

## SODIUM HYPOCHLORITE – Liquid Chlorine

ChemWatch Review SDS

Chemwatch Hazard Alert Code: 3

Chemwatch: 35008

Issue Date: 27/06/2017 Version No: 8.1.1.1

Print Date: 08/02/2018

Safety Data Sheet according to HSNO Regulations

L.GHS.NZL.EN

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

#### Product Identifier

Product name	OJI FIBRE SOLUTIONS SODIUM HYPOCHLORITE
Chemical Name	sodium hypochlorite
Synonyms	Na-Cl-O, Cl-O-Na(H <sub>2</sub> O), hypochlorous acid, sodium salt, hypochlorous acid, sodium salt, pentahydrate, sodium hypochlorite pentahydrate, Surchlor, Antiformin, B-K liquid, Chloros, Chlorox, Dakins solution, Hyclorite, Milton
Proper shipping name	HYPOCHLORITE SOLUTION
Chemical formula	Cl-O.Na.5H <sub>2</sub> -O ClHO.Na Cl-O.Na
Other means of identification	Not Available
CAS number	7681-52-9

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

Relevant identified uses	Used in the bleaching of paper pulp and textiles, for the purification of water, in medicine, as a swimming pool disinfectant and laundering agent and as a fungicide and germicide. Also used in the manufacture of organic chemicals and as a chemical intermediate. [-Intermediate -]
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#### Details of the supplier of the safety data sheet

Registered company name	ChemWatch
Address	Australia
Telephone	Not Available
Fax	Not Available
Website	Not Available
Email	Not Available

#### Emergency telephone number

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

### SECTION 2 HAZARDS IDENTIFICATION

#### Classification of the substance or mixture

**Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation. Classified as Dangerous Goods for transport purposes.**

#### CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	0	
Toxicity	1	
Body Contact	3	
Reactivity	2	
Chronic	0	

0 = Minimum  
1 = Low  
2 = Moderate  
3 = High  
4 = Extreme

Classification [2]	Oxidizing Liquid Category 2, Acute Toxicity (Inhalation) Category 5, Skin Corrosion/Irritation Category 1C, Serious Eye Damage Category 1, Acute Aquatic Hazard Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI
Gazetted by EPA New Zealand	5.1.1B, 6.1E (inhalation), 8.2C, 8.3A, 9.1A (crustacean), 9.1A (fish), 9.1D (algal)

## Label elements

Hazard pictogram(s)	
SIGNAL WORD	<b>DANGER</b>

## Hazard statement(s)

H272	May intensify fire; oxidiser.
H333	May be harmful if inhaled.
H314	Causes severe skin burns and eye damage.
H400	Very toxic to aquatic life.

## Precautionary statement(s) Prevention

P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P221	Take any precaution to avoid mixing with combustibles/organic material.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/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): Remove/Take off immediately all contaminated clothing. Rinse skin with water/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.
P310	Immediately call a POISON CENTER or doctor/physician.

## Precautionary statement(s) Storage

P405	Store locked up.
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## Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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## SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

## Substances

CAS No	%[weight]	Name
7681-52-9	>98	<u>Oji Fibre Solutions Sodium Hypochlorite</u>
		marketed as sodium hypochlorite solution
		containing more than 5% available chlorine

## Mixtures

See section above for composition of Substances

## SECTION 4 FIRST AID MEASURES

NZ Poisons Centre 0800 POISON (0800 764 766) | NZ Emergency Services: 111

## Description of first aid measures

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear.</li> <li>▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.</li> </ul>

<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> <li>▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.</li> <li>▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).</li> <li>▶ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested.</li> <li>▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. <b>This must definitely be left to a doctor or person authorised by him/her.</b> (ICSC13719)</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> </ul>
	<ul style="list-style-type: none"> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul>

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

Excellent warning properties force rapid escape of personnel from chlorine vapour thus most inhalations are mild to moderate. If escape is not possible, exposure to high concentrations for a very short time can result in dyspnea, haemoptysis and cyanosis with later complications being tracheobroncho-pneumonitis and pulmonary oedema.

Oxygen, intermittent positive pressure breathing apparatus and aerosolised bronchodilators are of therapeutic value where chlorine inhalation has been light to moderate. Severe inhalation should result in hospitalisation and treatment for a respiratory emergency.

Any chlorine inhalation in an individual with compromised pulmonary function (COPD) should be regarded as a severe inhalation and a respiratory emergency. [CCINFO, Dow 1988]

Effects from exposure to chlorine gas include pulmonary oedema which may be delayed. Observation in hospital for 48 hours is recommended

Diagnosed asthmatics and those people suffering from certain types of chronic bronchitis should receive medical approval before being employed in occupations involving chlorine exposure. If burn is present, treat as any thermal burn, after decontamination. for corrosives:

#### BASIC TREATMENT

- ▶ Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- ▶ Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- ▶ Monitor and treat, where necessary, for pulmonary oedema .
- ▶ Monitor and treat, where necessary, for shock. ▶ Anticipate seizures.
- ▶ Where eyes have been exposed, flush immediately with water and continue to irrigate with normal saline during transport to hospital.
- ▶ **DO NOT use emetics.** Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- ▶ Skin burns should be covered with dry, sterile bandages, following decontamination.
- ▶ **DO NOT attempt neutralisation as exothermic reaction may occur.**

#### ADVANCED TREATMENT

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

#### EMERGENCY DEPARTMENT

- ▶ Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome. ▶ Consider endoscopy to evaluate oral injury. ▶ Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L. *EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed.* 1994

For acute or repeated exposures to hypochlorite solutions:

- ▶ Release of small amounts of hypochlorous acid and acid gases from the stomach following ingestion, is usually too low to cause damage but may be irritating to mucous membranes. Buffering with antacid may be helpful if discomfort is evident.
- ▶ Evaluate as potential caustic exposure.
- ▶ Decontaminate skin and eyes with copious saline irrigation. Check exposed eyes for corneal abrasions with fluorescein staining. ▶ Emetics or lavage and catharsis may be indicated for mild caustic exposure.
- ▶ Chlorine exposures require evaluation of acid/base and respiratory status.
- ▶ Inhalation of vapours or mists may result in pulmonary oedema.

ELLENHORN and BARCELOUX: *Medical Toxicology.*

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort. Rest and medical observation is therefore essential. Immediate administration of an appropriate spray, by a doctor or a person authorised by him/her should be considered. (ICSC24419/24421

## SECTION 5 FIREFIGHTING MEASURES

### Extinguishing media

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

### Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	None known.
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### Advice for firefighters

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> Decomposition may produce toxic fumes of: <ul style="list-style-type: none"> <li>hydrogen chloride</li> <li>metal oxides</li> </ul> May emit corrosive fumes.

## 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

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Remove all ignition sources.</li> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ 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.</li> </ul> Neutralise with sodium metabisulfite or sodium thiosulfate.
<b>Major Spills</b>	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> </ul> Neutralise with sodium metabisulfite or sodium thiosulfate.

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

## SECTION 7 HANDLING AND STORAGE

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ <b>WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.</b></li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in an upright position.</li> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> </ul>

**Conditions for safe storage, including any incompatibilities**

<b>Suitable container</b>	<p>Liquid inorganic hypochlorites shall not be transported in unlined metal drums. Inner packagings shall be fitted with vented closures and plastics drums and carboys shall have vented closures or be performance tested to a minimum of 250 kPa. All non-vented packagings shall be filled so that the ullage is at least 10% at 21-25 deg.C. Vented packagings may be filled to an ullage not less than 5% at 21-25 deg.C, provided that this ullage does not result in leakage from, nor distortion of, the packaging.</p> <ul style="list-style-type: none"> <li>▶ Glass container is suitable for laboratory quantities ▶</li> <li>Lined metal can, lined metal pail/ can.</li> <li>▶ Plastic pail.</li> <li>▶ Polyliner drum.</li> <li>▶ Packing as recommended by manufacturer.</li> </ul> <p>For low viscosity materials</p> <ul style="list-style-type: none"> <li>▶ Drums and jerricans must be of the non-removable head type.</li> <li>▶ Where a can is to be used as an inner package, the can must have a screwed enclosure.</li> </ul> <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> <li>▶ Removable head packaging; ▶</li> <li>Cans with friction closures and ▶</li> <li>low pressure tubes and cartridges may be used.</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Contact with acids produces toxic fumes</li> <li>▶ Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.</li> <li>▶ These trifluorides are hypergolic oxidisers. They ignite on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition. ▶ The state of subdivision may affect the results.</li> <li>▶ Presence of rust (iron oxide) or other metal oxides catalyses decomposition of inorganic hypochlorites.</li> <li>▶ Contact with water can cause heating and decomposition giving off chlorine and oxygen gases. Solid hypochlorites in contact with water or moisture may generate sufficient heat to ignite combustible materials. Thermal decomposition can be sustained in the absence of oxygen.</li> <li>Contact with acids produces toxic fumes of chlorine</li> <li>▶ Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous</li> </ul>

**SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION**

**Control parameters**

**OCCUPATIONAL EXPOSURE LIMITS (OEL)**

**INGREDIENT DATA**

Not Available

**EMERGENCY LIMITS**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
Oji Fibre Solutions Sodium Hypochlorite	Sodium hypochlorite pentahydrate	13 mg/m3	140 mg/m3	290 mg/m3
Oji Fibre Solutions Sodium Hypochlorite	Sodium hypochlorite	2 mg/m3	54 mg/m3	630 mg/m3
Ingredient	Original IDLH	Revised IDLH		
Oji Fibre Solutions Sodium Hypochlorite	Not Available	Not Available		

**MATERIAL DATA**

for chlorine:


Odour Threshold Value: 0.08 ppm (detection) - olfactory fatigue may develop

NOTE: Detector tubes for chlorine, measuring in excess of 0.2 ppm, are commercially available. Long-term measurements (8 hrs) may be conducted to detect concentrations exceeding 0.13 ppm.

Smell is not a good indicator of severity of exposure in the range 0.5 to 2 ppm. In this range subjects found exposure unpleasant with itching and burning of the throat reported and occasionally an urge to cough.

available chlorine, as chlorine TLV TWA: 0.5 ppm, 1.5 mg/m3; STEL: 1 ppm, 2.9 mg/m3 ES Peak: 1 ppm, 3 mg/m3 CEL TWA: 2 mg/m3 (compare WEEL TWA) The odour threshold is likely to be similar to that of chlorine, 0.3 ppm. Acute, subchronic, and chronic toxicity studies have shown no significant treatment related effects. High concentrations may produce moderate to severe eye irritation, but not permanent injury. High doses also appear to be embryotoxic. Since nearly all sodium hypochlorite is handled as aqueous solution, airborne exposure is likely to be as an aerosol, or mist.

**Exposure controls**

<b>Appropriate engineering controls</b>	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.</p> <p><b>CARE:</b> Use of a quantity of this material in confined space or poorly ventilated area, where rapid build up of concentrated atmosphere may occur, could require increased ventilation and/or protective gear</p>
<b>Personal protection</b>	

<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with unperforated side shields may be used where continuous eye 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.</li> <li>▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.</li> <li>▶ 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.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ Elbow length PVC gloves</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care.</p>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ PVC Apron.</li> <li>▶ PVC protective suit may be required if exposure severe.</li> <li>▶ Eyewash unit.</li> </ul>
<b>Thermal hazards</b>	Not Available

**Recommended material(s)**

**Respiratory protection**

**GLOVE SELECTION INDEX**

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

Glove selection is based on a modified presentation of the: **"Forsberg Clothing Performance Index"**.

Selection of the Class and Type of respirator will depend upon the level of breathing zone

The effect(s) of the following substance(s) are taken into account in the **computer** contaminant and the chemical nature of the contaminant. Protection Factors (defined as the **generated** selection: ratio of contaminant outside and inside the mask) may also be important.

OJI FIBRE SOLUTIONS SODIUM HYPOCHLORITE

up to 100	10000	-	B-3 P2
100+			Airline**

Material	Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
NATURAL RUBBER				
NATURAL+NEOPRENE	up to 10	1000	B-AUS / Class1 P2	-
NEOPRENE				
NITRILE	up to 50	1000	-	B-AUS / Class 1 P2
NITRILE+PVC	up to 50	5000	Airline *	-
PVC	up to 100	5000	-	B-2 P2

\* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

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

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)

- ▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- ▶ The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- ▶ Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- ▶ Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program. ▶ Use approved positive flow mask if significant quantities of dust becomes airborne. ▶ Try to avoid creating dust conditions.

## SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

### Information on basic physical and chemical properties

<b>Appearance</b>	White crystals with disagreeable odour; soluble in cold water, decomposed by hot water. Strong oxidising agent. Highly unstable in air unless mixed with sodium hydroxide. Usually stored and used in solution.		
<b>Physical state</b>	Divided Solid	<b>Relative density (Water = 1)</b>	Not Available
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Decomposes.	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Decomposes.	<b>Molecular weight (g/mol)</b>	74.77
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Applicable
<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water (g/L)</b>	Miscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## SECTION 10 STABILITY AND REACTIVITY

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul>  Sodium hypochlorite solutions slowly decompose when exposed to heat, light.
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

**SECTION 11 TOXICOLOGICAL INFORMATION**

**Information on toxicological effects**

<p><b>Inhaled</b></p>	<p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if</p>								
	<p>excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Chlorine vapour is extremely irritating to the upper respiratory tract and lungs Symptoms of exposure to chlorine include coughing, choking, breathing difficulty, chest pain, headache, vomiting, pulmonary oedema. Inhalation may cause lung congestion, bronchitis and loss of consciousness. Effects may be delayed. Delayed effects of exposure to chlorine vapour can include shortness of breath, violent headaches, pulmonary oedema and pneumonia. If warmed to temperatures greater than 40 deg.C or mixed with acids, toxic and irritating chlorine gas is released.</p>								
<p><b>Ingestion</b></p>	<p>The material can produce severe chemical burns within the oral cavity and gastrointestinal tract following ingestion. Accidental ingestion of the material may be damaging to the health of the individual. Ingestion of hypochlorites may cause burning in the mouth and throat, abdominal cramps, nausea, vomiting, diarrhoea, pain and inflammation of the mouth and stomach, fall of blood pressure, shock, confusion, and delirium. Severe poisonings may lead to convulsion, coma and death. Ingestion irritates the mouth, throat, and stomach. The hypochlorous acid liberated in the stomach can cause wall perforation, toxemia, haemorrhage and death.</p>								
<p><b>Skin Contact</b></p>	<p>The material can produce severe chemical burns following direct contact with the skin. Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.</p> <p>Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. Skin contact will result in rapid drying, bleaching, leading to chemical burns on prolonged contact. Open cuts, abraded or irritated skin should not be exposed to this material. Contact may cause severe itchiness, skin lesions and mild eczema. A 5.25% solution of sodium hypochlorite applied to intact human skin for 4 hours and observed at 4, 24 and 48 hours resulted in exudation and slight sloughing of the skin on 4 of 7 subjects. Two patients were reported with chronic allergic dermatitis of the hand related to sensitisation to sodium hypochlorite as the active component of laundry bleach. Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>								
<p><b>Eye</b></p>	<p>The material can produce severe chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. Hypochlorite in pool water at concentrations of 1 ppm chlorine or less is non irritating to eyes if the pH is higher than 7.2 (slightly alkaline). At lower pH, a sensation of stinging, smarting of eyes with transient reddening may occur but generally no injury. Eye contact with a 5% hypochlorite solution may produce a temporary burning discomfort and slight irritation of the corneal epithelium with no injury</p>								
<p><b>Chronic</b></p>	<p>Repeated or prolonged exposure to corrosives 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. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.</p> <p>Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray. Reduced respiratory capacity may result from chronic low level exposure to chlorine gas. Chronic poisoning may result in coughing, severe chest pains, sore throat and haemoptysis (bloody sputum). Moderate to severe exposures over 3 years produced decreased lung capacity in a number of workers. Delayed effects can include shortness of breath, violent headaches, pulmonary oedema and pneumonia.</p>								
<p><b>Oji Fibre Solutions Sodium Hypochlorite</b></p>	<table border="1"> <thead> <tr> <th data-bbox="212 1843 766 1921">TOXICITY</th> <th data-bbox="766 1843 1514 1921">IRRITATION</th> </tr> </thead> <tbody> <tr> <td data-bbox="212 1921 766 2000">Oral (rat) LD50: &gt;237 mg/kg<sup>[1]</sup></td> <td data-bbox="766 1921 1514 2000">Eye (rabbit): 10 mg - moderate</td> </tr> <tr> <td data-bbox="212 2000 766 2045"></td> <td data-bbox="766 2000 1514 2045">Eye (rabbit): 100 mg - moderate</td> </tr> <tr> <td data-bbox="212 2045 766 2060"></td> <td data-bbox="766 2045 1514 2060">Skin (rabbit): 500 mg/24h-moderate</td> </tr> </tbody> </table>	TOXICITY	IRRITATION	Oral (rat) LD50: >237 mg/kg <sup>[1]</sup>	Eye (rabbit): 10 mg - moderate		Eye (rabbit): 100 mg - moderate		Skin (rabbit): 500 mg/24h-moderate
TOXICITY	IRRITATION								
Oral (rat) LD50: >237 mg/kg <sup>[1]</sup>	Eye (rabbit): 10 mg - moderate								
	Eye (rabbit): 100 mg - moderate								
	Skin (rabbit): 500 mg/24h-moderate								



**Legend:** 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

**OJI FIBRE SOLUTIONS SODIUM HYPOCHLORITE**

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. Hypochlorite salts are classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. Most of the data for toxicity of hypochlorites by the oral route are from studies performed with sodium hypochlorite or chlorine gas. In biological systems, characterised by pH values in the range of 6-8, the most abundant active chemical species is (hypochlorous acid) HOCl, in equilibrium with hypochlorite anion (ClO<sup>-</sup>). Such available chlorine is readily absorbed via the oral route and distributed into plasma, bone marrow, testis, skin, kidney and lung. Only about as sodium hypochlorite pentahydrate

<b>Skin Irritation/Corrosion</b>	✓	<b>Reproductivity</b>	⊖
<b>Serious Eye Damage/Irritation</b>	✓	<b>STOT - Single Exposure</b>	⊖
<b>Respiratory or Skin sensitisation</b>	⊖	<b>STOT - Repeated Exposure</b>	⊖
<b>Mutagenicity</b>	⊖	<b>Aspiration Hazard</b>	⊖

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

**SECTION 12 ECOLOGICAL INFORMATION**

**Toxicity**

<b>Oji Fibre Solutions Sodium Hypochlorite</b>	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	0.032mg/L	4
	EC50	48	Crustacea	0.028mg/L	2
	EC50	72	Algae or other aquatic plants	0.0183mg/L	2
	NOEC	72	Algae or other aquatic plants	0.0054mg/L	2

**Legend:** Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite

V3.12

(QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

Very toxic to aquatic organisms.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites. For chlorine:

**Environmental fate:**

Atmospheric chlorine produced as a result of such process as disinfection forms hydrochloric (HCl) or hypochlorous (HOCl) acid in the atmosphere, either through reactions with hydroxy radicals or other trace species such as hydrocarbons. These acids are believed to be removed from the atmosphere primarily through precipitation washout (i.e. wet deposition as chlorine is scrubbed out by rain in the subcloud layer) or dry deposition as gaseous chlorine contacts and reacts with the earth's surface.

**Water** chlorination, resulting from municipal and industrial wastewater treatment and cooling water disinfection, initially introduces chlorine into the water as chlorine gas, hypochlorite ion (OCl<sup>-</sup>), or its salt. These forms of chlorine are termed free residual chlorines (FRC).

for hypochlorites:

**Environmental fate:**

NOTE: Hypochlorite ion is predominant at alkaline pH values, while Cl<sub>2</sub> is mainly present at pH below 4. Therefore the concentration of chlorine in an aqueous solution is generally expressed as free available chlorine (FAC) which is the sum of Cl<sub>2</sub> + HOCl + ClO<sup>-</sup>, regardless whether these species stem from dissolved gaseous chlorine or from dissolved sodium/calcium hypochlorite. Hypochlorite anion dissolved in water is brought to equilibrium between active chlorine species like chlorine (Cl<sub>2</sub>), hypochlorous acid (HOCl) or hypochlorite ClO<sup>-</sup>. The relative amounts of the components are dependent on ionic strength and pH. At the pH in the natural environment (6-8), HOCl or ClO is dominating (HClO: pKa = 7.53).

Prevent, by any means available, spillage from entering drains or water courses. **DO NOT discharge into sewer or waterways.**

The material is classified as an **ecotoxin\*** because the **Fish LC50 (96 hours)** is less than or equal to 0.1 mg/l

\* Classification of Substances as Ecotoxic (Dangerous to the Environment)

Appendix 8, Table 1

Compiler's Guide for the Preparation of International Chemical Safety Cards: 1993 Commission of the European Communities

**Persistence and degradability**

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

<b>Acute Toxicity</b>		<b>Carcinogenicity</b>	
-----------------------	--	------------------------	--

**Bioaccumulative potential**

Ingredient	Bioaccumulation
	No Data available for all ingredients

**Mobility in soil**

Ingredient	Mobility
	No Data available for all ingredients

**SECTION 13 DISPOSAL CONSIDERATIONS**



**Waste treatment methods**

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> </ul> <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> <li>▶ Reduction</li> <li>▶ Reuse</li> </ul>
	<ul style="list-style-type: none"> <li>▶ Recycling</li> <li>▶ Disposal (if all else fails)</li> </ul> <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Recycle wherever possible.</li> <li>▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.</li> <li>▶ Treat and neutralise at an approved treatment plant. Treatment should involve: Mixing or slurring in water; Neutralisation followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material)</li> <li>▶ Decontaminate empty containers.</li> </ul>

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

**SECTION 14 TRANSPORT INFORMATION**

**Labels Required**

	
<b>Marine Pollutant</b>	
<b>HAZCHEM</b>	2X

**Land transport (UN)**

<b>UN number</b>	1791				
<b>UN proper shipping name</b>	HYPOCHLORITE SOLUTION				
<b>Transport hazard class(es)</b>	<table border="0"> <tr> <td>Class</td> <td>8</td> </tr> <tr> <td>Subrisk</td> <td>Not Applicable</td> </tr> </table>	Class	8	Subrisk	Not Applicable
Class	8				
Subrisk	Not Applicable				
<b>Packing group</b>	II				

<b>Environmental hazard</b>	Environmentally hazardous	
<b>Special precautions for user</b>	Special provisions	Not Applicable
	Limited quantity	1 L

**Air transport (ICAO-IATA / DGR)**

<b>UN number</b>	1791	
<b>UN proper shipping name</b>	Hypochlorite solution	
<b>Transport hazard class(es)</b>	ICAO/IATA Class	8
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	8L
<b>Packing group</b>	II	
<b>Environmental hazard</b>	Environmentally hazardous	
<b>Special precautions for user</b>	Special provisions	A3 A803
	Cargo Only Packing Instructions	855
	Cargo Only Maximum Qty / Pack	30 L
	Passenger and Cargo Packing Instructions	851
	Passenger and Cargo Maximum Qty / Pack	1 L
	Passenger and Cargo Limited Quantity Packing Instructions Y840	
	Passenger and Cargo Limited Maximum Qty / Pack	0.5L

**Sea transport (IMDG-Code / GGVSee)**

<b>UN number</b>	1791	
<b>UN proper shipping name</b>	HYPOCHLORITE SOLUTION	
<b>Transport hazard class(es)</b>	IMDG Class	8
	IMDG Subrisk	Not Applicable
<b>Packing group</b>	II	
<b>Environmental hazard</b>	Marine Pollutant	
<b>Special precautions for user</b>	EMS Number	F-A , S-B
	Special provisions	Not Applicable
	Limited Quantities	1 L

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

Source	Product name	Pollution Category	Ship Type
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk	Sodium hypochlorite solution (15% or less)	Y	2

**SECTION 15 REGULATORY INFORMATION**

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

This substance can be managed under the controls specified in the Transfer Notice or alternatively it may be managed using the conditions specified in an applicable Group Standard.

HSR Number	Group Standard
HSR003698	Not Available

**OJ FIBRE SOLUTIONS SODIUM HYPOCHLORITE(7681-52-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs  
 New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

New Zealand Inventory of Chemicals (NZIoC)

**Location Test Certificate**

Subject to Regulation 55 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations, a location test certificate is required when quantity greater than or equal to those indicated below are present.

Hazard Class	Quantity beyond which controls apply for closed containers	Quantity beyond which controls apply when use occurring in open containers
Not Applicable	Not Applicable	Not Applicable

**Approved Handler**

Subject to Regulation 56 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations and Regulation 9 of the Hazardous Substances (Classes 6, 8, and 9 Controls) Regulations, the substance must be under the personal control of an Approved Handler when present in a quantity greater than or equal to those indicated below.

Class of substance	Quantities
9.1A, 9.2A, 9.3A, and 9.4A	Any quantity
5.1.1B	500 kg or L

Refer Group Standards for further information

**Tracking Requirements**

Subject to Hazardous Substances (Tracking) Regulation 2001

- Refer to the regulation for more information

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (Oji Fibre Solutions Sodium Hypochlorite)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
<b>Legend:</b>	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
Oji Fibre Solutions Sodium Hypochlorite	7681-52-9, 10022-70-5

**OJI FIBRE SOLUTIONS SODIUM HYPOCHLORITE**

Version No: 8.1.1.1

Print Date: 08/02/2018

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**

PC—TWA: 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.

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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**OJI FIBRE SOLUTIONS SODIUM HYPOCHLORITE**

