

Cobalt(II) chloride hexahydrate

sc-203004



The Power is Question

Material Safety Data Sheet

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

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

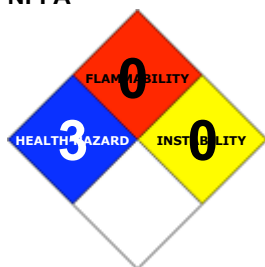
PRODUCT NAME

Cobalt(II) chloride hexahydrate

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

Used as absorbent for ammonia, gas masks, electroplating, sympathetic inks, hygrometers, manufacture of vitamin B12, flux for magnesium refining, solid lubricant, dye mordant, catalyst, in barometers. Also used as laboratory reagent, fertiliser additive and beer foam stabilizer, and in medicinal use.

SYNONYMS

Cl₂-Co, CoCl₂.xH₂O, "cobaltous chloride hexahydrate", "cobalt dichloride hexahydrate", "hydrated cobalt dichloride"

Section 2 - HAZARDS IDENTIFICATION

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful if swallowed.

Irritating to respiratory system.

Risk of serious damage to eyes.

May cause CANCER by inhalation.

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May cause SENSITIZATION by inhalation and skin contact.

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ Ingestion of acidic corrosives may produce burns around and in the mouth, the throat and esophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Swelling of the epiglottis may make it difficult to breathe which may result in suffocation. More severe exposure may result in vomiting blood and thick mucus, shock, abnormally low blood pressure, fluctuating pulse, shallow respiration and clammy skin, inflammation of stomach wall, and rupture of esophageal tissue. Untreated shock may eventually result in kidney failure. Severe cases may result in perforation of the stomach and abdominal cavity with consequent infection, rigidity and fever. There may be severe narrowing of the esophageal or pyloric sphincters; this may occur immediately or after a delay of weeks to years. There may be coma and convulsions, followed by death due to infection of the abdominal cavity, kidneys or lungs.

■ In toxic doses soluble cobalt salts produce stomach pain and vomiting, flushing of the face and ears, rash, ringing in the ears, nervous deafness and reduced blood flow to the extremities.

■ 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.

EYE

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

■ Direct eye contact with acid corrosives may produce pain, tears, sensitivity to light and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possibly irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply opaque resulting in blindness.

SKIN

■ Skin contact is not thought to produce harmful health effects (as classified using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

■ Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue.

■ 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.

■ Corrosive acids can cause irritation of the respiratory tract, with coughing, choking and mucous membrane damage. There may be dizziness, headache, nausea and weakness. Swelling of the lungs can occur, either immediately or after a delay; symptoms of this include chest tightness, shortness of breath, frothy phlegm and cyanosis. Lack of oxygen can cause death hours after onset.

■ 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.

■ Cobalt poisoning can cause inflammation of the terminal airways (bronchioles), and cause lethargy and death within hours.

■ Health hazards from welding fume containing cobalt are not well documented but there are well-known dangers associated with the processing of the substance by other techniques. Inhalation of the fume may result in shortness of breath, coughing and pneumonitis.

Hypersensitivity, involving lung changes, occurs in a small number of workers exposed to the fume; the symptoms disappear after exposure ends. Obliterative bronchiolitis adenomatosis has been produced in guinea pigs receiving intratracheal injections of 10 mg cobalt dust. Intratracheal administration of 12.5 mg/kg caused lethargy and death in rats in 15 minutes to 6 hours.

CHRONIC HEALTH EFFECTS

■ On the basis of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans.

■ Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

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.

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

Repeated or prolonged exposure to acids may result in the erosion of teeth, swelling and or ulceration of mouth lining. Irritation of airways to lung, with cough, and inflammation of lung tissue often occurs. Chronic exposure may inflame the skin or conjunctiva.

Inhalation of cobalt powder can induce asthma, chest tightness and chronic inflammation of the bronchi. Chronic exposure to cobalt causes increase in blood hemoglobin, increased production of cells in the blood marrow and thyroid gland, discharge from around the heart and damage to the alpha cells of the pancreas. Long-term administration has caused goiter (overactivity of the thyroid) and reduced thyroid

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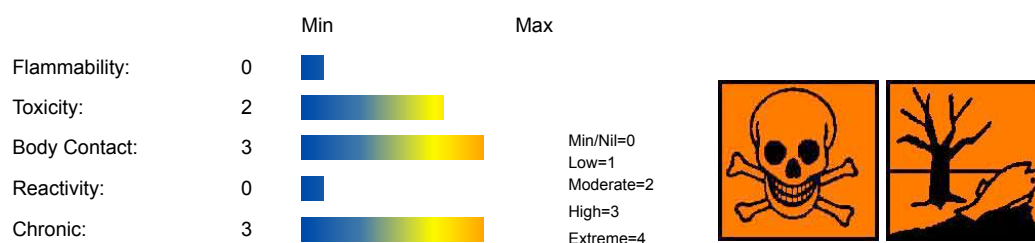
activity. Allergic inflammation of the skin may appear following exposure to cobalt, usually exhibited as red patches. Injection of cobalt can cause cancer at the site of entry.

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

Critical effects following overexposure are asthma, lung and cardiovascular system. [ACGIH]

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

HAZARD RATINGS



NAME	CAS RN	%
cobalt(II) chloride hexahydrate	7791-13-1	100

Section 4 - FIRST AID MEASURES

SWALLOWED

- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:
 - For advice, contact a Poisons Information Center or a doctor.
 - Urgent hospital treatment is likely to be needed.
 - If conscious, give water to drink.
 - INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.

EYE

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

SKIN

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

INHALED

■

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- 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.

Inhalation of vapors or aerosols (mists, fumes) may cause lung edema. Corrosive substances may cause lung damage (e.g. lung edema, fluid in the lungs). As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. This must definitely be left to a doctor or person authorized by him/her. (ICSC13719).

NOTES TO PHYSICIAN

- For acute or short term repeated exposures to strong acids:
 - Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
 - Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
 - Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
 - Strong acids produce a coagulation necrosis characterized by formation of a coagulum (eschar) as a result of the desiccating action of the acid on proteins in specific tissues.

INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- DO NOT attempt to neutralize the acid since exothermic reaction may extend the corrosive injury.
- Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- Charcoal has no place in acid management.
- Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

- Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
- Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

- Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjunctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralizing agents or any other additives. Several liters of saline are required.
- Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
- Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

[Ellenhorn and Barceloux: Medical Toxicology].

- Chronic exposures to cobalt and its compounds results in the so-called "hard metal pneumoconiosis" amongst industrial workers. The lesions consist of nodular conglomerate shadows in the lungs, together with peribronchial infiltration. The disease may be reversible. The acute form of the disease resembles a hypersensitivity reaction with malaise, cough and wheezing; the chronic form progresses to cor pulmonale.
- Chronic therapeutic administration may cause goiter and reduced thyroid activity.
- An allergic dermatitis, usually confined to elbow flexures, the ankles and sides of the neck, has been described.
- Cobalt cardiomyopathy may be diagnosed early by changes in the final part of the ventricular ECG (repolarisation). In the presence of such disturbances, the changes in carbohydrate metabolism (revealed by the glucose test) are of important diagnostic value.
- Treatment generally consists of a combination of Retabolil (1 injection per week over 4 weeks) and beta-blockers (average dose 60-80 mg Obsidan/24 hr). Potassium salts and diuretics have also proved useful.

BIOLOGICAL EXPOSURE INDEX (BEI)

Determinant	Sampling time	Index	Comments
Cobalt in urine	End of shift at end of workweek	15 ug/L	B
Cobalt in blood	End of shift at end of workweek	1 ug/L	B, SQ

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

SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.

Section 5 - FIRE FIGHTING MEASURES

Vapor Pressure (mmHg):	39.903 @ 770 degC
Upper Explosive Limit (%):	Not applicable

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Specific Gravity (water=1): 3.356
Lower Explosive Limit (%): Not applicable

EXTINGUISHING MEDIA

-
- DO NOT use halogenated fire extinguishing agents.
- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

-
- Alert Emergency Responders and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

-
- Non combustible.
- Not considered to be a significant fire risk.
- Acids may react with metals to produce hydrogen, a highly flammable and explosive gas.
- Heating may cause expansion or decomposition leading to violent rupture of rigid containers.
- May emit corrosive, poisonous fumes. May emit acrid smoke.

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

FIRE INCOMPATIBILITY

- None known.

PERSONAL PROTECTION

Glasses:

Chemical goggles.

Gloves:

Respirator:

Acid vapor Type B cartridge/ canister.

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.
- Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.
- Check regularly for spills and leaks.

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.

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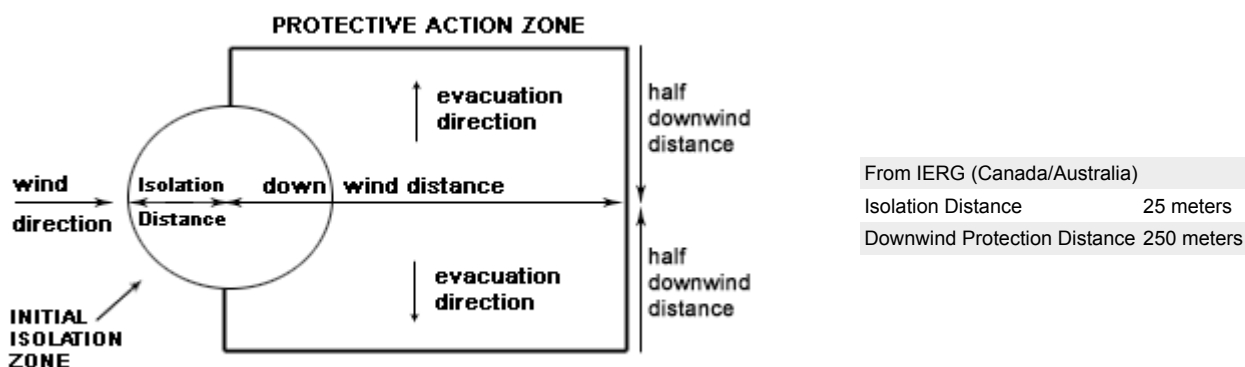


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- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labeled containers for recycling.
- Neutralize/decontaminate residue.
- Collect solid residues and seal in labeled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

PROTECTIVE ACTIONS FOR SPILL



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 154 is taken from the US DOT emergency response guide book.
- 6 IERG information is derived from CANUTEC - Transport Canada.

ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

- AEGL 1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.
- AEGL 2: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.
- AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.

Section 7 - HANDLING AND STORAGE

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PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- **WARNING:** To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

RECOMMENDED STORAGE METHODS

- DO NOT use aluminum or galvanized containers.

Check regularly for spills and leaks.

Glass container:

- Lined metal can, Lined metal pail/drum
- Plastic pail
- Polyliner drum
- Packing as recommended by manufacturer.
- Check all containers are clearly labeled and free from leaks.

For low viscosity materials

- Drums and jerricans must be of the non-removable head type.
- Where a can is to be used as an inner package, the can must have a screwed enclosure.

For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
- Cans with friction closures and
- low pressure tubes and cartridges may be used.

- Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting molded plastic box and the substances are not incompatible with the plastic.

STORAGE REQUIREMENTS

-
- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X

X

+

X

X

+

X: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

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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 - Washington Permissible exposure limits of air contaminants	cobalt(II) chloride hexahydrate (Cobalt, metal fume & dust (as Co))		0.05		0.15				
Canada - Yukon Permissible Concentrations for Airborne Contaminant Substances	cobalt(II) chloride hexahydrate (Cobalt metal, - dust and fume (as Co))		0.05	-	0.15				
US ACGIH Threshold Limit Values (TLV)	cobalt(II) chloride hexahydrate (Cobalt - Inorganic compounds (as Co))		0.02						TLV Basis: asthma; pulmonary function; myocardial effects. BEI
Canada - Alberta Occupational Exposure Limits	cobalt(II) chloride hexahydrate (Cobalt, elemental inorganic compounds, as Co)		0.02						
Canada - British Columbia Occupational Exposure Limits	cobalt(II) chloride hexahydrate (Cobalt and inorganic compounds, as Co)		0.02						2B
Canada - Quebec Permissible Exposure Values for Airborne Contaminants (English)	cobalt(II) chloride hexahydrate (Cobalt, elemental, and inorganic compounds (as Co))		0.02						
Canada - Saskatchewan Occupational Health and Safety Regulations - Contamination Limits	cobalt(II) chloride hexahydrate (Cobalt and inorganic compounds, (as Co))		0.02		0.06				T20
Canada - Nova Scotia Occupational Exposure Limits	cobalt(II) chloride hexahydrate (Cobalt - Inorganic compounds (as Co))		0.02						TLV Basis: asthma; pulmonary function; myocardial effects. BEI
Canada - Prince Edward Island Occupational Exposure Limits	cobalt(II) chloride hexahydrate (Cobalt - Inorganic compounds (as Co))		0.02						TLV Basis: asthma; pulmonary function; myocardial effects. BEI

MATERIAL DATA

COBALT(II) CHLORIDE HEXAHYDRATE:

■ In view of the serious effects seen in experimental animals after a relatively short exposure period at 0.1 mg/m³ the recommended TLV-TWA is thought to reduce the significant risk of material impairment of health posed by respiratory disease and pulmonary sensitization which have been shown to occur at higher levels of exposure. The value does not apply generally to cobalt compounds. A significant increase in the risk of lung cancer was reported among workers involved in cobalt production (with concomitant exposure to nickel and arsenic) and hard-metal workers with documented exposure to cobalt-containing dusts. A significant increase in lung cancer risk has been observed in workers whose exposure began more than 20 years previously. A number of single cases of malignant tumors, mostly sarcomas, have been reported at the site, following implant of cobalt-containing orthopedic implants. TRK: 0.5 mg/m³ (in the form of cobalt metal, cobalt oxide, and cobalt sulfide) during production of cobalt powder and catalysts: hard metal (tungsten carbide) and magnet production (processing of powder, machine pressing and mechanical processing of unsintered articles) : 0.1 mg/m³ (others) measured as inhalable fraction of the aerosol. The technical exposure limit, TRK (Technische Richtkonzentrationen), defines the airborne concentration of named carcinogenic materials which is the minimum possible given the state of current technologies. TRK values are assigned only for materials for which there is no current MAK (German exposure standard). Observance of the TRK value is intended to reduce the risk of adverse effects on health but does NOT completely eliminate it. Since no threshold doses can be determined for carcinogens, health considerations require that the exposure limits

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be kept as far as possible below the TRK and that the TRK value be gradually reduced. The limitation of exposure peaks is regulated as follows: Short-term exposure limit: 5 x TRK Short-term exposure duration: 15 min/average Frequency per work shift: 5 times Interval: 1 hour. Report No. 35 1999, Deutsche Forschungsgemeinschaft.

Epidemiological studies do not support a link between cobalt and abnormal growths (neoplasms) in humans. In view of the serious effects seen in experimental animals after a relatively short exposure period at 0.1 mg/m³ the recommended TLV-TWA is thought to reduce the significant risk of material impairment of health posed by respiratory disease and pulmonary sensitization which have been shown to occur at higher levels of exposure. The value does not apply generally to cobalt compounds. A significant increase in the risk of lung cancer was reported among workers involved in cobalt production (with concomitant exposure to nickel and arsenic) and hard-metal workers with documented exposure to cobalt-containing dusts. A significant increase in lung cancer risk has been observed in workers whose exposure began more than 20 years previously. A number of single cases of malignant tumors, mostly sarcomas, have been reported at the site, following implant of cobalt-containing orthopedic implants. TRK: 0.5 mg/m³ (in the form of cobalt metal, cobalt oxide, and cobalt sulfide) during production of cobalt powder and catalysts: hard metal (tungsten carbide) and magnet production (processing of powder, machine pressing and mechanical processing of unsintered articles) : 0.1 mg/m³ (others) measured as inhalable fraction of the aerosol. The technical exposure limit, TRK (Technische Richtkonzentrationen), defines the airborne concentration of named carcinogenic materials which is the minimum possible given the state of current technologies. TRK values are assigned only for materials for which there is no current MAK (German exposure standard). Observance of the TRK value is intended to reduce the risk of adverse effects on health but does NOT completely eliminate it. Since no threshold doses can be determined for carcinogens, health considerations require that the exposure limits be kept as far as possible below the TRK and that the TRK value be gradually reduced. The limitation of exposure peaks is regulated as follows: Short-term exposure limit: 5 x TRK Short-term exposure duration: 15 min/average Frequency per work shift: 5 times Interval: 1 hour. Report No. 35 1999, Deutsche Forschungsgemeinschaft.

PERSONAL PROTECTION



Consult your EHS staff for recommendations

EYE

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

HANDS/FEET

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber.

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

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

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

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.
- Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.

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- Eyewash unit.
- Ensure there is ready access to a safety shower.
-
- 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.

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

ENGINEERING CONTROLS

■ Local exhaust ventilation usually required. If risk of overexposure exists, wear an approved respirator. Correct fit is essential to obtain adequate protection an approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area.

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:
solvent, vapors, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
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 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 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

Mixes with water.

Cobalt(II) chloride hexahydrate

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The Power is Question

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

Corrosive.
Acid.

State	DIVIDED SOLID	Molecular Weight	237.94
Melting Range (°F)	188.6	Viscosity	Not Applicable
Boiling Range (°F)	1920.2 anhyd.	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not applicable	pH (1% solution)	4.2 @ 0.2M
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not applicable	Vapor Pressure (mmHg)	39.903 @ 770 degC
Upper Explosive Limit (%)	Not applicable	Specific Gravity (water=1)	3.356
Lower Explosive Limit (%)	Not applicable	Relative Vapor Density (air=1)	Not applicable
Volatile Component (%vol)	Not applicable	Evaporation Rate	Not applicable

APPEARANCE

Odourless, pink to red monoclinic crystals. Slightly deliquescent. Solubility 767 g/L cold, 1907 g/L hot water. Proposed structure $[\text{CoCl}_2(\text{H}_2\text{O})_4] \cdot 2\text{H}_2\text{O}$. On heating the salt loses $4\text{H}_2\text{O}$ @ 52-56 degC to form the dihydrate [CAS RN 16544-92-6] as violet-blue crystals, density 2.477. The dihydrate is stable unless exposed directly to moisture. Another H_2O is lost at 100 degC giving the monohydrate, a violet coloured, hygroscopic amorphous solid or needle crystals, [CAS RN 69098-14-2]. Last H_2O is lost at 120-140 degC. An aqueous solution of the hexahydrate is coloured pink to red, but turns bluish when heated or acid added.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Contact with alkaline material liberates heat
- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerization will not occur.

STORAGE INCOMPATIBILITY

- Inorganic acids are generally soluble in water with the release of hydrogen ions. The resulting solutions have pH's of less than 7.0.
- Inorganic acids neutralize chemical bases (for example: amines and inorganic hydroxides) to form salts.
- Neutralization can generate dangerously large amounts of heat in small spaces.
- The dissolution of inorganic acids in water or the dilution of their concentrated solutions with additional water may generate significant heat.
- The addition of water to inorganic acids often generates sufficient heat in the small region of mixing to cause some of the water to boil explosively. The resulting "bumping" can spatter the acid.
- Inorganic acids react with active metals, including such structural metals as aluminum and iron, to release hydrogen, a flammable gas.
- Inorganic acids can initiate the polymerization of certain classes of organic compounds.
- Inorganic acids react with cyanide compounds to release gaseous hydrogen cyanide.
- Inorganic acids generate flammable and/or toxic gases in contact with dithiocarbamates, isocyanates, mercaptans, nitrides, nitriles, sulfides, and strong reducing agents. Additional gas-generating reactions occur with sulfites, nitrites, thiosulfates (to give H_2S and SO_3), dithionites (SO_2), and even carbonates.
- Acids often catalyze (increase the rate of) chemical reactions.
- 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.

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

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Section 11 - TOXICOLOGICAL INFORMATION

cobalt(II) chloride hexahydrate

TOXICITY AND IRRITATION

■ unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY	IRRITATION
Oral (rat) LD50: 80 mg/kg	Skin - Irritant
Oral (Rat) LD50: 766 mg/kg	Eye - Irritant

Intraperitoneal (Rat) LD50: 35 mg/kg [Merck]

■ Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's edema. 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.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergic 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.

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, characterized 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.

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

Investigated as a tumorigen, mutagen and reproductive effector.

CARCINOGEN

Cobalt and cobalt compounds (NB: Evaluated as a group)	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group	2B
Cobalt - Inorganic compounds (as Co)	US ACGIH Threshold Limit Values (TLV) - Carcinogens	Carcinogen Category	A3
COBALT COMPOUNDS	US Environmental Defense Scorecard Suspected Carcinogens	Reference(s)	IARC, P65-MC

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

COBALT(II) CHLORIDE HEXAHYDRATE:

- Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
- Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

- 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

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HIGH

MODERATE

LOW

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 cobalt compounds:

Environmental Fate:

Cobalt strongly binds to humic substances naturally present in aquatic environments. Humic acids can be modified by UV light and bacterial decomposition, which may change their binding characteristics over time. The lability of the complexes is strongly influenced by pH, the nature of the humic material, and the metal-to-humic substance ratio. The lability of cobalt-humate complexes decreases in time ("aging effect"). The "aging effect" indicates that after a period of time (~12 hours), complexes that were initially formed are transformed into stronger ones from which the metal ion is less readily dislodged.

Between 45 and 100% of dissolved cobalt was found to occur in very strong complexes. The distribution coefficient of cobalt may vary considerably in the same sediment in response to conditions affecting the pH, redox conditions, ionic strength, and amount of dissolved organic matter. Uptake of ⁶⁰Co from the water by sediment increased rapidly as the pH was increased from 5 to 7-7.5 and then slightly decrease. Therefore, pH would be an important factor affecting the migration of cobalt in surface water. Uptake was little affected by changes in liquid-to-solids ratio and ionic strength. ⁶⁰Co is more mobile in anaerobic marine aquatic environments than in freshwater aerobic ones. In seawater sediment systems under anaerobic conditions ⁶⁰Co was 250 times more mobile than ⁶⁰Co in freshwater sediment systems under aerobic conditions. Under anaerobic conditions, 30% of the ⁶⁰Co added to a sediment-freshwater system was "exchangeable" and therefore potentially mobile, while under aerobic conditions, 98% of the ⁶⁰Co was permanently fixed. Most of the mobile ⁶⁰Co produced under anaerobic conditions in seawater consisted of nonionic cobalt associated with low molecular weight organic substances that were stable to changes in pH; the exchangeable ⁶⁰Co appeared to be mostly ionic.

The mobility of cobalt in soil is inversely related to how strongly it is adsorbed by soil constituents. Cobalt may be retained by mineral oxides such as iron and manganese oxide, crystalline materials such as aluminosilicate and goethite, and natural organic substances in soil. Sorption of cobalt to soil occurs rapidly (within 1-2 hours). Soil-derived oxide materials were found to adsorb greater amounts of cobalt than other materials examined, although substantial amounts were also adsorbed by organic materials.

Clay minerals sorbed relatively smaller amounts of cobalt. In addition, little cobalt was desorbed from soil oxides while substantial amounts desorbed from humic acids and montmorillonite. In clay soil, adsorption may be due to ion exchange at the cationic sites on clay with either simple ionic cobalt or hydrolysed ionic species such as CoOH⁺. Adsorption of cobalt onto iron and manganese increases with pH. In addition, as pH increases, insoluble hydroxides or carbonates may form, which would also reduce cobalt mobility. Conversely, sorption onto mobile colloids would enhance its mobility. In most soils, cobalt is more mobile than lead, chromium (II), zinc, and nickel, but less mobile than cadmium. In several studies, the K_d of cobalt in a variety of soils ranged from 0.2 to 3,800. The soil properties showing the highest correlation with K_d were exchangeable calcium, pH, water content, and cation exchange capacity. Organic complexing agents such as ethylenediaminetetraacetic acid (EDTA), which are used for decontamination operations at nuclear facilities, greatly enhance the mobility of cobalt in soil. Other organic complexing agents, such as those obtained from plant decay, may also increase cobalt mobility in soil. However, both types of complexes decrease cobalt uptake by plants. Addition of sewage sludge to soil also increases the mobility of cobalt, perhaps due to organic complexation of cobalt.

Cobalt may be taken up from soil by plants. Surface deposition of cobalt on leaves of plants from airborne particles may also occur. Elevated levels of cobalt have been found in the roots of sugar beets and potato tubers in soils with high cobalt concentrations (e.g., fly ash-amended soil) due to absorption of cobalt from soil. However, the translocation of cobalt from roots to above-ground parts of plants is not significant in most soils, as indicated by the lack of cobalt in seeds of barley, oats, and wheat grown in high-cobalt soil. However, in highly acidic soil (pH as low as 3.3), significantly higher than normal concentrations of cobalt were found in rye grass foliage, oats, and barley. For example, cobalt concentrations in rye grass grown in unlimed soil (pH<5.0) was 19.7 mg/kg compared with 1.1 mg/kg in rye grass grown in limed soil (pH>5.0). Soil and plant samples taken in the 30-km zone around Chernobyl indicated that ⁶⁰Co was not accumulated by plants and mushrooms. Studies investigating the uptake of ⁶⁰Co by tomato plants watered with ⁶⁰Co contaminated water showed that tomato plants absorbed <2% of the activity available from the soil.

⁶⁰Co is taken up by phytoplankton and unicellular algae (*Senenastrium capricornutum*) with concentration factors (dry weight) ranging from 15,000 to 40,000 and 2,300 to 18,000, respectively. Elimination experiments with the algae indicate a two component biological half-life, 1 hour and 11 days, respectively, and suggest that the cobalt might be absorbed not only on the surface, but also intracellularly. Since these organisms are at the bottom of the food chain, they could play an important role in the trophic transfer of ⁶⁰Co released into waterways by nuclear facilities. However, cobalt levels generally diminish with increasing trophic levels in a food chain. The low levels of cobalt in fish may also reflect cobalt's strong binding to particles and sediment. The bioaccumulation factors (dry weight basis) for cobalt in marine and freshwater fish are ~100-4,000 and <10-1,000, respectively; accumulation in the muscle of marine fish is 5- 500.

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Cobalt largely accumulates in the viscera and on the skin, as opposed to the edible parts of the fish. In carp, accumulation from water accounted for 75% of ^{60}Co accumulated from both water and food; accumulation from water and food was additive. Depuration half-lives were 53 and 87 days for fish contaminated from food and water, respectively. In the case of an accidental release of ^{60}Co into waterways, the implication is that effects would manifest themselves rapidly since the primary route of exposure is from water rather than food. Uptake of ^{60}Co was very low in whitefish, with concentrations being highest in kidney and undetectable in muscle. Similarly, while accumulation of ^{60}Co by carp from food was dependent on food type, the transfer factor was very low, approximately 0.01, and no long-term bioaccumulation of the radionuclide occurred.

Concentration factors have also been reported for various other aquatic organisms. Freshwater mollusks have concentration factors of 100-14,000 (~1-300 in soft tissue). Much of the cobalt taken up by mollusks and crustaceae from water or sediment is adsorbed to the shell or exoskeleton; very little cobalt is generally accumulated in the edible parts. A concentration factor for ^{60}Co of 265 mL/g (wet weight) was determined for *Daphnia magna* in laboratory studies. The rapid decrease in radioactivity during the depuration phase indicated that adsorption to the surface was the major contamination process. However, the digestive glands of crustaceans, which are sometimes eaten by humans, may accumulate high levels of ^{60}Co . The shell accounted for more than half of the body burden. Among the soft tissue, the gills and viscera had the highest concentrations factors and the muscle had the lowest.

In mussels, higher absorption efficiencies and lower efflux rates were obtained for cobalamins than for inorganic cobalt, suggesting that it is a more bioavailable form of cobalt.

Vitamin B12, which contains cobalt, is synthesized by 58 species of seven genera of bacteria as well as blue-green algae and actinomycetes (mold-like bacteria). Consequently, vitamin B12 levels in marine water range from very low levels in some open ocean water to much higher levels in some coastal waters. Freshwater environments have comparable levels of vitamin B12. The high level of cobalamins in coastal water appears to be related to the occurrence of macrophytes in these areas with their high concentrations of vitamin B12. Cobalamins are released into the water when the organisms die.

Some female birds sequester metals into their eggs under certain conditions, a phenomenon that may jeopardize the developing embryos.

- Prevent, by any means available, spillage from entering drains or watercourses.
- DO NOT discharge into sewer or waterways.

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
cobalt(II) hexahydrate	chloride HIGH		LOW	HIGH

Section 13 - DISPOSAL CONSIDERATIONS

US EPA Waste Number & Descriptions

A. General Product Information

Corrosivity characteristic: use EPA hazardous waste number D002 (waste code C)

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.

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.
- Filter off sulfide solids for recovery or disposal to approved land-fill.
- Destroy excess sulfide in solution with, for example, sodium hypochlorite, neutralize, and flush to sewer (subject to local regulation).
- 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.
- Treat and neutralize at an approved treatment plant.
- Treatment should involve: Mixing or slurring in water Neutralization with soda-lime or soda-ash followed by: Burial in a licensed land-fill or Incineration in a licensed apparatus (after admixture with suitable combustible material)

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- Decontaminate empty containers with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION



DOT:

Symbols:	None	Hazard class or Division:	8
Identification Numbers:	UN3260	PG:	II
Label Codes:	8	Special provisions:	IB8, IP2, IP4, T3, TP33
Packaging: Exceptions:	154	Packaging: Non-bulk:	212
Packaging: Exceptions:	154	Quantity limitations: Passenger aircraft/rail:	15 kg
Quantity Limitations: Cargo aircraft only:	50 kg	Vessel stowage: Location:	B
Vessel stowage: Other:	None		

Hazardous materials descriptions and proper shipping names:
Corrosive solid, acidic, inorganic, n.o.s.

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	None
UN/ID Number:	3260	Packing Group:	II
Special provisions:	A3		

Shipping Name: CORROSIVE SOLID, ACIDIC, INORGANIC, N.O.S. *(CONTAINS COBALT(II) CHLORIDE HEXAHYDRATE)

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	3260	Packing Group:	II
EMS Number:	F-A,S-B	Special provisions:	274 944

Limited Quantities: 1 kg

Shipping Name: CORROSIVE SOLID, ACIDIC, INORGANIC, N.O.S.(contains cobalt(II) chloride hexahydrate)

Section 15 - REGULATORY INFORMATION

cobalt(II) chloride hexahydrate (CAS: 7791-13-1,1332-82-7) is found on the following regulatory lists;

"Canada Toxicological Index Service - Workplace Hazardous Materials Information System - WHMIS (English)", "Canada Toxicological Index Service - Workplace Hazardous Materials Information System - WHMIS (French)", "US DOE Temporary Emergency Exposure Limits (TEELs)"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation may produce health damage*.
- Cumulative effects may result following exposure*.

* (limited evidence).

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Ingredients with multiple CAS Nos

Ingredient Name	CAS
cobalt(II) chloride hexahydrate	7791-13-1, 1332-82-7

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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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Issue Date: Apr-26-2009

Print Date: May-6-2010