ITW POLYMERS & FLUIDS

Chemwatch: **5315-81**Version No: **6.1**

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Issue Date: 23/12/2022 Print Date: 25/09/2024 S.GHS.AUS.EN

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	APPLIED ACIDIFOAM
Chemical Name	Not Applicable
Synonyms	A2539
Proper shipping name	CORROSIVE LIQUID, N.O.S. (contains oxalic acid dihydrate)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Foaming acid cleaner.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	ITW POLYMERS & FLUIDS	ITW Polymers & Fluids (NZ)
Address	100 Hassall Street, Wetherill Park NSW 2164 Australia	Unit 2/38 Trugood Drive, East Tamaki, Auckland 2013 New Zealand
Telephone	+61 2 9757 8800	0800 476 265
Fax	+61 2 9757 3855	+64 9 273 6489
Website	www.itwpf.com.au	www.itwpf.co.nz
Email	Not Available	Not Available

Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE (24/7)	ITW Polymers & Fluids (NZ)	CHEMWATCH EMERGENCY RESPONSE (24/7)
Emergency telephone numbers	+61 1800 951 288	0800 2436 2255	+61 1800 951 288
Other emergency telephone numbers	+61 3 9573 3188	Not Available	+61 3 9573 3188

Once connected and if the message is not in your preferred language then please dial ${\bf 01}$

SECTION 2 Hazards identification

Classification of the substance or mixture

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

Poisons Schedule	S6
Classification [1]	Corrosive to Metals Category 1, Skin Corrosion/Irritation Category 1B, Serious Eye Damage/Eye Irritation Category 1, Reproductive Toxicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)





Issue Date: 23/12/2022 Print Date: 25/09/2024

Signal word	Danger
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Hazard statement(s)

H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H361d	Suspected of damaging the unborn child.
H373	May cause damage to organs through prolonged or repeated exposure.

Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read carefully and follow all instructions.

Precautionary statement(s) Prevention

	,
P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P280	Wear protective gloves, protective clothing, eye protection and face protection.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
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.

Precautionary statement(s) Storage

P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight] Name		
6153-56-6	5-10	oxalic acid dihydrate	
2799-19-1	1-5	monoethanolamine oxalate (salt)	
7732-18-5	30-60	water	
Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L * EU IOELVs available			

SECTION 4 First aid measures

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Description of first aid measures				
Eye Contact	If this product comes in contact with the eyes: Wash out immediately with fresh running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.			
Skin Contact	If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation.			

Chemwatch: 5315-81 Page 3 of 11 Issue Date: 23/12/2022 Version No. 6.1 Print Date: 25/09/2024

APPLIED ACIDIFOAM

Inhalation	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor. Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)
Ingestion	 For advice, contact a Poisons Information Centre or a doctor at once. Urgent hospital treatment is likely to be needed. If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

- Effective therapy against burns from oxalic acid involves replacement of calcium.
- Intravenous oxalic acid is substantially excreted (88% 90%) in the urine within 36 hours.

For acute or short term repeated exposures to strong acids:

- Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- > Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- ▶ DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
- Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- Charcoal has no place in acid management.
- ▶ Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

- Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
- ▶ Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

- Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjuctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.
- Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
- Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

[Ellenhorn and Barceloux: Medical Toxicology]

Treatment must be prompt.

- Give immediately by mouth, a dilute solution of any soluble calcium salt; calcium lactate, lime water, finely pulverised chalk or plaster suspended in a large volume of water or milk. Large amounts of calcium are required to inactivate oxalate by precipitating it as the insoluble calcium salt. Do NOT give an emetic
- Perform gastric lavage carefully or not at all if severe mucosal injury is evident. Dilute lime water (calcium hydroxide) makes a good lavage fluid if used in large quantity.
- Administer a slow intravenous injection of 10-20 ml of calcium gluconate (10% solution) or of calcium chloride (5% solution). This injection may be repeated frequently to prevent hypocalcaemic tetany. Calcium gluconate (10 m) may also be given intramuscularly every few hours. Calcium compounds are never given subcutaneously; even the intramuscular route is hazardous in infants because of the incidence of sloughing.
- In severe cases parathyroid extract (100 USP units) should be given intramuscularly.
- Morphine may be necessary to control pain.
- Treat shock by cautious intravenous injection of isotonic saline solution. Check for metabolic acidosis and infuse sodium bicarbonate if necessary.
- ▶ Watch for oedema of the glottis late formation of oesophageal stricture.
- Useful demulcents by mouth include milk of magnesia, bismuth subcarbonate, and mineral oil.
- Prophylactic and therapeutic measures in anticipation of renal damage.

[GOSSELIN SMITH HODGE: Clinical Toxicology of Commercial Products]

Chemwatch: 5315-81 Version No: 6.1

Page 4 of 11 APPLIED ACIDIFOAM

Issue Date: 23/12/2022 Print Date: 25/09/2024

Oxalates are readily metabolized to oxalic acid in the body. Oxalic acid is excreted in the urine at a rate of 8-40 mg/day in healthy normal men and women. About half is excreted as oxalic acid and half as magnesium, calcium or other salts. Ingested oxalic acid is also excreted in the feces. In rats, approximately half of ingested oxalic acid is destroyed by bacterial action and about 25% is excreted unchanged in the feces. In humans, calcium oxalate is deposited in the kidneys as crystals and may be deposited in non-crystalline form, bound to lipid, in the liver and other body tissues.

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility

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

Advice for firefighters

Addition for intelligence	
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.
Fire/Explosion Hazard	 ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Acids may react with metals to produce hydrogen, a highly flammable and explosive gas. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. Combustion products include: carbon monoxide (CO) carbon dioxide (CO2) other pyrolysis products typical of burning organic material.
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	 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.
Major Spills	 Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus. Prevent, by any means available, spillage from entering drains or water course.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	 DO NOT allow clothing wet with material to stay in contact with skin Limit all unnecessary personal contact. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Avoid contact with incompatible materials.
Other information	 Store in original containers. Keep containers securely sealed. Store in a cool, dry, well-ventilated area. Store away from incompatible materials and foodstuff containers.

Issue Date: 23/12/2022 Print Date: 25/09/2024

Conditions for safe storage, including any incompatibilities

Suitable container	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.
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SECTION 8 Exposure controls / personal protection

Avoid strong bases.

Control parameters

Version No: 6.1

Occupational Exposure Limits (OEL)

Storage incompatibility

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	oxalic acid dihydrate	Oxalic acid	1 mg/m3	2 mg/m3	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
oxalic acid dihydrate	2 mg/m3	20 mg/m3	500 mg/m3
oxalic acid dihydrate	2 mg/m3	83 mg/m3	500 mg/m3

Ingredient	Original IDLH	Revised IDLH
oxalic acid dihydrate	500 mg/m3	Not Available
monoethanolamine oxalate (salt)	Not Available	Not Available
water	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
monoethanolamine oxalate (salt)	E	≤ 0.01 mg/m³
Notes:	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.	

Exposure controls

Appropriate engineering controls

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

The basic types of engineering controls are:

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

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.

Individual protection measures, such as personal protective equipment









Eye and face protection

- ► Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.

Skin protection

See Hand protection below

- ▶ Wear chemical protective gloves, e.g. PVC.
- ▶ Wear safety footwear or safety gumboots, e.g. Rubber
- ▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

Hands/feet protection

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.

Page 6 of 11

Issue Date: 23/12/2022

APPLIED ACIDIFOAM	Print Date: 25/09/2024

Body protection	See Other protection below
Other protection	 Overalls. PVC Apron. PVC protective suit may be required if exposure severe. Eyewash unit.

Respiratory protection

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

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 Physical and chemical properties

Appearance	Pale blue foaming acidic liquid; mixes with wa	ter.	
	<u> </u>		
Physical state	Liquid	Relative density (Water = 1)	1.09
Odour	Not Available	Partition coefficient n- octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	1.9	Decomposition temperature (°C)	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	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

Page **7** of **11**

APPLIED ACIDIFOAM

Issue Date: 23/12/2022 Print Date: 25/09/2024

Serious Eye Damage/Irritation

SECTION 11 Toxicologica	al information		
nformation on toxicologic	al effects		
Inhaled	Not normally a hazard due to non-volatile nature of product Corrosive acids can cause irritation of the respiratory tract, be dizziness, headache, nausea and weakness.		g and mucous membrane damage. There may
Ingestion	The material can produce chemical burns within the oral ca	vity and gastrointestir	nal tract following ingestion.
Skin Contact	The material can produce chemical burns following direct on Open cuts, abraded or irritated skin should not be exposed Entry into the blood-stream, through, for example, cuts, about the skin prior to the use of the material and ensure	to this material asions or lesions, ma	
Eye	The material can produce chemical burns to the eye followi	ng direct contact. Vap	ours or mists may be extremely irritating.
Chronic	Repeated or long-term occupational exposure is likely to pr systems. Based on experience with animal studies, exposure to the relevels which do not cause significant toxic effects to the mode based on experience with similar materials, there is a posselevels which do not cause other toxic effects. Repeated or prolonged exposure to acids may result in the airways to lung, with cough, and inflammation of lung tissue. Chronic exposure to oxalates may result in circulatory failure oxalate. Prolonged and severe exposure can cause chronic weight loss and weakness.	material may result in ther. ibility that exposure to erosion of teeth, swel e often occurs. re or nervous system	toxic effects to the development of the foetus, and the material may reduce fertility in humans at lling and/or ulceration of mouth lining. Irritation of irregularities, the latter due to calcium binding to
APPLIED ACIDIFOAM	TOXICITY Not Available	Not Available	
	TOXICITY	IRRITATION	
avalia asid dibudrata			250 mg/24 h SEVEDE *
oxalic acid dihydrate	Oral (Rat) LD50: 7500 mg/kg ^[2]		250 mg/24 h - SEVERE *
		Skiii (labbit).	500 mg/24 h - mild
nonoethanolamine oxalate	TOXICITY	IRRITATION	
(salt)	Not Available	Not Available	
	TOXICITY	IRRITATION	
water	Oral (Rat) LD50: >90000 mg/kg ^[2]	Not Available	
Legend:	Value obtained from Europe ECHA Registered Substanc Unless otherwise specified data extracted from RTECS - F	-	
OXALIC ACID DIHYDRATE	* Supreme Resources MSDS Asthma-like symptoms may continue for months or even ye allergic condition known as reactive airways dysfunction sy highly irritating compound. Main criteria for diagnosing RAL individual, with sudden onset of persistent asthma-like sym irritant. Other criteria for diagnosis of RADS include a rever bronchial hyperreactivity on methacholine challenge testing eosinophilia. For acid mists, aerosols, vapours Test results suggest that eukaryotic cells are susceptible to respiratory tract have not been examined in this respect. Mexposure to inhaled acidic mists (which also protects the state that the material may produce severe irritation to the eye causi irritants may produce conjunctivitis. The material may produce respiratory tract irritation, and return the material may cause skin irritation after prolonged or return the production of vesicles, scaling and thickening of the skin.	ndrome (RADS) which of include the absence proms within minutes sible airflow pattern or and the lack of mining genetic damage whe ucous secretion may comach lining from the ng pronounced inflam sult in damage to the peated exposure and	n can occur after exposure to high levels of the of previous airways disease in a non-atopic to hours of a documented exposure to the in lung function tests, moderate to severe mal lymphocytic inflammation, without in the pH falls to about 6.5. Cells from the protect the cells of the airway from direct hydrochloric acid secreted there). mation. Repeated or prolonged exposure to lung including reduced lung function.
MONOETHANOLAMINE OXALATE (SALT) & WATER	No significant acute toxicological data identified in literature	search.	
Acute Toxicity	×	Carcinogenicity	×
Skin Irritation/Corrosion	*	Reproductivity	~

STOT - Single Exposure

Issue Date: 23/12/2022 Print Date: 25/09/2024

Respiratory or Skin sensitisation	×	STOT - Repeated Exposure	*
Mutagenicity	×	Aspiration Hazard	×

Legend: X − Data either not available or does not fill the criteria for classification

✓ − Data available to make classification

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
APPLIED ACIDIFOAM	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
oxalic acid dihydrate	EC10(ECx)	24h	Algae or other aquatic plants	220mg/l	4
	Endpoint	Test Duration (hr)	Species	Value	Source
monoethanolamine oxalate (salt)	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
water	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	4. US EPA, Ed		e ECHA Registered Substances - Ecotoxico lata 5. ECETOC Aquatic Hazard Assessme centration Data 8. Vendor Data	•	-

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
oxalic acid dihydrate	LOW	LOW
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
oxalic acid dihydrate	LOW (LogKOW = -1.7365)

Mobility in soil

Ingredient	Mobility
oxalic acid dihydrate	HIGH (Log KOC = 1.895)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal

- ▶ Recycle wherever possible or consult manufacturer for recycling options.
- ▶ Consult State Land Waste Management Authority for disposal.
- ▶ Treat and neutralise at an effluent treatment plant.
- Use soda ash or slaked lime to neutralise.

SECTION 14 Transport information

Labels Required



Marine Pollutant

NC

Issue Date: 23/12/2022 Print Date: 25/09/2024

HAZCHEM	2X

and transport (ADG)

1760	
CORROSIVE LIQUID,	N.O.S. (contains oxalic acid dihydrate)
Class Subsidiary Hazard	8 Not Applicable
III	
Not Applicable	
Special provisions Limited quantity	223 274 5 L
	CORROSIVE LIQUID Class Subsidiary Hazard III Not Applicable Special provisions

Air transport (ICAO-IATA / DGR)

14.1. UN number	1760		
14.2. UN proper shipping name	Corrosive liquid, n.o.s. * (contains of	oxalic acid dihydrate)	
	ICAO/IATA Class	8	
14.3. Transport hazard class(es)	ICAO / IATA Subsidiary Hazard	Not Applicable	
0.000(00)	ERG Code	8L	
14.4. Packing group	III		
14.5. Environmental hazard	Not Applicable		
	Special provisions		A3 A803
	Cargo Only Packing Instructions		856
	Cargo Only Maximum Qty / Pack		60 L
14.6. Special precautions for user	Passenger and Cargo Packing In	structions	852
	Passenger and Cargo Maximum	Qty / Pack	5 L
	Passenger and Cargo Limited Qu	uantity Packing Instructions	Y841
	Passenger and Cargo Limited Ma		1 L

Sea transport (IMDG-Code / GGVSee)

1760		
CORROSIVE LIQUID, N.O.S. (contains oxalic acid dihydrate)		
IMDG Class		8
IMDG Subsidiary Hazard		Not Applicable
III		
Not Applicable		
EMS Number	F-A,S	-В
Special provisions	223 274	
Limited Quantities	ntities 5 L	
	IMDG Class IMDG Subsidiary Ha III Not Applicable EMS Number Special provisions	CORROSIVE LIQUID, N.O.S. (IMDG Class IMDG Subsidiary Hazard III Not Applicable EMS Number F-A, S. Special provisions 223 274

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

Not Applicable

14.7.2. Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
oxalic acid dihydrate	Not Available

Chemwatch: **5315-81**Version No: **6.1**

Page **10** of **11**

APPLIED ACIDIFOAM

Issue Date: 23/12/2022 Print Date: 25/09/2024

Product name	Group
monoethanolamine oxalate (salt)	Not Available
water	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
oxalic acid dihydrate	Not Available
monoethanolamine oxalate (salt)	Not Available
water	Not Available

SECTION 15 Regulatory information

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

oxalic acid dihydrate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

Australian Inventory of Industrial Chemicals (AIIC)

monoethanolamine oxalate (salt) is found on the following regulatory lists

Not Applicable

water is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status		
Australia - AIIC / Australia Non-Industrial Use	No (monoethanolamine oxalate (salt))		
Canada - DSL	No (monoethanolamine oxalate (salt))		
Canada - NDSL	No (oxalic acid dihydrate; water)		
China - IECSC	No (monoethanolamine oxalate (salt))		
Europe - EINEC / ELINCS / NLP	Yes		
Japan - ENCS	No (monoethanolamine oxalate (salt))		
Korea - KECI	No (monoethanolamine oxalate (salt))		
New Zealand - NZIoC	No (monoethanolamine oxalate (salt))		
Philippines - PICCS	No (monoethanolamine oxalate (salt))		
USA - TSCA	Yes		
Taiwan - TCSI	No (monoethanolamine oxalate (salt))		
Mexico - INSQ	No (monoethanolamine oxalate (salt))		
Vietnam - NCI	Yes		
Russia - FBEPH	No (monoethanolamine oxalate (salt))		
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.		

SECTION 16 Other information

Revision Date	23/12/2022
Initial Date	02/08/2018

SDS Version Summary

Chemwatch: 5315-81 Page 11 of 11 Issue Date: 23/12/2022 Version No: 6.1 Print Date: 25/09/2024

APPLIED ACIDIFOAM

Version	Date of Update	Sections Updated
5.1	03/09/2020	Classification change due to full database hazard calculation/update.
6.1	23/12/2022	Classification review due to GHS Revision change.

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.

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.

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TEL (+61 3) 9572 4700.