

CHEMAG CHLORPYRIFOS 500 EC

ChemWatch Material Safety Data Sheet
Issue Date: Fri 8-Aug-2003

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IDENTIFICATION

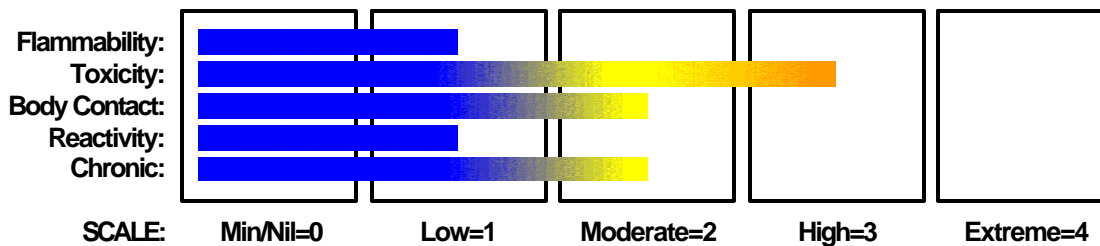
STATEMENT OF HAZARDOUS NATURE

HAZARDOUS ACCORDING TO WORKSAFE AUSTRALIA CRITERIA.

SUPPLIER

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CHEMWATCH HAZARD RATINGS



PERSONAL PROTECTIVE EQUIPMENT FOR INDUSTRIAL/COMMERCIAL ENVIRONMENTS



SYNONYMS

Organophosphorus pesticide

Anticholinesterase compound

continued...

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IDENTIFICATION ...

SHIPPING NAME

ORGANOPHOSPHORUS PESTICIDE, LIQUID, TOXIC

Product Name: ChemAg Chlorpyrifos 500 EC

CAS RN No(s): None None
UN Number: 3018
Packing Group: III
Dangerous Goods Class: 6.1
Subsidiary Risk: NONE, NONE
Hazchem Code: 2X
Poisons Schedule Number: S6

USE

For control of certain insect pests in agricultural applications.

PHYSICAL DESCRIPTION/PROPERTIES

APPEARANCE

Light brown clear liquid with a mild mercaptan⁄hydrocarbon odour; forms emulsions with water.

Boiling Point (°C): 178-210 (solvent)
Melting Point (°C): Not Applicable
Vapour Pressure (kPa): Not Available
Specific Gravity: 1.15 approx.
Flash Point (°C): >62
Lower Explosive Limit (%): 0.6
Upper Explosive Limit (%): 7.0
Solubility in Water (g/L): Miscible

INGREDIENTS

NAME	CAS RN	%
chlorpyrifos	2921-88-2	30-60
solvent naphtha petroleum, heavy aromatic	64742-94-5	30-60
non hazardous emulsifiers proprietary		1-10

HEALTH HAZARD

ACUTE HEALTH EFFECTS

SWALLOWED

Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.

Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result. (ICSC13733)

Ingestion may produce nausea, vomiting, depressed appetite, abdominal cramps, and diarrhoea.

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HEALTH HAZARD ...

EYE

Direct eye contact can produce tears, eyelid twitches, pupil contraction, loss of focus, and blurred or dimmed vision. Dilation of the pupils occasionally occurs.

The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

SKIN

Skin contact with the material may produce toxic effects; systemic effects may result following absorption.

There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons.

There may be sweating and muscle twitches at site of contact. Reaction may be delayed by hours.

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

Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.

Poisoning due to cholinesterase inhibitors causes symptoms such as increased blood flow to the nose, watery discharge, chest discomfort, shortness of breath and wheezing. Other symptoms include increased production of tears, nausea and vomiting, diarrhoea, stomach pain, involuntary passing of urine and stools, chest pain, breathing difficulty, low blood pressure, irregular heartbeat, loss of reflexes, twitching, visual disturbances, altered pupil size, convulsions, lung congestion, coma and heart failure. Nervous system effects include inco-ordination, slurred speech, tremors of the tongue and eyelids, and paralysis of the limbs and muscles of breathing, which can cause death, although death is also seen due to cardiac arrest.

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

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, drowsiness, reduced alertness, loss of reflexes, lack of coordination and vertigo.

If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.

Acute effects from inhalation of high vapour concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.

CHRONIC HEALTH EFFECTS

Repeated or prolonged exposures to cholinesterase inhibitors produce symptoms similar to acute effects. In addition workers exposed repeatedly to these substances may exhibit impaired memory and loss of concentration, severe depression and acute psychosis, irritability, confusion, apathy, emotional liability, speech difficulties, headache, spatial disorientation, delayed

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HEALTH HAZARD ...

reaction times, sleepwalking, drowsiness or insomnia. An influenza-like condition with nausea, weakness, anorexia and malaise has been described. There is a growing body of evidence from epidemiological studies and from experimental laboratory studies that short-term exposure to some cholinesterase-inhibiting insecticides may produce behavioural or neuro-chemical changes lasting for days or months, presumably outlasting the cholinesterase inhibition. Although the number of adverse effects following humans poisonings subside, there are still effects in some workers months after cholinesterase activity returns to normal. These long-lasting effects include blurred vision, headache, weakness, and anorexia. The neurochemistry of animals exposed to chlorpyrifos or fenthion is reported to be altered permanently after a single exposure. These effects may be more severe in developing animals where both acetyl- and butyrylcholinesterase may play an integral part in the development of the nervous system. Padilla S., The Neurotoxicity of Cholinesterase-Inhibiting Insecticides: Past and Present Evidence Demonstrating Persistent Effects. Inhalation Toxicology 7:903-907, 1995 Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

Constant or exposure over long periods to mixed hydrocarbons may produce stupor with dizziness, weakness and visual disturbance, weight loss and anaemia, and reduced liver and kidney function. Skin exposure may result in drying and cracking and redness of the skin. Chronic exposure to lighter hydrocarbons can cause nerve damage, peripheral neuropathy, bone marrow dysfunction and psychiatric disorders as well as damage the liver and kidneys.

FIRST AID

SWALLOWED

If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

If poisoning occurs, contact a doctor or Poisons Information Centre.

If swallowed:

- Contact a Poisons Information Centre or a doctor at once.
- If swallowed, activated charcoal may be advised.
- Give atropine if instructed.
- REFER FOR MEDICAL ATTENTION WITHOUT DELAY.
- 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.

Avoid giving milk or oils.

Avoid giving alcohol.

EYE

If this product comes in contact with the eyes:

- Immediately hold eyelids apart and flush the eye continuously with running water.

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HEALTH HAZARD ...

- 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 product comes in contact with skin:

- Contact a Poisons Information Centre or a doctor.
- DO NOT allow clothing wet with product to remain in contact with skin, strip all contaminated clothing including boots.
- Quickly wash affected areas vigorously with soap and water.
- DO NOT give anything by mouth to a patient showing signs of narcosis, i.e. losing consciousness.
- Give atropine if instructed.
- DO NOT delay, get to a doctor or hospital quickly.

INHALED

- If dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear passage of breathing.
- If irritation or discomfort persists seek medical attention.
- If spray mist, vapour are inhaled, remove from contaminated area.
- Contact a Poisons Information Centre or a doctor at once.
- Lay patient down in a clean area and strip any clothing wet with spray.
- 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.
- DO NOT give anything by mouth to a patient showing signs of narcosis, i.e. losing consciousness.
- Give atropine if instructed.
- Get to doctor or hospital quickly.

ADVICE TO DOCTOR

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.

For acute or short term repeated exposures to petroleum distillates or related hydrocarbons:

- Primary threat to life, from pure petroleum distillate ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g.

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HEALTH HAZARD ...

cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO₂ 50 mm Hg) should be intubated.

- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.
- Lavage is indicated in patients who require decontamination; ensure use of cuffed endotracheal tube in adult patients. [Ellenhorn and Barceloux: Medical Toxicology]
- Most organophosphate compounds are rapidly well absorbed from the skin, conjunctiva, gastro-intestinal tract and lungs.
- They are detoxified by Cytochrome P450-mediated monooxygenases in the liver but some metabolites are more toxic than parent compounds.
- Metabolites are usually detected 12-48 hours postexposure.
- Organophosphates phosphorylate acetylcholinesterase with resultant accumulation of large amounts of acetylcholine causing initial stimulation, then exhaustion of cholinergic synapse.
- gamma-aminobutyric acid (GABA)-ergic and dopaminergic pathways provide compensatory inhibition.
- The clinical manifestation of organophosphate toxicity results from muscarinic, nicotinic and CNS symptoms.
- A garlic-like odour emanating from the patient or involved container may aid the diagnosis.
- Immediate life-threatening symptoms usually are respiratory problems.
- Frequent suction and, if necessary, endotracheal intubation and assisted ventilation may be necessary to maintain adequate oxygenation.
- Theophylline compounds, to treat bronchospasm, should be used cautiously as they may lower the seizure threshold.
- Excessive secretions and bronchospasm should respond to adequate doses of atropine.
- Diazepam is the drug of choice for convulsions.
- Usual methods of decontamination, (activated charcoal and cathartics) should be used when patients present within 4-6 hours postexposure.
- The administration of atropine, as an antidote, does not require confirmation by acetylcholinesterase levels. Severely poisoned patients develop marked resistance to the usual doses of atropine. [Atropine should not be given to a cyanosed patient - ICI] NOTE: Hypoxia must be corrected before atropine is given. For adult: 2 mg repeatedly SC or IV until atropinization is achieved and maintained (atropinization is characterised by decreased bronchial secretions, heart rate >100 bpm, dry mouth, dilated pupils).
- Pralidoxime (2-PAM, Protopam) is a specific antidote when given within 24 hours and perhaps up to 36-48 hours postexposure. Although it ameliorates muscle weakness, fasciculations and alterations of consciousness, it does not relieve bronchospasm or bronchorrhea and must be given concurrently with atropine. NOTE:

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Pralidoxime should be given as an adjunct to, NOT a replacement for atropine and should be given in every case where atropine therapy is deemed necessary.

Traditional dose: 1 g (or 2 g in severe cases) by slow IV injection over 5-10 minutes. 1-2 g, 4 hourly (maximum dose 12 g in 24 hours) until clinical and analytical recovery is achieved and maintained.

· Avoid parasympathomimetic agents. Phenothiazines and antihistamines may potentiate organophosphate activity. [Ellenhorn and Barceloux: Medical Toxicology]

NOTE: Acute pancreatitis in organophosphate intoxication may be more common than reported. The possible pathogenesis of pancreatic insult are excessive cholinergic stimulation of the pancreas and ductular hypertension. Early recognition and appropriate therapy for acute pancreatitis may lead to an improved prognosis.

Cheng-Tin Hsiao, et al; Clinical Toxicology 34(3), 343-347 (1996)

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
1. Cholinesterase activity in red cells	70% of individual's baseline	Discretionary	NS

B: Background levels occur in specimens collected from subjects NOT exposed
NS: Non-specific determinant; Also observed after exposure to other materials
SQ: Semi-quantitative determinant; Interpretation may be ambiguous. Should be used as a screening test or confirmatory test.

Some jurisdictions require that health surveillance be conducted on occupationally exposed workers. Such surveillance should emphasise

- demography, occupational and medical history and health advice
- physical examination
- baseline estimation of red cell and plasma cholinesterase activity levels by the Ellman method. Estimation of red cell and plasma cholinesterase activity towards the end of the working day

PRECAUTIONS FOR USE

EXPOSURE STANDARDS

No data for ChemAg Chlorpyrifos 500 EC.

EXPOSURE STANDARDS FOR MIXTURE

"Worst Case" computer-aided prediction of vapour components/concentrations:

Composite Exposure Standard for Mixture (TWA) (mg/m³): 550 mg/m³

If the breathing zone concentration of ANY of the components listed below is exceeded, "Worst Case" considerations deem the individual to be overexposed.

Component	Breathing Zone ppm	Breathing Zone mg/m ³	Mixture Conc: (%)
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PRECAUTIONS FOR USE ...

solvent naphtha petroleum, heavy a	100	550	60
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Operations which produce a spray/mist or fume/dust, introduce particulates to the breathing zone.

If the breathing zone concentration of ANY of the components listed below is exceeded, "Worst Case" considerations deem the individual to be overexposed.

At the "Composite Exposure Standard for Mixture" (TWA) (mg/m³): 60 mg/m³

Component	Breathing Zone ppm	Breathing Zone mg/m ³	Mixture Conc (%)
chlorpyrifos	357.5	39	0

INGREDIENT DATA

CHLORPYRIFOS:

TLV TWA: 0.1 mg/m³ (Inhalable fraction, Vapor and aerosol) Skin; A4; BEI [ACGIH]

TLV TWA: 0.1 mg/m³ SKIN A4 inhalable fraction, vapour and aerosol

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as causing Cancer in humans

ES TWA: 0.2 mg/m³ SKIN

OES TWA: 0.2 mg/m³; STEL: 0.6 mg/m³ SKIN

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

The recommended TLV-TWA is thought to reduce the potential for biologically significant decreases in plasma cholinesterase and to provide a wide margin of safety in preventing cholinergic symptoms or organic injury.

SOLVENT NAPHTHA PETROLEUM, HEAVY AROMATIC:

REL TWA: 100 ppm [Manufacturer]

CEL TWA: 100 ppm, 550 mg/m³

ENGINEERING CONTROLS

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection.

Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations.

Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:
solvent, vapours, degreasing etc.,
evaporating from tank (in still air).
aerosols, fumes from pouring
operations, intermittent container

Air Speed:
0.25-0.5 m/s (50-100 f/min.)

0.5-1 m/s (100-200 f/min.)

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PRECAUTIONS FOR USE ...

filling, low speed conveyer transfers,
welding, spray drift, plating acid
fumes, pickling (released at low
velocity into zone of active
generation)

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

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only.
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

PERSONAL PROTECTION

EYE

Safety glasses with side shields.

Chemical goggles.

Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them. DO NOT wear contact lenses.

HANDS/FEET

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber

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PRECAUTIONS FOR USE ...

OTHER

- Overalls.
- Eyewash unit.
- Barrier cream.
- Skin cleansing cream.
- Ensure that there is a supply of atropine tablets on hand
- Ensure all employees have been informed of symptoms of carbamate poisoning and that the use of atropine in first aid is understood .

RESPIRATOR

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Breathing Zone Level ppm (volume)	Maximum Protection Factor	Half-face Respirator	Full-Face Respirator
1000	10	A-AUS P-	-
1000	50	-	A-AUS P-
5000	50	Airline *	-
5000	100	-	A-2 P-
10000	100	-	A-3 P-
	100+		Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

SAFE HANDLING

STORAGE AND TRANSPORT

SUITABLE CONTAINER

- 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;

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SAFE HANDLING ..

- 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 moulded plastic box and the substances are not incompatible with the plastic.

STORAGE INCOMPATIBILITY

A number of phosphate and thiophosphate esters are of limited thermal stability and undergo highly exothermic self-accelerating decomposition reactions which may be catalysed by impurities. The potential hazards can be reduced by appropriate thermal control measures.

BREITHERICK L.: Handbook of Reactive Chemical Hazards

Avoid reaction with oxidising agents

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.

TRANSPORTATION

Class 6 - Poisonous (toxic) substances shall not be loaded in the same vehicle or packed in the same freight container with:

Class 1 - Explosives;

Class 3 - Flammable liquids (where the flammable liquid is nitromethane);

Class 5.1 - Oxidising agents (where the poisonous substances are capable of igniting and burning);

Class 5.2 - Organic peroxides (where the poisonous substances are capable of igniting and burning);

Food and food packaging in any quantity.

SPILLS AND DISPOSAL

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with sand, earth, inert material or vermiculite.

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SAFE HANDLING ...

- Wipe up.
- Place in a suitable labelled container for waste disposal.

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.
- 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.
- 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.
- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- 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.
- 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.

DISPOSAL

- Puncture containers to prevent re-use and bury at an authorised landfill.
- Recycle wherever possible. Special hazard may exist - specialist advice may be required.
 - Consult manufacturer for recycling options.
 - Consult State Land Waste Management Authority for disposal.
 - Bury or incinerate residue at an approved site.
 - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
 - Puncture containers to prevent re-use and bury at an authorised landfill.

FIRE FIGHTERS' REPORT

EXTINGUISHING MEDIA

- Water spray or fog.
Foam.

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SAFE HANDLING ..

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.

FIRE/EXPLOSION HAZARD

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.
- Mists containing combustible materials may be explosive.

Combustion products include

carbon dioxide (CO₂)

hydrogen chloride

phosgene

nitrogen oxides (NO_x)

phosphorus oxides (PO_x)

sulfur oxides (SO_x)

other pyrolysis products typical of burning organic material

May emit poisonous fumes.

FIRE INCOMPATIBILITY

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

HAZCHEM

2X

CONTACT POINT

COMPANY CONTACT
(+61 8) 9368 7474

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CONTACT POINT ...

AUSTRALIAN POISONS INFORMATION CENTRE
24 HOUR SERVICE: 13 11 26
POLICE, FIRE BRIGADE OR AMBULANCE: 000

NEW ZEALAND POISONS INFORMATION CENTRE
24 HOUR SERVICE: 0800 764 766
NZ EMERGENCY SERVICES: 111

End of Report

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