

Tetraethylammonium trifluoroacetate

sc-251178



The Power is Question

Material Safety Data Sheet

Hazard Alert Code
Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

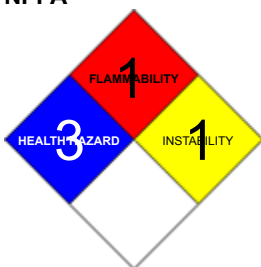
PRODUCT NAME

Tetraethylammonium trifluoroacetate

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Santa Cruz Biotechnology, Inc.
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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

C₁₀H₂₀F₃NO₂, (C₂H₅)₄N(CF₃CO₂), "ammonium, tetraethyl-, trifluoroacetate", "ethanaminium, N, N, N-triethyl-, trifluoroacetate", "tetraethyl ammonium fluoroacetate", "N, N, N-triethylethanaminium trifluoroacetate", "quaternary ammonium compound"

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	1	
Toxicity	2	
Body Contact	3	
Reactivity	1	
Chronic	2	

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



CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful if swallowed.

Causes burns.

Risk of serious damage to eyes.

Toxic to aquatic organisms.

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.

■ The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

■ Ingestion of acidic corrosives may produce burns around and in the mouth, the throat and oesophagus. 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 oesophageal 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 oesophageal 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.

■ Concentrated solutions of many cationics may cause corrosive damage to mucous membranes and the oesophagus. Nausea and vomiting (sometimes bloody) may follow ingestion. Serious exposures may produce an immediate burning sensation of the mouth, throat and abdomen with profuse salivation, ulceration of mucous membranes, signs of circulatory shock (hypotension, laboured breathing, and cyanosis) and a feeling of apprehension, restlessness, confusion and weakness. Weak convulsive movements may precede central nervous system depression. Erosion, ulceration, and petechial haemorrhage may occur through the small intestine with glottic, brain and pulmonary oedema. Death may result from asphyxiation due to paralysis of the muscles of respiration or cardiovascular collapse. Fatal poisoning may arise even when the only pathological signs are visceral congestion, swallowing, mild pulmonary oedema or varying signs of gastrointestinal irritation. Individuals who survive a period of severe hypertension may develop kidney failure. Cloudy swelling, patchy necrosis and fatty infiltration in such visceral organs as the heart, liver and kidneys shows at death.

■ The lethal dose of fluoroacetate in humans is 2-10 mg/kg. It is easily absorbed from the digestive system but symptoms of poisoning are delayed for up to a few hours. Their onset is usually insidious, and they include apprehension, auditory hallucinations, tingling sensation of the nose, facial twitching and numbness, and other central nervous system effects. Heart failure and depression of breathing and the vasomotor system can cause death.

EYE

■ The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

■ 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

■ The material can produce chemical burns following direct contact with the skin.

■ 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.

■ 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.

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

INHALED

■ If inhaled, this material can irritate the throat and lungs of some persons.

■ The material is not thought to produce adverse health effects following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

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

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

■ 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.

CHRONIC HEALTH EFFECTS

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

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.

Prolonged or repeated skin contact may cause degreasing with drying, cracking and dermatitis following.

Repeated occupational exposure to sodium fluoroacetate has been associated with kidney disease.

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.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
tetraethylammonium trifluoroacetate	30093-29-9	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- 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.
- Transport to hospital or doctor without delay.

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 Centre 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 or hair contact occurs

- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

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.
- Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.
- Corrosive substances may cause lung damage (e.g. lung oedema, 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 authorised by him/her. (ICSC13719).

NOTES TO PHYSICIAN

- For poisonings involving fluoroacetate
- Induce vomiting immediately if possible.
- Gastric lavage with tap water unless convulsions/ imminent convulsions make this impracticable.
- Instill into the stomach sodium or magnesium sulfate in water (15-30 gm).

- Although the clinical efficacy of monoacetin (glycerol monoacetate) is not established, it should probably be administered if available. The recommended dose is 0.5 ml/kg of undiluted fluid intramuscularly every half-hour for several hours and then at a reduced level for at least 12 hours. In the same dose monoacetin may also be given intravenously after dilution with 5 parts of sterile isotonic saline. No preparation of monoacetin is known to be available on the market. Usual commercial fluid contains free glycerin and assays at 70% at best. Even the use of nonsterile preparations must be considered. Injection may be expected to produce some sedation and vasodilation. Intramuscular injection sites must be varied because of local pain and oedema. Should parenteral administration be not feasible, the patient may drink a mixture of 100 ml of monoacetin in 500 ml water.
- If monoacetin is not available, acetamide or ethanol may be given in the same doses.
- A short-acting barbiturate drug or diazepam may be tried to control convulsions.
- Oxygen therapy and artificial ventilation as required.
- It is doubtful that digitalis is ever warranted. Parenteral procainamide or quinidine may be given a therapeutic trial but in experimental poisonings these drugs have proved less successful than monoacetin in controlling cardiac arrhythmias.
- If possible, monitor the electrocardiogram continuously and secure chest electrodes for external defibrillation if it becomes necessary.

[GOSSELIN, SMITH & HODGE Clinical Toxicology of Commercial Products 5th Ed].

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 characterised 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 neutralise 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 neutralising agents or any other additives. Several litres 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].

For exposures to quaternary ammonium compounds;

- For ingestion of concentrated solutions (10% or higher) Swallow promptly a large quantity of milk, egg whites / gelatin solution. If not readily available, a slurry of activated charcoal may be useful. Avoid alcohol. Because of probable mucosal damage omit gastric lavage and emetic drugs.
- For dilute solutions (2% or less) If little or no emesis appears spontaneously, administer syrup of Ipecac or perform gastric lavage.
- If hypotension becomes severe, institute measures against circulatory shock.
- If respiration laboured, administer oxygen and support breathing mechanically. Oropharyngeal airway may be inserted in absence of gag reflex. Epiglottic or laryngeal edema may necessitate a tracheotomy.
- Persistent convulsions may be controlled by cautious intravenous injection of diazepam or short-acting barbiturate drugs. [Gosselin et al, Clinical Toxicology of Commercial Products]

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 Fire Brigade 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.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 800 metres in all directions.

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- 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 containers.
- May emit acrid smoke and corrosive fumes.

Combustion products include carbon monoxide (CO), carbon dioxide (CO₂), hydrogen fluoride, nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.

FIRE INCOMPATIBILITY

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

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 Fire Brigade 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.
- Consider evacuation (or protect in place).
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue (see Section 13 for specific agent).
- Collect solid residues and seal in labelled 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.

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.
- Avoid contact with moisture.
- 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.
- Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or

some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions)

- Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.
- Establish good housekeeping practices.
- Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.
- Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area.
- Do not use air hoses for cleaning.
- Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used.
- Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition.
- Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance.
- Do not empty directly into flammable solvents or in the presence of flammable vapors.
- The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges.

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

- DO NOT use aluminium or galvanised containers
- Check regularly for spills and leaks
- Glass container is suitable for laboratory quantities
- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled 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 moulded 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.

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
Canada - Ontario Occupational Exposure Limits	tetraethylammonium trifluoroacetate (Particles (Insoluble or Poorly Soluble) Not Otherwise)		10 (I)						

Canada - British Columbia Occupational Exposure Limits	tetraethylammonium trifluoroacetate (Particles (Insoluble or Poorly Soluble) Not Otherwise Classified (PNOC))	10 (N)	
Canada - Ontario Occupational Exposure Limits	tetraethylammonium trifluoroacetate (Specified (PNOS) / Particules (insolubles ou peu solubles) non précisées par ailleurs)	3 (R)	
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	tetraethylammonium trifluoroacetate (Particulates not otherwise regulated Respirable fraction)	5	
US - California Permissible Exposure Limits for Chemical Contaminants	tetraethylammonium trifluoroacetate (Particulates not otherwise regulated Respirable fraction)	5	(n)
US - Oregon Permissible Exposure Limits (Z-1)	tetraethylammonium trifluoroacetate (Particulates not otherwise regulated (PNOR) (f) Total Dust)	- 10	Bold print identifies substances for which the Oregon Permissible Exposure Limits (PELs) are different than the federal Limits. PNOR means "particles not otherwise regulated."
US - Michigan Exposure Limits for Air Contaminants	tetraethylammonium trifluoroacetate (Particulates not otherwise regulated, Respirable dust)	5	
US - Oregon Permissible Exposure Limits (Z-1)	tetraethylammonium trifluoroacetate (Particulates not otherwise regulated (PNOR) (f) Respirable Fraction)	- 5	Bold print identifies substances for which the Oregon Permissible Exposure Limits (PELs) are different than the federal Limits. PNOR means "particles not otherwise regulated."

US - Wyoming
 Toxic and
 Hazardous
 Substances
 Table Z1 Limits
 for Air
 Contaminants

tetraethylammonium
 trifluoroacetate
 (Particulates not
 otherwise regulated
 (PNOR)(f)- Respirable
 fraction)

5

PERSONAL PROTECTION



RESPIRATOR

- Particulate dust filter. (AS/NZS 1716 & 1715, EN 1432000 & 1492001, ANSI Z88 or national equivalent)
- Acid vapour Type B cartridge/ canister. (AS/NZS 1716 & 1715, EN 1432000 & 1492001, ANSI Z88 or national equivalent)

EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

HANDS/FEET

- Wear chemical protective gloves, eg. PVC.
 - Wear safety footwear or safety gumboots, eg. Rubber
- Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include
- frequency and duration of contact,
 - chemical resistance of glove material,
 - glove thickness and
 - dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- 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, AS/NZS 2161.10.1 or national equivalent) 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, AS/NZS 2161.10.1 or national equivalent) 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.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

ENGINEERING CONTROLS

■ Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.

The basic types of engineering controls are

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly.

The design of a ventilation system must match the particular process and chemical or contaminant in use.

Employers may need to use multiple types of controls to prevent employee overexposure.

- 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.

- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- 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
 - (a) particle dust respirators, if necessary, combined with an absorption cartridge;
 - (b) filter respirators with absorption cartridge or canister of the right type;
 - (c) fresh-air hoods or masks
- Build-up of electrostatic charge on the dust particle, 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.

Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently 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 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 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 metres 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.

Corrosive.

Acid.

State	DIVIDED SOLID	Molecular Weight	243.27
Melting Range (°F)	165- 169	Viscosity	Not Applicable
Boiling Range (°F)	Not available.	Solubility in water (g/L)	Miscible
Flash Point (°F)	>230	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 Vapour Density (air=1)	Not applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

APPEARANCE

Powder; mixes with water.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Contact with alkaline material liberates heat

STORAGE INCOMPATIBILITY

- Avoid strong bases.
- Segregate from alkalis, oxidising agents and chemicals readily decomposed by acids, i.e. cyanides, sulfides, carbonates.
- Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.

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

Section 11 - TOXICOLOGICAL INFORMATION

tetraethylammonium trifluoroacetate

TOXICITY AND IRRITATION

TETRAETHYLAMMONIUM TRIFLUOROACETATE

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.
- Most undiluted cationic surfactants satisfy the criteria for classification as Harmful (Xn) with R22 and as Irritant (Xi) for skin and eyes with R38 and R41.

For quaternary ammonium compounds (QACs)

Quaternary ammonium compounds are synthetically made surfactants. Studies show that its solubility, toxicity and irritation depend on chain length and bond type while effect on histamine depends on concentration. QACs may cause muscle paralysis with no brain involvement. There is a significant association between the development of asthma symptoms and the use of QACs as disinfectant.

for fluoroacetate salts

Fluoroacetate in the mammalian body is converted to fluorocitrate. This compound inhibits the enzyme aconitase, thus blocking the citric acid cycle. This leads to accumulation of citric acid, which may cause convulsions and death from cardiac failure or respiratory arrest.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

Toxic to aquatic organisms.

This material and its container must be disposed of as hazardous waste.

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
tetraethylammonium trifluoroacetate	No Data Available	No Data Available		

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.

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

Otherwise:

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

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

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

- Reduction
- Reuse
- Recycling

- Disposal (if all else fails)

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

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

Recycle wherever possible.

- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Treat and neutralise at an approved treatment plant. Treatment should involve: Mixing or slurring in water; Neutralisation with soda-lime or soda-ash followed by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers 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:	UN3261	PG:	III
Label Codes:	8	Special provisions:	IB8, IP3, T1, TP33
Packaging: Exceptions:	154	Packaging: Non-bulk:	213
Packaging: Exceptions:	154	Quantity limitations: Passenger aircraft/rail:	25 kg
Quantity Limitations: Cargo aircraft only:	100 kg	Vessel stowage: Location:	A
Vessel stowage: Other:	None		

Hazardous materials descriptions and proper shipping names:

Corrosive solid, acidic, organic, n.o.s.

Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	None
UN/ID Number:	3261	Packing Group:	III
Special provisions:	A3		
Cargo Only			
Packing Instructions:	864	Maximum Qty/Pack:	100 kg
Passenger and Cargo		Passenger and Cargo	
Packing Instructions:	860	Maximum Qty/Pack:	25 kg
Passenger and Cargo Limited Quantity		Passenger and Cargo Limited Quantity	
Packing Instructions:	Y845	Maximum Qty/Pack:	5 kg

Shipping name: CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S. (contains tetraethylammonium trifluoroacetate)

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	3261	Packing Group:	III
EMS Number:	F-A,S-B	Special provisions:	223 274
Limited Quantities:	5 kg		

Shipping name: CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S. (contains tetraethylammonium trifluoroacetate)

Section 15 - REGULATORY INFORMATION

tetraethylammonium trifluoroacetate (CAS: 30093-29-9) is found on the following regulatory lists;
"US EPA Acute Exposure Guideline Levels (AEGLs) - Holding"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

■ Cumulative effects may result following exposure*.

* (limited evidence).

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

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net/references.

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

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

OSHA Standards - 29 CFR:

1910.132 - Personal Protective Equipment - General requirements

1910.133 - Eye and face protection

1910.134 - Respiratory Protection

1910.136 - Occupational foot protection

1910.138 - Hand Protection

Eye and face protection - ANSI Z87.1

Foot protection - ANSI Z41

Respirators must be NIOSH approved.

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