

# Carbenicillin disodium salt

sc-202519



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

Carbenicillin disodium salt

### STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

### NFPA



### SUPPLIER

Santa Cruz Biotechnology, Inc.  
2145 Delaware Avenue  
Santa Cruz, California 95060  
800.457.3801 or 831.457.3800

### EMERGENCY

ChemWatch  
Within the US & Canada: 877-715-9305  
Outside the US & Canada: +800 2436 2255  
(1-800-CHEMCALL) or call +613 9573 3112

### SYNONYMS

C17H16N2O6S•2Na, "malonic acid, ", "N-(2-carboxy-3, 3-dimethyl-7-oxo-4-thia-1-azabicyclo[3.2.0]hept-6-, yl)-, "2-phenyl-, disodium salt", "carbenicillin disodium", "carbenicilline disodium", "carboxybenzylpenicillin sodium", CBPC, CP-15-639-2, "disodium alpha-carboxypenicillin", Anabactyl, BRL-2064, Carbapen, Carbecin, Fugacillin, Geopen, Gripenin, Hyoper, Microcillin, NSC-111071, Piopen, Pyocianil, Pyopen, Pyopene, antibiotic

## Section 2 - HAZARDS IDENTIFICATION

### CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	1	
Toxicity	0	
Body Contact	0	
Reactivity	1	
Chronic	2	

Min/Nil=0  
Low=1  
Moderate=2  
High=3  
Extreme=4



### CANADIAN WHMIS SYMBOLS



## EMERGENCY OVERVIEW

### RISK

May cause SENSITIZATION by inhalation and skin contact.

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

■ Although ingestion is not thought to produce harmful effects (as classified under EC Directives), the material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g.

##### EYE

■ Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may cause transient discomfort characterised by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result.

##### SKIN

■ The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models).

Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

■ 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 is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models).

Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

■ 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.

If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.

#### CHRONIC HEALTH EFFECTS

■ Inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population.

Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population.

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

Allergic contact dermatitis is relatively common amongst those handling the penicillins or following repeated topical application of penicillin containing ointments.

Repeated ingestion of penicillins can cause nausea and/or vomiting, stomach upset, diarrhoea, sore or dry throat, and a sore or black hairy tongue. Resistance may develop for some bacteria, and there may be overgrowth of non-susceptible organisms (superinfection).

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.

Exposure to small quantities may induce hypersensitivity reactions characterised by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic oedema), running nose (rhinitis) and blurred vision. Anaphylactic shock and skin rash (non-thrombocytopenic purpura) may occur. An individual may be predisposed to such anti-body mediated reaction if other chemical agents have caused prior sensitization (cross-sensitivity).

Respiratory sensitization may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
Carbenicillin disodium salt	4800-94-6	>98

## Section 4 - FIRST AID MEASURES

## SWALLOWED

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

## EYE

If this product comes in contact with eyes

- Wash out immediately with water.
- If irritation continues, 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 dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear passage of breathing.
- If irritation or discomfort persists seek medical attention.

## NOTES TO PHYSICIAN

■ Treat symptomatically.

Penicillins are widely distributed in body fluids and tissues. They appear in pleural, pericardial, peritoneal and synovial fluids and diffuse across the placenta into foetal circulation.

About 50% of the dose is bound to plasma protein with a reported plasma half-life of 60 minutes. About 80% appears unchanged in the urine within 6 hours.

## Section 5 - FIRE FIGHTING MEASURES

Vapor Pressure (mmHG)	Negligible
Upper Explosive Limit (%)	Not available.
Specific Gravity (water=1)	Not available
Lower Explosive Limit (%)	Not available

## EXTINGUISHING MEDIA

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

## FIRE FIGHTING

- Alert Fire Brigade 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 courses.
- Use water delivered as a fine spray to control fire and cool adjacent area.

## GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

- Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions.
- 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 (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds.; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.
- In the same way as gases and vapors, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL).are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC)
- A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people.

Combustion products include carbon monoxide (CO), carbon dioxide (CO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), sulfur oxides (SO<sub>x</sub>), other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

May emit corrosive fumes.

## FIRE INCOMPATIBILITY

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

## Section 6 - ACCIDENTAL RELEASE MEASURES

### MINOR SPILLS

- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.

### MAJOR SPILLS

Moderate hazard.

- CAUTION Advise personnel in area.
- Alert Emergency Services 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.

## 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.

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 authorization or permit.

### RECOMMENDED STORAGE METHODS

- Glass container is suitable for laboratory quantities
- Packaging as recommended by manufacturer.
- Check that containers are clearly labelled.
- Tamper-proof containers.
- Polyethylene or polypropylene containers.

### STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

The following materials had no OELs on our records

- carbenicillin sodium CAS4800-94-6

### PERSONAL PROTECTION



### RESPIRATOR

- Particulate. (AS/NZS 1716 & 1715, EN 1432000 & 1492001, ANSI Z88 or national equivalent)

### EYE

When handling very small quantities of the material eye protection may not be required.

For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs

- Chemical goggles
- Face shield. Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document,

describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

## HANDS/FEET

### NOTE

- The material may produce skin sensitization in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
  - Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.
- Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include
- frequency and duration of contact,
  - chemical resistance of glove material,
  - glove thickness and
  - dexterity
  - Rubber gloves (nitrile or low-protein, powder-free latex). Employees allergic to latex gloves should use nitrile gloves in preference.
  - Double gloving should be considered.
  - PVC gloves.
  - Protective shoe covers. [AS/NZS 2210]

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

### OTHER

- For quantities up to 500 grams a laboratory coat may be suitable.
- For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.
- For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.
- For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.

## ENGINEERING CONTROLS

■ Enclosed local exhaust ventilation is required at points of dust, fume or vapor generation.

HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapors.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### PHYSICAL PROPERTIES

Solid.

Mixes with water.

State	Divided solid	Molecular Weight	422.36
Melting Range (°F)	Not available	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	6.0-8.0
Decomposition Temp (°F)	Not available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available	Vapor Pressure (mmHG)	Negligible
Upper Explosive Limit (%)	Not available.	Specific Gravity (water=1)	Not available
Lower Explosive Limit (%)	Not available	Relative Vapor Density (air=1)	Not Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

### APPEARANCE

Crystalline powder; mixes with water (11.2), alcohol (125).

## Section 10 - CHEMICAL STABILITY

### CONDITIONS CONTRIBUTING TO INSTABILITY

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

### STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents

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

## Section 11 - TOXICOLOGICAL INFORMATION

carbenicillin sodium

### TOXICITY AND IRRITATION

■ Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.

Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitization potential the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitizing substance which is widely distributed can be a more important allergen than one with stronger sensitizing potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

## Section 12 - ECOLOGICAL INFORMATION

No data

### Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
carbenicillin sodium	HIGH	No Data Available	LOW	MED

## Section 13 - DISPOSAL CONSIDERATIONS

### Disposal Instructions

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

- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorized landfill.
- Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

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. In most instances the supplier of the material should be consulted.

- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.

- Where in doubt contact the responsible authority.
- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

## Section 14 - TRANSPORTATION INFORMATION

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

## Section 15 - REGULATORY INFORMATION

No data for carbenicillin sodium (CAS: , 4800-94-6)

## Section 16 - OTHER INFORMATION

### LIMITED EVIDENCE

■ Cumulative effects may result following exposure\*.

\* (limited evidence).

### Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
carbenicillin sodium	4800- 94- 6	R43

■ 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](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.

■ For detailed advice on Personal Protective Equipment, refer to the following U.S. Regulations and Standards:

OSHA Standards - 29 CFR:

1910.132 - Personal Protective Equipment - General requirements

1910.133 - Eye and face protection

1910.134 - Respiratory Protection

1910.136 - Occupational foot protection

1910.138 - Hand Protection

Eye and face protection - ANSI Z87.1

Foot protection - ANSI Z41

Respirators must be NIOSH approved.

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