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Produktinformation



Forschungsprodukte & Biochemikalien



Zellkultur & Verbrauchsmaterial



Diagnostik & molekulare Diagnostik



Laborgeräte & Service

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Lieferung & Zahlungsart

siehe unsere [Liefer- und Versandbedingungen](#)

Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

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Iron(II) oxalate dihydrate

sc-235384

Material Safety Data Sheet



The Power is Question

Hazard Alert Code Key: **EXTREME** **HIGH** **MODERATE** **LOW**

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

Iron(II) oxalate dihydrate

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

Photographic developer for silverbromide-gelatin plates; imparts greenish-brown tint to optical glass (sunglasses, windshields, railroad car windows), for decorative glassware; pigment for plastics, paints and lacquers. Reagent

SYNONYMS

C2-Fe-O4, FeC2O4.2H2O, "oxalic acid, ferrous salt", "ethanedioic acid, ferrous salt", "iron (II) oxalate", "iron (II) oxalate", Ferrox

Section 2 - HAZARDS IDENTIFICATION

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful in contact with skin and if swallowed.
Irritating to eyes and skin.

POTENTIAL HEALTH EFFECTS

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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.
- Iron poisoning results in pain in the upper abdomen and vomiting, and is followed hours later by shock, in severe cases coma and death. Iron toxicity increases in proportion to their solubility in the gastrointestinal tract. There is often vomiting of blood due to dilation of capillaries and bleeding from the walls of the gastrointestinal system. A watery diarrhea can occur, often leading to cardiovascular collapse after fluid and mineral loss and there can be a relapse marked by profound metabolic acidosis after several hours of apparent recovery. There may also be liver damage. Symptoms of poisoning include metallic taste, restlessness, lethargy, loss of muscle tone, coma, pallor or cyanosis (blue-gray skin), fast and weak pulse, low blood pressure, hyperventilation, shock, vasomotor instability and cardiovascular collapse. There may be inflammation, swelling and bleeding from the lungs, convulsions, jaundice, low blood sugar, multiple blood clotting defects, kidney damage with absence of urine, damage to the pancreas, vascular damage, blood loss, shock and vascular collapse. Survivor can display stomach scarring, obstruction or narrowing of digestive tract sphincters, liver hardening or nervous system effects.
- Soluble or solubilized oxalates act as severe corrosive agents within the alimentary tract and may be lethal as a result of severe gastroenteritis and secondary shock. Where gastrointestinal symptoms are absent (as is the case with dilute solutions) systemic effects may dominate resulting in muscle twitching, cramps, depression of respiratory and cardiac functions. Other symptoms of poisoning include vomiting (often bloody with coffee spots), pain, weak and irregular pulse, headache, stiffness, convulsions, stupor and coma. Kidney damage occurs, causing a reduction in frequency of urination, and also protein and blood in the urine.

EYE

- This material can cause eye irritation and damage in some persons.

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.
- Oxalate ion is an irritant and may cause dermatitis. Following contact skin lesions may develop. Epithelial cracking and slow-healing ulceration may follow. They fingers may appear cyanotic.
- 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 damaging to the health of the individual.
- There is some evidence to suggest that 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.
- Inhalation of soluble oxalates produces irritation of the respiratory tract. Systemic effects may include protein in the urine (albuminuria), ulceration of the mucous membranes, headaches, nervousness, cough, vomiting, emaciation, back pain (due to kidney injury) and weakness. Inhalation of soluble oxalates over a long period of time might result in weight loss and respiratory tract inflammation.

CHRONIC HEALTH EFFECTS

- Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Exposure to the material may cause concerns for human fertility, on the basis that similar materials provide some evidence of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects, but which are not a secondary non-specific consequence of other toxic effects.

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.

Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk. Iron overload in men may lead to diabetes, joint inflammation, liver cancer, heart irregularities and problems with other organs.

Chronic exposure to oxalates may result in circulatory failure or nervous system irregularities may follow prolonged calcium metabolism due to oxalation.

Prolonged and severe exposure can cause chronic cough, albuminuria, vomiting, pain in the back and gradual emaciation and weakness. Prolonged or repeated overexposure may result in delayed liver and/or kidney damage.

Certain rare individuals are subject to oxalosis (deposition of oxalates in the kidneys) and are unusually reactive to any exposure.

Rats administered oxalic acid at 2.5 and 5% in the diet for 70 days developed depressed thyroid function and weight loss. A study of railroad car cleaners in Norway who were heavily exposed to oxalic acid solutions and vapors revealed a 53% prevalence of urolithiasis (the formation of urinary stones), compared to a rate of 12% among unexposed workers from the same company.

In a multigeneration study in mice, toxic effects in pups were seen only at maternally toxic doses.

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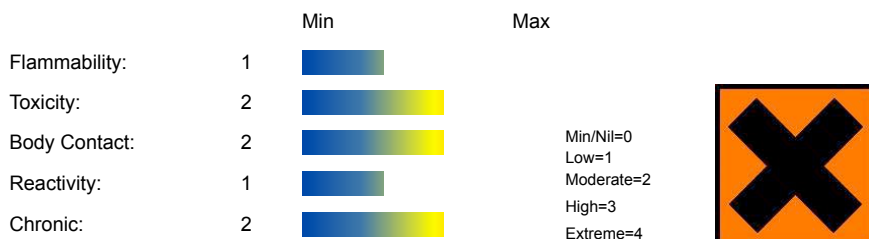
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Oxalic acid is negative for genotoxicity in reverse mutation assays.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

HAZARD RATINGS



NAME	CAS RN	%
ferrous oxalate	516-03-0	> 98

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.

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.

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- Transport to hospital, or doctor.

NOTES TO PHYSICIAN

■ For acute or short term repeated exposures to iron and its derivatives:

- Always treat symptoms rather than history.
- In general, however, toxic doses exceed 20mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- Hepatic damage may progress to failure with hypoprothrombinemia and hypoglycemia. Hepatorenal syndrome may occur.
- Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- Serum iron should be analyzed in symptomatic patients. Serum iron levels (2-4hrs postingestion) greater than 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex) are the usual means of decontamination.
- Activated charcoal does not effectively bind iron.
- Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhea.
- Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parentally.

[Ellenhorn and Barceloux: Medical Toxicology].

Treatment must be prompt.

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

[GOSSELIN SMITH HODGE: Clinical Toxicology of Commercial Products].

Section 5 - FIRE FIGHTING MEASURES

Vapour Pressure (mmHG):	Not applicable.
Upper Explosive Limit (%):	Not Available
Specific Gravity (water=1):	2.28
Lower Explosive Limit (%):	Not Available

EXTINGUISHING MEDIA

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

FIRE FIGHTING

-
- Alert Emergency Responders and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- DO NOT approach containers suspected to be hot.

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- 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), metal oxides, other pyrolysis products typical of burning organic material.

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.

Environmental hazard - contain spillage.

MAJOR SPILLS

- Environmental hazard - contain spillage.

Moderate hazard.

- CAUTION: Advise personnel in area.
- Alert Emergency Responders and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

PROTECTIVE ACTIONS FOR SPILL

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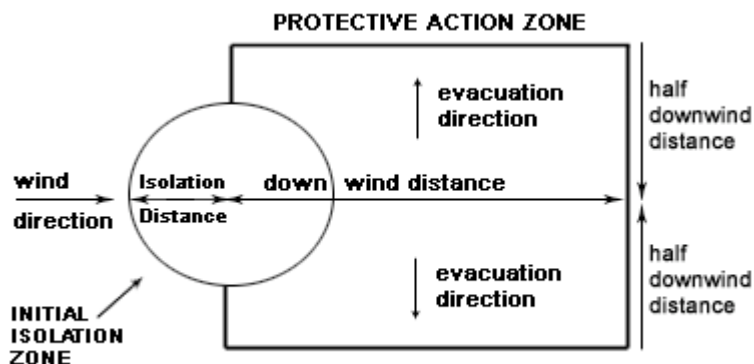
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From IERG (Canada/Australia)

Isolation Distance -

Downwind Protection Distance 10 meters

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 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 171 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.

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- 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.

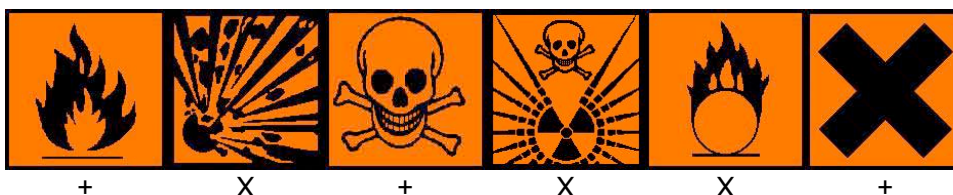
RECOMMENDED STORAGE METHODS

- Glass container.
- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE REQUIREMENTS

- 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 ppm	TWA mg/m ³	STEL ppm	STEL mg/m ³	Peak ppm	Peak mg/m ³	TWA F/CC	Notes
US - Oregon Permissible Exposure Limits (Z3)	ferrous oxalate (Inert or Nuisance Dust: (d) Total dust)		10						*
US OSHA Permissible Exposure Levels (PELs) - Table Z3	ferrous oxalate (Inert or Nuisance Dust: (d) Respirable fraction)		5						
US OSHA Permissible Exposure Levels (PELs) - Table Z3	ferrous oxalate (Inert or Nuisance Dust: (d) Total dust)		15						
US - Hawaii Air Contaminant Limits	ferrous oxalate (Particulates not other wise regulated - Total dust)		10						
US - Hawaii Air Contaminant Limits	ferrous oxalate (Particulates not other wise regulated - Respirable fraction)		5						
US - Oregon Permissible Exposure Limits (Z3)	ferrous oxalate (Inert or Nuisance Dust: (d) Respirable fraction)		5						*
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	ferrous oxalate (Particulates not otherwise regulated Respirable fraction)		5						

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US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	ferrous oxalate (Particulates not otherwise regulated (PNOR)(f)-Respirable fraction)	5		
US - Michigan Exposure Limits for Air Contaminants	ferrous oxalate (Particulates not otherwise regulated, Respirable dust)	5		

MATERIAL DATA

FERROUS OXALATE:

■ 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 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.

The recommended TLV is thought to reduce the likelihood of respiratory irritation and skin irritation from exposure to aerosols and mists of soluble iron salts.

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

- 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

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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.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- polychloroprene
- nitrile rubber
- butyl rubber
- fluorocautchouc
- polyvinyl chloride

Gloves should be examined for wear and/ or degradation constantly.

OTHER

■

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

■

- 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.

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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 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.
Sinks in water.

State	Divided solid	Molecular Weight	143.87
Melting Range (°F)	Decomposes.	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Partly miscible
Flash Point (°F)	Not Available	pH (1% solution)	Not available
Decomposition Temp (°F)	302- 320	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not applicable	Vapour Pressure (mmHG)	Not applicable.
Upper Explosive Limit (%)	Not Available	Specific Gravity (water=1)	2.28
Lower Explosive Limit (%)	Not Available	Relative Vapor Density (air=1)	Not applicable.
Volatile Component (%vol)	Not applicable.	Evaporation Rate	Not applicable

Iron(II) oxalate dihydrate

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The Power is Question

Hazard Alert Code Key: **EXTREME** **HIGH** **MODERATE** **LOW**

APPEARANCE

Pale yellow odourless crystalline powder; does not mix well with water. Soluble in dilute mineral acids.

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

ferrous oxalate

TOXICITY AND IRRITATION

- No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

FERROUS OXALATE:

- For oxalic acid and oxalate salts

Environmental fate:

If released to soil, oxalic acid under environmental conditions (pH 5-9) will be in the form of the oxalate ion (pKa1 and pKa2 of 1.25 and 4.28, respectively) and is expected to leach in soil. Photolysis is expected to be an important fate process; the daytime persistence of oxalic acid and oxalates on soil surfaces is not expected to exceed a few hours. Based upon screening biodegradation tests, biodegradation in soil is expected to be important. No experimental data are available to determine whether the oxalate ion will adsorb to sediment or soil more strongly than its estimated Koc value indicates. If released to water, oxalic acid/ oxalates will not volatilise, adsorb to sediment, bioconcentrate in aquatic organisms, oxidise or hydrolyse. Oxalic acid, however, may act as a leaching agent for those metals that form soluble oxalate complexes, including Al and Fe. This may result in the release of metals which may otherwise be strongly adsorbed to soils.

Based on an average experimental water solubility of 220,000 mg/L at 25 deg C and a regression derived equation, the BCF for oxalic acid can be estimated to be approximately 0.6 and therefore should not be expected to bioconcentrate in aquatic organisms. The predominant aquatic fate processes are expected to be photolysis in surface waters and aerobic and anaerobic biodegradation. If released to the atmosphere, removal from air via wet deposition, dry deposition, and photolysis is likely to occur. Exposure of the general population to oxalic acid/ oxalates is expected to occur through consumption of foods in which it is naturally contained, inhalation of contaminated air, and consumption of contaminated groundwater.

Oxalic acid is a metabolite of ethylene glycol, which in turn is a metabolite of ethylene oxide. In assessing the aggregate exposure to oxalic acid, the residues of ethylene glycol and ethylene oxide must be considered. Food uses of ethylene oxide are thought result in insignificant exposure to drinking water resources. Ethylene oxide does not persist in the environment because it is reactive and degrades by biotic and abiotic processes. Ethylene glycol also breaks down rapidly in air, soils and water and is not expected to bioaccumulate in the environment or foodstuffs. Therefore these metabolites are not expected to contribute significantly to aggregate exposure.

- 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.

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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:

Symbols:	G	Hazard class or Division:	9
Identification Numbers:	UN3077	PG:	III
Label Codes:	9	Special provisions:	8, 146, 335, B54, IB8, IP3, N20, T1, TP33
Packaging: Exceptions:	155	Packaging: Non-bulk:	213
Packaging: Exceptions:	155	Quantity limitations: Passenger aircraft/rail:	No limit
Quantity Limitations: Cargo aircraft only:	No limit	Vessel stowage: Location:	A
Vessel stowage: Other:	None		

Hazardous materials descriptions and proper shipping names:

Environmentally hazardous substance, solid, n.o.s

Air Transport IATA:

ICAO/IATA Class:	9	ICAO/IATA Subrisk:	雜
UN/ID Number:	3077	Packing Group:	III
Special provisions:	A97		

Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. *(CONTAINS FERROUS OXALATE)

Maritime Transport IMDG:

IMDG Class:	9	IMDG Subrisk:	None
UN Number:	3077	Packing Group:	III
EMS Number:	F-A,S-F	Special provisions:	274 909 944
Limited Quantities:	5 kg		

Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S.(contains ferrous oxalate)

Section 15 - REGULATORY INFORMATION

Iron(II) oxalate dihydrate

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Hazard Alert Code Key: **EXTREME** **HIGH** **MODERATE** **LOW**

ferrous oxalate (CAS: 516-03-0,6047-25-2) is found on the following regulatory lists;

"Canada Non-Domestic Substances List (NDSL)", "US Toxic Substances Control Act (TSCA) - Inventory"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation may produce health damage*.
- Cumulative effects may result following exposure*.
- May produce discomfort of the respiratory system*.
- May possibly affect fertility*.

* (limited evidence).

Ingredients with multiple CAS Nos

Ingredient Name	CAS
ferrous oxalate	516-03-0, 6047-25-2

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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.

- 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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