

# Potassium bromide

sc-203348



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

Potassium bromide

### 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

KBr, BrK, "bromide, potassium salt"

## Section 2 - HAZARDS IDENTIFICATION

### CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability:	0	
Toxicity:	2	
Body Contact:	2	
Reactivity:	0	
Chronic:	3	

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



### CANADIAN WHMIS SYMBOLS



## EMERGENCY OVERVIEW

### RISK

Irritating to eyes, respiratory system and skin.  
Harmful to aquatic organisms.

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

- Accidental ingestion of the material may be damaging to the health of the individual.
- Acute potassium poisoning after swallowing is rare, because vomiting usually occurs and renal excretion is fast. Potassium causes a slow, weak pulse, irregularities in heart rhythm, heart block and an eventual fall in blood pressure. Breathing initially becomes faster but the muscles of breathing eventually become paralyzed. There can be loss of appetite, extreme thirst, increased volumes of urine, fever, convulsions and gastric disturbances; death may then occur due to failure of breathing and inflammation of the stomach and bowel.
- Bromide poisoning causes intense vomiting so the dose is often removed. Effects include drowsiness, irritability, inco-ordination, vertigo, confusion, mania, hallucinations and coma. Other effects include skin rash, nervous system symptoms, sensory disturbances and increased spinal fluid pressure. They have been used as sedatives and depress the central nervous system. Toxicity is increased if dietary chloride is reduced. Repeated ingestion can cause a syndrome with acne, confusion, irritability, tremor, memory loss, weight loss, headache, slurred speech, delusions, stupor, psychosis and coma.

##### EYE

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

##### SKIN

- This material can cause inflammation of the skin on contact 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.
- 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.

#### 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.

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused by particles less than 0.5 micron penetrating and remaining in the lung. Prime symptom is breathlessness; lung shadows show on X-ray.

Chronic intoxication with ionic bromides, historically, has resulted from medical use of bromides but not from environmental or occupational exposure; depression, hallucinosis, and schizophreniform psychosis can be seen in the absence of other signs of intoxication. Bromides may also induce sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness (aphasias), dysarthria, weakness, fatigue, vertigo, stupor, coma, decreased appetite, nausea and vomiting, diarrhoea, hallucinations, an acne like rash on the face, legs and trunk, known as bronchoderma (seen in 25-30% of case involving bromide ion), and a profuse discharge from the nostrils (coryza). Ataxia and generalised hyperreflexia have also been observed. Correlation of neurologic symptoms with blood levels of bromide is inexact. The use of substances such as brompheniramine, as antihistamines, largely reflect current day usage of bromides; ionic bromides have been largely withdrawn from therapeutic use due to their toxicity. Several cases of foetal abnormalities have been described in mothers who took large doses of bromides during pregnancy.

Chronic exposure also effects the central nervous system causing depression, drowsiness, mental instability, headache, coma, muscular weakness, endocrine effects and depression of the heart.

Pregnant women exposed to bromide poisoning may pass on symptoms to their offspring.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
potassium bromide	7758-02-3	>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.

- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.

#### EYE

■ If this product comes in contact with the eyes:

- Wash out immediately with fresh running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

#### SKIN

■ If skin contact occurs:

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

#### INHALED

■

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

#### NOTES TO PHYSICIAN

■ Treatment of intoxication by the bromide ion includes hydration, the maintenance of mild water diuresis, and sodium, or even better, ammonium chloride (10-15 gm. daily in divided doses) with an osmotic or high ceiling diuretic. Hemodialysis may be of value. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products] In acute poisoning the stomach should be emptied by aspiration and lavage and sodium chloride given by intravenous infusion. Dextrose has also been administered and frusemide may be given to aid diuresis. In severe cases of bromide intoxication or when usual treatments cannot be used hemodialysis or peritoneal dialysis may be of value. [MARTINDALE: The Extra Pharmacopoeia].

For potassium intoxications:

- Hyperkalemia, in patients with abnormal renal function, results from reduced renal excretion following intoxication.
- The presence of electrocardiographic evidence of hyperkalemia or serum potassium levels exceeding 7.5 mE/L indicates a medical emergency requiring an intravenous line and constant cardiac monitoring.
- The intravenous ingestion of 5-10 ml of 10% calcium gluconate, in adults, over a 2 minute period antagonizes the cardiac and neuromuscular effects. The duration of action is approximately 1 hours.

[Ellenhorn and Barceloux: Medical Toxicology].

## Section 5 - FIRE FIGHTING MEASURES

Vapor Pressure (mmHg):	0.975 @ 795 C
Upper Explosive Limit (%):	Not applicable
Specific Gravity (water=1):	2.75 @ 25 C
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.
- 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, however containers may burn. Decomposition may produce toxic fumes of: hydrogen bromide, 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

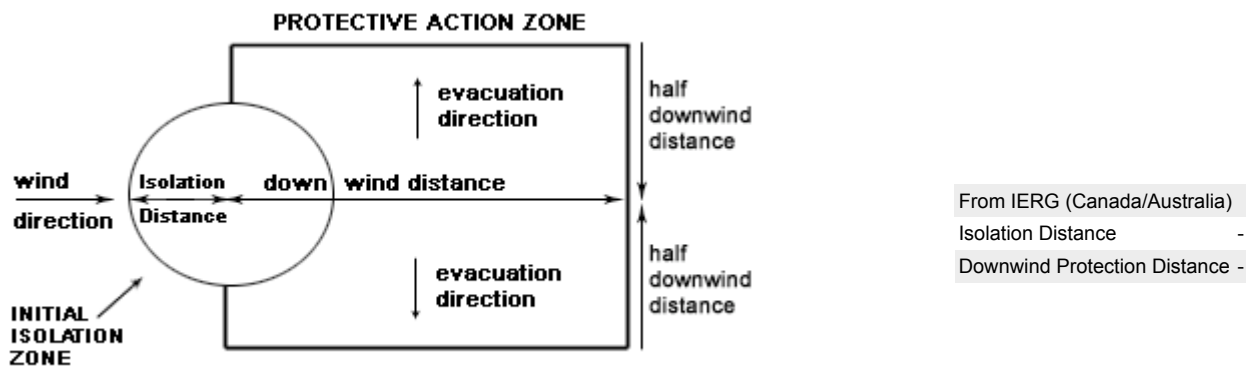
### MINOR SPILLS

- 
- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable, labelled container for waste disposal.

### MAJOR SPILLS

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

### PROTECTIVE ACTIONS FOR SPILL



From US Emergency Response Guide 2000 Guide No guide found.

### 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 No guide found. is taken from the US DOT emergency response guide book.

6 IERG information is derived from CANUTEC - Transport Canada.

### ACUTE EXPOSURE GUIDELINE LEVELS (AEG1) (in ppm)

AEG1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could

experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.

AEGL 2: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.

AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

- 
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- 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

- 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.
- 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: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m <sup>3</sup>	STEL ppm	STEL mg/m <sup>3</sup>	Peak ppm	Peak mg/m <sup>3</sup>	TWA F/CC	Notes
US - Oregon Permissible Exposure Limits (Z-3)	potassium bromide (Inert or Nuisance Dust: Total dust)		10						(d)

US OSHA Permissible Exposure Levels (PELs) - Table Z3	potassium bromide (Inert or Nuisance Dust: (d) Respirable fraction)	5	
US OSHA Permissible Exposure Levels (PELs) - Table Z3	potassium bromide (Inert or Nuisance Dust: (d) Total dust)	15	
US - Hawaii Air Contaminant Limits	potassium bromide (Particulates not other wise regulated - Total dust)	10	
US - Hawaii Air Contaminant Limits	potassium bromide (Particulates not other wise regulated - Respirable fraction)	5	
US - Oregon Permissible Exposure Limits (Z-3)	potassium bromide (Inert or Nuisance Dust: Respirable fraction)	5	(d)
US ACGIH Threshold Limit Values (TLV)	potassium bromide (Particles (Insoluble or Poorly Soluble) [NOS] Inhalable particles)	10	See Appendix B current TLV/BEI Book
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	potassium bromide (Particulates not otherwise regulated Respirable fraction)	5	
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	potassium bromide (Particulates not otherwise regulated (PNOR)(f)-Respirable fraction)	5	
US - Michigan Exposure Limits for Air Contaminants	potassium bromide (Particulates not otherwise regulated, Respirable dust)	5	
Canada - Prince Edward Island Occupational Exposure Limits	potassium bromide (Particles (Insoluble or Poorly Soluble) [NOS] Inhalable particles)	10	See Appendix B current TLV/BEI Book

## MATERIAL DATA

### POTASSIUM BROMIDE:

■ It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

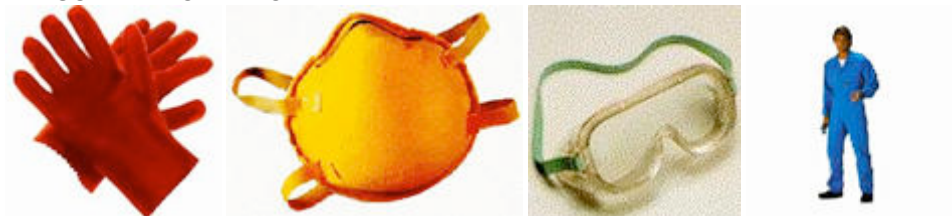
NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

## PERSONAL PROTECTION



Consult your EHS staff for recommendations

## EYE

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

## HANDS/FEET

- Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:
  - frequency and duration of contact,
  - chemical resistance of glove material,
  - glove thickness and
  - dexterity

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

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

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

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

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

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

## OTHER

- - Overalls.
  - P.V.C. apron.
  - Barrier cream.
  - Skin cleansing cream.
  - Eye wash unit.
- - Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
  - The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
  - Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory . These may be government mandated or vendor recommended.
  - Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
  - Use approved positive flow mask if significant quantities of dust becomes airborne.
  - Try to avoid creating dust conditions.

## RESPIRATOR

Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
10 x PEL	P1	-	PAPR-P1
	Air-line*	-	-
50 x PEL	Air-line**	P2	PAPR-P2
100 x PEL	-	P3	-
	-	Air-line*	-
100+ x PEL	-	Air-line**	PAPR-P3

\* - Negative pressure demand \*\* - Continuous flow

Explanation of Respirator Codes:

Class 1 low to medium absorption capacity filters.

Class 2 medium absorption capacity filters.

Class 3 high absorption capacity filters.

PAPR Powered Air Purifying Respirator (positive pressure) cartridge.

Type A for use against certain organic gases and vapors.

Type AX for use against low boiling point organic compounds (less than 65°C).

Type B for use against certain inorganic gases and other acid gases and vapors.

Type E for use against sulfur dioxide and other acid gases and vapors.

Type K for use against ammonia and organic ammonia derivatives

Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.

Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.

Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

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

## ENGINEERING CONTROLS

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered.

Such protection might consist of:

- particle dust respirators, if necessary, combined with an absorption cartridge;
- filter respirators with absorption cartridge or canister of the right type;
- fresh-air hoods or masks

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:
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favorable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### PHYSICAL PROPERTIES

Solid.

Mixes with water.

State	Divided solid	Molecular Weight	119.00
Melting Range (°F)	1346- 1353.2	Viscosity	Not Applicable
Boiling Range (°F)	2516- 2615	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not Applicable	pH (1% solution)	Approx. 7
Decomposition Temp (°F)	Not available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not applicable	Vapor Pressure (mmHg)	0.975 @ 795 C
Upper Explosive Limit (%)	Not applicable	Specific Gravity (water=1)	2.75 @ 25 C
Lower Explosive Limit (%)	Not applicable	Relative Vapor Density (air=1)	Not applicable.
Volatile Component (%vol)	Not applicable	Evaporation Rate	Not applicable

### APPEARANCE

Colourless crystal, white granules or powder. Odourless. Pungent, bitter taste. Slightly hygroscopic. Soluble in water (1gm in 1.5ml), slightly soluble in alcohol, glycerol and ether.

## Section 10 - CHEMICAL STABILITY

### CONDITIONS CONTRIBUTING TO INSTABILITY

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



## STORAGE INCOMPATIBILITY

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.

Avoid reaction with oxidizing agents.

Avoid strong acids.

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

## Section 11 - TOXICOLOGICAL INFORMATION

potassium bromide

### TOXICITY AND IRRITATION

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

TOXICITY	IRRITATION
Oral (human) LDLo: 500 mg/kg*	Nil Reported
Oral (rat) LDLo: 250 mg/kg* *[Manufacturers]	

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.

### CARCINOGEN

BROMINE COMPOUNDS (ORGANIC OR INORGANIC)	US Environmental Defense Scorecard Suspected Carcinogens	Reference(s) P65-MC
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## Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

POTASSIUM BROMIDE:

Harmful to aquatic organisms.

Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. Environmental processes (such as oxidation and the presence of acids or bases) may transform insoluble metals to more soluble ionic forms. Microbiological processes may also transform insoluble metals to more soluble forms. Such ionic species may bind to dissolved ligands or sorb to solid particles in aquatic or aqueous media. A significant proportion of dissolved/ sorbed metals will end up in sediments through the settling of suspended particles. The remaining metal ions can then be taken up by aquatic organisms.

When released to dry soil most metals will exhibit limited mobility and remain in the upper layer; some will leach locally into ground water and/ or surface water ecosystems when soaked by rain or melt ice. Environmental processes may also be important in changing solubilities.

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

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

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

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

Environmental processes may enhance bioavailability.

Bromide ion may be introduced to the environment after the dissociation of various salts and complexes or the degradation of organobromide compounds.

Although not a significant toxin in mammalian or avian systems it is highly toxic to rainbow trout and Daphnia magna. Bromides may also affect the growth of micro-organisms and have been used for this purpose in industry.

Bromides in drinking water are occasionally subject to disinfection processes involving ozone or chlorine. Bromide may be oxidised to produce hypobromous acid which in turn may react with natural organic matter to form brominated compounds. The formation of bromoform has been well documented, as has the formation of bromoacetic acids, bromopicrin, cyanogen bromide, and bromoacetone. Bromates may also be formed following ozonation or chlorination if pH is relatively high. Bromates may be animal carcinogens.

DO NOT discharge into sewer or waterways.

### Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
potassium bromide	HIGH		LOW	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.

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

## Section 14 - TRANSPORTATION INFORMATION

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

## Section 15 - REGULATORY INFORMATION



### REGULATIONS

**potassium bromide (CAS: 7758-02-3) is found on the following regulatory lists;**

"Canada Domestic Substances List (DSL)", "Canada Ingredient Disclosure List (SOR/88-64)", "Canada Toxicological Index Service - Workplace Hazardous Materials Information System - WHMIS (English)", "Canada Toxicological Index Service - Workplace Hazardous Materials Information System - WHMIS (French)", "International Council of Chemical Associations (ICCA) - High Production Volume List", "OECD Representative List of High Production Volume (HPV) Chemicals", "US DOE Temporary Emergency Exposure Limits (TEELs)", "US Food Additive Database", "US Toxic Substances Control Act (TSCA) - Inventory"

## Section 16 - OTHER INFORMATION

### LIMITED EVIDENCE

- Ingestion may produce health damage\*.
- Cumulative effects may result following exposure\*.
- May be harmful to the fetus/ embryo\*.

\* (limited evidence).

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

A list of reference resources used to assist the committee may be found at:  
[www.chemwatch.net/references](http://www.chemwatch.net/references).

- The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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