



# CATALYZED SULFITE

Drew Marine

Chemwatch: 24-0168

Version No: 3.1.1.1

Safety Data Sheet according to OSHA HazCom Standard (2012) requirements

Chemwatch Hazard Alert Code: 3

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Initial Date: Not Available

S.GHS.USA.EN

## SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

### Product Identifier

Product name	CATALYZED SULFITE
Chemical Name	SODIUM SULFITE
Proper shipping name	Not Applicable
Chemical formula	Not Applicable
Other means of identification	Not Available
CAS number	Not Applicable

### Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses	Reducing agent Use according to manufacturer's directions.
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### Details of the manufacturer/importer

Registered company name	Drew Marine
Address	100 South Jefferson Road Whippany 07981 NJ United States
Telephone	973 526-5700.
Fax	Not Available
Website	Not Available
Email	Not Available

### Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	The numbers below are for EMERGENCY USE ONLY. Use the corporate number above for all other calls.
Other emergency telephone numbers	CHEMWATCH: From within the US and CANADA: 1 877-715-9305 OR call + 613 9573 3112. From outside the US and Canada: + 800 2436 2255 ( +800 CHEMCALL) or +613 9573 3112

### CHEMWATCH EMERGENCY RESPONSE

Primary Number	Alternative Number 1	Alternative Number 2
877 715 9305	+612 9186 1132	Not Available

Once connected and if the message is not in your preferred language then please dial 01

Una vez conectado y si el mensaje no está en su idioma preferido, por favor marque 02

## SECTION 2 HAZARDS IDENTIFICATION

### Classification of the substance or mixture

GHS Classification	Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Germ Cell Mutagen Category 2, Carcinogen Category 1A, STOT - SE (Resp. Irr.) Category 3
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### Label elements

GHS label elements	
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SIGNAL WORD DANGER

### Hazard statement(s)

H302	Harmful if swallowed
H315	Causes skin irritation

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H318	Causes serious eye damage
H341	Suspected of causing genetic defects
H350	May cause cancer
H335	May cause respiratory irritation

## Supplementary statement(s)

Not Applicable

## Precautionary statement(s): Prevention

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P270	Do not eat, drink or smoke when using this product.

## Precautionary statement(s): Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of water and soap
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330	Rinse mouth.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

## Precautionary statement(s): Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

## Precautionary statement(s): Disposal

P501	Dispose of contents/container to authorised chemical landfill or if organic to high temperature incineration
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## SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

## Substances

See section below for composition of Mixtures

## Mixtures

CAS No	%[weight]	Name
7757-83-7	85-99	<a href="#">sodium sulfite</a>
7681-57-4	1-10	<a href="#">sodium metabisulfite</a>
7757-82-6	1.5-5	<a href="#">sodium sulfate</a>
10124-43-3	<0.1	<a href="#">cobalt(II) sulfate</a>
Not Available	NotSpec.	other ingredients determined non
Not Available	NotSpec.	hazardous or not contributing to the
Not Available	NotSpec.	final classification.
Not Available	NotSpec.	Note: Manufacturer has supplied full ingredient
Not Available	NotSpec.	information to allow CHEMWATCH assessment.

Note: Manufacturer has supplied full ingredient information to allow CHEMWATCH assessment.

## SECTION 4 FIRST AID MEASURES

## Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>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.</li> <li>Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>Transport to hospital or doctor without delay.</li> <li>Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>Flush skin and hair with running water (and soap if available).</li> <li>Seek medical attention in event of irritation.</li> </ul>
Inhalation	<ul style="list-style-type: none"> <li>If fumes, aerosols or combustion products are inhaled remove from contaminated area.</li> <li>Other measures are usually unnecessary.</li> <li>Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.</li> </ul>

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	<ul style="list-style-type: none"> <li>Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).</li> <li>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.</li> <li>Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.</li> </ul> <p><b>This must definitely be left to a doctor or person authorised by him/her.</b> (ICSC13719)</p>
Ingestion	<ul style="list-style-type: none"> <li><b>IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.</b></li> <li>For advice, contact a Poisons Information Centre or a doctor.</li> <li>Urgent hospital treatment is likely to be needed.</li> <li>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.</li> <li>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.</li> <li>If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.</li> </ul> <p><b>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</b></p> <ul style="list-style-type: none"> <li><b>INDUCE</b> vomiting with fingers down the back of the throat, <b>ONLY IF CONSCIOUS</b>. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> </ul> <p><b>NOTE:</b> Wear a protective glove when inducing vomiting by mechanical means.</p>

## Indication of any immediate medical attention and special treatment needed

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

For poisons (where specific treatment regime is absent):

## BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema.
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.
- DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

## ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

Treat symptomatically.

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort. Rest and medical observation is therefore essential. Immediate administration of an appropriate spray, by a doctor or a person authorised by him/her should be considered.

(ICSC24419/24421)

## SECTION 5 FIREFIGHTING MEASURES

## Extinguishing media

	<ul style="list-style-type: none"> <li>There is no restriction on the type of extinguisher which may be used.</li> <li>Use extinguishing media suitable for surrounding area.</li> </ul>
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## Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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## Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>Prevent, by any means available, spillage from entering drains or water courses.</li> <li>Use fire fighting procedures suitable for surrounding area.</li> <li><b>DO NOT</b> approach containers suspected to be hot.</li> <li>Cool fire exposed containers with water spray from a protected location.</li> <li>If safe to do so, remove containers from path of fire.</li> <li>Equipment should be thoroughly decontaminated after use.</li> </ul>
Fire/Explosion Hazard	<ul style="list-style-type: none"> <li>Non combustible.</li> <li>Not considered a significant fire risk, however containers may burn.</li> </ul> <p>Decomposition may produce toxic fumes of: sulfur oxides (SOx)sulfur dioxide (SO2)May emit poisonous fumes.May emit corrosive fumes.</p>

## SECTION 6 ACCIDENTAL RELEASE MEASURES

## Personal precautions, protective equipment and emergency procedures

Minor Spills	<ul style="list-style-type: none"> <li>Remove all ignition sources.</li> </ul>
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	<ul style="list-style-type: none"> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Use dry clean up procedures and avoid generating dust.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>
Major Spills	<p>Moderate hazard.</p> <ul style="list-style-type: none"> <li>▶ <b>CAUTION:</b> Advise personnel in area.</li> <li>▶ Alert Emergency Services and tell them location and nature of hazard.</li> <li>▶ Control personal contact by wearing protective clothing.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Recover product wherever possible.</li> <li>▶ <b>IF DRY:</b> Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. <b>IF WET:</b> Vacuum/shovel up and place in labelled containers for disposal.</li> <li>▶ <b>ALWAYS:</b> Wash area down with large amounts of water and prevent runoff into drains.</li> <li>▶ If contamination of drains or waterways occurs, advise Emergency Services.</li> </ul>
	Personal Protective Equipment advice is contained in Section 8 of the MSDS.

## SECTION 7 HANDLING AND STORAGE

## Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ <b>DO NOT allow material to contact humans, exposed food or food utensils.</b></li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this MSDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
Other information	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry area protected from environmental extremes.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this MSDS.</li> </ul> <p>For major quantities:</p> <ul style="list-style-type: none"> <li>▶ Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).</li> <li>▶ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.</li> </ul>

## Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> <li>▶ Glass container is suitable for laboratory quantities</li> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
Storage incompatibility	<ul style="list-style-type: none"> <li>▶ Contact with acids produces toxic fumes</li> <li>▶ Inorganic reducing agents react with oxidizing agents to generate heat and products that may be flammable, combustible, or otherwise reactive. Their reactions with oxidizing agents may be violent.</li> <li>▶ Incidents involving interaction of active oxidants and reducing agents, either by design or accident, are usually very energetic and examples of so-called redox reactions.</li> <li>▶ Segregate from alcohol, water.</li> </ul> <p>Sulfites and hydrosulfites (dithionites) :</p> <ul style="list-style-type: none"> <li>▶ may react explosively with strong oxidising agents.</li> <li>▶ react with water or steam to produce corrosive acid solutions and sulfur oxide fumes - aqueous solutions are incompatible with oxidisers, strong acids, alkalis, ammonia, aliphatic amines, alkanolamines, alkylene oxides, amides, epichlorohydrin, organic anhydrides, isocyanates, nitromethane, vinyl acetate</li> <li>▶ aqueous solutions attack metals in presence of moisture</li> <li>▶ generate gaseous sulfur dioxide in contact with oxidising and nonoxidising acids</li> </ul> <p>Sulfur dioxide:</p> <ul style="list-style-type: none"> <li>▶ reacts with water or steam forming sulfurous acid; reaction may be violent</li> <li>▶ reacts with acrolein, alcohols, aluminium powder, alkali metals, amines, bromine, pentafluoride, caustics, caesium, acetylene carbide, chlorates, chlorine trifluoride, chromium powder, copper or its alloy powders, diethylzinc, fluorine, lead dioxide, lithium acetylene carbide, metal powders, monolithium acetylide-ammonia, nitril chloride, potassium acetylene carbide, potassium acetylide, potassium chlorate, rubidium carbide, silver azide, sodium, sodium acetylide, stannous oxide; reaction may be violent</li> <li>▶ decomposes above 60 deg. C releasing oxides of sulfur</li> <li>▶ Incompatible with alkalis, alkylene oxides, ammonia, aliphatic amines, alkanolamines, amides, organic anhydrides, caesium monoxide, epichlorohydrin, ferrous oxide, halogens, interhalogens, isocyanates, lithium nitrate, manganese, metal acetylides, metal oxides, perbromyl fluoride, red phosphorus, potassium azide, rubidium acetylide, sodium hydride, sulfuric acid</li> <li>▶ attacks some plastics, coatings and rubber</li> <li>▶ attacks metals, especially chemically active metals, in the presence of moisture.</li> </ul>

## PACKAGE MATERIAL INCOMPATIBILITIES

Not Available

## SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

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## CATALYZED SULFITE

## Control parameters

## OCCUPATIONAL EXPOSURE LIMITS (OEL)

## INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US ACGIH Threshold Limit Values (TLV)	sodium metabisulfite	Sodium metabisulfite	5 mg/m3	Not Available	Not Available	TLV® Basis: URT irr
US NIOSH Recommended Exposure Limits (RELs)	sodium metabisulfite	Disodium pyrosulfite, Sodium metabisulphite, Sodium pyrosulfite	5 mg/m3	Not Available	Not Available	Not Available
US ACGIH Threshold Limit Values (TLV)	cobalt(II) sulfate	Cobalt and inorganic compounds, as Co	0.02 mg/m3	Not Available	Not Available	TLV® Basis: Asthma; pulm tunc; myocardial eff; BEI

## EMERGENCY LIMITS






Ingredient	TEEL-0	TEEL-1	TEEL-2	TEEL-3
CATALYZED SULFITE	Not Available	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
sodium sulfite	Not Available	Not Available
sodium metabisulfite	Not Available	Not Available
sodium sulfate	Not Available	Not Available
cobalt(II) sulfate	Not Available	Not Available
other ingredients determined non	Not Available	Not Available
hazardous or not contributing to the	Not Available	Not Available
final classification.	Not Available	Not Available
Note: Manufacturer has supplied full ingredient	Not Available	Not Available
information to allow CHEMWATCH assessment.	Not Available	Not Available

## Exposure controls

Appropriate engineering controls	<p>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.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection.</p> <p>Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.</p> <p>An approved self contained breathing apparatus (SCBA) may be required in some situations.</p> <p>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.</p>	
	Type of Contaminant:	Air Speed:
	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)
	Within each range the appropriate value depends on:	
	Lower end of the range	Upper end of the range
	1: Room air currents minimal or 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
	<p>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.</p>	

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<b>Personal protection</b>	    
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles.</li> <li>▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses 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]</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>▶ frequency and duration of contact,</li> <li>▶ chemical resistance of glove material,</li> <li>▶ glove thickness and</li> <li>▶ dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ 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.</li> <li>▶ Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.</li> <li>▶ Contaminated gloves should be replaced.</li> </ul> <p>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.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>▶ polychloroprene.</li> <li>▶ nitrile rubber.</li> <li>▶ butyl rubber.</li> <li>▶ fluorocarbon.</li> <li>▶ polyvinyl chloride.</li> </ul> <p>Gloves should be examined for wear and/ or degradation constantly.</p>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ P.V.C. apron.</li> <li>▶ Barrier cream.</li> <li>▶ Skin cleansing cream.</li> <li>▶ Eye wash unit.</li> </ul>
<b>Thermal hazards</b>	Not Available

## Recommended material(s)

## GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

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Material	CPI
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\* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

**NOTE:** As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

\* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

## Respiratory protection

Type A-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-PAPR-2 P2 ^

^ - Full-face

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

## SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

## Information on basic physical and chemical properties

<b>Appearance</b>	Tan colour powder.		
<b>Physical state</b>	Divided Solid	<b>Relative density (Water = 1)</b>	1.575
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available

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Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Not Available	pH as a solution(1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

## SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> <li>► Unstable in the presence of incompatible materials.</li> <li>► Product is considered stable.</li> <li>► Hazardous polymerisation will not occur.</li> </ul>
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

## SECTION 11 TOXICOLOGICAL INFORMATION

## Information on toxicological effects

Inhaled	<p>Not normally a hazard due to non-volatile nature of product</p> <p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>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.</p> <p>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.</p>
Ingestion	<p>Considered an unlikely route of entry in commercial/industrial environments</p> <p>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.</p> <p>Ingestion of sulfite salts may cause gastric irritation as a result of the liberation of sulfurous acid. Rapid oxidation to sulfate (at least in rats) means that sulfites are well tolerated. Large doses however may produce violent colic, diarrhoea, circulatory disturbances, central nervous system depression and, sometimes, death. Sulfite is an endogenous decomposition product found in all tissues as a result of amino-acid catabolism. However individuals with a genetic defect in sulfite oxidase are particularly sensitive to bisulfite and at least one death due bisulfite-induced neurologic degeneration has been recorded.</p>
Skin Contact	<p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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.</p> <p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p>
Eye	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
Chronic	<p>On the basis of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans.</p> <p>Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.</p> <p>Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.</p> <p>Sulfite and bisulfite salts react irreversibly, through free radical formation, with endogenous substances (including DNA). Some asthmatics are said to be dangerously sensitive to minute amounts of sulfite in food. Symptoms include bronchoconstriction, bronchospasm, gastrointestinal disturbance, flushing, hypotension, tingling sensations, urticaria and angio-oedema and shock.</p> <p>The sulfites belong to a group of substances which induces local or systemic reactions which are identical or similar to allergic reactions and invoke pseudo-allergic ("anaphylactoid") reactions. The mechanism of this response is still largely unknown but does not involve an antigen-antibody interaction and therefore may appear on first contact with the substance.</p>

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## CATALYZED SULFITE

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. A prime symptom is breathlessness. Lung shadows show on X-ray.

Repeated exposure of animals to airborne sulfur dioxide (SO<sub>2</sub>) can produce a thickening of the mucous layer in the trachea and an increase in goblet cells and mucous glands similar to pathological changes found in chronic human bronchitis.

Chronic exposure to sulfur dioxide (SO<sub>2</sub>) particulate complexes, present in polluted air, have been associated with the aggravation of chronic cardiovascular diseases such as asthma, chronic pulmonary disease, and coronary artery disease (this may occur at levels of 6-10 ug/m<sup>3</sup> for 24 hours). An association exists between persistent cough and sputum production, particularly in women and non-smokers. A 10-year follow study on workers exposed to a mean sulfur dioxide concentration of up to 33 ppm did not reveal an increased prevalence of chronic respiratory disease or decreased pulmonary function.

By contrast, studies of smelter workers, exposed to concentrations below 2 ppm, suggest that chronic respiratory disease may develop and that workers exposed at concentrations exceeding 1 ppm show accelerated loss of pulmonary function.

Although SO<sub>2</sub> is not a carcinogen, the apparent increases in mortalities amongst arsenic-exposed smelter workers was greater when exposures included both high arsenic concentrations and moderate to high SO<sub>2</sub> exposures, suggesting that SO<sub>2</sub> might act as a promoter.

Intermittent exposure of rats to benz[a]pyrene along with inhalation of SO<sub>2</sub> at 4-10 ppm, 1-6 hours per day, 5 days per week, produced substantial increases in respiratory tract squamous cell carcinomas compared to that associated with exposure to B[a]P or SO<sub>2</sub> alone.

CATALYZED SULFITE	TOXICITY	IRRITATION
	Not Available	Not Available
sodium sulfite	TOXICITY	IRRITATION
	Oral (mouse) LD50: 820 mg/kg	Nil reported
sodium metabisulfite	TOXICITY	IRRITATION
	Intravenous (rat) LD50: 115 mg/kg	*CCInfo. No. 1478367 [BASF]
	Oral (rat) LD50: 1540 mg/kg *	[ICI UK]
	Oral (rat) LD50: 2480 mg/kg	[Sigma/Aldrich]
	Oral (rat) LD50: 500 mg/kg	Eye (rabbit): IRRITANT *
	Not Available	Not Available
sodium sulfate	TOXICITY	IRRITATION
	Intravenous (Rabbit) LD50: 1220 mg/kg	
	Oral (mouse) LD50: 5989 mg/kg	
cobalt(II) sulfate	TOXICITY	IRRITATION
	Oral (rat) LD50: 424 mg/kg	
	TOXICITY	IRRITATION
	Not Available	Not Available

Not available. Refer to individual constituents.

SODIUM SULFATE	TOXICITY	IRRITATION
	Oral (rat) LD50: 424 mg/kg	
	TOXICITY	IRRITATION
	Not Available	Not Available

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.

for sodium sulfate:

Sulfate (and sodium) ions are important constituents of the mammalian body and of natural foodstuffs and there is a considerable daily turnover of both ions (several grams/day expressed as sodium sulfate). Near-complete absorption of dietary sulfates may occur at low concentration, depending on the counter-ion, but absorption capacity can be saturated at higher artificial dosages resulting in cathartic effects. Absorption through skin can probably be ignored since sodium sulfate is fully ionised in solution. One source suggests that very high levels of sulfate in urine may occur due to absorption from dust inhalation. At dietary levels, excretion is mainly in the urine. Sulfates are found in all body cells, with highest concentrations in connective tissues, bone and cartilage.

Sulfates play a role in several important metabolic pathways, including those involved in detoxification processes.

The acute toxicity (LD50) of sodium sulfate has not been reliably established but is probably far in excess of 5000 mg/kg. In an inhalation study with an aerosol, no adverse effects were found at 10 mg/m<sup>3</sup>. Also human data indicate a very low acute toxicity of sodium sulfate. Human clinical experience indicates that very high oral doses of sodium sulfate, 300 mg/kg bw up to 20 grams for an adult, are well tolerated, except from (intentionally) causing severe diarrhoea. WHO/FAO did not set an ADI for sodium sulfate. There is no data on acute dermal toxicity, but this is probably of no concern because of total ionisation in solution.

Sodium sulfate is not irritating to the skin and slightly irritating to the eyes. Respiratory irritation has never been reported. Based on wide practical experience with sodium sulfate, in combination with the natural occurrence of sulfate in the body, sensitising effects are highly unlikely.

No suitable dermal and inhalation repeated-dose toxicity studies are available. Valid oral repeated dose toxicity studies with 21, 28 and 35 day studies in hens and pigs are available. Toxicity was confined to changes in bodyweight, water and feed intake and diarrhoea. These changes occurred only at very high doses of sodium sulfate. In ruminants, high concentrations of sulfate in food may result in the formation of toxic amounts of sulfites by bacterial reduction the rumen, leading to poly-encephalomalacia. The available data do not allow the derivation of a NOAEL. Based on available consumer data, a daily dose of around 25 mg/kg/day is well tolerated by humans.

There are no data on *in vitro* and *in vivo* genotoxicity, apart from a negative Ames test. There is no valid oral carcinogenicity study. Limited data from experimental studies support the notion that a substance that is abundantly present in and essential to the body is unlikely to be carcinogenic. Limited data of poor validity did not provide an indication of toxicity to reproduction.

Equivocal Tumorigen by RTECS criteria. Reproductive effector in mice.

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## CATALYZED SULFITE

COBALT(II) SULFATE	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p> <p>Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.</p> <p><b>WARNING:</b> This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.</p>
SODIUM SULFITE, SODIUM METABISULFITE	<p>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.</p> <p>The substance is classified by IARC as Group 3:  <b>NOT</b> classifiable as to its carcinogenicity to humans.  Evidence of carcinogenicity may be inadequate or limited in animal testing.</p>

Acute Toxicity	✓	Carcinogenicity	✓
Skin Irritation/Corrosion	✓	Reproductivity	⊖
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	⊖	STOT - Repeated Exposure	⊖
Mutagenicity	✓	Aspiration Hazard	⊖

Legend: ✓ – Data required to make classification available  
✗ – Data available but does not fill the criteria for classification  
⊖ – Data Not Available to make classification

## CMR STATUS

CARCINOGEN	cobalt(II) sulfate	US Environmental Defense Scorecard Recognized Carcinogens US Environmental Defense Scorecard Suspected Carcinogens	P65 IARC, P65-MC
RESPIRATORY	sodium sulfate	US - California OEHHA/ARB - Acute Reference Exposure Levels and Target Organs (RELs) - Respiratory	X

## SECTION 12 ECOLOGICAL INFORMATION

## Toxicity

Sulfur dioxide is oxidised rapidly by both homogeneous and heterogeneous reactions and is removed from the atmosphere by precipitation and by dry deposition on surfaces, mainly as sulfuric acid. Because of its high vapor pressure (3,000 mm Hg at 20°C), sulfur dioxide is typically present in a gaseous phase. Some of the sulfur dioxide emitted into the air moves unchanged to various surfaces including soil, water, grass, and vegetation in general.

In the atmosphere, sulfur dioxide can be transformed into sulfuric acid or sulfates by a variety of processes. Sulfur dioxide may be oxidised to sulfur trioxide (SO<sub>3</sub>) and sulfate in air photochemically or catalytically. The oxidations generally involve homogeneous-phase reactions (oxidation in the gas phase) and heterogeneous gas-solid reactions (oxidation on the surface of particles).

Gas-phase reactions include direct photochemical oxidation of sulfur dioxide and oxidation by reacting with other gases and substances, including O, O<sub>2</sub>, O<sub>3</sub>, NO, NO<sub>2</sub>, NO<sub>3</sub>, N<sub>2</sub>O<sub>5</sub>, OH, hydrocarbons, or some heavy metal ions. In the direct oxidation pathway, sulfur dioxide gas molecules (at different electronically excited states due to solar irradiation) react with each other, forming SO<sub>3</sub>, which may be further oxidised by other gases or water drops to form sulfate. Reaction pathways with other gases all result in similar end products: SO<sub>3</sub>, or sulfate. Rate constants for sulfur dioxide oxidation by these gases vary from 2x 10<sup>-24</sup> to 4x10<sup>-3</sup> cm<sup>3</sup> per molecule per second, with the reaction with N<sub>2</sub>O<sub>5</sub> being the fastest. Heterogeneous gas-solid reactions include oxidation of sulfur dioxide on the surfaces of activated carbons, metal oxides, and other particles.

Sulfur dioxide may be photochemically or catalytically oxidized to SO<sub>3</sub> and sulfate in air. The oxidations generally involve homogeneous-phase reactions (oxidation in gas or liquid phase) and heterogeneous gas-solid reactions (oxidation on the surface of particles). The atmospheric residence time of sulfur dioxide is about 10 days. Photochemical oxidation involves the reaction of sulfur dioxide with reactive molecules and free radical species, and with products of O<sub>3</sub> and alkene gases. Photochemical oxidation is thought to be initiated by absorption of solar irradiation energy. Sulfur dioxide can be oxidized by OH radicals in the gas phase relatively quickly, making it a major mechanism for sulfur dioxide conversion. The conversion rates have been characterized to be >1% per hour.

In the atmosphere, aqueous-phase oxidation of sulfur dioxide can occur in cloud, fog, rain, deliquescent aerosol particles, and in surface liquid films on these particles. Once dissolved in these droplets, sulfur dioxide may be oxidised to sulfate via a variety of mechanisms, thus forming "acid rain". Such a removal mechanism is commonly termed "wet deposition".

Sulfur dioxide can also be removed from air by uptake of plant leaves. It is reported that direct surface uptake of sulfur dioxide is the most significant dry removal process for atmospheric sulfur.

Sulfur dioxide is very soluble in water, and oceans are generally considered to be a sink for sulfur dioxide. It is also possible that oceans can be a source of sulfur dioxide if the equilibrium pressure of sulfur dioxide in surface water exceeds the partial pressure of sulfur dioxide in the air immediately above it. Any potential releases of sulfur dioxide from water would be expected to partition to the atmosphere.

Dissolved sulfur dioxide in the surface layer of the ocean may be slowly oxidised to the sulfate anion (SO<sub>4</sub><sup>2-</sup>) by the combined presence of dissolved O<sub>2</sub> and trace amounts of transition metal salts as catalysts. At ocean depths, dispersed sulfate may be reduced to sulfur dioxide, sulfur, and hydrogen sulfide by the action of bacteria. Sulfur dioxide absorbed by freshwater lakes is less rapidly oxidized than seawater because of the much lower salt content of freshwater.

Soil can absorb sulfur dioxide, with uptake being dependent on the pH and moisture content of the soil.

Acid rain is the leading cause in an increase in heavy metal mobility in soil. When soil is basic (pH > 7), heavy metals will form insoluble oxides or hydroxides of sulfate, and when soil is acidic, soluble

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sulfates will form.

Sulfur dioxide can be reduced to H<sub>2</sub>S in heat- and alkali-treated sewage sludge by the sulfate-reducing bacteria, Desulfovibrio desulfuricans or Desulfotomaculum orientis.

**DO NOT discharge into sewer or waterways.**

#### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
sodium sulfate	low	low

#### Bioaccumulative potential

Ingredient	Bioaccumulation
sodium sulfate	low (BCF = 3.162)
cobalt(II) sulfate	low (BCF = 37)

#### Mobility in soil

Ingredient	Mobility
sodium sulfate	low (KOC = 6.124)

### SECTION 13 DISPOSAL CONSIDERATIONS

#### Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> <li>Containers may still present a chemical hazard/ danger when empty.</li> <li>Return to supplier for reuse/ recycling if possible.</li> </ul>
	<p>Otherwise:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Where possible retain label warnings and MSDS and observe all notices pertaining to the product.</li> </ul> <p>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.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> <li>Reduction</li> <li>Reuse</li> <li>Recycling</li> <li>Disposal (if all else fails)</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li><b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>It may be necessary to collect all wash water for treatment before disposal.</li> <li>In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>Where in doubt contact the responsible authority.</li> <li>Recycle wherever possible or consult manufacturer for recycling options.</li> <li>Consult State Land Waste Management Authority for disposal.</li> <li>Bury residue in an authorised landfill.</li> <li>Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul>

### SECTION 14 TRANSPORT INFORMATION

#### Labels Required

Marine Pollutant	NO
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Land transport (DOT): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

#### Transport in bulk according to Annex II of MARPOL 73 / 78 and the IBC code

Source	Ingredient	Pollution Category
IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk	sodium sulfite	Y

### SECTION 15 REGULATORY INFORMATION

#### Safety, health and environmental regulations / legislation specific for the substance or mixture

sodium sulfite(7757-83-7) is found on the following regulatory lists	"International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs"; "US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory"
sodium metabisulfite(7681-57-4) is found on the following regulatory lists	"US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants"; "US - California Permissible Exposure Limits for Chemical Contaminants"; "US - Hawaii Air Contaminant Limits"; "US ACGIH Threshold Limit Values (TLV) - Carcinogens"; "US - Vermont Permissible Exposure Limits Table Z-1-A Final Rule Limits for Air Contaminants"; "US - Michigan Exposure Limits for Air Contaminants"; "International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs"; "US NIOSH Recommended Exposure Limits (RELs)"; "US - Alaska Limits for Air Contaminants"; "US - Washington Permissible exposure limits of air contaminants"; "US - Minnesota Permissible Exposure Limits (PELs)"; "US ACGIH Threshold Limit Values (TLV)"; "US - Vermont Permissible Exposure Limits Table Z-1-A Transitional Limits for Air Contaminants"; "US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory"

## CATALYZED SULFITE

<b>sodium sulfate(7757-82-6) is found on the following regulatory lists</b>	"US - California OEHHA/ARB - Acute Reference Exposure Levels and Target Organs (RELs)", "US - Washington Toxic air pollutants and their ASIL, SQER and de minimis emission values", "US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory"
<b>cobalt(II) sulfate(10124-43-3) is found on the following regulatory lists</b>	"US ACGIH Threshold Limit Values (TLV) - Carcinogens", "US National Toxicology Program (NTP) 12th Report Part B. Reasonably Anticipated to be a Human Carcinogen", "International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs", "US - Washington Permissible exposure limits of air contaminants", "US Priority List for the Development of Proposition 65 Safe Harbor Levels - No Significant Risk Levels (NSRLs) for Carcinogens and Maximum Allowable Dose Levels (MADLs) for Chemicals Causing Reproductive Toxicity", "US - California Proposition 65 - Carcinogens", "US National Toxicology Program (NTP) 12th Report Part A Known to be Human Carcinogens", "US ACGIH Threshold Limit Values (TLV)", "US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory"

## SECTION 16 OTHER INFORMATION

## Other information

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](http://www.chemwatch.net/references)

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