



Mineral Process Control (MPC) Pty Ltd

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MATERIAL SAFETY DATA SHEET

Product: Assay Tabs

SECTION 1 - IDENTIFICATION

Product Name:	Assay Tabs
Other Names:	Sodium Cyanide Solid (~75%)
Recommended Use:	Gold Assay Laboratory consumable
Company:	Mineral Process Control Pty Ltd ABN 42 009 416 193
Address:	Unit 3, 30 Furniss Rd LANDSDALE WA 6065
Telephone Number:	(08) 9303 2334
Emergency Telephone Number:	(08) 9303 2334, or 0409 118 355

SECTION 2 – HAZARDS IDENTIFICATION

HAZARDOUS SUBSTANCE

This material is hazardous according to Australian WHS Regulations.

DANGEROUS GOODS

Classified as Dangerous Goods by the criteria of the Australian Dangerous Goods Code (ADG Code) for Transport by Road and Rail

Poisons Schedule: S7

GHS Classifications

Acute Toxicity: Oral: Category 2, Dermal: Category 1, Inhalation: Category 2,

Skin Corrosion/Irritation: Category 2.

Serious Eye Damage/Eye Irritation: Category 1

Specific Target Organ Toxicity (Repeated Exposure): Category 1

Aquatic Hazard (Chronic): Category 1

Aquatic Hazard (Acute): Category 1

GHS Label Elements



Signal Word

DANGER

Hazard Statements

H300	Fatal if swallowed
H310	Fatal in contact with skin
H315	Causes skin irritation
H318	Causes serious eye damage
H330	Fatal if inhaled
H360FD	May damage fertility, may damage unborn child
H372	Causes damage to organs through prolonged or repeated exposure
H400	Very toxic to aquatic life
AUH032	Contact with acids liberates very toxic gas

Prevention Statements

P260	Do not breathe dust/fume/gas/mist/vapours/spray
P262	Do not get in eyes, on skin or on clothing
P264	Wash thoroughly after handling
P270	Do not eat, drink or smoke when using this product
P271	Use only outdoors or in a well-ventilated area
P273	Avoid release to the environment
P280	Wear protective gloves/protective clothing/eye protection/face protection
P284	Wear respiratory protection

Response statements

P301 + P310	IF SWALLOWED: Immediately call poison centre or doctor/physician
P302 + P350	IF ON SKIN: Gently wash with plenty of soap and water
P304 + P340	IF INHALED: Remove victim to fresh air and keep at rest position comfortable for breathing
P305 + P338 + P351	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue to rinse
P314	Get medical advice/attention if you feel unwell
P320	Specific treatment is urgent – see first aid instructions
P330	Rinse mouth
P332 + P313	If skin irritation occurs: Get medical advice/attention
P362	Remove contaminated clothing and wash before re-use
P391	Collect spillage

Storage Statements

P233 + P403	Store in a well-ventilated space. Keep container tightly closed.
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Disposal Statement

P501	Dispose of contents/container in accordance with relevant regulations
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SECTION 3 – COMPOSITION

Ingredients

Chemical Entity	CAS number	Proportion
Sodium Cyanide	143-33-9	75% (approx.)
Lead Nitrate	10099-74-8	~0.5%
Organic Oxidants Mixture	No Specific	~25%

For advice, contact a Poisons Information Centre (Phone e.g. Australia 131 126; New Zealand 0 800 764766) or a doctor at once. Urgent hospital treatment is likely to be needed.

Cyanide poisoning - first aid and medical treatment

Properties

Cyanide is a rapidly acting and extremely toxic chemical that exists in various forms. Depending on temperature, it can be a colourless gas or liquid (e.g. hydrogen cyanide –HCN, cyanogen) or a solid (e.g. sodium or potassium cyanide). Cyanide is described as having a bitter almond odour at concentrations greater than 1 ppm, but not everyone can detect this.

Routes of absorption

The primary route of occupational exposure is through inhalation, which results in rapid absorption into the systemic circulation. A less common route in the occupational setting is through ingestion. Cyanide can also be absorbed through the eyes or intact skin.

Mechanism of action

Cyanide inhibits cytochrome oxidase at the cellular level, preventing cells from using oxygen. This impairs the function of vital organs.

Cyanide poisoning

The onset of symptoms following cyanide exposure depends on:

- a) the form of cyanide;
- b) the mode of entry into the body; and
- c) the dose.

Acute

Mild poisoning - This may manifest as anxiety, headache, nausea and vomiting, mucous membrane irritation, metallic taste, shortness of breath and dizziness.

Progression of poisoning - Signs of deterioration include increasing shortness of breath, falling blood pressure, cardiac arrhythmia, periods of cyanosis and a deteriorating level of consciousness.

Moderate and severe poisoning - Exposure to cyanide gas produces the most rapid onset of symptoms. High concentrations of inhaled cyanide result in rapid loss of consciousness with seizures, difficulty breathing and cardiac arrest, with death occurring within a few minutes. Survivors may suffer brain injury due to either a direct toxic effect or anoxia (lack of oxygen).

Eyes - Direct contact with cyanide in caustic solutions is irritating to the eyes. Cyanide can also be absorbed into the body through the eyes.

Skin - Cyanide in caustic solution is corrosive to the skin and can also be rapidly absorbed through the skin.

Chronic

Chronic exposure may result in symptoms of headache, eye irritation, fatigue, chest symptoms and nose bleeds. This is uncommon as cyanide is broken down to thiocyanate in the body and excreted.

Rescue and first aid

The first priority is to remove the casualty from further exposure – ideally move to a source of fresh air.

The trained rescuer should have donned appropriate respiratory and dermal personal protective equipment (PPE), especially gloves, goggles and an appropriate respirator if hydrogen cyanide or liquid cyanide is involved.

Airway - Clear and insert oral airway if casualty is unconscious and not breathing. If breathing, place in coma position.

Breathing - Mouth-to-mouth resuscitation should be avoided due to the risk of contamination to the rescuer. If not breathing, use a resuscitation bag and mask. Provide 100% oxygen by mask with a non-return valve if available.

Circulation - Check for pulse. Commence external cardiac massage if absent.

Oxygen

Oxygen (100%) is considered the most useful treatment for early cyanide poisoning and should be administered to anyone exposed to cyanide, whether conscious or unconscious, breathing or not breathing.

Each site needs to undertake a risk assessment to determine the appropriate quantity and location of oxygen that should be available on site, taking into consideration the numbers of potentially exposed personnel and the duration to reach a tertiary care facility.

Decontamination

Remove any contaminated clothing and ensure these items are placed in a sealed collection bag. Wash down the casualty with copious amounts of fresh water.

Treatment should not be delayed by decontamination procedures and should be started immediately.

Transfer

Arrange urgent transfer to the nearest hospital or, if remote, nearest doctor. The casualty should be accompanied by someone trained in cardiopulmonary resuscitation (CPR) and able to continue resuscitation. The cyanide antidote kit should accompany the person.

Ingestion

There is little evidence to support the benefit of emesis (vomiting), gastric lavage or charcoal administration, especially when more than 2 hours have lapsed since ingestion. This form of treatment should only be used on the advice of an emergency physician or toxicologist.

Eye contamination

This should be managed with copious irrigation using water or normal saline for at least 5 minutes.

Cyanide antidotes and kits

The use of antidotes is not as immediately critical as the administration of effective first aid, oxygen and life support measures.

Mild poisoning

Administration of 100% oxygen may be all that is needed.

If the casualty rapidly improves after removal from cyanide exposure, then no further immediate management beyond supplemental oxygen is required.

Progression of poisoning

If there is evidence of deterioration, despite 100% oxygen administration, and there is a convincing history of exposure, administration of an antidote may be indicated, particularly if there is loss of consciousness or cardiovascular instability.

The preferred antidote is hydroxycobalamin administered intravenously. Oxygen should continue to be administered.

Moderate and severe poisoning

Continue administration of 100% oxygen.

Advanced life support may be required if the casualty is in shock or having seizures, with due caution to the protection of the care giver.

Preferably insert two intravenous lines.

Monitor heart and blood pressure, and pulse oximetry if available.

Monitor level of consciousness using the Glasgow Coma Scale (GCS).

Take 10 ml blood in a sodium heparin or sodium fluoride tube for analysis of blood cyanide levels to confirm the diagnosis. The sample should be chilled but not frozen and transferred to a laboratory capable of undertaking cyanide measurements. Treatment should not be delayed while awaiting test results. Note that as most cyanide is in the red blood cells, the levels in the blood may not accurately reflect the true level of free cyanide and symptoms should therefore guide treatment.

Intravenous administration of an antidote

• **Hydroxycobalamin** is available through the Therapeutic Goods Administration (TGA) Special Access Scheme. It reacts with cyanide to form cyanocobalamin, which is excreted by the kidneys.

Dose: Administer 5-15 g hydroxycobalamin intravenously (Cyanokit® contains two 2.5 g bottles) over 30 minutes or faster if the casualty's condition is deteriorating.

• **Sodium thiosulphate** is no longer a preferred antidote as it is a slower acting agent. However, it is considered by some authorities to be useful as an adjunct to hydroxycobalamin.

• **Kelocyanor** (dicobalt edetate) is no longer a preferred antidote as there is the potential for a severe adverse reaction if administered when cyanide poisoning has not occurred. It should only be used where there is unequivocal evidence of cyanide poisoning and hydroxycobalamin is not available. Even then, there may be a toxic reaction such as anaphylaxis, cardiac arrhythmia or convulsions. Co-administration of glucose may ameliorate this to some extent.

Antidote storage

The selected cyanide antidote should be stored in a sealed tagged container in an accessible area with the cyanide protocol enclosed. The contents of the container and the expiry date should be regularly checked. Intravenous fluids and cannulae and blood sample tubes should be available. The kit should be transported with the casualty to the hospital or doctor.

Monitoring in hospital

- Arterial blood gases (ABGs). Severe metabolic acidosis requires correction.
- Fluid and electrolyte balance.
- Neurological, respiratory and cardiovascular status. Watch for the development of pulmonary oedema and aspiration pneumonia in comatose patients. Seizures will require treatment with intravenous or rectal benzodiazepines.
- Further antidote administration may be required, particularly if there is a persisting metabolic acidosis. Oxygen therapy will be determined by the response to the antidote.
- Close monitoring should continue for a minimum 24-48 hour period following exposure if an antidote has been required as delayed effects may occur.
- Following skin exposure, a period of 6 hours of monitoring is required to ensure there are no delayed effects.
- Re-assessment of eye splashes is required within 24 hours, and ophthalmologic assessment is recommended.

Cyanide management plan

Each site should develop a medical management plan, including location and contact details of the nearest medical facility capable of treating a victim of cyanide poisoning.

References

Agency for Toxic Substances and Disease Registry (ATSDR), US Department of Health and Human Services, Toxicological profiles for and ToxFAQs Cyanide: viewed 27 July 2007 <www.atsdr.cdc.gov>

Braitberg G & Vanderpyl M, 2000, Treatment of cyanide poisoning in Australasia. *Emergency Medicine* 12, 232-240.

Cummings T, 2004, The treatment of cyanide poisoning. *Occupational Medicine* 54, 82-85. Micromedex® Healthcare series -Cyanide.

For further information regarding the health surveillance (Mine Health) and contaminant monitoring (CONTAM) systems managed by Resources Safety, please contact:

Email: contammanager@docep.wa.gov.au Phone: +61 8 9358 8108
Fax: +61 8 9358 8188
www.docep.wa.gov.au/ResourcesSafety
RSDApril08_626

The information contained in this bulletin is provided in good faith and believed to be reliable and accurate at the time of publication.

http://www.dmp.wa.gov.au/documents/Bulletins/MS_GMP_OH_MB5_CyanidePoisoning.pdf

SECTION 5 – FIRE FIGHTING MEASURES

Hazards from combustion products:

Non-combustible material.

Precautions for fire fighters and special protective equipment:

Decomposes on heating emitting toxic fumes, including those of hydrogen cyanide, and ammonia. If safe to do so, remove containers from path of fire. Fire fighters to wear self-contained breathing apparatus and suitable protective clothing if risk of exposure to products of decomposition.

Suitable Extinguishing Media:

Not combustible, however, if material is involved in a fire use: Water fog (or if unavailable fine water spray), foam, dry chemical powder.

Unsuitable Extinguishing Media:

Carbon dioxide.

Hazchem Code:

2X

SECTION 6 - ACCIDENTAL RELEASE MEASURES

Emergency procedures:

Clear area of all unprotected personnel. Do not release to the environment. If contamination of sewers or waterways has occurred advise local emergency services.

Methods and materials for containment and clean up:

Avoid breathing in dust. Work up wind or increase ventilation. Wear protective equipment to prevent skin and eye contact and breathing in vapours/dust. DO NOT allow large amounts of the material to get wet. Contain - prevent run off into drains and waterways. Spillage area and contaminated solids can be detoxified by treatment with an excess of dilute sodium hypochlorite, calcium hypochlorite, or ferrous sulphate after the addition of soda ash or lime to raise the pH to greater than 10.5. Allow 1 hour for complete decomposition before washing spillage area down with large quantities of water to ensure maximum dilution. Collect and seal in properly labelled containers or drums for disposal.

SECTION 7 - HANDLING AND STORAGE

This material is a Scheduled Poison S7 and must be stored, maintained and used in accordance with the relevant regulations.

Conditions for safe storage:

Store in a cool, dry, well ventilated place and out of direct sunlight. Keep dry – reacts with water. Protect from moisture. Store away from foodstuffs. Store away from incompatible materials described in Section 10. Keep containers closed when not in use - check regularly for spills.

Precautions for safe handling:

Avoid skin and eye contact and breathing in dust. Avoid handling which leads to dust formation. Keep out of reach of children.

SECTION 8 – EXPOSURE CONTROLS

Occupational Exposure Limits:

No value assigned for this specific material by the National Occupational Health and Safety Commission. However, Exposure Standard(s) for constituent(s):

Cyanides (as CN): 8hr TWA = 5 mg/m³, Sk

Decomposition product(s):

Hydrogen cyanide: Peak Limitation = 11 mg/m³ (10 ppm), Sk

As published by the National Occupational Health and Safety Commission.

TWA - The time-weighted average airborne concentration over an eight-hour working day, for a five-day working week over an entire working life.

Sk Notice - absorption through the skin may be a significant source of exposure. The exposure standard is invalidated if such contact should occur.

Peak Limitation - a ceiling concentration which should not be exceeded over a measurement period which should be as short as possible but not exceeding 15 minutes.

These Exposure Standards are guides to be used in the control of occupational health hazards. All atmospheric contamination should be kept to as low a level as is workable.

These exposure standards should not be used as fine dividing lines between safe and dangerous concentrations of chemicals. They are not a measure of relative toxicity.

Engineering controls:

Ensure ventilation is adequate and that air concentrations of components are controlled below quoted Exposure Standards. Avoid generating and breathing in dusts. If inhalation risk exists: Use with local exhaust ventilation or while wearing air supplied mask. Keep containers closed when not in use.

Personal Protective Equipment:

The selection of PPE is dependent on a detailed risk assessment. The risk assessment should consider the work situation, the physical form of the chemical, the handling methods, and environmental factors.

Personal Protection Equipment such as overalls, full face shield, elbow-length impervious gloves, splash apron and rubber boots may need to be considered. Use with adequate ventilation. If inhalation risk exists, wear air-supplied mask meeting the requirements of AS/NZS 1715 and AS/NZS 1716. Always wash hands before smoking, eating, drinking or using the toilet. Wash contaminated clothing and other protective equipment before storage or re-use.

SECTION 9 – PHYSICAL AND CHEMICAL PROPERTIES

Form:	Solid
Colour:	White with Rose Specs
Odour:	Faint Bitter Almonds
Melting Point (°C):	~560
Boiling Point (°C):	not applicable
Specific gravity:	1.6
Vapour Pressure:	not applicable
Flashpoint:	not applicable
Solubility in Water:	Soluble
pH:	11 – 12 (5 – 25% Aqueous Solutions)
Other Properties	Tablet approximately 30mm diameter x 10mm Thick
Chemical group:	Mixture Containing ~75% Sodium Cyanide

SECTION 10 – STABILITY AND REACTIVITY

Chemical stability:

Stable under normal ambient and anticipated storage and handling conditions of temperature and pressure.

Conditions to avoid:

Avoid exposure to moisture during storage.

Incompatible materials:

Incompatible with acids, oxidising agents, moisture, and halogens.

Hazardous decomposition products:

Hydrogen cyanide. Ammonia.

Hazardous reactions:

Reacts with water or acids liberating toxic hydrogen cyanide gas. Hazardous polymerisation will not occur.

SECTION 11 – TOXICOLOGY INFORMATION
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No adverse health effects expected if the product is handled in accordance with this Safety Data Sheet and the product label. Symptoms or effects that may arise if the product is mishandled and overexposure occurs are:

Acute Toxicity

Sodium cyanide solid is a very toxic chemical asphyxiant – may cause death soon after exposure by all means of entry into the human body. It may cause caustic burns in contact with human flesh. Cyanide inhibits cytochrome oxidase preventing oxygen utilization leading to cytotoxic anoxia. Acute effects depend on the degree of cellular hypoxia. Death results from central nervous system failure. Inhalation which cause weakness, headache, dizziness, shortness of breath, chest pain, confusion, cyanosis (bluish skin due to deficient oxygenation of the blood), weak and irregular heartbeat, collapse, unconsciousness, coma and death. Death can be very rapid. Ingestion will cause caustic burns, resulting in severe gastrointestinal tract irritation with nausea and vomiting, accompanied by severe burning sensation. Toxic amounts ingested may lead to poisoning symptoms similar for those for inhalation.

LD50 Oral - Rat - 4.7 – 6.4 mg/kg depending on source.

Remarks: Behavioral:Tetany. Behavioral:Ataxia. Lungs, Thorax, or Respiration:Respiratory obstruction.

LD50 Dermal - Rabbit - 10.4 mg/kg

Remarks: Behavioral:Somnolence (general depressed activity). Behavioral:Tremor. Lungs, Thorax, or Respiration:Dyspnea.

LD50 Intramuscular - Rabbit - 1.666 mg/kg

LD50 Intraperitoneal - Rat - 4.3 mg/kg

LD50 Intraperitoneal - Mouse - 4.9 mg/kg

Skin Corrosion/Irritation

Sodium cyanide solid will cause severe irritation and chemical burns. Sweat increases rate of absorption into skin. Toxic amounts may be absorbed through the skin, leading to poisoning symptoms similar to those for inhalation. LD₅₀ (Dermal, rat) = 33 mg/kg.

Serious Eye Damage/Irritation

Sodium cyanide solid will cause severe irritation to the eye, leading to redness, pain and possible eye burns. May cause chemical conjunctivitis and corneal damage leading to loss of sight. Toxic amounts may be absorbed through the eye, leading to poisoning symptoms similar to those for inhalation.

Respiratory or Skin Sensitisation

No data available

Germ Cell Mutagenicity

Ames test

Salmonella typhimurium

Result: negative

Carcinogenicity

No component of this product present at levels greater than or equal to 0.1% is identified as probable, possible or confirmed human carcinogen by IARC.

Reproductive Toxicity

Reproductive toxicity - Rat - Oral

Paternal Effects: Spermatogenesis (including genetic material, sperm morphology, motility, and count).

Paternal Effects: Testes, epididymis, sperm duct.

Reproductive toxicity - Hamster - Implant

Effects on Fertility: Post-implantation mortality (e.g., dead and/or resorbed implants per total number of implants).

Specific Developmental Abnormalities: Central nervous system.

Developmental Toxicity - Hamster - Implant

Effects on Embryo or Fetus: Fetotoxicity (except death, e.g., stunted fetus).

Specific Developmental Abnormalities: Musculoskeletal system, Cardiovascular (circulatory) system.

Specific Target Organ Toxicity – single exposure

No data available

Specific Target Organ Toxicity – repeated exposure

No data available

Aspiration Hazard

No data available

Additional Information

To the best of our knowledge, the chemical, physical, and toxicological properties have not been thoroughly investigated.

Ingestion:

Severely toxic effects may result from the accidental ingestion of the product; animal experiments indicate that ingestion of less than 5 g may be fatal or may produce serious damage to the health of the individual. The product may produce chemical burns in the mouth and gastrointestinal tract if ingested. Cyanide poisoning can cause increased saliva output, nausea without vomiting, anxiety, confusion, vertigo, dizziness, stiffness of the lower jaw, vomiting, diarrhoea, abdominal pain, convulsions and loss of consciousness. Collapse and possible death may occur.

Inhalation:

Breathing in high concentrations may result in the same symptoms described for 'INGESTION'. High inhaled concentrations may lead to a feeling of suffocation and cause difficulty in breathing, headaches, dizziness and loss of consciousness. Can cause suffocation.

Long Term Effects:

Repeated or prolonged skin contact may lead to irritant contact dermatitis - 'cyanide rash' - characterised by itching and skin eruptions.

Toxicological Data:

Oral LD50 (rat): 4.7 - 6.44 mg/kg. depending on source.

Dermal LD50 (rabbit): 10.4 mg/kg.

SECTION 12 – ECOLOGICAL INFORMATION
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Ecotoxicity Data:

Marine pollutant. Sodium cyanide seems to be more toxic to aquatic life than terrestrial life.

Environmental Fate:

Moisture will cause slow decomposition into poisonous HCN and ammonia gases.

SECTION 13 – DISPOSAL CONSIDERATIONS

Disposal methods:

Refer to Waste Management Authority. Dispose of material through a licensed waste contractor. Empty containers must be decontaminated and destroyed.

This material and container must be disposed of as hazardous waste.

SECTION 14 – TRANSPORT INFORMATION

UN No: 1689
Class 6.1 Toxic
Packing Group: I
Proper Shipping Name: SODIUM CYANIDE, SOLID
Hazchem Code: 2X

Road and Rail Transport:

Classified as Dangerous Goods by the criteria of the Australian Dangerous Goods Code (ADG Code) for Transport by Road and Rail; DANGEROUS GOODS.

Marine Transport:

Classified as Dangerous Goods by the criteria of the International Maritime Dangerous Goods Code (IMDG Code) for transport by sea; DANGEROUS GOODS.

This material is classified as a Marine Pollutant (P) according to the International Maritime Dangerous Goods Code.

Air Transport:

Classified as Dangerous Goods by the criteria of the International Air Transport Association (IATA) Dangerous Goods Regulations for transport by air; DANGEROUS GOODS.

SECTION 15 – REGULATORY INFORMATION

Australian Regulatory Information:

SUSDP Poison Schedule 7. Licencing is required for this chemical in all states and territories Listed on the Australian Inventory of Chemical Substances (AICS)

Additional regulatory information:

OSHA: Hazardous by definition of Hazard Communication Standard (29CFR 1910.1200)
This product is subject to the EC directive 82/501/EEC and amendments

Classification:

Safework Australia criteria is based on the Globally Harmonised System (GHS) of classification and labelling of chemicals

The classification and phrases listed below are based upon Approved Criteria for Classifying Hazardous Substances [NOHSC: 1008(2004)]

Hazard Codes:

N Dangerous to the environment
T+ Very Toxic
Xi Irritant

Risk Phrase(s):

R26/27/28: Very toxic by inhalation, in contact with skin and if swallowed.
R32: Contact with acids liberates very toxic gas.
R38 Irritating to skin
R33: Danger of cumulative effects
R50/53 Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment
R61: May cause harm to unborn child

Safety Phrase(s):

S1/2 Keep locked up and out of reach of children
S4 Keep away from living quarters
S7/9 Keep container tightly closed and in a well-ventilated place
S13 Keep away from food, drink and animal feedstuffs
S14 Keep away from incompatible materials as listed in the reactivity section
S18 Open and handle the container with care

S20/21	Do not eat, drink or smoke when using
S22	Do not breathe dust
S24/25	Avoid contact with skin and eyes
S26	In case of contact with eyes, rinse immediately with plenty of water and seek medical advice
S27	Remove contaminated clothing immediately
S28	After contact with skin, wash immediately with plenty of water
S29	Do not empty into drains
S36/37/39	Wear suitable protective clothing, gloves and eye/face protection
S38	In case of insufficient ventilation, wear suitable respiratory equipment
S40	To clean floor and all objects contaminated by this material use DTOX.
S41	In case of fire and/or explosion, do not breathe fumes
S43	In case of fire use only recommended extinguishing agents
S45	In case of accident or if you feel unwell, seek medical advice immediately and show container label whenever possible
S46	If swallowed, contact a doctor or poisons information centre immediately and show container label
S50	Do not mix with incompatible materials
S51	Use only in well ventilated areas
S53	Avoid exposure – obtain special instructions before use
S56	Dispose of this material and its container at hazardous or special waste collection point
S57	Use appropriate container to avoid environmental contamination
S59	Refer to manufacturer/supplier for information on recovery/recycling
S61	Do not release to the environment
S63	In case of accident by inhalation, remove casualty to fresh air and keep at rest

This material is listed on the Australian Inventory of Chemical Substances (AICS).

SECTION 16 – OTHER INFORMATION

This MSDS summarises our best knowledge of the health and safety hazard information of the product and how to safely handle and use the product in the workplace. Each user must review this MSDS in the context of how the product will be handled, used and stored in the workplace. If clarification or further information is needed to ensure that an appropriate risk assessment can be made, the user should contact us so that we can attempt to obtain any additional information from our suppliers.

The information herein is given in good faith but no warranty, express or implied is made.

The onus is on the user to take appropriate precautions for the safe handling, storage and transport of this product.

Please read all labels carefully before using product.

Last updated October 2017.