

# 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

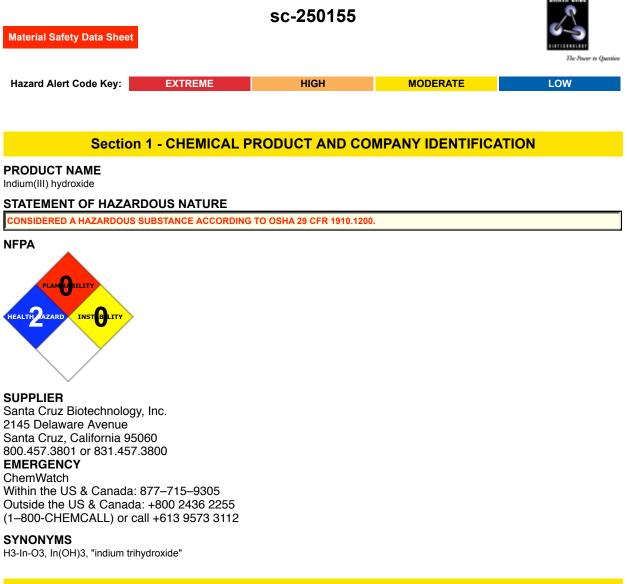
## Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

## SZABO-SCANDIC HandelsgmbH

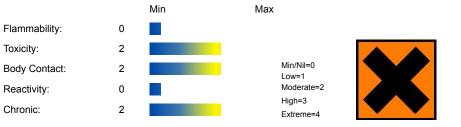
Quellenstraße 110, A-1100 Wien T. +43(0)1 489 3961-0 F. +43(0)1 489 3961-7 <u>mail@szabo-scandic.com</u> www.szabo-scandic.com

## Indium(III) hydroxide



## Section 2 - HAZARDS IDENTIFICATION

#### CHEMWATCH HAZARD RATINGS



#### CANADIAN WHMIS SYMBOLS



#### **EMERGENCY OVERVIEW**

RISK

Irritating to eyes, respiratory system and skin.

#### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

#### SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual.

Indium is poorly absorbed from the gut, but accumulation in the liver occurs when indium compounds are injected.

Symptoms of indium poisoning include loss of appetite, nose-bleed, paralysis of limbs, rapid breathing, twitching, convulsions and tissue death of the liver and kidneys.

#### EYE

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

#### SKIN

■ This material can cause inflammation of the skin oncontact in some persons.

■ The material may accentuate any pre-existing dermatitis condition.

Skin contact is not thought to have harmful health effects, however the material may still produce health damage following entry through wounds, lesions or abrasions.

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

■ The material can cause respiratory irritation in some persons.

The body's response to such irritation can cause further lung damage.

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

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

Exposure to indium compounds leads to tooth decay, joint and bone pain, disorders in the nervous and gastrointestinal systems, heart pains and general debility.

Swelling of the lungs is common although scarring is rarely seen.

#### **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.

Chronic indium intoxication leads to weight loss, poor growth and extensive necrotic damage to the liver and kidneys.

Indium can impede protein synthesis, thereby affecting numerous essential physiological processes, including detoxification of organic carcinogens. Intravenous indium chloride exposure to mice had a toxic effect on the kidney and resulted in necrosis of the liver. Damage to the brain, heart, adrenals, spleen and blood may also result from chronic exposures.

#### Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
indium(III) hydroxide	20661-21-6	>98

#### **Section 4 - FIRST AID MEASURES**

#### SWALLOWED

· If swallowed do NOT induce vomiting. · If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

#### 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.

#### SKIN

■ If skin contact occurs: · Immediately remove all contaminated clothing, including footwear · Flush skin and hair with running water (and soap if available).

#### INHALED

· If fumes or combustion products are inhaled remove from contaminated area. · Lay patient down. Keep warm and rested.

#### NOTES TO PHYSICIAN

Treat symptomatically.

#### **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**

· There is no restriction on the type of extinguisher which may be used.

Use extinguishing media suitable for surrounding area.

#### FIRE FIGHTING

· Alert Emergency Responders and tell them location and nature of hazard.

· Wear breathing apparatus plus protective gloves for fire only.

#### GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

· Non combustible.

 $\cdot$  Not considered to be a significant fire risk, however containers may burn. Decomposition may produce toxic fumes of: metal oxides.

May emit poisonous fumes.

May emit corrosive fumes.

FIRE INCOMPATIBILITY

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.
- $\cdot$  Control personal contact by using protective equipment.
- $\cdot$  Use dry clean up procedures and avoid generating dust.
- · Place in a suitable, labelled container for waste disposal.

MAJOR SPILLS

- Moderate hazard.
- · CAUTION: Advise personnel in area.
- · Alert Emergency Responders and tell them location and nature of hazard.

#### **Section 7 - HANDLING AND STORAGE**

#### **PROCEDURE FOR HANDLING**

· Avoid all personal contact, including inhalation.

 $\cdot$  Wear protective clothing when risk of exposure occurs.

#### RECOMMENDED STORAGE METHODS

#### Glass container.

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

#### STORAGE REQUIREMENTS

- · Store in original containers.
- · Keep containers securely sealed.

#### Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

#### **EXPOSURE CONTROLS**

Source	Material	TWA ppm	TWA mg/m³	STEL ppm	STEL mg/m³	Peak ppm	Peak mg/m³	TWA F/CC	Notes
US ACGIH Threshold Limit Values (TLV)	indium(III) hydroxide (Indium and compounds (as In))		0.1						TLV Basis: pulmonary edema; pneumonitis; dental erosion; malase

Canada - Alberta Occupational Exposure Limits	indium(III) hydroxide (Indium & compounds, as In)	0.1		
Canada - Prince Edward Island Occupational Exposure Limits	indium(III) hydroxide (Indium and compounds (as In))	0.1		TLV Basis: pulmonary edema; pneumonitis; dental erosion; malase
Canada - Quebec Permissible Exposure Values for Airborne Contaminants (English)	indium(III) hydroxide (Indium and compounds (as In))	0.1		
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	indium(III) hydroxide (Indium and compounds (as in))	0.1		
US - Vermont Permissible Exposure Limits Table Z-1-A Final Rule Limits for Air Contaminants	indium(III) hydroxide (Indium and compounds (as In))	0.1		
Canada - British Columbia Occupational Exposure Limits	indium(III) hydroxide (Indium and compounds, as In)	0.1		
US - Minnesota Permissible Exposure Limits (PELs)	indium(III) hydroxide (Indium and compounds (as In))	0.1		
Canada - Nova Scotia Occupational Exposure Limits	indium(III) hydroxide (Indium and compounds (as In))	0.1		TLV Basis: pulmonary edema; pneumonitis; dental erosion; malase
Canada - Saskatchewan Occupational Health and Safety Regulations - Contamination Limits	indium(III) hydroxide (Indium and Compounds, (as In))	0.1	0.3	T20 (Indium pho-sphide)
US - Hawaii Air Contaminant Limits	indium(III) hydroxide (Indium and compounds (as In))	0.1	0.3	
Canada - Yukon Permissible Concentrations for Airborne Contaminant Substances	indium(III) hydroxide (Indium and - compounds (as In))	0.1 -	0.3	
US - Washington Permissible exposure limits of air contaminants	indium(III) hydroxide (Indium and compounds (as In))	0.1	0.3	

US - Oregon Permissible Exposure Limits (Z-1)	indium(III) hydroxide (Indium and compounds (as In))	0.1		*
Canada - Northwest Territories Occupational Exposure Limits (English)	indium(III) hydroxide (Indium & Compounds (as In))	0.1	0.3	
US - Alaska Limits for Air Contaminants	indium(III) hydroxide (Indium and compounds (as In))	0.1		
US - Michigan Exposure Limits for Air Contaminants	indium(III) hydroxide (Indium and compounds (as In))	0.1		
US - California Permissible Exposure Limits for Chemical Contaminants	indium(III) hydroxide (Indium compounds)	0.1		

#### ENDOELTABLE

#### PERSONAL PROTECTION



#### RESPIRATOR

#### Particulate

Consult your EHS staff for recommendations

#### EYE

· Safety glasses with side shields.

· Chemical goggles.

#### 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 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
- · fluorocaoutchouc
- $\cdot$  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.

#### **ENGINEERING CONTROLS**

■ Local exhaust ventilation usually required. If risk of overexposure exists, wear an approved respirator.

#### Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

#### PHYSICAL PROPERTIES

Solid. Does not mix with water.			
State	Divided solid	Molecular Weight	165.84
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 applicable	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

White powder; does not mix with water.

#### Section 10 - CHEMICAL STABILITY

#### CONDITIONS CONTRIBUTING TO INSTABILITY

- · Presence of incompatible materials.
- · Product is considered stable.

#### STORAGE INCOMPATIBILITY

· Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.

- · These trifluorides are hypergolic oxidisers. They ignites on contact (without external source of heat or ignition) with recognised 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.

Avoid strong acids.

Absorbs carbon dioxide.

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

#### Section 11 - TOXICOLOGICAL INFORMATION

#### INDIUM(III) HYDROXIDE

## TOXICITY AND IRRITATION

#### INDIUM(III) HYDROXIDE:

■ 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.

#### **Section 12 - ECOLOGICAL INFORMATION**

#### No data

#### Ecotoxicity

Ingredient indium(III) hydroxide Persistence: Water/Soil Persistence: Air HIGH Bioaccumulation LOW Mobility HIGH

#### Section 13 - DISPOSAL CONSIDERATIONS

#### **Disposal Instructions**

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

| 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.

For small quantities:

- · Dissolve the material (in water or acid solution as appropriate) or convert it to a water soluble state with appropriate oxidizing agent.
- · Precipitate as the sulfide, adjusting the pH to neutral to complete the precipitation.
- · Recycle wherever possible or consult manufacturer for recycling options.

· Consult Waste Management Authority for disposal.

#### Section 14 - TRANSPORTATION INFORMATION

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: DOT, IATA, IMDG

#### Section 15 - REGULATORY INFORMATION

#### indium(III) hydroxide (CAS: 20661-21-6) is found on the following regulatory lists;

"Canada Non-Domestic Substances List (NDSL)","US Toxic Substances Control Act (TSCA) - Inventory","US TSCA Section 8 (a) - Preliminary Assessment Information Rules (PAIR) - Reporting List", "US TSCA Section 8 (d) - Health and Safety Data Reporting"

#### Section 16 - OTHER INFORMATION

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