



# SZABO SCANDIC

Part of Europa Biosite

## 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

### SZABO-SCANDIC HandelsgmbH

Quellenstraße 110, A-1100 Wien

T. +43(0)1 489 3961-0

F. +43(0)1 489 3961-7

[mail@szabo-scandic.com](mailto:mail@szabo-scandic.com)

[www.szabo-scandic.com](http://www.szabo-scandic.com)

[linkedin.com/company/szaboscandic](https://www.linkedin.com/company/szaboscandic) 

# Tricarbonyldichlororuthenium(II) dimer

sc-229558



The Power to Question

## Material Safety Data Sheet

Hazard Alert Code  
Key:

EXTREME

HIGH

MODERATE

LOW

## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

Tricarbonyldichlororuthenium(II) dimer

### STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

### NFPA



### SUPPLIER

Company: Santa Cruz Biotechnology, Inc.

Address:

2145 Delaware Ave

Santa Cruz, CA 95060

Telephone: 800.457.3801 or 831.457.3800

Emergency Tel: CHEMWATCH: From within the US and Canada: 877-715-9305

Emergency Tel: From outside the US and Canada: +800 2436 2255 (1-800-CHEMCALL) or call +613 9573 3112

### PRODUCT USE

Catalyst.

### SYNONYMS

C6-C14-O6-Ru2, [Ru(CO)3Cl2]2

## Section 2 - HAZARDS IDENTIFICATION

### CANADIAN WHMIS SYMBOLS



### EMERGENCY OVERVIEW

#### RISK

Harmful by inhalation, in contact with skin and if swallowed.  
Irritating to eyes, respiratory system and skin.

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

#### SWALLOWED

- 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 platinumoids and their compounds as a group are generally poorly absorbed from the gastrointestinal tract and absorption by other parenteral routes, excluding the intravenous (i.v.) route, is also negligible. Absorption by inhalation is generally higher. Following inhalation the majority of the dose is retained in the lungs and upper respiratory tract. After i.v. injection most platinumoids distribute in the soft tissues. Excretion is mainly in the urine. (Orally administered platinumoids are excreted primarily in the faeces.)

#### EYE

- This material can cause eye irritation and damage in some persons.
- Manifestations of severe visual disturbance can occur in cases of acute carbon monoxide poisoning associated with a period of unconsciousness. The types of disturbances that occur may be placed into three categories: (a.) amaurosis or hemianopsia, (b.) constriction of the visual fields, and (c.) visual abnormalities associated with optic nerve disturbances. Retinal venous engorgement and peripupillary hemorrhage have also been reported. All patients diagnosed with CO poisoning and exposed to

CO for over 12 hours manifested retinal hemorrhages.

### SKIN

- Skin contact with the material may be harmful; systemic effects may result following absorption.
- This material can cause inflammation of the skin on contact 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.
- 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

- Inhalation of dusts, generated by the material, during the course of normal handling, may be harmful.
- The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
- 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.
- The inhalation of small particles of metal oxide results in sudden thirst, a sweet, metallic or foul taste, throat irritation, cough, dry mucous membranes, tiredness and general unwellness. Headache, nausea and vomiting, fever or chills, restlessness, sweating, diarrhea, excessive urination and prostration may also occur. After exposure is removed, recovery occurs within 24-36 hours.
- Carbon monoxide poisoning results in breathing problems, diarrhea and shock. It combines with hemoglobin, the carrier of oxygen in the blood, much more easily than oxygen; the complex formed can disturb muscle function, especially the heart.

### 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.

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.

Long-term (chronic) exposure to low levels of carbon monoxide may produce heart disease and damage to the nervous system. Exposure of pregnant animals to carbon monoxide may cause low birthweight, increased foetal mortality and nervous system damage to the offspring.

Carbon monoxide is a common cause of fatal poisoning in industry and homes. Non fatal poisoning may result in permanent nervous system damage. Carbon monoxide reduces the oxygen carrying capacity of the blood. Effects on the body are considered to be reversible as long as brain cell damage or heart failure has not occurred. Avoid prolonged exposure, even to small concentrations. A well-established and probably causal relationship exists between maternal smoking (resulting in carboxyhaemoglobin levels of 2-7% in the foetus) and low birth weight. There also appears to be a dose-related increase in perinatal deaths and a retardation of mental ability in infants born to smoking mothers.

The foetus and newborn infant are considered to be very susceptible to CO exposure for several reasons:

- Foetal hemoglobin has a greater affinity for CO than maternal hemoglobin.
- Due to differences in uptake and elimination of CO, the fetal circulation is likely to have COHb
- levels higher (up to 2.5 times) than seen in the maternal circulation.
- The half-life of COHb in fetal blood is 3 times longer than that of maternal blood
- Since the fetus has a comparatively high rate of O2 consumption, and a lower O2 tension in the blood than adults, a compromised O2 transport has the potential to produce a serious hypoxia







Carbon monoxide gas readily crosses the placenta and CO exposure during pregnancy can be teratogenic

Carbon dioxide at low levels may initiate or enhance deleterious myocardial alterations in individuals with restricted coronary artery blood flow and decreased myocardial lactate production. - Linde.

The mutagenic properties of the platinum metal group is under review. Complexes of ruthenium exhibit positive reactions in the Ames test. Ruthenium is reported to possess anticancer and immunosuppressive properties.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

### HAZARD RATINGS

	Min	Max	
Flammability:	0		
Toxicity:	2		
Body Contact:	2		
Reactivity:	2		
Chronic:	2		

NAME	CAS RN	%
ruthenium(II) tricarbonyl chloride dimer	22594-69-0	>98
in use generates		
<a href="#">carbon monoxide</a>	630-08-0	

## 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:
  - Wash out immediately with fresh 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.
  - If pain persists or recurs seek medical attention.
  - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
  - DO NOT attempt to remove particles attached to or embedded in eye.
  - Lay victim down, on stretcher if available and pad BOTH eyes, make sure dressing does not press on the injured eye by placing thick pads under dressing, above and below the eye.
  - Seek urgent medical assistance, or transport to hospital.

### 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.
- Copper, magnesium, aluminum, antimony, iron, manganese, nickel, zinc (and their compounds) in welding, galvanizing or smelting operations all give rise to thermally produced particulates of smaller dimension than might be produced if the metals are divided mechanically. Where insufficient ventilation or respiratory protection is available these particulates may produce "metal fume fever" in workers from an acute or long term exposure.
- Onset occurs in 4-6 hours generally on the evening following exposure. Tolerance develops in workers but may be lost over the weekend. (Monday Morning Fever)
  - Pulmonary function tests may indicate reduced lung volumes, small airway obstruction and decreased carbon monoxide diffusing capacity but these abnormalities resolve after several months.
  - Although mildly elevated urinary levels of heavy metal may occur they do not correlate with clinical effects.
  - The general approach to treatment is recognition of the disease, supportive care and prevention of exposure.
  - Seriously symptomatic patients should receive chest x-rays, have arterial blood gases determined and be observed for the development of tracheobronchitis and pulmonary edema.

[Ellenhorn and Barceloux: Medical Toxicology].

For carbon monoxide intoxications:

- Administer pure oxygen by the best means possible. An oro-nasal mask is usually best. Artificial respiration is necessary wherever breathing is inadequate. Apneic patients have often been saved by persistent and efficient artificial ventilation. A patent airway must be carefully maintained. Patients with 40% carboxyhemoglobin or more and an uncompensated metabolic acidosis (arterial pH less than 7.4) should be managed aggressively with ventilatory support/ hyperbaric oxygenation.
- Gastric aspiration and lavage early in the course of therapy may prevent aspiration pneumonitis and reveal the presence of ingested intoxicants.
- Avoid stimulant drugs including carbon dioxide. Do NOT inject methylene blue.
- Hypothermia has been employed to reduce patient's oxygen requirement.
- Consider antibiotics as prophylaxis against pulmonary infection.
- A whole blood transfusion may be useful if it can be given early in the treatment program.
- Infuse sodium bicarbonate and balanced electrolyte solutions if blood analyses indicate a significant metabolic acidosis.
- Ancillary therapy for brain edema may be necessary if hypoxia has been severe.
- Ensure absolute rest in bed for at least 48 hours; in severe poisonings, 2 to 4 weeks in bed may prevent sequelae.
- Watch for late neurological, psychiatric and cardiac complications.

GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products 5th Ed.

#### BIOLOGICAL EXPOSURE INDEX (BEI)

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Sampling time	Index	Comments
Carboxyhemoglobin in blood	end of shift	3.5% of hemoglobin	B, NS
Carbon monoxide in end-exhaled air	end of shift	20 ppm	B, NS

B: Background levels occur in specimens collected from subjects NOT exposed

NS: Non-specific determinant; also observed after exposure to other material.

## Section 5 - FIRE FIGHTING MEASURES

Vapour Pressure (mmHG): Not applicable

Upper Explosive Limit (%): Not applicable

Specific Gravity (water=1): Not available

Lower Explosive Limit (%): Not applicable

### EXTINGUISHING MEDIA

- Metal dust fires need to be smothered with sand, inert dry powders.
- DO NOT USE WATER, CO2 or FOAM.
- Use DRY sand, graphite powder, dry sodium chloride based extinguishers, G-1 or Met L-X to smother fire.
  - Confining or smothering material is preferable to applying water as chemical reaction may produce flammable and explosive hydrogen gas.
  - Chemical reaction with CO2 may produce flammable and explosive methane.
  - If impossible to extinguish, withdraw, protect surroundings and allow fire to burn itself out.
  - DO NOT use halogenated fire extinguishing agents.

## **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**

- 
- Metal powders, while generally regarded as non-combustible, may burn when metal is finely divided and energy input is high.
- May react explosively with water.
- May be ignited by friction, heat, sparks or flame.
- Metal dust fires are slow moving but intense and difficult to extinguish.
- Will burn with intense heat.
- DO NOT disturb burning dust. Explosion may result if dust is stirred into a cloud, by providing oxygen to a large surface of hot metal.
- Containers may explode on heating.
- Dusts or fumes may form explosive mixtures with air.
- May REIGNITE after fire is extinguished.
- Gases generated in fire may be poisonous, corrosive or irritating.
- DO NOT use water or foam as generation of explosive hydrogen may result.

Decomposition may produce toxic fumes of: hydrogen chloride, metal oxides.  
May emit poisonous fumes.

## **FIRE INCOMPATIBILITY**

- - Reacts with acids producing flammable / explosive hydrogen (H<sub>2</sub>) gas
- None known.

## **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.

## **ACUTE EXPOSURE GUIDELINE LEVELS (AEG) (in ppm)**

AEG 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.

AEG 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.

AEG 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.



US - Oregon Permissible Exposure Limits (Z3)	ruthenium(II) tricarbonyl chloride dimer (Inert or Nuisance Dust: (d) Respirable fraction)	5						*
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	ruthenium(II) tricarbonyl chloride dimer (Particulates not otherwise regulated Respirable fraction)	5						
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	ruthenium(II) tricarbonyl chloride dimer (Particulates not otherwise regulated (PNOR)(f)- Respirable fraction)	5						
US - Michigan Exposure Limits for Air Contaminants	ruthenium(II) tricarbonyl chloride dimer (Particulates not otherwise regulated, Respirable dust)	5						
Canada - Alberta Occupational Exposure Limits	carbon monoxide (Carbon monoxide)	25	29					
Canada - British Columbia Occupational Exposure Limits	carbon monoxide (Carbon monoxide)	25		100				R
Canada - Ontario Occupational Exposure Limits	carbon monoxide (Carbon monoxide)	25	29	100	115			
US ACGIH Threshold Limit Values (TLV)	carbon monoxide (Carbon monoxide)	25						TLV Basis: carboxyhemoglobinemia
US NIOSH Recommended Exposure Limits (RELs)	carbon monoxide (Carbon monoxide)	35	40			200	229	
US - Minnesota Permissible Exposure Limits (PELs)	carbon monoxide (Carbon monoxide)	35	40			200	229	
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	carbon monoxide (Carbon monoxide (STEL - 5 minutes))	35	40	200	229	1500		
US - Vermont Permissible Exposure Limits Table Z-1-A Transitional Limits for Air Contaminants	carbon monoxide (Carbon monoxide)	50	55					
US - Vermont Permissible Exposure Limits Table Z-1-A Final Rule Limits for Air Contaminants	carbon monoxide (Carbon monoxide)	35	40			200	229	
US - California Permissible Exposure Limits for Chemical Contaminants	carbon monoxide (Carbon monoxide)	25	29			200		
US - Idaho - Limits for Air Contaminants	carbon monoxide (Carbon monoxide)	50	55					
US - Hawaii Air Contaminant Limits	carbon monoxide (Carbon monoxide)	35	40			200	229	
US - Alaska Limits for Air Contaminants	carbon monoxide (Carbon monoxide)	35	40			200	229	
US - Michigan Exposure Limits for Air Contaminants	carbon monoxide (Carbon monoxide)	35	40			200	229	
Canada - Yukon Permissible Concentrations for Airborne Contaminant Substances	carbon monoxide (Carbon monoxide)	50	55	400	440			
US - Washington Permissible exposure limits of air contaminants	carbon monoxide (Carbon monoxide)	35		200		1,500		(STEL (5 min.))
Canada - Saskatchewan Occupational Health and Safety Regulations - Contamination Limits	carbon monoxide (Carbon monoxide)	25		190				
US - Oregon Permissible Exposure Limits (Z1)	carbon monoxide (Carbon monoxide)	50	55					
US - Wyoming Toxic and Hazardous Substances Table Z1	carbon monoxide	50	55					



Substances Table Z1 Limits for Air Contaminants	(Carbon monoxide)	30	35		
Canada - Quebec Permissible Exposure Values for Airborne Contaminants (English)	carbon monoxide (Carbon monoxide)	35	40	200	230
US OSHA Permissible Exposure Levels (PELs) - Table Z1	carbon monoxide (Carbon monoxide)	50	55		
Canada - Northwest Territories Occupational Exposure Limits (English)	carbon monoxide (Carbon monoxide)	50	57	400	460
Canada - Nova Scotia Occupational Exposure Limits	carbon monoxide (Carbon monoxide)	25			TLV Basis: carboxyhemoglobinemia
Canada - Prince Edward Island Occupational Exposure Limits	carbon monoxide (Carbon monoxide)	25			TLV Basis: carboxyhemoglobinemia

#### EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
carbon monoxide		1,200

#### MATERIAL DATA

##### CARBON MONOXIDE:

##### RUTHENIUM(II) TRICARBONYL CHLORIDE DIMER:

■ NOTE: Detector tubes for carbon monoxide, measuring in excess of 2 ppm, are commercially available for detection of carbon monoxide.

200 ppm carbon monoxide in air will produce headache, mental dullness and dizziness in a few hours; 600 ppm will produce identical symptoms in less than half an hour and may produce unconsciousness in 1.5 hours; 4000 ppm is fatal in less than an hour.

The TLV-TWA and STEL is recommended to keep blood carboxyhaemoglobin (CoHb) levels below 3.5% in workers so as to prevent adverse neurobehavioural changes and to maintain cardiovascular exercise. Earlier recommendations did not take into account heavy labour, high temperature, high elevations (over 5000 feet above sea level), adverse effects on pregnant workers (i.e. the foetus) and the effects on those with chronic heart and respiratory disease. Workers who smoke frequently have CoHb saturations above 3.5%.

Coburn et al have calculated the time needed to reach 3.5% CoHb at various carbon monoxide exposures.

Carbon Monoxide Concentration (ppm)	Work Load (time in minutes)		
	Sedentary	Light	Moderate
50	191	102	87
75	171	62	53
100	86	46	39
150	58	31	27
200	46	24	21
300	34	18	15
500	24	13	11
1000	18	10	8

Work Load is defined in terms of alveolar ventilation as:

Work Load	Ventilation (l/min)
Sedentary	6
Light	15
Moderate	20

Coburn, R.F.: Foster, R.E.: Kane, P.B.: Considerations of the Physiological Variables that Determine the Carboxyhaemoglobin Concentration in Man. J. Clin Invest. 44(1):1899-1910 (1965)

Odour Safety Factor(OSF)

OSF=0.00025 (CARBON MONOXIDE).

#### 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.

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
- 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.

- Protective gloves eg. Leather gloves or gloves with Leather facing

## 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

- Metal dusts must be collected at the source of generation as they are potentially explosive.
- Vacuum cleaners, of flame-proof design, should be used to minimize dust accumulation.
- Metal spraying and blasting should, where possible, be conducted in separate rooms. This minimizes the risk of supplying oxygen, in the form of metal oxides, to potentially reactive finely divided metals such as aluminum, zinc, magnesium or titanium.
- Work-shops designed for metal spraying should possess smooth walls and a minimum of obstructions, such as ledges, on which dust accumulation is possible.
- Wet scrubbers are preferable to dry dust collectors.
- Bag or filter-type collectors should be sited outside the workrooms and be fitted with explosion relief doors.
- Cyclones should be protected against entry of moisture as reactive metal dusts are capable of spontaneous combustion in humid or partially wetted state.
- Local exhaust systems must be designed to provide a minimum capture velocity at the fume source, away from the worker, of 0.5 meter/sec.

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

Type of Contaminant:	Air Speed:
welding, brazing fumes (released at relatively low velocity into moderately still air)	0.5-1.0 m/s (100-200 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 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### PHYSICAL PROPERTIES

Solid.

Does not mix with water.

State	Divided solid	Molecular Weight	512.02
Melting Range (°F)	Not available	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Immiscible
Flash Point (°F)	Not applicable	pH (1% solution)	Not applicable
Decomposition Temp (°F)	Not available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available	Vapour Pressure (mmHG)	Not applicable
Upper Explosive Limit (%)	Not applicable	Specific Gravity (water=1)	Not available
Lower Explosive Limit (%)	Not applicable	Relative Vapor Density (air=1)	Not applicable
Volatile Component (%vol)	Not applicable	Evaporation Rate	Not applicable

### APPEARANCE

Grey or yellow green powder; does not mix 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

- WARNING: Avoid or control reaction with peroxides. All transition metal peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively.
- The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono- or poly-fluorobenzene show extreme sensitivity to heat and are explosive.
- Avoid reaction with borohydrides or cyanoborohydrides

Metals and their oxides or salts may react violently with chlorine trifluoride. Chlorine trifluoride is a hypergolic oxidizer. It ignites on contact (without external source of heat or ignition) with recognized fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition. The state of subdivision may affect the results.

- Many metals may incandesce, react violently, ignite or react explosively upon addition of concentrated nitric acid.
- Some metals can react exothermically with oxidizing acids to form noxious gases.
- Very reactive metals have been known to react with halogenated hydrocarbons, sometimes forming explosive compounds (for example, copper dissolves when heated in carbon tetrachloride).
- Many metals in elemental form react exothermically with compounds having active hydrogen atoms (such as acids and water) to form flammable hydrogen gas and caustic products.
- Elemental metals may react with azo/diazo compounds to form explosive products.
- Some elemental metals form explosive products with halogenated hydrocarbons.
- Reacts with acids producing flammable / explosive hydrogen (H<sub>2</sub>) gas
- Finely divided metal powders develop pyrophoricity when a critical specific surface area is exceeded; this is ascribed to high heat of oxide formation on exposure to air.
- Safe handling is possible in relatively low concentrations of oxygen in an inert gas
- Several pyrophoric metals, stored in glass bottles have ignited when the container is broken on impact. Storage of these materials moist and in metal containers is recommended.
- The reaction residues from various metal syntheses (involving vacuum evaporation and co-deposition with a ligand) are often pyrophoric

Carbon monoxide:

- forms an extremely explosive mixture with air
- is a strong reducing agent
- reacts violently or explosively with strong oxidisers, oxygen, bromine pentafluoride, bromine trifluoride, chlorine dioxide, chlorine trifluoride, halogens, iron oxide, nitrogen trifluoride, peroxydisulfuryl difluoride, silver oxide
- forms explosive compounds with caesium monoxide, copper perchlorate, potassium, oxygen difluoride, sodium - these are heat-, spark-, or water sensitive
- Incidents involving interaction of active oxidants and reducing agents, either by design or accident, are usually very energetic and examples of so-called redox reactions.

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

## Section 11 - TOXICOLOGICAL INFORMATION

ruthenium(II) tricarbonyl chloride dimer

### TOXICITY AND IRRITATION

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.
- Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a

non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

No significant acute toxicological data identified in literature search.

## REPROTOXIN

carbon monoxide	ILO Chemicals in the electronics industry that have toxic effects on reproduction	Reduced fertility or sterility	H si
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## Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

**CARBON MONOXIDE:**

**RUTHENIUM(II) TRICARBONYL CHLORIDE DIMER:**

■ For carbon monoxide:

Environmental fate:

Although carbon monoxide is not considered a greenhouse gas, it is a precursor to greenhouse gases. Carbon monoxide elevates the concentrations of methane (a greenhouse gas) and ozone in the atmosphere. It eventually oxidises into carbon dioxide. Greenhouse gases are linked to global warming. Very high levels of carbon monoxide will cause the same problems to birds and animals that are experienced by people, although these levels are very unlikely to be encountered in the environment except during extreme events like bushfires.

**RUTHENIUM(II) TRICARBONYL CHLORIDE DIMER:**

■ Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. Environmental processes (such as oxidation and the presence of acids or bases) may transform insoluble metals to more soluble ionic forms. Microbiological processes may also transform insoluble metals to more soluble forms. Such ionic species may bind to dissolved ligands or sorb to solid particles in aquatic or aqueous media. A significant proportion of dissolved/ sorbed metals will end up in sediments through the settling of suspended particles. The remaining metal ions can then be taken up by aquatic organisms. When released to dry soil most metals will exhibit limited mobility and remain in the upper layer; some will leach locally into ground water and/ or surface water ecosystems when soaked by rain or melt ice. Environmental processes may also be important in changing solubilities.

Even though many metals show few toxic effects at physiological pHs, transformation may introduce new or magnified effects.

A metal ion is considered infinitely persistent because it cannot degrade further.

The current state of science does not allow for an unambiguous interpretation of various measures of bioaccumulation.

The counter-ion may also create health and environmental concerns once isolated from the metal. Under normal physiological conditions the counter-ion may be essentially insoluble and may not be bioavailable.

Environmental processes may enhance bioavailability.

■ 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- %) 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.

■ For platinum group metals (PGM):

Environmental fate:

The platinum group metals (PGMs) are a group of rare elements including platinum (Pt), palladium (Pd), rhodium (Rh), ruthenium (Ru), iridium (Ir) and osmium (Os). Platinum group metals emitted as autocatalyst particles behave inertly and have limited mobility in soil so there would appear to be negligible risk to health, groundwater and the environment. However, it is possible for transformations to soluble, bioactive forms to occur.

The noble metals Pt, Pd and Rh are emitted from automobile catalytic converters. Besides terrestrial habitats, these metals are also introduced into aquatic biotopes via road runoff, where they accumulate in sediments of lakes and rivers solubility of PGM can increase by the presence of natural complexing agents such as humic acids. After the introduction to terrestrial and aquatic habitats, PGM can be taken up by the biosphere. The biological availability of Pt, Pd and Rh is affected by different complexing agents. Uptake and accumulation of PGM by plants and animals was demonstrated in several experiments and field studies. There is, however, little information how water quality may affect the biological availability of PGM to aquatic organisms.

Investigations with zebra mussels (*Dreissena polymorpha*) exposed to water containing road dust or ground catalytic converter material demonstrated that humic water of a bog lake clearly enhances the biological availability of particle bound Pt, Pd and Rh as compared with non-chlorinated tap water. In contrast, exposure studies with eels using soluble salts as the metal source showed higher Pt and Rh uptake in tap water than in humic water in most tissues.

Pd appears to precipitate quickly and to a high degree in tap water and seems to react mainly with fulvic acids in humic water.

Fulvic acids tend to have lower molecular weights than humic acids and humin, so that metal-fulvic acid complexes are probably too small to be filtered by the ctenidia of the mussels. The enhancing effect of humic substances on the aqueous solubility and bioaccumulation of Rh may be explained by the formation of soluble, high molecular weight Rh-humic acid complexes which are filtered by the ctenidia of the mussels and then ingested.

■ DO NOT discharge into sewer or waterways.

**CARBON MONOXIDE:**

Toxicity Fish: LC50(96)2-261mg/L

Toxicity invertebrate: LC50(96)0.27-891.3mg/L

processes Abiotic: hydrol

### Ecotoxicity

Ingredient

Persistence: Water/Soil

Persistence: Air

Bioaccumulation

Mobility

carbon monoxide

LOW

## 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 or consult manufacturer for recycling options.
- Consult Waste Management Authority for disposal.
- Bury residue in an authorized landfill.
- Recycle containers where possible, or dispose of in an authorized landfill.

For small quantities:

- Treat a dilute basic solution (pH10-11) of the material with a50% excess of commercial laundry bleach.
- Control temperature by rate of bleach addition.
- Adjust pH if necessary.
- Stand overnight, then cautiously adjust pH to 7.
- Evolution of gas may occur.
- Filter solids for disposal to land-fill (subject to local regulation).
- Precipitate any heavy metals by addition of sulfide.

Carry out reaction under nitrogen.. Additional equivalents of hypochlorite may be needed if metal can be oxidised to hig

## Section 14 - TRANSPORTATION INFORMATION



DOT:

Symbols:	None	Hazard class or Division:	6.1
Identification Numbers:	UN3466	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:	B
Vessel stowage: Other:	40		

Hazardous materials descriptions and proper shipping names:

Metal carbonyls, solid, n.o.s.

### Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	3466	Packing Group:	III
Special provisions:	A3		

Shipping Name: METAL CARBONYLS, SOLID, N.O.S. \*(CONTAINS RUTHENIUM(II) TRICARBONYL CHLORIDE DIMER)

### Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	3466	Packing Group:	III
EMS Number:	F-A,S-A	Special provisions:	223 274 944

Limited Quantities: 5 kg

Shipping Name: METAL CARBONYLS, SOLID, N.O.S.(contains ruthenium(II) tricarbonyl chloride dimer)

## Section 15 - REGULATORY INFORMATION

**ruthenium(II) tricarbonyl chloride dimer (CAS: 22594-69-0) is found on the following regulatory lists;**

"US - Hawaii Air Contaminant Limits","US - Oregon Permissible Exposure Limits (Z3)","US OSHA Permissible Exposure Levels (PELs) - Table Z3"

Regulations for ingredients

**carbon monoxide (CAS: 630-08-0) is found on the following regulatory lists;**

"Canada - Alberta Ambient Air Quality Objectives","Canada - Alberta Occupational Exposure Limits","Canada - British Columbia

Occupational Exposure Limits", "Canada - Northwest Territories Occupational Exposure Limits (English)", "Canada - Nova Scotia Occupational Exposure Limits", "Canada - Ontario Occupational Exposure Limits", "Canada - Prince Edward Island Occupational Exposure Limits", "Canada - Quebec Permissible Exposure Values for Airborne Contaminants (English)", "Canada - Saskatchewan Occupational Health and Safety Regulations - Contamination Limits", "Canada - Yukon Permissible Concentrations for Airborne Contaminant Substances", "Canada Domestic Substances List (DSL)", "Canada Environmental Quality Guidelines (EQGs) Air", "Canada Ingredient Disclosure List (SOR/88-64)", "Canada National Pollutant Release Inventory (NPRI)", "Canada Toxicological Index Service - Workplace Hazardous Materials Information System - WHMIS (English)", "Canada Toxicological Index Service - Workplace Hazardous Materials Information System - WHMIS (French)", "Canada Transport Dangerous Goods - Schedule 3", "International Chemical Secretariat (ChemSec) REACH SIN\* List (\*Substitute It Now!) 1.0", "International Council of Chemical Associations (ICCA) - High Production Volume List", "OECD Representative List of High Production Volume (HPV) Chemicals", "US - Alaska Limits for Air Contaminants", "US - California Air Toxics ""Hot Spots"" List (Assembly Bill 2588) Substances for which production, use or other presence must be reported", "US - California Occupational Safety and Health Regulations (CAL/OSHA) - Hazardous Substances List", "US - California OEHHA/ARB - Acute Reference Exposure Levels and Target Organs (RELs)", "US - California Permissible Exposure Limits for Chemical Contaminants", "US - California Proposition 65 - Priority List for the Development of MADLs for Chemicals Causing Reproductive Toxicity", "US - California Proposition 65 - Reproductive Toxicity", "US - Hawaii Air Contaminant Limits", "US - Idaho - Limits for Air Contaminants", "US - Maine Chemicals of High Concern List", "US - Massachusetts Oil & Hazardous Material List", "US - Michigan Exposure Limits for Air Contaminants", "US - Minnesota Hazardous Substance List", "US - Minnesota Permissible Exposure Limits (PELs)", "US - New Jersey Right to Know Hazardous Substances", "US - Oregon Permissible Exposure Limits (Z1)", "US - Pennsylvania - Hazardous Substance List", "US - Rhode Island Hazardous Substance List", "US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants", "US - Vermont Permissible Exposure Limits Table Z-1-A Final Rule Limits for Air Contaminants", "US - Vermont Permissible Exposure Limits Table Z-1-A Transitional Limits for Air Contaminants", "US - Washington Permissible exposure limits of air contaminants", "US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants", "US ACGIH Threshold Limit Values (TLV)", "US CERCLA Priority List of Hazardous Substances", "US Department of Homeland Security Chemical Facility Anti-Terrorism Standards - Chemicals of Interest", "US Department of Transportation (DOT), Hazardous Material Table", "US DOE Temporary Emergency Exposure Limits (TEELs)", "US EPA Acute Exposure Guideline Levels (AEGs) - Interim", "US EPA High Production Volume Program Chemical List", "US NFPA 45 Fire Protection for Laboratories Using Chemicals - Flammability Characteristics of Common Compressed and Liquefied Gases", "US NIOSH Recommended Exposure Limits (RELs)", "US OSHA Permissible Exposure Levels (PELs) - Table Z1", "US Postal Service (USPS) Hazardous Materials Table: Postal Service Mailability Guide", "US Postal Service (USPS) Numerical Listing of Proper Shipping Names by Identification (ID) Number", "US Spacecraft Maximum Allowable Concentrations (SMACs) for Airborne Contaminants", "US Toxic Substances Control Act (TSCA) - Inventory", "USA: Chemical Facility Anti-Terrorism Standards - List Appendix A - 6CFR 27"

## Section 16 - OTHER INFORMATION

### LIMITED EVIDENCE

- Cumulative effects may result following exposure\*.

\* (limited evidence).

### REPRODUCTIVE HEALTH GUIDELINES

- Established occupational exposure limits frequently do not take into consideration reproductive end points that are clearly below the thresholds for other toxic effects. Occupational reproductive guidelines (ORGs) have been suggested as an additional standard. These have been established after a literature search for reproductive no-observed-adverse-effect-level (NOAEL) and the lowest-observed-adverse-effect-level (LOAEL). In addition the US EPA's procedures for risk assessment for hazard identification and dose-response assessment as applied by NIOSH were used in the creation of such limits. Uncertainty factors (UFs) have also been incorporated.

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- 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](http://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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