DYNAWELD Industrial Supplies Pty Ltd

Chemwatch: 62117 Version No: 6.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: **27/05/2016**Print Date: **30/08/2017**L.GHS.AUS.EN

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

Product Identifier

Product name	Bossweld Pickling Gel			
Synonyms	weld scale remover			
Proper shipping name	ROSIVE LIQUID, TOXIC, N.O.S. (contains nitric acid and hydrofluoric acid)			
Other means of identification	Not Available			

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

Relevant identified uses Stainless steel weld scale remover.

Details of the supplier of the safety data sheet

Registered company name	DYNAWELD Industrial Supplies Pty Ltd				
Address	Sheridan Close, Milperra NSW 2214 Australia				
Telephone	02 8761 6500				
Fax	02 9771 5375				
Website	www.dynaweld.com.au				
Email	Not Available				

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	Not Available
Other emergency telephone numbers	Not Available

CHEMWATCH EMERGENCY RESPONSE

Primary Number	Alternative Number 1	Alternative Number 2	
1800 039 008	1800 039 008	+612 9186 1132	

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

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

HAZARDOUS CHEMICAL. DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

CHEMWATCH HAZARD RATINGS



Poisons Schedule	S7
Classification ^[1]	Metal Corrosion Category 1, Acute Toxicity (Oral) Category 2, Acute Toxicity (Dermal) Category 1, Acute Toxicity (Inhalation) Category 1, Skin Corrosion/Irritation Category 1A, Serious Eye Damage Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)





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Bossweld Pickling Gel

SIGNAL WORD	DANGER					
azard statement(s)						
H290	May be corrosive to metals.					
H300	Fatal if swallowed.					
H310	Fatal in contact with skin.					
H330	Fatal if inhaled.					
H314	Causes severe skin burns and eye damage.					
recautionary statement(s	Prevention					
P260	Do not breathe dust/fume/gas/mist/vapours/spray.					
P262	Do not get in eyes, on skin, or on clothing.					
P270	Do not eat, drink or smoke when using this product.					
P271	Use only outdoors or in a well-ventilated area.					
P280	Wear protective gloves/protective clothing/eye protection/face protection.					
P234	Keep only in original container.					
P284	Wear respiratory protection.					
recautionary statement(s) Response					
recautionary statement(s) P301+P310	Response IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.					
-	•					
P301+P310	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.					
P301+P310 P301+P330+P331	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician. IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.					
P301+P310 P301+P330+P331 P303+P361+P353	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician. IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.					
P301+P310 P301+P330+P331 P303+P361+P353 P304+P340	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician. IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.					
P301+P310 P301+P330+P331 P303+P361+P353 P304+P340 P305+P351+P338	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician. IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.					
P301+P310 P301+P330+P331 P303+P361+P353 P304+P340 P305+P351+P338 P363	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician. IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Wash contaminated clothing before reuse.					
P301+P310 P301+P330+P331 P303+P361+P353 P304+P340 P305+P351+P338 P363 P302+P350	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician. IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Wash contaminated clothing before reuse. IF ON SKIN: Gently wash with plenty of soap and water. Absorb spillage to prevent material damage.					
P301+P310 P301+P330+P331 P303+P361+P353 P304+P340 P305+P351+P338 P363 P302+P350 P390	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician. IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Wash contaminated clothing before reuse. IF ON SKIN: Gently wash with plenty of soap and water. Absorb spillage to prevent material damage.					

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

Precautionary statement(s) Disposal

P501 Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7697-37-2	10-30	<u>nitric acid</u>
7664-39-3	<10	hydrofluoric acid
Not Available	10-30	performance additives
7732-18-5	30-60	water
		NOTE: Manufacturer has supplied full ingredient
		information to allow CHEMWATCH assessment.

SECTION 4 FIRST AID MEASURES

Description of first aid measures					
Eye Contact	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 Contact	If there is evidence of severe skin irritation or skin burns: Avoid further contact. Immediately remove contaminated clothing, including footwear. Flush skin under running water for 15 minutes. Avoiding contamination of the hands, massage calcium gluconate gel into affected areas, pay particular attention to creases in skin. Contact the Poisons Information Centre. Continue gel application for at least 15 minutes after burning sensation ceases.				

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Bossweld Pickling Gel

If pain recurs, repeat application of calcium gluconate gel or apply every 20 minutes. If no gel is available, continue washing for at least 15 minutes, using soap if available. If patient is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth. ▶ Transport to hospital, or doctor, urgently • 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 necessarv. Transport to hospital, or doctor, without delay. ▶ 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. Inhalation This must definitely be left to a doctor or person authorised by him/her. (ICSC13719) For massive exposures: If dusts, vapours, aerosols, fumes or combustion products are inhaled, remove from contaminated area. Lav 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. If victim is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth. ► Transport to hospital, or doctor, urgently. For advice, contact a Poisons Information Centre or a doctor at once. Urgent hospital treatment is likely to be needed. wed 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. Ingestion 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.

Indication of any immediate medical attention and special treatment needed

▶ Transport to hospital or doctor without delay.

Following acute or short term repeated exposure to hydrofluoric acid:

- Subcutaneous injections of Calcium Gluconate may be necessary around the burnt area. Continued application of Calcium Gluconate Gel or subcutaneous Calcium Gluconate should then continue for 3-4 days at a frequency of 4-6 times per day. If a "burning" sensation recurs, apply more frequently.
- ▶ Systemic effects of extensive hydrofluoric acid burns include renal damage, hypocalcaemia and consequent cardiac arrhythmias. Monitor haematological, respiratory, renal, cardiac and electrolyte status at least daily. Tests should include FBE, blood gases, chest X-ray, creatinine and electrolytes, urine output, Ca ions, Mg ions and phosphate ions. Continuous ECG monitoring may be required.
- Where serum calcium is low, or clinical, or ECG signs of hypocalcaemia develop, infusions of calcium gluconate, or if less serious, oral Sandocal, should be given. Hydrocortisone 500 mg in a four to six hourly infusion may help.
- Antibiotics should not be given as a routine, but only when indicated.
- Eye contact pain may be excruciating and 2-3 drops of 0.05% pentocaine hydrochloride may be instilled, followed by further irrigation

BIOLOGICAL EXPOSURE INDEX - BEI

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

DeterminantIndexSampling TimeComments1. Methaemoglobin in blood1.5% of haemoglobinDuring or end of shiftB, NS, SQ

B: Background levels occur in specimens collected from subjects NOT exposed.

NS: Non-specific determinant; Also seen after exposure to other materials

SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.

Treat symptomatically.

For acute or short term repeated exposures to fluorides:

- Fluoride absorption from gastro-intestinal tract may be retarded by calcium salts, milk or antacids.
- Fluoride particulates or fume may be absorbed through the respiratory tract with 20-30% deposited at alveolar level.
- ▶ Peak serum levels are reached 30 mins. post-exposure; 50% appears in the urine within 24 hours.
- For acute poisoning (endotracheal intubation if inadequate tidal volume), monitor breathing and evaluate/monitor blood pressure and pulse frequently since shock may supervene with little warning. Monitor ECG immediately; watch for arrhythmias and evidence of Q-T prolongation or T-wave changes. Maintain monitor. Treat shock vigorously with isotonic saline (in 5% glucose) to restore blood volume and enhance renal excretion.
- ▶ Where evidence of hypocalcaemic or normocalcaemic tetany exists, calcium gluconate (10 ml of a 10% solution) is injected to avoid tachycardia.

BIOLOGICAL EXPOSURE INDEX - BEI

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

DeterminantIndexSampling TimeCommentsFluorides in urine3 mg/gm creatininePrior to shiftB, NS10mg/gm creatinineEnd of shiftB, NS

B: Background levels occur in specimens collected from subjects NOT exposed

NS: Non-specific determinant; also observed after exposure to other exposures.

For intoxication due to nitrogen oxides:

- If patient encountered shortly after exposure, instruct the patient to breathe deeply.
- ▶ Enforce complete rest for 24-48 hours even when the patient is not symptomatic.
- During the presymptomatic period inhalation of sodium bicarbonate-sodium chloride aerosol has been suggested as a prophylactic measure. Vitamin E (an antioxidant), in the form of mixed tocopherols, can be given by mouth in doses of several hundred milligrams. N-acetylcysteine (Mycomyst) by aerolization or direct installation may be worthwhile.

- When patient commences coughing or feels slightly fatigued commence oxygen therapy. Nasal prongs or the use of oxygen with continuous distending airway pressure may be appropriate. (Hyperbaric oxygen increased the risk of pulmonary oedema when given together with NO2 in dogs.)
- Removal of frothy exudate from the respiratory tract may be a major therapeutic problem. Suction, postural draining and other methods may be useful.
- Bronchospasm is corrected by inhalation of aerosols of albuterol, isoetharine, metaproterenol or terbutaline.
- Atropine, adrenaline, expectorants, emetics, sedatives (other than small doses of morphine) and, usually, cardiac glycosides are ineffective. In a few instances rapid digitalization with a drug like ouabain may be advisable.
- The role of venesection and blood replacement by isotonic saline is the subject of debate although venesection should certainly be avoided once circulatory collapse has become established.
- Artificial ventilation is seldom effective
- In the presence of severe, confirmed methaemoglobinaemia, a cautious trial of methylene blue may be justified even though the safety and efficacy of the procedure has not been established in nitrogen oxides poisoning.
- Steroid therapy, to minimize inflammatory reaction, remains controversial.
- ▶ Patients should be observed closely, for at least 6 weeks, to observe, for example, pulmonary oedema.

Gosselin, Smith and Hodge: Clinical Toxicology of Commercial Products: 5th Edition

Patients suspected of excessive exposure should be kept under observation

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

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

Special hazards arising from the substrate or mixture

Special flazards arising from the substrate of finixture						
Fire Incompatibility	None known.					
Advice for firefighters						
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. 					
Fire/Explosion Hazard	 Non combustible. Not considered to be a significant fire risk. 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 corrosive, poisonous fumes. May emit acrid smoke. Decomposition may produce toxic fumes of: nitrogen oxides (NOx) 					
HAZCHEM	2X					

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	 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. Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Contain and absorb spill with sand, earth, inert material or vermiculite. Wipe up. Place in a suitable, labelled container for waste disposal.
Major Spills	 DO NOT touch the spill material 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.

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SECTION 7 HANDLING AND STORAGE

Safe handling

Precautions for safe handling

- ▶ DO NOT allow clothing wet with material to stay in contact with skin
- Avoid all personal contact, including inhalation
- ▶ Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
- Avoid smoking, naked lights or ignition sources.
- 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 storage and handling recommendations contained within this SDS.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

Other information

Suitable container

Storage incompatibility

- ▶ 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 storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

▶ DO NOT use aluminium or galvanised containers

- ▶ Check regularly for spills and leaks
- ▶ 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.

▶ Material is corrosive to most metals, glass and other siliceous materials.

Nitric acid:

- ▶ is a strong acid and oxidiser
- reacts with water or steam to form toxic and corrosive nitrous fumes
- reacts violently with water when added as the concentrated acid with generation of heat (always add acid to water to dilute)
- reacts violently with reducing agents, bases, combustible materials, finely dispersed or powdered metals and metal alloys, acetic anhydride, acetone, acetylene, acrolein, acrylonitrile, alcohols, aliphatic amines, allyl chloride, ammonia, aniline, anionic exchange resins, 1,4-benzoquinone diimine, 1,2-bis(trimethylsilyl)hydrazine, bromine pentafluoride, cresol, crotonaldehyde, cumene, cyanides, diethyl ether, 1,2-dimethyl-2-trimethylsilylhydrazine, diphenyltin, divinyl ether, N-ethylaniline, ethyl phosphine, 2-ethynyffuran, fluorine, halides of phosphorus or sulfur, hydrazine, hydrogen peroxide, germanium, hydrogen iodide, lithium triethylsilyl amide, metal acetylides, 2-methylthiophene, pentanethiol, phosphorus and phosphorus vapours, polyurethane foam, potassium permanganate, resorcinol, rubber (containing lead), sulfides, sulfur, sulfur dioxide, stibine, thiophene, triethylgallium, polydibromosilane, vinyl ether, zinc ethoxide, zinc phosphide, organic solvents and many other substances and ,materials
- is incompatible with many substances including acrylates, aldehydes, alkanolamines, alkylene oxides, aromatic amines, amides, cresols, cyclic ketones, epichlorohydrin, glycols, hydrocarbons, isocyanates, ketones, oleum, organic anhydrides, paraldehyde, phenols, silanes, strong oxidisers, substituted allyls, sulfuric acid, terpenes, vinyl acetate, vinylidene chloride
- forms heat, impact, friction or shock explosive substances with acetic acid, acetoxyethylene glycol, ammonium nitrate, anilinium nitrate, 1,2-dichloroethane, dichloroethylene, dichloromethane, diethylaminoethanol, 3,6-dihydro-1,2,2H-oxazine, dimethyl ether, dinitrobenzenes, disodium phenyl orthophosphate, 2-hexanal, metal salicylates, 3-methylcyclohexanone, nitroaromatics, nitrobenzenes, nitromethane, beta-propyl acrolein, salicylic acid
- ▶ increases the explosive sensitivity of nitromethane
- may decompose when heated with the formation of nitrogen dioxide (which also produces discolouration colourless 100% acid cannot be stored in the presence of light with formation of nitrogen dioxide (which cause discolouration)
- ▶ attacks most metals and some plastics, rubber and coatings
- Inorganic acids are generally soluble in water with the release of hydrogen ions. The resulting solutions have pH's of less than 7.0.
- Inorganic acids neutralise chemical bases (for example: amines and inorganic hydroxides) to form salts neutralisation can generate dangerously large amounts of heat in small spaces.
- ▶ The dissolution of inorganic acids in water or the dilution of their concentrated solutions with additional water may generate significant heat.
- ▶ The addition of water to inorganic acids often generates sufficient heat in the small region of mixing to cause some of the water to boil explosively. The resulting "bumping" can spatter the acid.
- ▶ Inorganic acids react with active metals, including such structural metals as aluminum and iron, to release hydrogen, a flammable gas.
- ▶ Inorganic acids can initiate the polymerisation of certain classes of organic compounds.
- Inorganic acids react with cyanide compounds to release gaseous hydrogen cyanide.
- Inorganic acids generate flammable and/or toxic gases in contact with dithiocarbamates, isocyanates, mercaptans, nitrides, nitriles, sulfides, and strong reducing agents. Additional gas-generating reactions occur with sulfites, nitrites, thiosulfates (to give H2S and SO3), dithionites (SO2), and even carbonates.
- ► Acids often catalyse (increase the rate of) chemical reactions.
- Inorganic peroxy compounds are potent oxidisers that pose fire or explosive hazards when in contact with ordinary combustible materials.
- ▶ Inorganic peroxides react with organic compounds to generate organic peroxide and hydroperoxide products that react violently with reducing agents.
- Inorganic oxidising agents can react with reducing agents to generate heat and products that may be gaseous (causing pressurization of closed containers). The products may themselves be capable of further reactions (such as combustion in the air).

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- Organic compounds in general have some reducing power and can in principle react with compounds in this class. Actual reactivity varies greatly with the identity of the organic compound.
- ▶ Inorganic oxidising agents can react violently with active metals, cyanides, esters, and thiocyanates.
- Peroxides, in contact with inorganic cobalt and copper compounds, iron and iron compounds, acetone, metal oxide salts and acids and bases can react with rapid, uncontrolled decomposition, leading to fires and explosions.
- ▶ 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.
- 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.

Salts of inorganic fluoride:

- react with water forming acidic solutions.
- rare violent reactive with boron, bromine pentafluoride, bromine trifluoride, calcium disilicide, calcium hydride, oxygen difluoride, platinum, potassium.
- in aqueous solutions are incompatible with sulfuric acid, alkalis, ammonia, aliphatic amines, alkanolamines, alkylene oxides, amides, epichlorohydrin, isocvanates, nitromethane, organic anhydrides, vinyl acetate.
- ▶ corrode metals in presence of moisture
- ▶ may be incompatible with glass and porcelain
- ▶ Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous

Hydrogen fluoride:

- reacts violently with strong oxidisers, acetic anhydride, alkalis, 2-aminoethanol, arsenic trioxide (with generation of heat), bismuthic acid, calcium oxide, chlorosulfonic acid, cyanogen fluoride, ethylenediamine, ethyleneimine, fluorine gas reacts vigorously with a 50% hydrofluoric acid solution and may burst into flame), nitrogen trifluoride, N-phenylazopiperidine, oleum, oxygen difluoride, phosphorus pentoxide, potassium permanganate, potassium tetrafluorosilicate(2-), beta-propiolactone, propylene oxide, sodium, sodium tetrafluorosilicate, sulfuric acid, vinyl acetate
- reacts (possibly violently) with aliphatic amines, alcohols, alkanolamines, alkylene oxides, aromatic amines, amides, ammonia, ammonium hydroxide, epichlorohydrin, isocyanates, metal acetylides, metal silicides, methanesulfonic acid, nitrogen compounds, organic anhydrides, oxides, silicon compounds, vinylidene fluoride
- attacks glass and siliceous materials, concrete, ceramics, metals (flammable hydrogen gas may be produced), metal alloys, some plastics, rubber coatings, leather, and most other materials with the exception of lead, platinum, polyethylene, wax.
- ▶ Avoid storage with reducing agents.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	nitric acid	Nitric acid	5.2 mg/m3 / 2 ppm	10 mg/m3 / 4 ppm	Not Available	Not Available
Australia Exposure Standards	hydrofluoric acid	Hydrogen fluoride (as F)	Not Available	Not Available	2.6 mg/m3 / 3 ppm	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
nitric acid	Nitric acid	Not Available	Not Available	Not Available
hydrofluoric acid	Hydrogen fluoride; (Hydrofluoric acid)	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
nitric acid	100 ppm	25 ppm
hydrofluoric acid	30 ppm	30 [Unch] ppm
performance additives	Not Available	Not Available
water	Not Available	Not Available

MATERIAL DATA

None assigned. Refer to individual constituents.

Exposure 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 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.

Appropriate engineering

Provide adequate ventilation in warehouse or closed storage area. Air contaminants generate

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:	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.)

controls

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grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid 2.5-10 m/s (500-2000 air motion) 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 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 and face protection

- Safety glasses with unperforated side shields may be used where continuous eve protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure
- Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.
- Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.
- Alternatively a gas mask may replace splash goggles and face shields.
- 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 eve 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]

Skin protection

Hands/feet protection

See Hand protection below

- ▶ Elbow length PVC gloves
- ▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

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.

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.

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturizer is recommended

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

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.
- Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Contaminated gloves should be replaced.

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.

Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of
- Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

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

▶ Neoprene rubber gloves

Body protection

See Other protection below

Other protection

- Overalls PVC Apron
- PVC protective suit may be required if exposure severe
- Ensure there is ready access to a safety shower

Thermal hazards

Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

Respiratory protection

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

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"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the $\ computergenerated$ selection:

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Material	СРІ
##hydrofluoric	acid
NEOPRENE	A
BUTYL	С
BUTYL/NEOPRENE	С
HYPALON	С
NAT+NEOPR+NITRILE	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE/NATURAL	С
NITRILE	С
NITRILE+PVC	С
PE	С
PE/EVAL/PE	С
PVA	С
PVC	С
SARANEX-23	С
VITON	С
VITON/NEOPRENE	С

^{*} CPI - Chemwatch Performance Index

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.

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	ABE-AUS P2	-	ABE-PAPR-AUS / Class 1 P2
up to 50 x ES	-	ABE-AUS / Class 1 P2	-
up to 100 x ES	-	ABE-2 P2	ABE-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

Appearance	Opaque white acidic gel; mixes with water. Pungent acidic od	our.	
Physical state	Liquid	Relative density (Water = 1)	1.33-1.35
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	<1	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 Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Not available.
Vapour density (Air = 1)	Not available.	VOC g/L	Not Applicable

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	 Contact with alkaline material liberates heat Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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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

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.

Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema.

Acute effects of fluoride inhalation include irritation of nose and throat, coughing and chest discomfort.

Even brief exposure to high concentrations of inorganic fluoride may cause sore throat, chest pains, pulmonary oedema, and in rare cases irreparable damage to the lungs, and death

A single acute over-exposure may cause nose bleed. Pre-existing respiratory conditions such as emphysema, bronchitis may be aggravated by exposure. Occupational asthma may result from exposure.

Acute inhalation exposures to hydrogen fluoride (hydrofluoric acid) vapours produce severe eye, nose, and throat irritation; delayed fever, cyanosis, and pulmonary edema; and may cause death.

Even fairly low airborne concentrations of hydrogen fluoride produce rapid onset of eye, nose, and throat irritation. Hydrogen fluoride has a strong irritating odor that is discernible at concentrations of about 0.04 ppm. Higher concentrations of the vapour/ mist may cause corrosion of the throat, nose and lungs, leading to severe inflammation, pulmonary oedema or possible hypocalcaemia.

Inhaled

Vapour concentration of 10 ppm is regarded as intolerable but a vapour concentration of 30 ppm. is considered by NIOSH as: Immediately Dangerous to Life and Health (IDLH).

In humans, inhalation of hydrogen fluoride gas may cause immediate or delayed-onset pulmonary oedema after a 1-hour exposure. In addition, exposure to high concentrations of the vapors of hydrofluoric acid characteristically results in ulcerative tracheobronchitis and haemorrhagic pulmonary edema; this local reaction is equivalent to that caused by gaseous hydrogen chloride. From accidental, occupational, and volunteer exposures, it is estimated that the lowest lethal concentration for a 5-minute human exposure to hydrogen fluoride is in the range of 50 to 250 ppm. Significant exposures by dermal or inhalation route may cause hypocalcaemia and hypomagnesaemia; cardiac arrhythmias may follow. Acute renal failure has also been documented after an ultimately fatal inhalation exposure

Fluorides are not bound to any extent to plasma proteins. In human serum the fluoride occurs equally as nonionic and ionic forms, when fluoride intake is high the ionic form predominates.

Repeated sublethal exposures to hydrogen fluoride produce liver and kidney damage.

Rats, rabbits, guinea pigs, and dogs subject to hydrogen fluoride inhalation experienced significant irritation of the conjunctivae, nasal tissues, and respiratory system after acute inhalation exposures at near-lethal levels. Pathological lesions were observed in the kidney and liver, and the severity of the lesions was dose related. The external nares and nasal vestibules were black, and, at dosages causing considerable mortality, those areas showed zones of mucosal and submucosal necrosis.

Inhalation of nitric acid mist or fumes at 2 to 25 ppm over an 8 hour period may cause pulmonary irritation and symptoms of lung damage. Only several minutes of exposure to concentrated atmosphere i.e. 200 ppm may cause severe pulmonary damage and even fatality. Death may be delayed for several days. Exposure to nitric acid fumes (with concurrent inhalation of nitrogen dioxide and nitric oxide) may elicit prompt irritation of the upper respiratory tract leading to coughing, gagging, chest pain, dyspnea, cyanosis if concentrations are sufficiently high and duration of exposure sufficiently long, pulmonary oedema. Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severely toxic effects. Relatively small amounts absorbed from the lungs may prove fatal.

Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual.

Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal.

Ingestion pneumonia. Coma and convulsions may be terminal.

Fluoride is a general protoplasmic poison which appears to produce at least four major functional derangements;

(1) enzyme inhibition, (2) hypocalcaemia, (3) cardiovascular collapse and (4) specific organ damage.

Hypocalcaemia which leads to severe reductions in plasma levels of both total calcium and ionic calcium, may appear several hours after exposure producing painful and involuntary muscular contractions (tetany) initially of the extremities (carpopedal spasm, twitching of limb muscles, laryngo-spasm, cardiospasm etc). Cardiovascular collapse is probably the principal cause of death in acute fluoride poisoning with sinus tachycardia the commonest cardiac finding and serious cardiac arrhythmias also common. Poisonings also cause major adverse effects on the brain and kidneys.

Toxic effects may include headache, excessive salivation, rapid movements of the eyeball (nystagmus) and dilated pupils. Convulsions may occur but lethargy, stupor and coma are more common. Renal pathology (acute congestion) has been described in human casualties.

Even a small amount of nitric acid causes severe corrosion of the stomach, burning pain, vomiting and shock, possibly causing non-healing scarring of the gastrointestinal tract and stomach. Death may be delayed 12 hours to 14 days or to several months. Such late fatalities are attributed to a chemical lobular pneumonitis secondary to aspiration. Survivors show stricture of the gastric mucosa and subsequent pernicious anaemia.

Skin Contact

Skin contact with the material may produce severely toxic effects; systemic effects may result following absorption and these may be fatal.

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.

The skin is readily penetrated by the fluoride ion causing liquefaction necrosis of the soft tissues and decalcification and corrosion of bone. Healing is delayed and necrotic changes may continue to occur and spread beneath a layer of tough coagulated skin.

Percutaneous absorption of pure liquefied hydrogen fluoride gas produced severe hypocalcaemia, multiple attacks of ventricular fibrillation, and death 9.5 hours after exposure. Skin contact with hydrogen fluoride or solutions containing more than 30 percent hydrogen fluoride produces immediate pain; reactions to more dilute solutions may be delayed for many hours. The accompanying pain is excruciating and persistent due to delayed healing.

Open cuts, abraded or irritated skin should not be exposed to this material

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Contact of the skin with liquid hydrofluoric acid (hydrogen fluoride) may cause severe burns, erythema, and swelling, vesiculation, and serious crusting. With more serious burns, ulceration, blue-gray discoloration, and necrosis may occur. Solutions of hydrofluoric acid, as dilute as 2%, may cause severe skin burns. 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.

Skin contact with nitric acid causes yellow discolouration of the skin, blisters and scars that may not heal. The skin may be stained bright-yellow or yellowish brown due to the formation of xanthoproteic acid. Dilute solutions may harden the epithelium without producing overt corrosion.

Eve

Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness.

Experiments in which a 20-percent aqueous solution of hydrofluoric acid (hydrogen fluoride) was instilled into the eyes of rabbits caused immediate damage in the form of total corneal opacification and conjunctival ischemia; within an hour, corneal stroma edema occurred, followed by necrosis of anterior ocular structures.

Eye contact with concentrated nitric acid may give no pain, whilst diluted solution causes intense pain and both can cause permanent eye damage or blindness. Burns may result in shrinkage of the eyeball, symblepharon (adhesions between tarsal and bulbar conjunctivae), permanent corneal opacification, and visual impairment leading to blindness

Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

The impact of inhaled acidic agents on the respiratory tract depends upon a number of interrelated factors. These include physicochemical characteristics, e.g., gas versus aerosol; particle size (small particles can penetrate deeper into the lung); water solubility (more soluble agents are more likely to be removed in the nose and mouth). Given the general lack of information on the particle size of aerosols involved in occupational exposures to acids, it is difficult to identify their principal deposition site within the respiratory tract. Acid mists containing particles with a diameter of up to a few micrometers will be deposited in both the upper and lower airways. They are irritating to mucous epithelia, they cause dental erosion, and they produce acute effects in the lungs (symptoms and changes in pulmonary function). Asthmatics appear to be at particular risk for pulmonary effects.

Chronic

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Long term exposure to vapour or dust with inorganic fluorides may result in fluorosis, with rheumatic symptoms, stiff joints, mottling of tooth enamel. Other signs may include nausea, vomiting, anorexia, diarrhoea or constipation, weight loss, anaemia, weakness and general ill-health. Polyuria and polydipsia may also occur. Exfoliative dermatitis, atopic dermatitis, stomatitis, gastrointestinal and respiratory allergy, and on occasions, central nervous system involvement have all been described.

Prolonged or repeated overexposure to low concentrations of nitric acid vapour may cause chronic bronchitis, corrosion of teeth, even chemical pneumonitis. Repeated human exposures to hydrogen fluoride (6 hours/day for 10-50 days) at concentrations as high as 4.7 ppm were tolerated without severe adverse reaction. At concentrations exceeding 3 ppm, researchers noted burning and irritation of the eyes and nose and burning of the skin. Three subjects who inhaled approximately 3 ppm had severe urinary excretions of 6.7-9.4 mg fluoride/day. One epidemiological study was able to demonstrate that there was no significant change in pulmonary function resulting from occupational exposure to average concentrations of 1.02 ppm hydrogen fluoride. A further study indicated a threshold for minimal increases (Grade 1) in bone density (fluorosis) at less than 3.38 mg/m3 (4.3 ppm) hydrogen fluoride. Grade 1 fluorosis resulted in no medically recognised disability. Hydrogen fluoride readily penetrates the skin and causes decalcification and corrosion of the bone and underlying tissue (hypocalcaemia). Deaths due to hypocalcaemia have been cited in the literature. Ingestion will cause severe pain and burns in the mouth and throat. Profound and possibly fatal hypocalcaemia is likely to occur unless medical treatment is promptly initiated. Symptoms include spasm and twitching of the muscles, high fever, convulsion and general extreme pain. Inhalation may cause corrosion of the throat, nose and lungs, leading to severe inflammation, pulmonary oedema or possible hypocalcaemia. [NIOSHTIC]

December District Col	TOXICITY	IRRITATION
Bossweld Pickling Gel	Not Available	Not Available
	TOXICITY	IRRITATION
nitric acid	50-500 mg/kg $^{[2]}$	Not Available
	Inhalation (rat) LC50: 0.00013 mg/L/4h ^[2]	
	TOXICITY	IRRITATION
hydrofluoric acid	Inhalation (rat) LC50: 0.000275 mg/L/60M ^[2]	Eye (human): 50 mg - SEVERE
	TOXICITY	IRRITATION
water	Not Available	Not Available

Legend:

NITRIC ACID

1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

for acid mists, aerosols, vapours

Data from assays for genotoxic activity in vitro suggest that eukaryotic cells are susceptible to genetic damage when the pH falls to about 6.5. Cells from the respiratory tract have not been examined in this respect. Mucous secretion may protect the cells of the airways from direct exposure to inhaled acidic mists, just as mucous plays an important role in protecting the gastric epithelium from its auto-secreted hydrochloric acid. In considering whether pH itself induces genotoxic events in vivo in the respiratory system, comparison should be made with the numan stomach, in which gastric juice may be at pH 1-2 under fasting or nocturnal conditions, and with the human urinary bladder, in which the pH of urine can range from <5 to > 7 and normally averages 6.2. Furthermore, exposures to low pH in vivo differ from exposures in vitro in that, in vivo, only a portion of the cell surface is subjected to the adverse conditions, so that perturbation of intracellular homeostasis may be maintained more readily than in vitro.

The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

Oral (?) LD50: 50-500 mg/kg * [Various Manufacturers]

HYDROFI UORIC ACID

(liver and kidney damage) [Manufacturer] for hydrogen fluoride (as vapour)

NITRIC ACID & HYDROFLUORIC ACID

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

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O - Data Not Available to make classification

	on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eos RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates re irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of (often particulate in nature) and is completely reversible after exposure ceases. The disorder is continuous control of the contr	lated to the concentration of and duration of exposure to the exposure due to high concentrations of irritating substance
NITRIC ACID & HYDROFLUORIC ACID	The material may produce severe irritation to the eye causing pronounced inflammation. Repeate conjunctivitis.	ed or prolonged exposure to irritants may produce
NITRIC ACID & HYDROFLUORIC ACID	The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may inclu headache, nausea, and a burning sensation. Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first remo (inflammation of the lungs may be a consequence). The repair process (which initially developed to protect mammalian lungs from foreign matter an (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.	oving or neutralising the irritant and then repairing the damage d antigens) may, however, cause further damage to the lungs nt of gas exchange, the primary function of the lungs.
HYDROFLUORIC ACID & WATER	No significant acute toxicological data identified in literature search.	
Acute Toxicity	✓ Carcinogenicity	0
Skin Irritation/Corrosion	Reproductivity	0
Serious Eye Damage/Irritation	✓ STOT - Single Exposure	0
Respiratory or Skin sensitisation	STOT - Repeated Exposure	0
Mutagenicity	○ Aspiration Hazard	0
	Legend:	 Data available but does not fill the criteria for classification Data available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Bossweld Pickling Gel	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
nitric acid	NOEC	16	Crustacea	107mg/L	4
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	51mg/L	2
hydrofluoric acid	EC50	48	Crustacea	=270mg/L	1
	NOEC	504	Fish	4mg/L	2
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURC
water	Not Available	Not Available	Not Available	Not Available	Not Available

(Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
water	LOW (LogKOW = -1.38)

Mobility in soil

Ingredient	Mobility
water	LOW (KOC = 14.3)

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SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging

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

Otherwis

- 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 SDS and observe all notices pertaining to the product.

SECTION 14 TRANSPORT INFORMATION

disposal

Labels Required





Marine Pollutant
HAZCHEM

NO 2X

Land transport (ADG)

UN number	2922
UN proper shipping name	CORROSIVE LIQUID, TOXIC, N.O.S. (contains nitric acid and hydrofluoric acid)
Transport hazard class(es)	Class 8 Subrisk 6.1
Packing group	
Environmental hazard	Not Applicable
Special precautions for user	Special provisions 274 Limited quantity 1 L

Air transport (ICAO-IATA / DGR)

ti transport (10A0 IAIA / E	, or y		
UN number	2922		
UN proper shipping name	Corrosive liquid, toxic, n.o.s. * (contains nitric acid and hydrofluoric acid)		
Transport hazard class(es)	ICAO/IATA Class 8 ICAO / IATA Subrisk 6.1 ERG Code 8P		
Packing group	II		
Environmental hazard	Not Applicable		
	Special provisions	A3 A803	
	Cargo Only Packing Instructions	855	
	Cargo Only Maximum Qty / Pack	30 L	
Special precautions for user	Passenger and Cargo Packing Instructions	851	
	Passenger and Cargo Maximum Qty / Pack	1L	
	Passenger and Cargo Limited Quantity Packing Instructions	Y840	
	Passenger and Cargo Limited Maximum Qty / Pack	0.5 L	

Sea transport (IMDG-Code / GGVSee)

UN number	2922	
UN proper shipping name	CORROSIVE LIQUID, TOXIC, N.O.S. (contains nitric acid and hydrofluoric acid)	
Transport hazard class(es)	IMDG Class 8 IMDG Subrisk 6.1	
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	F-A , S-B 274 1L

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Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

NITRIC ACID(7697-37-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	International Air Transport Association (IATA) Dangerous Goods Regulations - Prohibited List
	Passenger and Cargo Aircraft

HYDROFLUORIC ACID(7664-39-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC
	Monographs

WATER(7732-18-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Υ
Canada - DSL	Y
Canada - NDSL	N (water; hydrofluoric acid; nitric acid)
China - IECSC	Υ
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (hydrofluoric acid; nitric acid)
Korea - KECI	Υ
New Zealand - NZIoC	Y
Philippines - PICCS	Υ
USA - TSCA	Y
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
hydrofluoric acid	7664-39-3, 790596-14-4

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.

The 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.

Definitions and abbreviations

 ${\sf PC-TWA} : {\sf Permissible\ Concentration-Time\ Weighted\ Average}$

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit $_{\circ}$

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection

OTV: Odour Threshold Value

BCF: BioConcentration Factors

BEI: Biological Exposure Index

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