

SODIUM HYPOCHLORITE

Not Available

Chemwatch Hazard Alert Code: 3

Chemwatch: 35008

Version No: 8.1.1.1

Safety Data Sheet

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S.GHS.CAN.EN

SECTION 1 IDENTIFICATION

Product Identifier

Product name	SODIUM HYPOCHLORITE
Chemical Name	sodium hypochlorite
Synonyms	Antiformin, B-K liquid, Chloros, Chlorox, Cl-O-Na(H ₂ O), Dakins solution, Hyclorite, Milton, Na-Cl-O, Surchlor, hypochlorous acid, sodium salt, hypochlorous acid, sodium salt, pentahydrate, sodium hypochlorite pentahydrate
Proper shipping name	HYPOCHLORITE SOLUTION with more than 7% available chlorine
Chemical formula	Cl-O.Na.5H ₂ -O ClHO.Na Cl-O.Na
Other means of identification	Not Available
CAS number	7681-52-9

Recommended use of the chemical and restrictions on use

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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Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

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

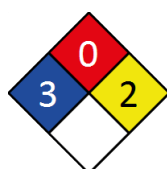
Emergency phone number

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

SECTION 2 HAZARD(S) IDENTIFICATION

Classification of the substance or mixture

NFPA 704 diamond



Note: The hazard category numbers found in GHS classification in section 2 of this SDSs are NOT to be used to fill in the NFPA 704 diamond. Blue = Health Red = Fire Yellow = Reactivity White = Special (Oxidizer or water reactive substances)

SODIUM HYPOCHLORITE



Classification	Metal Corrosion Category 1, Skin Corrosion/Irritation Category 1A, Serious Eye Damage Category 1, Acute Aquatic Hazard Category 1
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Label elements

GHS label elements	
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SIGNAL WORD	DANGER
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Hazard statement(s)

H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H318	Causes serious eye damage.
H400	Very toxic to aquatic life.

Hazard(s) not otherwise specified

Not Applicable

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P234	Keep only in original packaging.
P273	Avoid release to the environment.

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.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.

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>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

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ 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	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ 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.
Inhalation	<ul style="list-style-type: none"> ▶ 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, 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. <p>This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)</p>
Ingestion	<ul style="list-style-type: none"> ▶ 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

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, haemophysis and cyanosis with later complications being tracheobronchopneumonitis 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.

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- ▶ 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.
- ▶ Emesis 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 FIRE-FIGHTING 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	None known.
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Special protective equipment and precautions for fire-fighters

Fire Fighting	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn. <p>Decomposition may produce toxic fumes of; hydrogen chloride, metal oxides. May emit corrosive fumes.</p>

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	<ul style="list-style-type: none"> ▶ Remove all ignition sources. ▶ Clean up all spills immediately. ▶ Avoid contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ 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.
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	Neutralise with sodium metabisulfite or sodium thiosulfate.
Major Spills	<ul style="list-style-type: none"> ▶ 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. 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

Safe handling	<ul style="list-style-type: none"> ▶ 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.
Other information	<ul style="list-style-type: none"> ▶ Store in an upright position. ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Suitable container	<p>Liquid inorganic hypochlorites shall not to 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"> ▶ Glass container is suitable for laboratory quantities ▶ Lined metal can, lined metal pail/ can. ▶ Plastic pail. ▶ Polyliner drum. ▶ Packing as recommended by manufacturer. <p>For low viscosity materials</p> <ul style="list-style-type: none"> ▶ 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. <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"> ▶ Removable head packaging; ▶ Cans with friction closures and ▶ low pressure tubes and cartridges <p>may be used.</p>
Storage incompatibility	<ul style="list-style-type: none"> ▶ Contact with acids produces toxic fumes ▶ Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride. ▶ These trifluorides are hypergolic oxidisers. They ignites 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. ▶ Presence of rust (iron oxide) or other metal oxides catalyses decomposition of inorganic hypochlorites. ▶ 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. <p>Contact with acids produces toxic fumes of chlorine</p> <ul style="list-style-type: none"> ▶ Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous

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
sodium hypochlorite	Sodium hypochlorite pentahydrate	4.6 mg/m3	51 mg/m3	290 mg/m3
sodium hypochlorite	Sodium hypochlorite	2 mg/m3	20 mg/m3	630 mg/m3

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Ingredient	Original IDLH	Revised IDLH
sodium hypochlorite	Not Available	Not Available

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.</p> <p>CARE: 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>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ 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. ▶ 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.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Elbow length PVC gloves <p>NOTE:</p> <ul style="list-style-type: none"> ▶ 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. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Suitability and durability of glove type is dependent on usage.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ PVC Apron. ▶ PVC protective suit may be required if exposure severe. ▶ Eyewash unit.
Thermal hazards	Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	CPI
NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NEOPRENE	A
NITRILE	A
NITRILE+PVC	A
PVC	A

* 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

Respiratory protection

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

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

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

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

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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.

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

Appearance	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.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Decomposes.	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Decomposes.	Molecular weight (g/mol)	74.77
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 Applicable
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 Available

SECTION 10 STABILITY AND REACTIVITY

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

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Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.</p> <p>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Chlorine vapour is extremely irritating to the airways and lungs, causing coughing, choking, breathing difficulty, chest pain, headache, vomiting, fluid accumulation in the lungs, chest infection and loss of consciousness. Effects may be delayed. Long term exposure (at workplace) may lead to corrosion of the teeth, irritate the linings of the nose and may increase the likelihood of developing tuberculosis. Recent studies have not confirmed these findings.</p> <p>If warmed to temperatures greater than 40 deg.C or mixed with acids, toxic and irritating chlorine gas is released.</p>
Ingestion	<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.</p> <p>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>
Skin Contact	<p>The material can produce severe chemical burns following direct contact with the skin.</p> <p>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>There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons.</p> <p>Skin contact will result in rapid drying, bleaching, leading to chemical burns on prolonged contact</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Contact may cause severe itchiness, skin lesions and mild eczema.</p> <p>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.</p> <p>Two patients were reported with chronic allergic dermatitis of the hand related to sensitisation to sodium hypochlorite as the active component of laundry bleach</p> <p>Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	<p>The material can produce severe chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.</p> <p>If applied to the eyes, this material causes severe eye damage.</p> <p>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 sensation of stinging, smarting of eyes with transient reddening may occur but generally no injury.</p> <p>Eye contact with a 5% hypochlorite solution may produce a temporary burning discomfort and slight irritation of the corneal epithelium with no injury</p>
Chronic	<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.</p> <p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population.</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.</p> <p>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.</p> <p>Delayed effects can include shortness of breath, violent headaches, pulmonary oedema and pneumonia.</p>

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sodium hypochlorite	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >10000 mg/kg ^[1]	Eye (rabbit): 10 mg - moderate
	Oral (rat) LD50: >237 mg/kg ^[1]	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

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Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

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.

Hypochlorite salts are extremely corrosive and can cause severe damage to the eyes and skin. A number of skin cancers have been observed in mice, when applied to their skin.

as sodium hypochlorite pentahydrate

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

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

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
sodium hypochlorite	EC50	0.08	Crustacea	0.002mg/L	4
sodium hypochlorite	LC50	96	Fish	0.032mg/L	4
sodium hypochlorite	EC50	48	Crustacea	0.026mg/L	2
sodium hypochlorite	EC50	72	Algae or other aquatic plants	0.0183mg/L	2
sodium hypochlorite	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 - 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:

Atmospheric Fate: Atmospheric chlorine forms hydrochloric or hypochlorous acid in the atmosphere, either through reactions with hydroxyl radicals or, other trace species, such as hydrocarbons. These acids are believed to be removed from the atmosphere primarily through precipitation washout/dry deposition. When chlorine, hypochlorous acid or hydrogen chloride mixes in the atmosphere with water vapor, dilute solutions of strong mineral acids form which fall to earth as acid rain, snow, fog, or acidified dry particles.

Continued...

SODIUM HYPOCHLORITE

Terrestrial Fate: Soil - Chlorine may react with soil components to form chlorides; depending on their water solubility, these chlorides are easily washed out from the soil.

In freshwater, the hypochlorites break down rapidly into non-toxic compounds when exposed to sunlight. While chlorine levels decline rapidly In seawater, hypobromite (which is acutely toxic to aquatic organisms) is formed. Sodium and calcium hypochlorite exhibit low levels of toxicity to birds, but they are highly toxic to freshwater fish and invertebrates. As hypochlorite is a highly reactive chemical, it undergoes a series of reactions, including oxidation of inorganic and organic species, and chlorination, forming organohalogen by-products.

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

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

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ 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. <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"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <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"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible. ▶ 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. ▶ 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 licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material) ▶ Decontaminate empty containers.
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SECTION 14 TRANSPORT INFORMATION

Labels Required



SODIUM HYPOCHLORITE

Marine Pollutant



Land transport (TDG)

UN number	1791	
UN proper shipping name	HYPOCHLORITE SOLUTION with more than 7% available chlorine	
Transport hazard class(es)	Class	8
	Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Explosive Limit and Limited Quantity Index	1 L
	ERAP Index	Not Applicable

Air transport (ICAO-IATA / DGR)

UN number	1791	
UN proper shipping name	Hypochlorite solution	
Transport hazard class(es)	ICAO/IATA Class	8
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	8L
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	A3A803
	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	0.5 L

Sea transport (IMDG-Code / GGVSee)

UN number	1791	
UN proper shipping name	HYPOCHLORITE SOLUTION	
Transport hazard class(es)	IMDG Class	8
	IMDG Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Marine Pollutant	
Special precautions for user	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
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SODIUM HYPOCHLORITE

IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk	Sodium hypochlorite solution (15% or less)	Y	2
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SECTION 15 REGULATORY INFORMATION

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

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations and the MSDS contains all the information required by the Controlled Products Regulations.

SODIUM HYPOCHLORITE(7681-52-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Canada Categorization decisions for all DSL substances
Canada Domestic Substances List (DSL)

International Agency for Research on Cancer (IARC) - Agents Classified
by the IARC Monographs

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (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
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
sodium hypochlorite	7681-52-9, 10022-70-5

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net

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

SODIUM HYPOCHLORITE

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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