

# Produktinformation



Forschungsprodukte & Biochemikalien
Zellkultur & Verbrauchsmaterial
Diagnostik & molekulare Diagnostik
Laborgeräte & Service

Weitere Information auf den folgenden Seiten! See the following pages for more information!



Lieferung & Zahlungsart siehe unsere Liefer- und Versandbedingungen

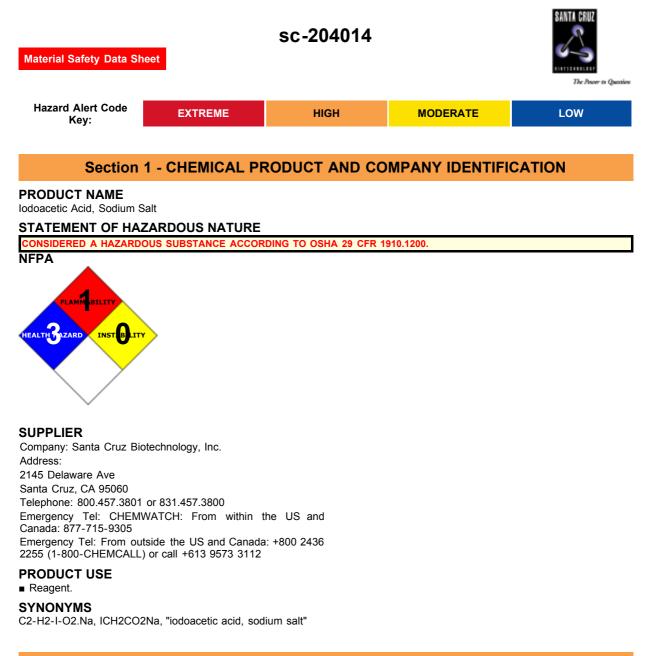
# Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

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# Iodoacetic Acid, Sodium Salt



# Section 2 - HAZARDS IDENTIFICATION

# **CANADIAN WHMIS SYMBOLS**



**EMERGENCY OVERVIEW** RISK

#### Toxic if swallowed. Risk of serious damage to eyes.

Irritating to respiratory system and skin.

# POTENTIAL HEALTH EFFECTS

# **ACUTE HEALTH EFFECTS**

## **SWALLOWED**

Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.

EYE

If applied to the eyes, this material causes severe eye damage.

#### SKIN

- This material can cause inflammation of the skin oncontact in some persons.
- The material may accentuate any pre-existing dermatitis condition.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- Solution of material in moisture on the skin, or perspiration, mayincrease 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. **INHALED** 

• The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

■ Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.

■ 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.

# **CHRONIC HEALTH EFFECTS**

• 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.

There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.

There is limited evidence that, skin contact with this product is more likely to cause a sensitization reaction in some persons compared to the general population.

Based on experience with animal studies, there is a possibility that exposure to the material may result in toxic effects to the development of the fetus, at levels which do not cause significant toxic effects to the mother.

In general, alpha-halocarboxylic acids and their esters are good alkylating agents and should be handled with care.

Alkylating agents may damage the stem cell which acts as the precursor to components of the blood. Loss of the stem cell may result in pancytopenia (a reduction in the number of red and white blood cells and platelets) with a latency period corresponding to the lifetime of the individual blood cells. Granulocytopenia (a reduction in granular leukocytes) develops within days and thrombocytopenia (a disorder involving platelets), within 1-2 weeks, whilst loss of erythrocytes (red blood cells) needs months to become clinically manifest. Aplastic anaemia develops due to complete destruction of the stem cells.

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. Prime symptom is breathlessness; lung shadows show on X-ray.

lodine and iodides, may give rise to local allergic reactions such as hives, rupture of skin blood vessels, pain in joints or diseases of the lymph nodes.

lodine and iodides cause goiter and diminished as well as increased activity of the thyroid gland. A toxic syndrome resulting from chronic iodide overdose and from repeated administration of small amounts of iodine is characterized by excessive saliva production, head cold, sneezing, conjunctivitis, headache, fever, laryngitis, inflammation of the bronchi and mouth cavity, inflamed parotid gland, and various skin rashes. Swelling and inflammation of the throat, irritated and swollen eyes and lung swelling may also occur. Swelling of the glottis, necessitating a tracheotomy has been reported. Use of iodides in frequency can cause fetal death, severe goiter, hypothyroidism and the cretinoid appearance of the newborn.

# Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

#### HAZARD RATINGS



# Section 4 - FIRST AID MEASURES

#### **SWALLOWED**

- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:
- For advice, contact a Poisons Information Center or a doctor.
- Urgent hospital treatment is likely to be needed.
- If conscious, give water to drink.
- INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- NOTE: Wear a protective glove when inducing vomiting by mechanical means.
- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.

• If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.

#### EYE

- If this product comes in contact with the eyes:
- Immediately hold eyelids apart and flush the eye continuously with running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- Continue flushing until advised to stop by the Poisons Information Center or a doctor, or for at least 15 minutes.
- Transport to hospital or doctor without delay.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

- If skin contact occurs:
- Immediately remove all contaminated clothing, including footwear
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

# INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

# NOTES TO PHYSICIAN

#### Treat symptomatically.

for poisons (where specific treatment regime is absent):

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary edema.
- Monitor and treat, where necessary, for planten.
- Anticipate seizures .
- Anticipate seizures .
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

#### ADVANCED TREATMENT

- \_\_\_\_\_
- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary edema.
- Hypotension with signs of hypovolemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

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

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

# **Section 5 - FIRE FIGHTING MEASURES**

Vapour Pressure (mmHG):	Not applicable.
Upper Explosive Limit (%):	Not available.
Specific Gravity (water=1):	Not available
Lower Explosive Limit (%):	Not available.

#### **EXTINGUISHING MEDIA**

- Water spray or fog.Foam.
- F0a
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.
- FIRE FIGHTING
- •
- Alert Emergency Responders 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.
- · 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.

#### **GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS**

- - Combustible solid which burns but propagates flame with difficulty.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive
  mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the
  fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO2), hydrogen iodide, phosphorus oxides (POx), other pyrolysis products typical of burning organic material. May emit poisonous fumes.

# FIRE INCOMPATIBILITY

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

#### PERSONAL PROTECTION

Glasses: Chemical goggles. Gloves: Respirator: Particulate

# Section 6 - ACCIDENTAL RELEASE MEASURES

#### MINOR SPILLS

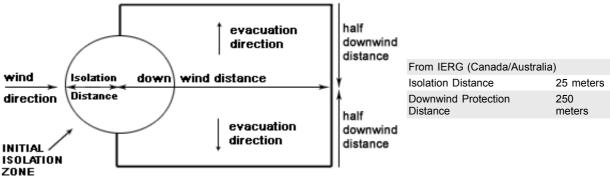
- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- · Place in a suitable, labelled container for waste disposal.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Emergency Responders 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.
- · Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- · Collect recoverable product into labeled containers for recycling.
- Neutralize/decontaminate residue.
- · Collect solid residues and seal in labeled drums for disposal.
- · Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

#### **PROTECTIVE ACTIONS FOR SPILL**

## PROTECTIVE ACTION ZONE



#### FOOTNOTES

1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance. 2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind

2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.

3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose

nearly all persons without appropriate protection to life-threatening concentrations of the material. 4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills". LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder. 5 Guide 154 is taken from the US DOT emergency response guide book. 6 IERG information is derived from CANUTEC - Transport Canada.

# ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

AEGL 1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure. AEGL 2: The airborne concentration of a substance above which it is predicted

that the general population, including susceptible individuals, could experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.

AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.

# Section 7 - HANDLING AND STORAGE

# **PROCEDURE FOR HANDLING**

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- · Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- · DO NOT allow material to contact humans, exposed food or food utensils.
- · Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- · Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.

- Do NOT cut, drill, grind or weld such containers
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

# **RECOMMENDED STORAGE METHODS**

- Glass container.
- · Lined metal can, Lined metal pail/drum
- Plastic pail
- Polyliner drum
- · Packing as recommended by manufacturer.
- · Check all containers are clearly labeled 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, there must be sufficient inert cushioning material in contact with inner and outer packages \* . - 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 \*. - \* unless the outer packaging is a close fitting molded plastic box and the substances are not incompatible with the plastic.

# STORAGE REQUIREMENTS

- 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 storing and handling recommendations.

#### SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

# Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

#### **EXPOSURE CONTROLS**

Source	Material	TWA mg/m³	STEL mg/m³	Peak mg/m³	TWA F/CC	Notes
US - Oregon Permissible Exposure Limits (Z3)	sodium iodoacetate (Inert or Nuisance Dust: (d) Total dust)	10				*
US OSHA Permissible Exposure Levels (PELs) - Table Z3	sodium iodoacetate (Inert or Nuisance Dust: (d) Respirable fraction)	5				
US OSHA Permissible Exposure Levels (PELs) - Table Z3	sodium iodoacetate (Inert or Nuisance Dust: (d) Total dust)	15				
US - Hawaii Air Contaminant Limits	sodium iodoacetate (Particulates not other wise regulated - Total dust)	10				
US - Hawaii Air Contaminant Limits	sodium iodoacetate (Particulates not other wise regulated - Respirable fraction)	5				
US - Oregon Permissible Exposure Limits (Z3)	sodium iodoacetate (Inert or Nuisance Dust: (d) Respirable fraction)	5				*
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	sodium iodoacetate (Particulates not otherwise regulated Respirable fraction)	5				
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	sodium iodoacetate (Particulates not otherwise regulated (PNOR)(f)- Respirable fraction)	5				
US - Michigan Exposure Limits for Air Contaminants	sodium iodoacetate (Particulates not otherwise regulated, Respirable dust)	5				

#### **MATERIAL DATA**

SODIUM IODOACETATE:

It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply. 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 irritations 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 sectors the MAK Commission (Community) used as a five extension of the evidence from irritation and other endpoints combine to warrant such a limit. 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.

#### PERSONAL PROTECTION



Consult your EHS staff for recommendations

# EYE

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them. DO NOT wear contact lenses.

# HANDS/FEET

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber.

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

- Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:
- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and ٠
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).

- 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) 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) is recommended.
- Contaminated gloves should be replaced.

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.

# OTHER

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

# RESPIRATOR

Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
10 x PEL	P1	-	PAPR-P1
	Air-line*	-	-
50 x PEL	Air-line**	P2	PAPR-P2
100 x PEL	-	P3	-
		Air-line*	-
100+ x PEL	-	Air-line**	PAPR-P3

\* - Negative pressure demand \*\* - Continuous flow

Explanation of Respirator Codes:

Class 1 low to medium absorption capacity filters.

Class 2 medium absorption capacity filters.

Class 3 high absorption capacity filters.

PAPR Powered Air Purifying Respirator (positive pressure) cartridge.

Type A for use against certain organic gases and vapors.

Type AX for use against low boiling point organic compounds (less than 65°C).

Type B for use against certain inorganic gases and other acid gases and vapors.

Type E for use against sulfur dioxide and other acid gases and vapors.

Type K for use against ammonia and organic ammonia derivatives

Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.

Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.

Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium. The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

Use appropriate NIOSH-certified respirator based on informed professional judgement. In conditions where no reasonable estimate of exposure can be made, assume the exposure is in a concentration IDLH and use NIOSH-certified full face pressure demand SCBA with a minimum service life of 30 minutes, or a combination full facepiece pressure demand SAR with auxiliary self-contained air supply. Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

#### **ENGINEERING CONTROLS**

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might consist of:
- (a): particle dust respirators, if necessary, combined with an absorption cartridge;
- (b): filter respirators with absorption cartridge or canister of the right type;
- (c): fresh-air hoods or masks
- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently remove the contaminant.

Type of Contaminant:	Air Speed:
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)
Within each range the appropriate value depends on:	
Lower end of the range	Upper end of the range
1: Room air currents minimal or favorable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction systems are installed or used.

# **Section 9 - PHYSICAL AND CHEMICAL PROPERTIES**

#### PHYSICAL PROPERTIES

Solid. Mixes with water.			
State	Divided solid	Molecular Weight	207.93
Melting Range (°F)	406.4 (decomposes)	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available.	pH (1% solution)	Not available
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available	Vapour Pressure (mmHG)	Not applicable.
Upper Explosive Limit (%)	Not available.	Specific Gravity (water=1)	Not available
Lower Explosive Limit (%)	Not available.	Relative Vapor Density (air=1)	Not Applicable
Volatile Component (%vol)	Not applicable	Evaporation Rate	Not applicable

#### APPEARANCE

White to off-white hygroscopic powder; mixes with water.

# Section 10 - CHEMICAL STABILITY

## CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerization will not occur.

# STORAGE INCOMPATIBILITY

Avoid reaction with oxidizing agents.

For incompatible materials - refer to Section 7 - Handling and Storage.

# Section 11 - TOXICOLOGICAL INFORMATION

sodium iodoacetate

#### TOXICITY AND IRRITATION

■ unless otherwise specified data extracted from RTECS - Register of Toxic Effects	of Chemical Substances.
TOXICITY	IRRITATION
Oral (mouse) LD50: 83 mg/kg	Nil Reported

Intraperitoneal (mouse) LD50: 75 mg/kg

■ 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 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.

Effcets on new-born recorded.

# Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

#### SODIUM IODOACETATE:

Iddine is an important element in studies of environmental protection and human health, global-scale hydrologic processes and nuclear nonproliferation. Biogeochemical cycling of iodine is complex, because iodine occurs in multiple oxidation states and as inorganic and organic species that may be hydrophilic, atmophilic, and biophilic. Experiments illustrate complex behavior with various processes occurring, including iodate reduction, irreversible retention or mass loss of iodide, and rate-limited and nonlinear sorption. There was an appreciable iodate reduction to iodide, presumably mediated by the structural Fe(II) in some clay minerals; therefore, careful attention must be given to potential interconversion among species when interpreting the biogeochemical behavior of iodine in the environment.

Iodine (I2) is electrochemically reduced to ionic iodide by natural processes but humic acid appears to promote the reaction. The different oxidation species of iodine have markedly different sorption properties. Hence, changes in iodine redox states can greatly affect the mobility of iodine in the environment. A major microbial role has been suggested in the past to account for at least some of these redox changes. Both soluble ferrous iron and sulfide, as well as iron monosulfide (FeS) were shown to abiologically reduce iodate to iodide. These results indicate that ferric iron and/or sulfate reducing bacteria are capable of mediating both direct, enzymatic, as well as abiotic reduction of iodate in natural anaerobic environments. Environmental and geological evidence indicates that iodine can become associatedwith natural organic matter (NOM) in soils

Environmental and geological evidence indicates that iodine can become associated with natural organic matter (NOM) in soils and sediments. Previous studies have shown that iodine (including 129II) can be strongly retained in organic-rich surface soils and sediment and that soluble iodine may be associated with dissolved humic material. Iodine and iodate undergo an abiotic pseudo first-order reaction with peat leading to either reduction of iodate or iodine to iodide or incorporation of the iodine atoms into the organic matrix. Iodine appears to be incorporated in sphagnum peat by aromatic substitution for hydrogen on phenolic constituents of the peat.

DO NOT discharge into sewer or waterways.

#### **Section 13 - DISPOSAL CONSIDERATIONS**

#### **Disposal Instructions**

All waste must be handled in accordance with local, state and federal regulations.

Puncture containers to prevent re-use and bury at an authorized landfill.

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.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. 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.

DO NOT allow wash water from cleaning equipment to enter drains. Collect all wash water for treatment before disposal.

• Recycle wherever possible.

- Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licensed land-fill or Incineration in a licensed apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

# Section 14 - TRANSPORTATION INFORMATION



# DOT:

201.						
Symbols:	None	Hazard class or Division:	6.1			
Identification Numbers:	UN2811	PG:	III			
Label Codes:	6.1	Special provisions:	IB8, IP3, T1, TP33			
Packaging: Exceptions:	153	Packaging: Non-bulk:	213			
Packaging: Exceptions:	153	Quantity limitations: Passenger aircraft/rail:	100 kg			
Quantity Limitations: Cargo aircraft only:	200 kg	Vessel stowage: Location:	А			
Vessel stowage: Other:	None					
Hazardous materials descriptions and proper shipping names: Toxic solids, organic, n.o.s. <b>Air Transport IATA:</b>						
ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None			
UN/ID Number:	2811	Packing Group:	III			
Special provisions:	A3					
Shipping Name: TOXIC SOLID, ORGANIC, N.O.S. *(CONTAINS SODIUM IODOACETATE) Maritime Transport IMDG:						
IMDG Class:	6.1	IMDG Subrisk:	None			
UN Number:	2811	Packing Group:	III			
EMS Number:	F-A,S-A	Special provisions:	223 274 944			
Limited Quantities: 5 kg Shipping Name: TOXIC SOLID, ORGANIC, N.O.S.(contains sodium iodoacetate)						

# Section 15 - REGULATORY INFORMATION

sodium iodoacetate (CAS: 305-53-3) is found on the following regulatory lists; "Canada Domestic Substances List (DSL)","US Toxic Substances Control Act (TSCA) - Inventory"

# **Section 16 - OTHER INFORMATION**

#### LIMITED EVIDENCE

- Inhalation may produce health damage\*.
   Cumulative effects may result following exposure\*.
- Limited evidence of a carcinogenic effect\*.
- Possible skin sensitizer\*
- May possibly be harmful to the fetus/ embryo\*.
   \* (limited evidence).

Reasonable care has been taken in the preparation of this information, but the author makes no warranty of merchantability or any other warranty, expressed or implied, with respect to this information. The author makes no representations and assumes no liability for any direct, incidental or consequential damages resulting from its use. For additional technical information please call our toxicology department on +800 CHEMCALL.

 Classification of the mixture 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. A list of reference resources used to assist the committee may be found at: www.chemwatch.net/references.

The (M)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.

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