

Cyproheptadine hydrochloride

sc-203557



The Power is Question

Material Safety Data Sheet

Hazard Alert Code
Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

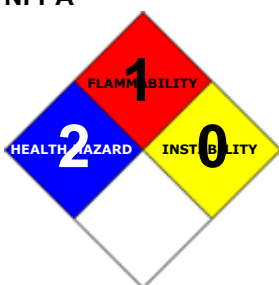
PRODUCT NAME

Cyproheptadine hydrochloride

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

■ CAUTION: Antihistamines may cause drowsiness and dulling of mental alertness. Patients undergoing treatment with these drugs should not take charge of a vehicle, other means of transportation or machinery where loss of attention may lead to an accident. Patients should abstain from alcohol. Antihistamine with anticholinergic and pronounced serotonin-antagonising properties. Has been used as a appetite stimulant and for treatment of vascular headaches. Normally taken by mouth.

SYNONYMS

C21-H21-N.HCl, "cyproheptadiene hydrochloride", "4-(5-dibenzo[a, e]cycloheptatrienylidene)piperidine hydrochloride", "4-(5-dibenzo[a, e]cycloheptatrienylidene)piperidine hydrochloride", "1-methyl-4-(5-dibenzo[a, e]cycloheptatrienylidene)piperidine hydrochloride", "1-methyl-4-(5-dibenzo[a, e]cycloheptatrienylidene)piperidine hydrochloride", "piperidine, 4-(5H-dibenzo[a, d]cyclohepten-5-ylidene)-1-methyl", "piperidine, 4-(5H-dibenzo[a, d]cyclohepten-5-ylidene)-1-methyl", hydrochloride, Nuran, "Periactin Hydrochloride", Periactinol, Peritol, "VUFB 3511", antihistamine, "5-HT2/5-HT1c antagonist; histamine H1 antagonist.", "5-HT2/5-HT1c antagonist; histamine H1 antagonist."

Section 2 - HAZARDS IDENTIFICATION

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful if swallowed.

Irritating to eyes.

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

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.
- Antihistamines have side effects such as sedation, stomach upset (nausea, vomiting, diarrhea or constipation), blurred vision, ringing in the ears, mood changes, irritability, nightmares, loss of appetite, difficulty urinating, dry mouth, chest tightness and tingling, heaviness and weakness in the hands, nervousness, restlessness, irritability, feeling of well-being, disturbed eye movements, difficulties moving the face, "pins and needles", palpitations, faintness, increased heart rate, uncommonly irregular heart rhythms, lung swelling, and disturbed sleep and dreaming. Treatment may cause side effects within 15 minutes including a dry mouth and throat, blocked nose, wheeze, thick phlegm, fever, sweating, smell disturbances, skin flushing, double vision and dilated pupils. Central nervous system depression may cause drowsiness, dizziness, lethargy, fatigue, loss of alertness and concentration, inco-ordination, absence of breathing, stupor and coma. Sometimes stimulation occurs after depression, and causes excitement, anxiety, jerky eye movements, involuntary movements of extremities, tremors, hallucinations, delirium, psychosis, and convulsions. There may be a characteristic spastic posture or loss of tone, inability to sit still with jerking, and parkinsons-like shaking. Allergy-like symptoms with skin reactions can occur in 6-12 hours.
- Central nervous system (CNS) depression may include general discomfort, symptoms of giddiness, headache, dizziness, nausea, anaesthetic effects, slowed reaction time, slurred speech and may progress to unconsciousness. Serious poisonings may result in respiratory depression and may be fatal.

EYE

- There is evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Severe inflammation may be expected with pain. There may be damage to the cornea. Unless treatment is prompt and adequate there may be permanent loss of vision. Conjunctivitis can occur following repeated exposure.

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.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

- The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
- Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.
- Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

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 limited evidence that, skin contact with this product is more likely to cause a sensitization reaction in some persons compared to the general population.

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.

Long-term use of antihistamines can cause sugar in the urine, obstructive jaundice, skin discoloration associated with loss of platelets, early periods, loss of milk production, breast development in males and decreased sex drive. Disturbances in the blood include anemia, loss of white blood cells and platelets. Allergic reactions include fever, eczema, red wheal and blistering, a measles-like or scarlet-fever like rash, itching, sensitivity to light, swelling of the extremities, throat and other areas, asthma, lupus-like symptoms and anaphylactic shock. Prolonged use may cause difficulty in moving the muscles of the face. Withdrawing the drug generally improves these effects.

Wide area external application of antihistamines can cause various side effects, including sensitization and eczema.

Prolonged exposure may produce nausea, dizziness and headache, haematological effects, dermatitis, central nervous system depression.

[Sigma/ Aldrich]

Chronic toxicity studies in dogs at doses of 10 mg/kg produced no toxic effects other than a slight depression in weight gain. In developmental studies in rats, the material was foetotoxic at extremely high doses. In fertility studies, it caused no adverse effects. In the a battery of genotoxic assays, the material produced only negative results.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

HAZARD RATINGS

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

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



NAME	CAS RN	%
cyproheptadine hydrochloride	969-33-5	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

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

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

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

EYE

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

SKIN

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

INHALED

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

NOTES TO PHYSICIAN

- In severe overdose of antihistamines, the stomach should be emptied by aspiration and lavage. Emetics should not be used. The patient should be kept quiet to minimize excitement. Convulsions should be controlled with intravenous diazepam. Forced diuresis is of little value since antihistamines are rapidly metabolized and only a trace is recovered in the urine. MARTINDALE: The Extra Pharmacopoeia; 28th Edition.

Section 5 - FIRE FIGHTING MEASURES

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

EXTINGUISHING MEDIA

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

-
- Combustible solid which burns but propagates flame with difficulty.

- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), hydrogen chloride, phosgene, nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.
May emit poisonous fumes.

FIRE INCOMPATIBILITY

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

PERSONAL PROTECTION

Glasses:

Chemical goggles.

Gloves:

Respirator:

Particulate

Section 6 - ACCIDENTAL RELEASE MEASURES

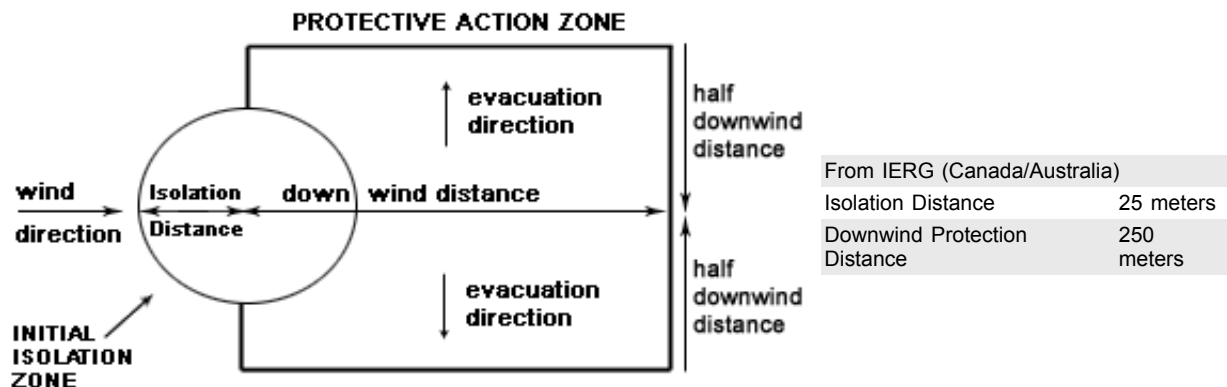
MINOR SPILLS

-
- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
- Dampen with water to prevent dusting before sweeping.
- Place in suitable containers for disposal.

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.
- Prevent, by any means available, spillage from entering drains or water course.
- 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 151 is taken from the US DOT emergency response guide book.

6 IERG information is derived from CANUTEC - Transport Canada.

ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

AEGL 1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.

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

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.

- Do NOT cut, drill, grind or weld such containers
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

RECOMMENDED STORAGE METHODS

- Glass container.
- 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, there must be sufficient inert cushioning material in contact with inner and outer packages * . - In addition, where inner packagings are glass and contain liquids of packing group I and II there must be sufficient inert absorbent to absorb any spillage *. - * 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: 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

The following materials had no OELs on our records

- cyproheptadine hydrochloride: CAS:969-33-5 CAS:41354-29-4

MATERIAL DATA

CYPROHEPTADINE HYDROCHLORIDE:

■ 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.

Airborne particulate or vapor must be kept to levels as low as is practically achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

CEL TWA: 0.2 mg/m³ (Merck, Sharp and Dohme)

Following a single dose of 5 mg, peak plasma levels were found in normal healthy individuals after 6-9 hours. The estimated half-life is 13 hours. The most frequent side effects seen in patients treated with the material are sedation, tiredness and dryness of the mouth, nose and throat. An approximate no-effect level has been reported to be 2 mg. At this dose, an individual may occasionally experience mild drowsiness. An exposure control limit of 0.2 mg/m³ is calculated on the assumption that an individual breathes 10 m³ of air in an 8-hour day. At this level, a 2 mg dose will not be exceeded in an 8 hour day.

PERSONAL PROTECTION



Consult your EHS staff for recommendations

EYE

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

- Chemical goggles
- Face shield. Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

HANDS/FEET

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

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.

- Rubber gloves (nitrile or low-protein, powder-free latex). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Protective shoe covers.
- Head covering.

OTHER

-
- For quantities up to 500 grams a laboratory coat may be suitable.
- For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.
- For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.
- For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.
- Eye wash unit.
- Ensure there is ready access to an emergency shower.
- For Emergencies: Vinyl suit
-
- 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

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

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

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

The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.

Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. 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, 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 (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
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direct spray, 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.)
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Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable 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 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 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	323.87
Melting Range (°F)	485.6- 487.4 (sesqui)	Viscosity	Not Applicable
Boiling Range (°F)	Not applicable	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	Not available
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available	Vapour Pressure (mmHG)	Negligible
Upper Explosive Limit (%)	Not available.	Specific Gravity (water=1)	Not available
Lower Explosive Limit (%)	Not available	Relative Vapor Density (air=1)	>1
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

APPEARANCE

White, to slightly yellow, odourless, crystalline powder with slight bitter taste; does not mix well with water. (1:275). Soluble in alcohol (1:35), chloroform (1:16), methanol (1:1.5). Thermal stability: Closed bomb exotherm initiating at 225 C, magnitude 15 cal/g

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

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

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

cypheptadine hydrochloride

TOXICITY AND IRRITATION

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

TOXICITY	IRRITATION
Oral (rat) LD50: 295 mg/kg	Eye (rabbit): SEVERE *
Intraperitoneal (rat) LD50: 52.4 mg/kg	Skin (rabbit): non-irritating *
Subcutaneous (rat) LD50: >1000 mg/kg	
Oral (mouse) LD50: 69 mg/kg	
Oral (mouse) LD50: 123 mg/kg *	
Oral (mouse) LD50: 74.2 mg/kg	
Intraperitoneal (mouse) LD50: 55.3 mg/kg	
Subcutaneous (mouse) LD50: 107 mg/kg	

Intravenous (mouse) LD50: 23 mg/kg

Oral (g.pig) LD50: 216 mg/kg

■ 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.

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function.

Gastrointestinal changes, cholestatic jaundice, impaired liver function

tests, effects on fertility, foetotoxicity, specific developmental

abnormalities (endocrine system, homeostasis) recorded.

* Mercke, Sharp and Dohme

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

CYPROHEPTADINE HYDROCHLORIDE:

- 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.
- DO NOT discharge into sewer or waterways.

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
cyproheptadine hydrochloride	HIGH		LOW	LOW

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

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

! Puncture containers to prevent re-use and bury at an authorized landfill.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

DO NOT allow wash water from cleaning equipment to enter drains. Collect all wash water for treatment before disposal.

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licensed land-fill or Incineration in a licensed apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION



DOT:

Symbols:	None	Hazard class or Division:	6.1
Identification Numbers:	UN3249	PG:	III
Label Codes:	6.1	Special provisions:	T1, TP33
Packaging: Exceptions:	153	Packaging: Non-bulk:	213
Packaging: Exceptions:	153	Quantity limitations: Passenger aircraft/rail:	5 kg

Quantity Limitations: Cargo aircraft only: 5 kg Vessel stowage: Location: C

Vessel stowage: Other: 40

Hazardous materials descriptions and proper shipping names:

Medicine, solid, toxic, n.o.s.

Air Transport IATA:

ICAO/IATA Class: 6.1 ICAO/IATA Subrisk: None

UN/ID Number: 3249 Packing Group: III

Special provisions: A3

Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(CONTAINS CYPROHEPTADINE HYDROCHLORIDE)

Maritime Transport IMDG:

IMDG Class: 6.1 IMDG Subrisk: None

UN Number: 3249 Packing Group: III

EMS Number: F-A,S-A Special provisions: 221 223 944

Limited Quantities: 5 kg

Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(contains cyproheptadine hydrochloride)

Section 15 - REGULATORY INFORMATION

cyproheptadine hydrochloride (CAS: 969-33-5,41354-29-4) is found on the following regulatory lists;
"Canada Domestic Substances List (DSL)"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation may produce health damage*.
- Cumulative effects may result following exposure*.
- May produce discomfort of the respiratory system*.
- Possible skin sensitizer*.

* (limited evidence).

Ingredients with multiple CAS Nos

Ingredient Name	CAS
cyproheptadine hydrochloride	969-33-5, 41354-29-4

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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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