# **Damar Industries Limited**

Version No: 6.20

Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Chemwatch Hazard Alert Code: 4

Issue Date: **25/07/2023** Print Date: **11/09/2024** L.GHS.NZL.EN

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

Product Identifier	
Product name	POOLSTAR POOL FLOC
Chemical Name	Not Applicable
Synonyms	ASE4580 ASF4580 ASG4580
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains aluminium sulfate)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses A coagulant (gelling) material for removing suspended debis from swimming pool water.

#### Details of the manufacturer or supplier of the safety data sheet

Registered company name	Damar Industries Limited
Address	800 Te Ngae Road, Eastgate Park, Rotorua 3042 New Zealand
Telephone	+64 7 345 6007
Fax	+64 7 345 6019
Website	www.damarindustries.com
Email	info@damarindustries.co.nz

#### Emergency telephone number

Association / Organisation	CHEMCALL
Emergency telephone numbers	0800 243 622
Other emergency telephone numbers	1800 127 406 (outside New Zealand)

#### **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.

Classification <sup>[1]</sup>	Corrosive to Metals Category 1, Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI
Determined by Chemwatch using GHS/HSNO criteria	8.1A, 6.1D (oral), 6.3A, 6.4A, 9.1B

Label elements

Signal word Warning

Hazard statement(s)

H290	May be corrosive to metals.
H302	Harmful if swallowed.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P234	Keep only in original packaging.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P280	Wear protective gloves, protective clothing, eye protection and face protection.

#### Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.
P390	Absorb spillage to prevent material damage.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of water.
P330	Rinse mouth.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

#### Precautionary statement(s) Storage

Not Applicable

#### Precautionary statement(s) Disposal

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

#### Substances

See section below for composition of Mixtures

#### Mixtures

CAS No	%[weight]	Name
10043-01-3	80-100	aluminium sulfate
Legend:	<ol> <li>Classified by Chemwatch; 2. Classification drawn from VI; 4. Classification drawn from C&amp;L * EU IOELVs availa</li> </ol>	n CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex able

#### **SECTION 4 First aid measures**

Description of first aid measur	es
Eye Contact	<ul> <li>If this product comes in contact with the eyes:</li> <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.</li> <li>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>
Skin Contact	<ul> <li>If skin or hair contact occurs:</li> <li>Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>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.</li> <li>Transport to hospital, or doctor.</li> </ul>
Inhalation	<ul> <li>If fumes or combustion products are inhaled remove from contaminated area.</li> <li>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> </ul>
Ingestion	<ul> <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>If swallowed do NOT induce vomiting.</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> <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

Treat symptomatically.

For acute or short term repeated exposures to strong acids:

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

INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.

- + Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- Charcoal has no place in acid management.
- Some authors suggest the use of lavage within 1 hour of ingestion.

#### SKIN:

Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.

Deep second-degree burns may benefit from topical silver sulfadiazine.
 EYE:

Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjuctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.

Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.

Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

#### [Ellenhorn and Barceloux: Medical Toxicology]

- Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech, asterixis, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.
- Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.
- Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.

Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa2EDTA is less effective in chelating aluminium.

[Ellenhorn and Barceloux: Medical Toxicology]

#### **SECTION 5 Firefighting measures**

#### Extinguishing media

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

#### Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.	
Advice for firefighters		
Fire Fighting	<ul> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>Prevent, by any means available, spillage from entering drains or water courses.</li> <li>Use fire fighting procedures suitable for surrounding area.</li> <li>DO NOT approach containers suspected to be hot.</li> <li>Cool fire exposed containers with water spray from a protected location.</li> <li>If safe to do so, remove containers from path of fire.</li> <li>Equipment should be thoroughly decontaminated after use.</li> </ul>	

Fire/Explosion Hazard	<ul> <li>Non combustible.</li> <li>Not considered a significant fire risk, however containers may burn.</li> <li>Decomposition may produce toxic fumes of:</li> <li>,</li> <li>sulfur oxides (SOx)</li> <li>,</li> <li>metal oxides</li> </ul>

#### **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> <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>Use dry clean up procedures and avoid generating dust.</li> <li>Place in a suitable, labelled container for waste disposal.</li> <li>Environmental hazard - contain spillage.</li> </ul>
Major Spills	<ul> <li>Environmental hazard - contain spillage.</li> <li>Moderate hazard.</li> <li>CAUTION: Advise personnel in area.</li> <li>Alert Emergency Services and tell them location and nature of hazard.</li> <li>Control personal contact by wearing protective clothing.</li> <li>Prevent, by any means available, spillage from entering drains or water courses.</li> <li>Recover product wherever possible.</li> <li>IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.</li> <li>ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.</li> <li>If contamination of drains or waterways occurs, advise Emergency Services.</li> </ul>

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

#### **SECTION 7 Handling and storage**

Safe handling	<ul> <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>Prevent concentration in hollows and sumps.</li> <li>DO NOT enter confined spaces until atmosphere has been checked.</li> <li>DO NOT allow material to contact humans, exposed food or food utensils.</li> <li>Avoid contact with incompatible materials.</li> <li>When handling, DO NOT eat, drink or smoke.</li> <li>Keep containers securely sealed when not in use.</li> <li>Avoid physical damage to containers.</li> <li>Always wash hands with soap and water after handling.</li> <li>Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>Use good occupational work practice.</li> <li>Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
Other information	<ul> <li>Consider storage under inert gas.</li> <li>Store in original containers.</li> <li>Keep containers securely sealed.</li> <li>Store in a cool, dry area protected from environmental extremes.</li> <li>Store away from incompatible materials and foodstuff containers.</li> <li>Protect containers against physical damage and check regularly for leaks.</li> <li>Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>For major quantities:</li> <li>Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).</li> <li>Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.</li> </ul>

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

Suitable container	<ul> <li>DO NOT use aluminium or galvanised containers</li> <li>DO NOT use aluminium, galvanised or tin-plated containers</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> <li>Check all containers are clearly labelled and free from leaks.</li> </ul>
Storage incompatibility	<ul> <li>Derivative of electropositive metal.</li> <li>Aluminium sulfate <ul> <li>forms sulfuric acid in water</li> <li>reacts violently with bases and many other materials</li> <li>dry material is weakly corrosive to carbon steel; aqueous solution attacks aluminium and other metals forming hydrogen gas</li> <li>Inorganic acids are generally soluble in water with the release of hydrogen ions. The resulting solutions have pH's of less than 7.0.</li> <li>Inorganic acids neutralise chemical bases (for example: amines and inorganic hydroxides) to form salts - neutralisation can generate dangerously large amounts of heat in small spaces.</li> <li>The dissolution of inorganic acids in water or the dilution of their concentrated solutions with additional water may generate significant heat.</li> <li>The addition of water to inorganic acids often generates sufficient heat in the small region of mixing to cause some of the water to boil explosively. The resulting "bumping" can spatter the acid.</li> <li>Inorganic acids react with active metals, including such structural metals as aluminum and iron, to release hydrogen, a flammable gas.</li> <li>Inorganic acids generate flammable and/or toxic gases in contact with dithicorabmates, isocyanates, mercaptans, nitrides, nitriles, sulfides, and strong reducing agents. Additional gas-generating reactions occur with sulfites, nitrites, thiosulfates (to give H2S and SO3), dithionites (SO2), and even carbonates.</li> <li>Acids often catalyse (increase the rate of) chemical reactions.</li> <li>Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.</li> <li>The state of subdivision may affect the results.</li> <li>In presence of moisture, the material is corrosive to aluminium, zinc and tin producing highly flammable hydrogen gas.</li> <li>Reacts with mild steel, galvanised steel / zinc producing hydrogen gas swhich may form an explosive mixture with air.</li> <li>Segregate from alcohol, water.</li> </ul> </li> </ul>

#### **SECTION 8 Exposure controls / personal protection**

#### **Control parameters**

#### Occupational Exposure Limits (OEL)

INGREDIENT DATA								
Source	Ingredient	Material name	TWA		STEL	Peak	Notes	
New Zealand Workplace Exposure Standards (WES)	aluminium sulfate	Aluminium, Soluble salts (as Al)	Not Availa	able	Not Available	Not Available	WES-T 5mg/m not bee	WA for soluble salts of aluminium, as Al of 3 removed as relevant health-based limits have an set or have been revoked
Emergency Limits								
Ingredient	TEEL-1			TEEL-2			TEEL-3	
aluminium sulfate	38 mg/m3		64 mg/m3				380 mg/m3	

aluminium sulfate	38 mg/m3	64 mg/m3		380 mg/m3
Ingredient	Original IDLH		Revised IDLH	
aluminium sulfate	Not Available		Not Available	

#### MATERIAL DATA

NOTE: Detector tubes for sulfuric acid, measuring in excess of 1 mg/m3, are commercially available.

Based on controlled inhalation studies the TLV-TWA is thought to be protective against the significant risk of pulmonary irritation and incorporates a margin of safety so as to prevent injury to the skin and teeth seen in battery workers acclimatised to workplace concentrations of 16 mg/m3. Experimental evidence in normal unacclimated humans indicates the recognition, by all subjects, of odour, taste or irritation at 3 mg/m3 or 5 mg/m3. All subjects reported these levels to be objectionable but to varying degrees.

The TLV is based on the exposures to aluminium chloride and the amount of hydrolysed acid and the corresponding acid TLV to provide the same degree of freedom from irritation. Workers chronically exposed to aluminium dusts and fumes have developed severe pulmonary reactions including fibrosis, emphysema and pneumothorax. A much rarer encephalopathy has also been described.

Exposure controls					
	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure. Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.				
	Type of Contaminant:		Air Speed:		
	solvent, vapours, degreasing etc., evaporating from tank (ir	still air).	0.25-0.5 m/s (50- 100 f/min.)		
Appropriate engineering	aerosols, fumes from pouring operations, intermittent conta spray drift, plating acid fumes, pickling (released at low velo	iner filling, low speed conveyer transfers, welding, ocity into zone of active generation)	0.5-1 m/s (100- 200 f/min.)		
controls	direct spray, spray painting in shallow booths, drum filling, o generation into zone of rapid air motion)	conveyer loading, crusher dusts, gas discharge (active	1-2.5 m/s (200- 500 f/min.)		
	grinding, abrasive blasting, tumbling, high speed wheel gen of very high rapid air motion).	erated dusts (released at high initial velocity into zone	2.5-10 m/s (500- 2000 f/min.)		
	Within each range the appropriate value depends on:				
	Lower end of the range	Upper end of the range			
	1: Room air currents minimal or favourable to capture	1: Disturbing room air currents			
	2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity			
	3: Intermittent, low production.	3: High production, heavy use			
	4: Large hood or large air mass in motion	4: Small hood-local control only			
	Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.				
Individual protection measures, such as personal protective equipment					
Eye and face protection	<ul> <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. [AS/NZS 1337.1, EN166 or national equivalent]</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.</li> <li>Alternatively a gas mask may replace splash goggles and face shields.</li> <li>Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59]</li> </ul>				
Skin protection	See Hand protection below				
Hands/feet protection	<ul> <li>Elbow length PVC gloves</li> <li>The selection of suitable gloves does not only depend on the manufacturer. Where the chemical is a preparation of several advance and has therefore to be checked prior to the application the exact break through time for substances has to be obtain when making a final choice.</li> <li>Personal hygiene is a key element of effective hand care. Glo washed and dried thoroughly. Application of a non-perfumed 1</li> <li>Suitability and durability of glove type is dependent on usage.</li> <li>frequency and duration of contact,</li> <li>chemical resistance of glove material,</li> <li>glove thickness and</li> <li>dexterity</li> <li>Select gloves tested to a relevant standard (e.g. Europe EN 3</li> <li>When prolonged or frequently repeated contact may occur, reprolonged or frequently a glove with a protectic EN 374, AS/NZS 2161.10.1 or national equivalent) is recomm</li> <li>Some glove polymer types are less affected by movement a use.</li> <li>Contaminated gloves should be replaced.</li> </ul>	material, but also on further marks of quality which vary f substances, the resistance of the glove material can not tion. The difference of the protective gloves and have were must only be worn on clean hands. After using glove moisturiser is recommended. Important factors in the selection of gloves include: 174, US F739, AS/NZS 2161.1 or national equivalent). a glove with a protection class of 5 or higher (breakthroug anal equivalent) is recommended. In class of 3 or higher (breakthrough time greater than 60 rended. In this should be taken into account when considering g	rom manufacturer to be calculated in is to be observed s, hands should be gh time greater than ) minutes according to loves for long-term		

POOL	<b>STAR</b>	POOL	FLOC
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	As defined in ASTM F-739-96 in any application, gloves are rated as: • Excellent when breakthrough time > 20 min • Good when breakthrough time > 20 min • Fair when breakthrough time > 20 min • Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: • Thinker gloves (up to 3 mm or more) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. • Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present. • polychloroprene. • polychloroprene. • polychloroprene. • polychloroprene. • polychloride. Gloves should be examined for wear and/ or degradation constantly.
Body protection	See Other protection below
Other protection	<ul> <li>Overalls.</li> <li>P.V.C apron.</li> <li>Barrier cream.</li> <li>Skin cleansing cream.</li> <li>Eye wash unit.</li> </ul>

#### **Respiratory protection**

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

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	-	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

\* - Negative pressure demand \*\* - Continuous flow

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.

Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)

 $\cdot$  Use approved positive flow mask if significant quantities of dust becomes airborne.

Try to avoid creating dust conditions.

Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.

P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles

Suitable for:

· Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.

 $\cdot$  Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.

· Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS

#### **SECTION 9 Physical and chemical properties**

Information on basic physical and chemical properties

Appearance Moisture sensitive. White Crystalline solid

Physical state	Solid	Relative density (Water = 1)	1.69
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Available	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	87	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available

Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available BuAC = 1	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	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

# SECTION 10 Stability and reactivity

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

# **SECTION 11 Toxicological information**

# Information on toxicological effects

Inhaled	<ul> <li>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.</li> <li>Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema.</li> <li>Inhalation of dusts, generated by the material during the course of normal handling, may produce severe damage to the health of the individual. Relatively small amounts absorbed from the lungs may prove fatal.</li> </ul>
	Levels above 10 ug/m3 of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible persons Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may
Ingestion	produce serious damage to the health of the individual. Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal. Acute toxic responses to aluminium are confined to the more soluble forms. Sulfate salts are poorly absorbed from the gastro-intestinal tract but because of osmotic activity are able to draw water from the lumen to produce diarrhoea (purging). Sulfate ion usually has little toxicological potential.
Skin Contact	Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue. Open cuts, abraded or irritated skin should not be exposed to this material 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. 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.
Eye	Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness. When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. Irritation of the eyes may produce a heavy secretion of tears (lachrymation).

Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis. The impact of inhaled acidic agents on the respiratory tract depends upon a number of interrelated factors. These include physicochemical characteristics, e.g., gas versus aerosol; particle size (small particles can penetrate deeper into the lung); water solubility (more soluble agents are more likely to be removed in the nose and mouth). Given the general lack of information on the particle size of aerosols involved in occupational exposures to acids, it is difficult to identify their principal deposition site within the respiratory tract. Acid mists containing particles with a diameter of up to a few micrometers will be deposited in both the upper and lower airways. They are irritating to mucous epithelia, they cause dental erosion, and they produce acute effects in the lungs (symptoms and changes in pulmonary function). Asthmatics appear to be at particular risk for pulmonary effects. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs of biochemical systems Occupational exposure to aluminium compounds may produce asthma, chronic obstructive lung disease and pulmonary fibrosis. Long-term overexposure may produce dyspnoea, cough, pneumothorax, variable sputum production and nodular interstitial fibrosis; death has been reported. Chronic interstitial pneumonia with severe cavitations in the right upper lung and small cavities in the remaining lung tissue, have been observed in gross pathology. Shaver's Disease may result from occupational exposure to fumes or dusts; this may produce respiratory distress and fibrosis with large blebs. Animal studies produce no indication that aluminium or its compounds are carcinogenic. Because aluminium competes with calcium for absorption, increased amounts of dietary aluminium may contribute to the reduced skeletal mineralisation (osteopenia) observed in preterm infants and infants with growth retardation. In very high doses, aluminium can cause neurotoxicity, and is associated with altered function of the blood-brain barrier. A small percentage of people are allergic to aluminium and experience contact dermatitis, digestive disorders, vomiting or other symptoms upon contact or ingestion of products containing aluminium, such as deodorants or antacids. In those without allergies, aluminium is not as toxic as heavy metals, but there is evidence of some toxicity if it is consumed in excessive amounts. Although the use of aluminium cookware has not been shown to lead to aluminium toxicity in general, excessive consumption of antacids containing aluminium compounds and excessive use of aluminium-containing antiperspirants provide more significant exposure levels. Studies have shown that consumption of acidic foods or liquids with aluminium significantly increases aluminium absorption, and maltol has been shown to increase the accumulation of aluminium in nervous and osseus tissue. Furthermore, aluminium increases oestrogen-related gene expression in human breast cancer cells cultured in the laboratory These salts' estrogen-like effects have led to their classification as a metalloestrogen. Some researchers have expressed concerns that the aluminium in antiperspirants may increase the risk of breast cancer. After absorption, aluminium distributes to all tissues in animals and humans and accumulates in some, in particular bone. The main carrier of the aluminium ion in plasma is the iron binding protein, transferrin. Aluminium can enter the brain and reach the placenta and foetus. Aluminium may persist for a very long time in various organs and tissues before it is excreted in the urine. Although retention times for aluminium appear to be longer in humans than in rodents, there is little information allowing extrapolation from rodents to the humans. At high levels of exposure, some aluminium compounds may produce DNA damage in vitro and in vivo via indirect mechanisms. The database on carcinogenicity of aluminium compounds is limited. No indication of any carcinogenic potential was obtained in mice given Chronic aluminium potassium sulphate at high levels in the diet. Aluminium has shown neurotoxicity in patients undergoing dialysis and thereby chronically exposed parenterally to high concentrations of aluminium. It has been suggested that aluminium is implicated in the aetiology of Alzheimer's disease and associated with other neurodegenerative diseases in humans. However, these hypotheses remain controversial. Several compounds containing aluminium have the potential to produce neurotoxicity (mice, rats) and to affect the male reproductive system (dogs). In addition, after maternal exposure they have shown embryotoxicity (mice) and have affected the developing nervous system in the offspring (mice, rats). The available studies have a number of limitations and do not allow any dose-response relationships to be established. The combined evidence from several studies in mice, rats and dogs that used dietary administration of aluminium compounds produce lowest-observed-adverse-effect levels (LOAELs) for effects on neurotoxicity, testes, embryotoxicity, and the developing nervous system of 52, 75, 100, and 50 mg aluminium/kg bw/day, respectively. Similarly, the lowest no-observed-adverse-effect levels (NOAELs) for effects on these endpoints were reported at 30, 27, 100, and for effects on the developing nervous system, between 10 and 42 mg aluminium/kg bw per day, respectively. Controversy exists over whether aluminium is the cause of degenerative brain disease (Alzheimer's disease or AD). Several epidemiological studies show a possible correlation between the incidence of AD and high levels of aluminium in drinking water. A study in Toronto, for example, found a 2.6 times increased risk in people residing for at least 10 years in communities where drinking water contained more than 0.15 mg/l aluminium compared with communities where the aluminium level was lower than 0.1 mg/l. A neurochemical model has been suggested linking aluminium exposure to brain disease. Aluminium concentrates in brain regions, notably the hippocampus, cerebral cortex and amygdala where it preferentially binds to large pyramid-shaped cells - it does not bind to a substantial degree to the smaller interneurons. Aluminium displaces magnesium in key metabolic reactions in brain cells and also interferes with calcium metabolism and inhibits phosphoinositide metabolism. Phosphoinositide normally controls calcium ion levels at critical concentrations. Under the microscope the brain of AD sufferers show thickened fibrils (neurofibrillary tangles - NFT) and plaques consisting of amyloid protein deposited in the matrix between brain cells. Tangles result from alteration of "tau" a brain cytoskeletal protein. AD tau is distinguished from normal tau because it is hyperphosphorylated. Aluminium hyperphosphorylates tau in vitro. When AD tau is injected into rat brain NFTlike aggregates form but soon degrade. Aluminium stabilises these aggregates rendering them resistant to protease degradation. Plaque formation is also enhanced by aluminium which induces the accumulation of amyloid precursor protein in the thread-like extensions of nerve cells (axons and dendrites). In addition aluminium has been shown to depress the activity of most neuro-transmitters similarly depressed in AD (acetylcholine, norepinephrine, glutamate and GABA). Aluminium enters the brain in measurable quantities, even when trace levels are contained in a glass of tap water. Other sources of

bioavailable aluminium include baking powder, antacids and aluminium products used for general food preparation and storage (over 12 months, aluminium levels in soft drink packed in aluminium cans rose from 0.05 to 0.9 mg/l). [Walton, J and Bryson-Taylor, D. - Chemistry in Australia, August 1995] the main target organs of aluminum are the central nervous system and bone. Aluminum binds with dietary phosphorus and impairs

gastrointestinal absorption of phosphorus. The decreased phosphate body burden results in osteomalacia (softening of the bones due to defective bone mineralization) and rickets. Aluminum's neurotoxicity is believed to involve several mechanisms. Changes in cytoskeletal protein functions as a results of altered phosphorylation, proteolysis, transport, and synthesis are believed to be one cause. Aluminum may induce neurobehavioral effects by affecting permeability of the blood-brain barrier, cholinergic activity, signal transduction pathways, lipid peroxidation, and impair neuronal glutamate nitric oxide-cyclic GMP pathway, as well as interfere with metabolism of essential trace elements because of similar coordination chemistries and consequent competitive interactions. It has been suggested that aluminum's interaction with estrogen receptors , but studies have not been able to establish a clear link between aluminum and increased risk of breast cancer ). Certain aluminum salts induce immune responses by activating inflammasomes.

	ΤΟΧΙΟΙΤΥ	IRRITATION
POOLSTAR POOL FLOC	Not Available	Not Available
	ΤΟΧΙΟΙΤΥ	IRRITATION
	Dermal (rabbit) LD50: >1167.5 mg/kg <sup>[1]</sup>	Eye (rabbit): 10 mg/24h SEVERE
	Inhalation (Rat) LC50: >5 mg/l4h <sup>[1]</sup>	Eye: adverse effect observed (irreversible damage) <sup>[1]</sup>
aluminium sulfate	Oral (Rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
		Skin: adverse effect observed (irritating) <sup>[1]</sup>
		Skin: no adverse effect observed (not irritating) <sup>[1]</sup>

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
ALUMINIUM SULFATE	Oral (rat) TDLo: 10138 mg/kg/8D-C
POOLSTAR POOL FLOC & ALUMINIUM SULFATE	Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity
	studies. Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
	Data from assays for genotoxic activity in vitro suggest that eukaryotic cells are susceptible to genetic damage when the pH falls to about 6.5. Cells from the respiratory tract have not been examined in this respect. Mucous secretion may protect the cells of the airways from direct exposure to inhaled acidic mists, just as mucous plays an important role in protecting the gastric epithelium from its auto-secreted hydrochloric acid. In considering whether pH itself induces genotoxic events in vivo in the respiratory system, comparison should be made with the human stomach, in which gastric juice may be at pH 1-2 under fasting or nocturnal conditions, and with the human urinary bladder, in which the pH of urine can range from <5 to > 7 and normally averages 6.2. Furthermore, exposures to low pH in vivo differ from exposures <i>in vitro</i> in that, <i>in vivo</i> , only a portion of the cell surface is subjected to the adverse conditions, so that perturbation of intracellular homeostasis may be maintained more readily than in vitro. For aluminium compounds:
	Aluminium present in food and drinking water is poorly absorbed through the gastrointestinal tract. The bioavailability of aluminium is dependent on the form in which it is ingested and the presence of dietary constituents with which the metal cation can complex Ligands in food can have a marked effect on absorption of aluminium, as they can either enhance uptake by forming absorbable (usually water soluble) complexes (e.g., with carboxylic acids such as citric and lactic), or reduce it by forming insoluble compounds (e.g., with phosphate or dissolved silicate).
	Considering the available human and animal data it is likely that the oral absorption of aluminium can vary 10-fold based on chemical form alone. Although bioavailability appears to generally parallel water solubility, insufficient data are available to directly extrapolate from solubility in water to bioavailability.
	For oral intake from food, the European Food Safety Authority (EFSA) has derived a tolerable weekly intake (TWI) of 1 milligram (mg) of aluminium per kilogram of bodyweight. In its health assessment, the EFSA states a medium bioavailability of 0.1 % for all aluminium compounds which are ingested with food. This corresponds to a systemically available tolerable daily dose of 0.143 microgrammes (µg) per kilogramme (kg) of body weight. This means that for an adult weighing 60 kg, a systemically available dose of 8.6 µg per day is considered safe.
	Based on a neuro-developmental toxicity study of aluminium citrate administered via drinking water to rats, the Joint FAO/WHO Expert Committee on Food Additives (JECFA) established a Provisional Tolerable Weekly Intake (PTWI) of 2 mg/kg bw (expressed as aluminium) for all aluminium compounds in food, including food additives. The Committee on Toxicity of chemicals in food, consumer products and the environment (COT) considers that the derivation of this PTWI was sound and that it should be used in assessing potential risks from dietary exposure to aluminium
	The Federal Institute for Risk Assessment (BfR) of Germany has assessed the estimated aluminium absorption from antiperspirants. For this purpose, the data, derived from experimental studies, on dermal absorption of aluminium from antiperspirants for healthy and damaged skin was used as a basis. At about 10.5 µg, the calculated systemic intake values for healthy skin are above the 8.6 µg per day that are considered safe for an adult weighing 60 kg. If aluminium -containing antiperspirants are used on a daily basis, the tolerable weekly intake determined by the EFSA is therefore exceeded. The values for damaged skin, for example injuries from shaving, are many times higher. This means that in case of daily use of an aluminium-containing antiperspirant alone, the TWI may be completely exhausted. In addition, further aluminium absorption sources such as food, cooking utensils and other cosmetic products must be taken into account
	Systemic toxicity after repeated exposure No studies were located regarding dermal effects in animals following intermediate or chronic-duration dermal exposure to various forms of aluminium.
	When orally administered to rats, aluminium compounds (including aluminium nitrate, aluminium sulfate and potassium aluminium sulfate) have produced various effects, including decreased gain in body weight and mild histopathological changes in the spleen, kidney and liver of rats (104 mg Al/kg bw/day) and dogs (88-93 mg Al/kg bw/day) during subchronic oral exposure. Effects on nerve cells, testes, bone and stomach have been reported at higher doses. Severity of effects increased with dose. The main toxic effects of aluminium that have been observed in experimental animals are neurotoxicity and nephrotoxicity. Neurotoxicity has
	also been described in patients dialysed with water containing high concentrations of aluminium, but epidemiological data on possible adverse effects in humans at lower exposures are inconsistent Reproductive and developmental toxicity:
	Studies of reproductive toxicity in male mice (intraperitoneal or subcutaneous administration of aluminium nitrate or chloride) and rabbits (administration of aluminium chloride by gavage) have demonstrated the ability of aluminium to cause testicular toxicity, decreased sperm quality in mice and rabbits and reduced fertility in mice. No reproductive toxicity was seen in females given aluminium nitrate by gavage or dissolved in drinking water. Multi-generation reproductive studies in which aluminium sulfate and aluminium ammonium sulfate were administered to rats in drinking water, showed no evidence of reproductive toxicity
	High doses of aluminium compounds given by gavage have induced signs of embryotoxicity in mice and rats in particular, reduced fetal body weight or pup weight at birth and delayed ossification. Developmental toxicity studies in which aluminium chloride was administered by gavage to pregnant rats showed evidence of foetotoxicity, but it was unclear whether the findings were secondary to maternal toxicity. A twelve-month neuro-development with aluminium citrate administered via the drinking water to Sprague-Dawley rats, was conducted according to Good Laboratory Practice (GLP). Aluminium citrate was selected for the study since it is the most soluble and bioavailable aluminium salt. Pregnant rats were exposed to aluminium citrate from gestational day 6 through lactation, and then the offspring were
	exposed post-weaning until postnatal day 364. An extensive functional observational battery of tests was performed at various times. Evidence of aluminium toxicity was demonstrated in the high (300 mg/kg bw/day of aluminium) and to a lesser extent, the mid-dose groups (100 mg/kg bw/day of aluminium). In the high-dose group, the main effect was renal damage, resulting in high mortality in the male offspring. No major neurological pathology or neurobehavioural effects were observed, other than in the neuromuscular subdomain (reduced grip strength and increased foot splay). Thus, the lowest observed adverse effect level (LOAEL) was 100 mg/kg bw/day and the no observed adverse effect level (NOAEL) was 30 mg/kg bw/day. Bioavailability of aluminium chloride, sulfate and nitrate and aluminium hydroxide was much lower than that of aluminium citrate This study was used by JECFA as key study to derive the PTWI. Genotoxicity
	Auminium compounds were non-mutagenic in bacterial and marimalian cell systems, but some produced DNA damage and effects on chromosome integrity and segregation in vitro. Clastogenic effects were also observed in vivo when aluminium sulfate was administered at high doses by gavage or by the intraperitoneal route. Several indirect mechanisms have been proposed to explain the variety of genotoxic effects elicited by aluminium salts in experimental systems. Cross-linking of DNA with chromosomal proteins, interaction with microtubule assembly and mitotic spindle functioning, induction of oxidative damage, damage of lysosomal membranes with liberation of DNAase, have been suggested to explain the induction of structural chromosomal aberrations, sister chromatid exchanges, chromosome loss and formation of oxidized bases in experimental systems. The EFSA Panel noted that these indirect mechanisms of genotoxicity, occurring at relatively high levels of exposure, are unlikely to be of relevance for humans exposed to aluminium via the diet. Aluminium compounds do not cause gene mutations in either bacteria or mammalian cells. Exposure to aluminium compounds does result in both structural and numerical

lesions in the brain possibility of an ass information on inge water and Alzheimer there is a need for Alzheimer disease animal studies perf Contact sensitivity: It has been sugges syndrome can be c in adults presenting corresponding histo is that the long-last Aluminium acts not sensitisers causing to be a weak allerg immunogenic and t reactive. The most i study showed a sta with allergen-speci Other routes of sen tattooing of the skin granulomas. Even aluminium have be documented: prurit localisations after v containing toothpase	and other neurodegenerative diseases. Aluminium rmed have several limitations and therefore can ed that the body burden of aluminium may be lin aused by aluminium-containing adjuvants in vacc with ascending myalgia and severe fatigue follor logical findings include aluminium-containing ma ng granuloma triggers the development of the sy only as an adjuvant, stimulating the immune syst contact allergy and allergic contact dermatitis. In an A metal must be ionised to be able to act as a b initiate an immune response. Once inside the sh oportant routes of exposure and sensitisation to istically significant association between contact c immunotherapy (ASIT) Nodules were overrepr sitisation reported in the literature are the prolong with aluminium-containing pigments. Most of the nough aluminium is used extensively in industry, en reported Systemic allergic contact dermatitis is c nodules at present and previous injection sites, accination with aluminium-containing vaccines ar te	n is a neurotoxicant in e inot be used for quantita aked to different iseases cines. Macrophagic myo wing exposure to alumir acrophages infiltrating m ystemic syndrome. The enternation of the general, metal allergies a contact allergen, then i aluminium are through a aluminium are through a allergy to aluminium and resented in patients with ged use of aluminium-acc esented in patients with ged use of aluminium- de patients experienced e only a low number of ca n the form of flare-up rea , eczema at the site of v nd/or patch testing with a	experimental animals. However, most of the ative risk assessment. a. Macrophagic myofasciitis and chronic fatigue ofasciitis (MMF) has been described as a disease nium hydroxide-containing vaccines The nuscle tissue at the injection site. The hypothesis fections or to tolerate antigens, it also acts as a us are very common and aluminium is considered it has to undergo haptenisation to be to bind to proteins to become immunologically aluminium-containing vaccines. One Swedish d persistent itching nodules in children treated in contact allergy to aluminium ontaining antiperspirants, topical medication, and eczematous reactions whereas tattooing caused asses of occupational skin sensitisation to eactions after re-exposure to aluminium has been vaccination as well as at typically atopic aluminium, and also after use of aluminium-
chromosome aberr damage was obser Carcinogenicity. The available epide to humans, giving r including polycyclic in non-occupationa Neurodegenerative Following the obse studies were carrie exposure over long	tions both in in-vitro and in-vivo mutagenicity test red only at high exposure levels. miological studies provide limited evidence that of se to cancer of the lung and bladder. However, the aromatic hydrocarbons, aromatic amines, nitro of ly exposed persons. diseases. vation that high levels of aluminium in dialysis flu 4 out to determine if aluminium could cause demi periods. Aluminium was identified, along with oth for Alzheimer disease, a common form of senile ociation of Alzheimer disease with aluminium in u stion of aluminium from food and how concentrat r disease." There are suggestions that persons w nore analytical research to determine whether al	sts. DNA damage is prot certain exposures in the he aluminium exposure compounds and asbesto uid could cause a form o entia or cognitive impair her elements, in the amy and pre-senile dementia water, but other studies tions of aluminium in foo with some genetic variar luminium from various so	babbly the result of indirect mechanisms. The DNA e aluminium production industry are carcinogenic was confounded by exposure to other agents os. There is no evidence of increased cancer risk of dementia in dialysis patients, a number of rment as a consequence of environmental yloid plaques that are one of the diagnostic a. some of the epidemiology studies suggest the do affect the association. All studies lack od affect the association between aluminium in nts may absorb more aluminium than others, but sources has a significant causal association with

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 either not available or does not fill the criteria for classification - Data available to make classification

#### **SECTION 12 Ecological information**

	Endpoint	Tast Duration (br)	Spacies	Value	Source
POOLSTAR POOL FLOC	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	120h	Fish	<0.001mg/L	5
	LC50	96h	Fish	>0.42mg/l	2
aluminium sulfate	EC50	72h	Algae or other aquatic plants	0.017mg/L	2
	EC50	48h	Crustacea	0.33mg/l	2
	EC50	96h	Algae or other aquatic plants	0.005mg/L	2
Legend:	Extracted from Ecotox databa (Japan) - Bioco	1. IUCLID Toxicity Data 2. Europe ECHA I se - Aquatic Toxicity Data 5. ECETOC Aqui ncentration Data 8. Vendor Data	Registered Substances - Ecotoxicological Inforr atic Hazard Assessment Data 6. NITE (Japan) -	nation - Aquatic Toxicity - Bioconcentration Data	4. US EPA 7. METI

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

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.

#### Ecotoxicity:

The tolerance of water organisms towards pH margin and variation is diverse. Recommended pH values for test species listed in OECD guidelines are between 6.0 and almost 9. Acute testing with fish showed 96h-LC50 at about pH 3.5 for inorganic sulfates:

Environmental fate:

Data from tap water studies with human volunteers indicate that sulfates produce a laxative effect at concentrations of 1000 - 1200 mg/litre, but no increase in diarrhoea, dehydration or weight loss. The presence of sulfate in drinking-water can also result in a noticeable taste; the lowest taste threshold concentration for sulfate is approximately 250 mg/litre as the sodium salt. Sulfate may also contribute to the corrosion of distribution systems. No health-based guideline value for sulfate in drinking water is proposed. However, there is an increasing likelihood of complaints arising from a noticeable taste as concentrations in water increase above 500 mg/litre.

Sulfates are removed from the air by both dry and wet deposition processes. Wet deposition processes including rain-out (a process that occurs within the clouds) and washout (removal by precipitation below the clouds) contribute to the removal of sulfate from the atmosphere.

In soil, the inorganic sulfates can adsorb to soil particles or leach into surface water and groundwater. Sulfates can be taken up by plants and be incorporated into the parenchyma of the plant.

Sulfate in water can also be reduced by sulfate bacteria (Thiobacilli) which use them as a source of energy.

In anaerobic environments sulfate is biologically reduced to (hydrogen) sulfide by sulfate reducing bacteria, or incorporated into living organisms as source of sulfur, and thereby included in the sulfur cycle. Sodium sulfate is not reactive in aqueous solution at room temperature. Sodium sulfate will completely dissolve, ionise and distribute across the entire planetary "aquasphere". Some sulfates may eventually be deposited, the majority of sulfates participate in the sulfur cycle in which natural and industrial sodium sulfate are not distinguishable

The BCF of sodium sulfate is very low and therefore significant bioconcentration is not expected. Sodium and sulfate ions are essential to all living organisms and their intracellular and extracellular concentrations are actively regulated. However some plants (e.g. corn and Kochia Scoparia), are capable of accumulating sulfate to concentrations that are potentially toxic to ruminants

# Ecotoxicity:

For sulfate in general:

Fish LC50: toxic from 7000 mg/l

Bacteria: toxic from 2500 mg/l

Algae were shown to be the most sensitive to sodium sulfate; EC50 120 h = 1,900 mg/l. For invertebrates (Daphnia magna) the EC50 48 h = 4,580 mg/l and fish appeared to be the least sensitive with a LC50 96h = 7,960 mg/l for Pimephales promelas. Activated sludge showed a very low sensitivity to sodium sulfate. There was no effect up to 8 g/l. Sodium sulfate is not very toxic to terrestrial plants. Picea banksiana was the most sensitive species, an effect was seen at 1.4 g/l. Sediment dwelling organisms were not very sensitive either, with an LC50 96h = 660 mg/l for Trycorythus sp. Overall it can be concluded that sodium sulfate has no acute adverse effect on aquatic and sediment dwelling organisms. Toxicity to terrestrial plants is also low.

No data were found for long term toxicity. The acute studies all show a toxicity of sodium sulfate higher than 100 mg/l, no bioaccumulation is expected,

For aluminium and its compounds and salts: Despite its prevalence in the environment, no known form of life uses aluminium salts metabolically. In keeping with its pervasiveness, aluminium is well tolerated by plants and animals. Owing to their prevalence, potential beneficial (or otherwise) biological roles of aluminium compounds are of continuing interest.

#### Environmental fate:

Aluminium occurs in the environment in the form of silicates, oxides and hydroxides, combined with other elements such as sodium, fluorine and arsenic complexes with organic matter.

Acidification of soils releases aluminium as a transportable solution. Mobilisation of aluminium by acid rain results in aluminium becoming available for plant uptake.

As an element, aluminum cannot be degraded in the environment, but may undergo various precipitation or ligand exchange reactions. Aluminum in compounds has only one oxidation state (+3), and would not undergo oxidation-reduction reactions under environmental conditions. Aluminum can be complexed by various ligands present in the environment (e.g., fulvic and humic acids). The solubility of aluminum in the environment will depend on the ligands present and the pH.

The trivalent aluminum ion is surrounded by six water molecules in solution. The hydrated aluminum ion, [Al(H2O)6]3+, undergoes hydrolysis, in which a stepwise deprotonation of the coordinated water ligands forms bound hydroxide ligands (e.g., [Al(H2O)5(OH)]2+, [Al(H2O)4(OH)2]+). The speciation of aluminum in water is pH dependent. The hydrated trivalent aluminum ion is the predominant form at pH levels below 4. Between pH 5 and 6, the predominant hydrolysis products are Al(OH)2+ and Al(OH)2+, while the solid AI(OH)3 is most prevalent between pH 5.2 and 8.8. The soluble species AI(OH)4- is the predominant species above pH 9, and is the only species present above pH 10. Polymeric aluminum hydroxides appear between pH 4.7 and 10.5, and increase in size until they are transformed into colloidal particles of amorphous AI(OH)3, which crystallise to gibbsite in acid waters. Polymerisation is affected by the presence of dissolved silica; when enough silica is present, aluminum is precipitated as poorly crystallised clay mineral species.

Hydroxyaluminum compounds are considered amphoteric (e.g., they can act as both acids and bases in solution). Because of this property, aluminum hydroxides can act as buffers and resist pH changes within the narrow pH range of 4-5.

Monomeric aluminum compounds, typified by aluminum fluoride, chloride, and sulfate, are considered reactive or labile compounds, whereas polymeric aluminum species react much more slowly in the environment. Aluminum has a stronger attraction for fluoride in an acidic environment compared to other inorganic ligand.

The adsorption of aluminum onto clay surfaces can be a significant factor in controlling aluminum mobility in the environment, and these adsorption reactions, measured in one study at pH 3.0-4.1, have been observed to be very rapid. However, clays may act either as a sink or a source for soluble aluminum depending on the degree of aluminum saturation on the clay surface.

Within the pH range of 5-6, aluminum complexes with phosphate and is removed from solution. Because phosphate is a necessary nutrient in ecological systems, this immobilization of both aluminum and phosphate may result in depleted nutrient states in surface water.

Plant species and cultivars of the same species differ considerably in their ability to take up and translocate aluminum to above-ground parts. Tea leaves may contain very high concentrations of aluminum, >5,000 mg/kg in old leaves. Other plants that may contain high levels of aluminum include Lycopodium (Lycopodiaceae), a few ferns, Symplocos (Symplocaceae), and Orites (Proteaceae). Aluminum is often taken up and concentrated in root tissue. In sub-alpine ecosystems, the large root biomass of the Douglas fir, Abies amabilis, takes up aluminum and immobilizes it, preventing large accumulation in above-ground tissue. It is unclear to what extent aluminum is taken up into root food crops and leafy vegetables. An uptake factor (concentration of aluminum in the plant/concentration of aluminum in soil) of 0.004 for leafy vegetables and 0.00065 for fruits and tubers has been reported, but the pH and plant species from which these uptake factors were derived are unclear. Based upon these values, however, it is clear that aluminum is not taken up in plants from soil, but is instead biodiluted.

Aluminum concentrations in rainbow trout from an alum-treated lake, an untreated lake, and a hatchery were highest in gill tissue and lowest in muscle. Aluminum residue analyses in brook trout have shown that whole-body aluminum content decreases as the fish advance from larvae to juveniles. These results imply that the aging larvae begin to decrease their rate of aluminum uptake, to eliminate aluminum at a rate that exceeds uptake, or to maintain approximately the same amount of aluminum while the body mass increases. The decline in whole-body aluminum residues in juvenile brook trout may be related to growth and dilution by edible muscle tissue that accumulated less aluminum than did the other tissues

The greatest fraction of the gill-associated aluminum was not sorbed to the gill tissue, but to the gill mucus. It is thought that mucus appears to retard aluminum transport from solution to the membrane surface, thus delaying the acute biological response of the fish. It has been reported that concentrations of aluminum in whole-body tissue of the Atlantic salmon exposed to high concentrations of aluminum ranging from 3 ug/g (for fish exposed to 33 ug/L) to 96 ug/g (for fish exposed to 264 ug/L) at pH 5.5. After 60 days of exposure, BCFs ranged from 76 to 190 and were directly related to the aluminum exposure concentration. In acidic waters (pH 4.6-5.3) with low concentrations of calcium (0.5-1.5 mg Ca/L), labile aluminum between 25 and 75 ug/L is toxic. Because aluminum is toxic to many aquatic species, it is not bioaccumulated to a significant degree (BCF <300) in most fish and shellfish; therefore, consumption of contaminated fish does not appear to be a significant source of aluminum exposure in humans. Bioconcentration of aluminum has also been reported for several aquatic invertebrate species. BCF values ranging from 0.13 to 0.5 in the whole-body were reported for the snail.

Bioconcentration of aluminum has also been reported for aquatic insects.

#### Ecotoxicity:

#### Freshwater species pH >6.5

Fish: Acute LC50 (48-96 h) 5 spp: 0.6 (Salmo salar) - 106 mg/L; Chronic NOEC (8-28 d): 7 spp.NOEC, 0.034-7.1 mg/L. The lowest measured chronic figure was an 8-d LC50 of 0.17 mg/L for Micropterus sp.

Amphibian: Acute LC50 (4 d): Bufo americanus, 0.86-1.66 mg/L; Chronic LC50 (8-d) 2.28 mg/L

Crustaceans LC50 (48 h): 1 sp 2.3-36 9 mg/L; Chronic NOEC (7-28 d) 3 spp, 0.136-1.72 mg/L

Algae EC50 (96 h): population growth, 0.46-0.57 mg/L; 2 spp, chronic NOEC, 0.8-2.0 mg/L

Freshwater species pH <6.5 (all between pH 4.5 and 6.0)

Fish LC50 (24-96 h): 4 spp, 0.015 (S. trutta) - 4.2 mg/L; chronic data on Salmo trutta, LC50 (21-42 d) 0.015- 0.105 mg/L

Amphibians LC50 (4-5 d): 2 spp, 0.540-2.670 m/L (absolute range 0.40-5.2 mg/L)

Align: 1 sp NOEC growth 2.0 mg/L Among freshwater aquatic plants, single-celled plants are generally the most sensitive to aluminium. Fish are generally more sensitive to aluminium than aquatic invertebrates. Aluminium is a gill toxicant to fish, causing both ionoregulatory and respiratory effects.

The bioavailability and toxicity of aluminium is generally greatest in acid solutions. Aluminium in acid habitats has been observed to be toxic to fish and phytoplankton. Aluminium is generally more toxic over the pH range 4.4.5.4, with a maximum toxicity occurring around pH 5.0.5.2. The inorganic single unit aluminium species (Al(OH)2 +) is thought to be the most toxic. Under very acid conditions, the toxic effects of the high H+ concentration appear to be more important than the effects of low concentrations of aluminium; at approximately neutral pH values, the toxicity of aluminium is greatly reduced. The solubility of aluminium is also enhanced under alkaline conditions, due to its amphoteric character, and some researchers found that the acute toxicity of aluminium increased from pH 7 to pH 9. However, the opposite relationship was found in other studies. The uptake and toxicity of aluminium in freshwater organisms generally decreases with increasing water hardness under acidic, neutral and alkaline conditions. Complexing agents such as fluoride, citrate and humic substances reduce the availability of aluminium to organisms, resulting in lower toxicity. Silicon can also reduce aluminium toxicity to fish. Drinking Water Standards:

aluminium: 200 ug/l (UK max.) 200 ug/l (WHO guideline) chloride: 400 mg/l (UK max.) 250 mg/l (WHO guideline) fluoride: 1.5 mg/l (UK max.) 1.5 mg/l (WHO guideline) nitrate: 50 mg/l (UK max.) 50 mg/l (WHO guideline) sulfate: 250 mg/l (UK max.) Soil Guideline: none available.

#### Air Quality Standards: none available. **DO NOT** discharge into sewer or waterways.

#### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
aluminium sulfate	HIGH	HIGH
Bioaccumulative potential		
Ingredient	Bioaccumulation	
aluminium sulfate	LOW (LogKOW = -2.2002)	
Mobility in soil		
Ingredient	Mobility	
aluminium sulfate	LOW (Log KOC = 6.124)	

## **SECTION 13 Disposal considerations**

Waste treatment methods	
Product / Packaging disposal	<ul> <li>Containers may still present a chemical hazard/ danger when empty.</li> <li>Return to supplier for reuse/ recycling if possible.</li> <li>Otherwise: <ul> <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> </li> <li>For small quantities: <ul> <li>Neutralise an aqueous solution of the material.</li> <li>Filter solids for disposal to approved land fill.</li> <li>Flush solution to sewer (subject to local regulation)</li> <li>Heat and fumes evolved during reaction may be controlled by rate of addition.</li> <li>DO NOT allow wash water from cleaning or process equipment to enter drains.</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 or consult manufacturer for recycling options.</li> <li>Consult State Land Waste Management Authority for disposal.</li> <li>Bury residue in an authorised landfill.</li> <li>Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul> </li> </ul>

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

#### **Disposal Requirements**

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.

Only dispose to the environment if a tolerable exposure limit has been set for the substance.

Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

#### **SECTION 14 Transport information**

# Labels Required

Marine Pollutant	
HAZCHEM	2Z

#### Land transport (UN)

,	
14.1. UN number or ID number	3077
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains aluminium sulfate)
14.3. Transport hazard class(es)	Class     9       Subsidiary Hazard     Not Applicable
14.4. Packing group	Ш
14.5. Environmental hazard	Environmentally hazardous

14.6. Special pre	ecautions for	Special provisions	274; 331; 335; 375
user		Limited quantity	5 kg

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

	,			
14.1. UN number	3077			
14.2. UN proper shipping name	Environmentally hazardous substance, solid, n.o.s. (contains aluminium sulfate)			
14.3. Transport hazard class(es)	ICAO/IATA Class	9 Not Applicable		
	ERG Code	ERG Code 9L		
14.4. Packing group				
14.5. Environmental hazard	Environmentally hazardous			
14.6. Special precautions for user	Special provisions		A97 A158 A179 A197 A215	
	Cargo Only Packing Instructions		956	
	Cargo Only Maximum Qty / Pack		400 kg	
	Passenger and Cargo Packing Instructions		956	
	Passenger and Cargo Maximum Qty / Pack		400 kg	•
	Passenger and Cargo Limited Quantity Packing Instructions		Y956	
	Passenger and Cargo Limited Maximum Qty / Pack		30 kg G	

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

14.1. UN number	3077		
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains aluminium sulfate)		
14.3. Transport hazard class(es)	IMDG Class IMDG Subsidiary Ha	9 azard Not Applicable	
14.4. Packing group	III		
14.5 Environmental hazard	Marine Pollutant		
14.6. Special precautions for user	EMS Number Special provisions Limited Quantities	F-A , S-F 274 335 966 967 969 5 kg	

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

Not Applicable

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

Product name	Group	
aluminium sulfate	Not Available	
14.7.3. Transport in bulk in accordance with the IGC Code		

Product name	Ship type
aluminium sulfate	Not Available

#### **SECTION 15 Regulatory information**

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

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR002681	Water Treatment Chemicals (Corrosive) Group Standard 2020

Please refer to Section 8 of the SDS for any applicable tolerable exposure limit or Section 12 for environmental exposure limit.

#### aluminium sulfate is found on the following regulatory lists

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

#### Additional Regulatory Information

Not Applicable

#### Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantities
Not Applicable	Not Applicable

#### Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

#### Maximum quantities of certain hazardous substances permitted on passenger service vehicles

Subject to Regulation 13.14 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Gas (aggregate water capacity in mL)	Liquid (L)	Solid (kg)	Maximum quantity per package for each classification
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

#### **Tracking Requirements**

Not Applicable

#### **National Inventory Status**

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

#### **SECTION 16 Other information**

Revision Date	25/07/2023
Initial Date	13/06/2014

#### **SDS Version Summary**

Version	Date of Update	Sections Updated
5.20	25/07/2023	Toxicological information - Acute Health (skin), Toxicological information - Chronic Health, Hazards identification - Classification, Exposure controls / personal protection - Exposure Standard, Firefighting measures - Fire Fighter (fire/explosion hazard), Handling and storage - Storage (storage incompatibility), Identification of the substance / mixture and of the company / undertaking - Synonyms

#### Other information

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

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

#### **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
- ES: Exposure Standard
- 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

end of SDS

- BCF: BioConcentration Factors
- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration
- AIIC: Australian Inventory of Industrial Chemicals
   DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China EINECS: European INventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances
   NLP: No-Longer Polymers
   ENCS: Existing and New Chemical Substances Inventory

- KECI: Korea Existing Chemicals Inventory
- NZIOC: New Zealand Inventory of Chemicals
- PICCS: Philippine Inventory of Chemicals and Chemical Substances
- TSCA: Toxic Substances Control Act
   TCSI: Taiwan Chemical Substance Inventory
   INSQ: Inventario Nacional de Sustancias Químicas
- NCI: National Chemical Inventory
  FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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