	TEST DURATION (HR) SPEC		PECIES			SOURCE
	LC50	96	Fish	ish		0.32mg/L		4
	EC50	48	Crusta	Crustacea		0.018mg/L		4
	EC50	72	Algae o	Algae or other aquatic plants		0.056mg/L		4
	NOEC	1	Algae or of		or other aquatic plants 0.0025mg			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

Legend:

Harmful to aquatic organisms.

Ecotoxicity:

The tolerance of water organisms towards pH margin and variation is diverse. Recommended pH values for test species listed in OECD guidelines are between 6.0 and almost 9. Acute testing with fish showed 96h-LC50 at about pH 3.5

For quaternary ammonium compounds (QACs):

QACs are generally white crystalline powders. Low molecular weight QACs are very soluble in water, but slightly or not at all soluble in solvents such as ether, petrol and benzene. As the molecular weight and chain lengths increases, the solubility in polar solvents (e.g. water) decreases and the solubility in non-polar solvents increases.

Environmental fate

A major part of the QACs is discharged into wastewater and removed in the biological processes of sewage treatment plant. A 90% reduction of the QACs in the water phase of sludge has been reported and alkyl di-/ trimethyl ammonium and alkyl dimethyl benzyl ammonium compounds seem almost completely degraded in sewage sludge.

However, the aerobic and anaerobic biodegradability of QACs is not well investigated. Only sparse data are available concerning stability, solubility and biodegradability. In general, it seems that the biodegradability decreases with increasing numbers of alkyl chains: R(CH3)3N+ > R2(CH3)2N+ > R3(CH3)N+ . Within each category the biodegradability seems inversely proportional to the alkyl chain length. Heterocyclic QACs are less degradable than the non-cyclic.

Investigations have shown that bioaccumulation of considerable dimensions will probably not take place.

Ecotoxicity:

Quaternary ammonium compounds and their polymers may be highly toxic to fish and other aquatic organisms. The toxicity of the quaternary ammoniums is known to be greatly reduced in the environment because of preferential binding to dissolved organics in surface water.

Although inorganic chloride ions are not normally considered toxic they can exist in effluents at acutely toxic levels (chloride >3000 mg/l). The resulting salinity can exceed the tolerances of most freshwater organisms.

Inorganic chlorine eventually finds its way into the aqueous compartment and as such is bioavailable. Incidental exposure to inorganic chloride may occur in occupational settings where chemicals management policies are improperly applied. The toxicity of chloride salts depends on the counter-ion (cation) present; that of chloride itself is unknown. Chloride toxicity has not been observed in humans except in the special case of impaired sodium chloride metabolism, e.g. in congestive heart failure. Healthy individuals can tolerate the intake of large quantities of chloride provided that there is a concomitant intake of fresh water.

Although excessive intake of drinking-water containing sodium chloride at concentrations above 2.5 g/litre has been reported to produce hypertension, this effect is believed to be related to the sodium ion concentration.

Chloride concentrations in excess of about 250 mg/litre can give rise to detectable taste in water, but the threshold depends upon the associated cations. Consumers can, however, become accustomed to concentrations in excess of 250 mg/litre. No health-based guideline value is proposed for chloride in drinking-water.

In humans, 88% of chloride is extracellular and contributes to the osmotic activity of body fluids. The electrolyte balance in the body is maintained by adjusting total dietary intake and by excretion via the kidneys and gastrointestinal tract. Chloride is almost completely absorbed in normal individuals, mostly from the proximal half of the small intestine. Normal fluid loss amounts to about 1.5-2 liters/day, together with about 4 g of chloride per day. Most (90 - 95%) is excreted in the urine, with minor amounts in faeces (4-8%) and sweat (2%).

Chloride increases the electrical conductivity of water and thus increases its corrosivity. In metal pipes, chloride reacts with metal ions to form soluble salts thus increasing levels of metals in drinking-water. In lead pipes, a protective oxide layer is built up, but chloride enhances galvanic corrosion. It can also increase the rate of pitting corrosion of metal pipes.

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

No Data available for all ingredients

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air		
	No Data available for all ingredients	No Data available for all ingredients		
Bioaccumulative potential				
Ingredient	Bioaccumulation			
	No Data available for all ingredients			
Mobility in soil				
Ingredient	Mobility			

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods Product / Packaging disposal 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 with soda-ash or soda-lime 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 with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 TRANSPORT INFORMATION

Labels Required

	N N N N N N N N N N N N N N N N N N N
Marine Pollutant	NO
HAZCHEM	2X

Land transport (ADG)

UN number	1760			
UN proper shipping name	CORROSIVE LIQUID, N.O.S.			
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 L			

Air transport (ICAO-IATA / DGR)

UN number	1760				
UN proper shipping name	Corrosive liquid, n.o.s. *	Corrosive liquid, n.o.s. *			
-	ICAO/IATA Class 8				
Transport hazard class(es)		ot Applicable			
	ERG Code 8L	-			
Packing group	Ш				
Environmental hazard	Not Applicable				
	Special provisions		A3 A803		
	Cargo Only Packing Instru	ctions	856		
Special precautions for user	Cargo Only Maximum Qty / Pack		60 L		
	Passenger and Cargo Packing Instructions		852		
	Passenger and Cargo Maximum Qty / Pack		5 L		

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Passenger and Cargo Limited Quantity Packing Instruction	ons Y841
Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1760
UN proper shipping name	CORROSIVE LIQUID, N.O.S.
Transport hazard class(es)	IMDG Class 8 IMDG Subrisk Not Applicable
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	EMS NumberF-A , S-BSpecial provisions223 274Limited Quantities5 L

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

BENZALKONIUM CHLORIDE(8001-54-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix
Australia Inventory of Chemical Substances (AICS)	F (Part 3)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule
E (Part 2)	5
	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule
	6

National Inventory Status

National Inventory	Status
Australia - AICS	Υ
Canada - DSL	Y
Canada - NDSL	N (benzalkonium chloride)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (benzalkonium chloride)
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Revision Date	22/03/2016
Initial Date	22/07/2015

Other information

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

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

Definitions and abbreviations

PC-TWA: Permissible Concentration-Time Weighted Average

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

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LOD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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