

7-Aminoclonazepam

Novachem Pty Ltd

Version No: **2.2** Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: **08/02/2018**Print Date: **08/02/2018**S.GHS.AUS.EN

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

Product Identifier	
Product name	7-Aminoclonazepam
Chemical Name	7-aminoclonazepam
Synonyms	A-915
Proper shipping name	ACETONITRILE
Other means of identification	Not Available

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

Relevant identified uses Laboratory certified chemical reference material

4959-17-5*

Details of the supplier of the safety data sheet

CAS number

Registered company name	Novachem Pty Ltd
Address	25 Crissane Road, Heidelberg West Victoria 3081 Australia
Telephone	+61384151255
Fax	+61386250088
Website	www.novachem.com.au
Email	novachem@novachem.com.au

Emergency telephone number

Association / Organisation	Victorian Poisons Information Centre
Emergency telephone numbers	13 11 26
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	Not Applicable	
Classification ^[1]	lammable Liquid Category 2, Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 4, Eye Irritation category 2A	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI	

Label elements

Hazard pictogram(s)





SIGNAL WORD D

Hazard statement(s)

H225	Highly flammable liquid and vapour.
H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H332	Harmful if inhaled.
H319	Causes serious eye irritation.

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Precautionary statement(s) Prevention

P210	Keep away from heat/sparks/open flames/hot surfaces No smoking.
P233	Keep container tightly closed.
P271	Use only outdoors or in a well-ventilated area.
P240	Ground/bond container and receiving equipment.

Precautionary statement(s) Response

P363	Wash contaminated clothing before reuse.	
P370+P378	case of fire: Use water spray/fog for extinction.	
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.	

Precautionary statement(s) Storage

P403+P235 Store in a well-ventilated place. Keep cool.

Precautionary statement(s) Disposal

Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

CAS No	%[weight]	Name
75-05-8	99.99	acetonitrile
4959-17-5	0.01	7-aminoclonazepam

Mixtures

See section above for composition of Substances

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: Wash out immediately with fresh running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: ► Immediately remove all contaminated clothing, including footwear. ► Flush skin and hair with running water (and soap if available). ► Seek medical attention in event of irritation.
Inhalation	 If furnes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor.
Ingestion	 If SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. For advice, contact a Poisons Information Centre or a doctor. Urgent hospital treatment is likely to be needed. In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise: INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if

Indication of any immediate medical attention and special treatment needed

It is recommended that the physician withdraw the drug slowly on the appearance of unusual depression, aggressiveness, or other behavioral alterations.

possible) to maintain open airway and prevent aspiration. NOTE: Wear a protective glove when inducing vomiting by mechanical means.

As with other anticonvulsants, it is important to proceed slowly when increasing or decreasing dosage, as well as when adding or eliminating other medication. Abrupt withdrawal of anticonvulsant medication may precipitate absence (petit mal) status

For severe benzodiazepine overdose the stomach should be emptied by aspiration and lavage. Recovery usually follows symptomatic relief.

Dialysis is of no value. [Martindale]

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For cvanide intoxication (and for certain nitriles which produce cvanide ion)

- ▶ Signs symptoms of acute cyanide poisoning reflect cellular hypoxia and are often non-specific.
- Cyanosis may be a late finding.
- A bradycardic, hypertensive and tachypneic patient suggests poisoning especially if CNS and cardiovascular depression subsequently occurs.
- Immediate attention should be directed towards assisted ventilation, administration of 100% oxygen, insertion of intravenous lines and institution of cardiac monitoring.
- ▶ Obtain an arterial blood gas immediately and correct any severe metabolic acidosis (pH below 7.15).
- Mildly symptomatic patients generally require supportive care alone. Nitrites should not be given indiscriminately in all cases of moderate to severe poisoning, they should be given in conjunction with thiosulfate. As a temporizing measure supply amyl nitrite peries (0.2ml inhaled 30 seconds every minute) until intravenous lines for sodium nitrite are established. 10 ml of a 3% solution is administered over 4 minutes to produce 20% methaemoglobin in adults. Follow directly with 50 ml of 25% sodium thiosulfate, at the same rate, IV. If symptoms reappear or persist within 1/2-1 hour, repeat nitrite and thiosulfate at 50% of initial dose. As the mode of action involves the metabolic conversion of the thiosulfate to thiocyanate, renal failure may enhance thiocyanate toxicity.
- ▶ Methylene blue is not an antidote. [Ellenhorn and Barceloux: Medical Toxicology]

If amyl nitrite intervention is employed then Medical Treatment Kits should contain the following:

- ▶ One box containing one dozen amyl nitrite ampoules
- ▶ Two sterile ampoules of sodium nitrite solution (10 mL of a 3% solution in each)
- ▶ Two sterile ampoules of sodium thiosulfate solution (50 mL of a 25% solution in each)
- ▶ One 10 mL sterile syringe. One 50 mL sterile syringe. Two sterile intravenous needles. One tourniquet.
- One dozen gauze pads.
- Latex gloves
- A "Biohazard" bag for disposal of bloody/contaminated equipment.
- A set of cvanide instructions on first aid and medical treatment.

- Notes on the use of amyl nitrite:-

- AN is highly volatile and flammable do not smoke or use around a source of ignition.
- If treating patient in a windy or draughty area provide some shelter or protection (shirt, wall, drum, cupped hand etc.) to prevent amyl nitrite vapour from being blown away. Keep ampoule upwind from the nose, the objective is to get amyl nitrite into the patients lungs.
- Rescuers should avoid AN inhalation to avoid becoming dizzy and losing competence.
- Lay the patient down. Since AN dilates blood vessels and lowers blood pressure, lying down will help keep patient conscious.
- DO NOT overuse excessive use might put the patient into shock. Experience at DuPont plants has not shown any serious after-effects from treatment with amyl nitrite.

ADDITIONAL NOTES:

Major medical treatment procedures may vary e.g. US (FDA method as recommended by DuPont) uses amyl nitrite as a methaemoglobin generator, followed by treatment with sodium nitrite and then sodium thiosulfate.

MODES OF ACTION: Amyl nitrite (AN) reacts with haemoglobin (HB) to form about 5% methaemoglobin (MHB). Sodium nitrite (NaNO2) reacts with haemoglobin to form approximately 20-30% methaemoglobin. Methaemoglobin attracts cyanide ions (CN) from tissue and binds with them to become cyanmethaemoglobin (CNMHB). Sodium thiosulfate (Na2S2O3) converts cyanmethaemoglobin to thiocyanate (HSCN) which is excreted by the kidneys. i.e. AN + HB = MHB NaNO2 + HB = MHB CN + MHB = CNMHB Na2S2O3 + CNMHB + O2 = HSCN

- · The administration of the antidote salts is intravenous in normal saline, Ringers lactate or other available IV fluid.
- European practice may use 4-dimethylaminophenol (DMAP) as a methaemoglobin generator. Also hydroxycobalamin (Vitamin B12a) is used. Hydroxycobalamin works by reacting with cyanide to form cyanocobalamin (Vitamin B12) which is excreted in the urine.
- European and Australian NOHSC (ASCC) propose dicobalt edetate (Kelocyanor) as antidote. This acts by chelating cyanide to form stable cobalticyanide, which is excreted in the urine. In all cases hyperbaric therapy may increase the efficiency of a cyanide antidote kit.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- ▶ Foam
- Dry chemical powder.
- BCF (where regulations permit).
- ▶ Carbon dioxide

Special hazards arising from the substrate or mixture

Fire Incompatibility

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

Advice for firefighters

Fire Fighting	 May be violently or explosively reactive. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water course.
	▶ Liquid and vapour are highly flammable

Fire/Explosion Hazard

Severe fire hazard when exposed to heat, flame and/or oxidisers.

Alert Fire Brigade and tell them location and nature of hazard.

- ► Vapour may travel a considerable distance to source of ignition.
- ▶ Heating may cause expansion or decomposition leading to violent rupture of containers.

Combustion products include:

carbon dioxide (CO2)

nitrogen oxides (NOx)

other pyrolysis products typical of burning organic material

HAZCHEM

•2YE

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

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Minor Spills	 Remove all ignition sources. Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment.
Major Spills	 ▶ DO NOT touch the spill material For alkyl nitriles: For residue: ▶ Add alkaline hypochlorite solution to spill to produce cyanate. ▶ Neutralise liquid, and absorb with sawdust. ▶ Collect solid residues and seal in drums for disposal. ▶ Wash spill area with large quantities of water. ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ May be violently or explosively reactive. ▶ Wear breathing apparatus plus protective gloves.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Precautions for safe handling		
Safe handling	 Containers, even those that have been emptied, may contain explosive vapours. Do NOT cut, drill, grind, weld or perform similar operations on or near containers. Avoid all personal contact, including inhalation. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Prevent concentration in hollows and sumps. 	
Other information	 Store in original containers in approved flame-proof area. No smoking, naked lights, heat or ignition sources. DO NOT store in pits, depressions, basements or areas where vapours may be trapped. Keep containers securely sealed. 	

Conditions for safe storage,	including any incompatibilities
Suitable container	 Glass container is suitable for laboratory quantities Packing as supplied by manufacturer. Plastic containers may only be used if approved for flammable liquid. Check that containers are clearly labelled and free from leaks. For low viscosity materials (i): Drums and jerry cans must be of the non-removable head type. (ii): Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt. (23 deg. C) For manufactured product having a viscosity of at least 250 cSt.
	Acetonitrile Forms cyanide gas on contact with steam Freacts violently with oxidisers such as chlorine, bromine, fluorine; with chlorosulfonic acid, oleum or sulfuric acid Fis incompatible with water (especially if acid or alkaline), acids, caustics, nitrating agents, indium, nitrogen tetroxide, sulfur trioxide, iron(III) salts of perchlorate, nitrogen fluoride compounds Freacts violently with water (especially if acid or alkaline), acids, caustics, nitrating agents, indium, nitrogen tetroxide, sulfur trioxide, iron(III) salts of perchlorate, nitrogen fluoride compounds Freacts violently with acids causing ignition of vapours Freacts violently with acids produces toxic furnes Fr
Storage incompatibility	 Nitriles are generally incompatible with other oxidising agents such as peroxides and epoxides. The combination of bases and nitriles can produce hydrogen cyanide. The covalent cyano group is endothermic and many organic nitriles are reactive under certain conditions; N-cyano derivatives are reactive or unstable. The majority of endothermic compounds are thermodynamically unstable and may decompose explosively under various circumstances of initiation. Many but not all endothermic compounds have been involved in decompositions, reactions and explosions and, in general, compounds with significantly

positive values of standard heats of formation, may be considered suspect on stability grounds.

BRETHERICK L.: Handbook of Reactive Chemical Hazards

May decompose violently or explosively on contact with other substances.

- This substance, or one of its components, is one of the relatively few compounds which are described as "endothermic" i.e. heat is absorbed into the compound, rather than released from it, during its formation.
- ► The majority of endothermic compounds are thermodynamically unstable and may decompose explosively under various circumstances of initiation.
- Many but not all endothermic compounds have been involved in decompositions, reactions and explosions and, in general, compounds with significantly positive values of standard heats of formation, may be considered suspect on stability grounds.
- Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	acetonitrile	Acetonitrile	67 mg/m3 / 40 ppm	101 mg/m3 / 60 ppm	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
acetonitrile	Acetonitrile	Not Available	Not Available	Not Available

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Ingredient	Original IDLH	Revised IDLH
acetonitrile	500 ppm	137 ppm
7-aminoclonazepam	Not Available	Not Available

Exposure controls

Appropriate engineering controls

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

The basic types of engineering controls are:

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

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

Personal protection









Eye and face protection

- Safety glasses with side shields.
- ▶ Chemical goggles
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.

Skin protection

See Hand protection below

- ▶ Wear chemical protective gloves, e.g. PVC.
- ▶ Wear safety footwear or safety gumboots, e.g. Rubber

Hands/feet protection

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.

Personal hygiene is a key element of effective hand care

or acetonitrile:

Butyl rubber, PVAL, Teflon, Saranex, Silvershield, Viton/ chlorobutyl are all highly resistant to permeation

Body protection

See Other protection below

- Overalls.
- PVC Apron
- PVC protective suit may be required if exposure severe.
 Eyewash unit.
- Other protection
- electricity.

 For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets)
- Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds.

 $Some \ plastic \ personal \ protective \ equipment \ (PPE) \ (e.g. \ gloves, aprons, overshoes) \ are \ not \ recommended \ as \ they \ may \ produce \ static$

Thermal hazards

Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	СРІ
BUTYL	A
BUTYL/NEOPRENE	A
CPE	A
PE/EVAL/PE	A
PVA	A
SARANEX-23	A
NEOPRENE	В
TEFLON	В
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NITRILE	С
VITON/NEOPRENE	С

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise

Respiratory protection

Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content. The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class	-
		1	
up to 50	1000	-	A-AUS / Class
			1
up to 50	5000	Airline *	-
up to 100	5000	-	A-2
up to 100	10000	-	A-3
100+		-	Airline**

^{* -} Continuous Flow

A(All classes) = Organic vapours, B AUS or B1 = Acid gases, 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 deg C)

^{** -} Continuous-flow or positive pressure demand.

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be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Not Available			
-		5 1 d 1 b 6 4 d 1		
Physical state	Liquid	Relative density (Water = 1)	0.8	
Odour	Not Available	Partition coefficient n-octanol / water	Not Available	
Odour threshold	Not Available	Auto-ignition temperature (°C)	524.0	
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available	
Melting point / freezing point (°C)	-45	Viscosity (cSt)	Not Available	
Initial boiling point and boiling range (°C)	81.1	Molecular weight (g/mol)	41.05 Pure	
Flash point (°C)	5.5 (OC)	Taste	Not Available	
Evaporation rate	5.79 BuAc=1 BuAC = 1	Explosive properties	Not Available	
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available	
Upper Explosive Limit (%)	16.0	Surface Tension (dyn/cm or mN/m)	Not Available	
Lower Explosive Limit (%)	4.4	Volatile Component (%vol)	100	
Vapour pressure (kPa)	13.3 @ 27 deg.C	Gas group	Not Available	
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Not Available	
Vapour density (Air = 1)	1.4	VOC g/L	792.8	

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of vapours, fumes or aerosols, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. The smell of acetonitrile does not give enough warning of exposure. The gas is highly toxic, and inhaling it can cause loss of consciousness.
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. Nitrile poisoning exhibits similar symptoms to poisoning due to hydrogen cyanide. The substances irritate the eyes and skin, and are absorbed quickly and completely through the skin. Benzodiazepine overdose is frequent, but serious poisonings are uncommon, sometimes even in high doses. The most common side-effects are drowsiness, dizziness and inco-ordination. Cyanide poisoning can cause increased saliva output, nausea without vomiting, anxiety, confusion, vertigo, dizziness, stiffness of the lower jaw, convulsions, spasm, paralysis, coma and irregular heartbeat, and stimulation of breathing followed by failure. Often the skin becomes cyanosed (blue-grey), and this is often delayed.
Skin Contact	Skin contact with the material may be harmful; systemic effects may result following absorption. The material is not thought to be a skin irritant (as classified by EC Directives using animal models). Temporary discomfort, however, may result from prolonged dermal exposures. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	There is evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Severe inflammation may be expected with pain.
Chronic	Long-term exposure to the product is not thought to produce chronic effects adverse to the health (as classified by EC Directives using animal models); nevertheless exposure by all routes should be minimised as a matter of course. Chronic exposure to cyanides and certain nitriles may result in interference to iodine uptake by thyroid gland and its consequent enlargement. This occurs following metabolic conversion of the cyanide moiety to thiocyanate. Prolonged use of benzodiazepines can lead to alcoholism-like dependence. Tolerance and withdrawal symptoms are seen in long-term treatment in high doses.

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	TOXICITY IRRITA	ATION	
7-Aminoclonazepam	Not Available Not Ava	ailable	
	TOXICITY	IRRITATION	
	Dermal (rabbit) LD50: 980 mg/kg ^[2]	Eye (rabbit):20 mg (open)-SEVERE	
acetonitrile	Inhalation (rat) LC50: 17080.4889 mg/l4 h ^[1]	Skin (rabbit):500 mg (open)-mild	
	Oral (rat) LD50: <2000 mg/kg> ^[1]		
	TOXICITY	TION	
7-aminoclonazepam	Not Available Not Available		
	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		
Legend:	data extracted from RTECS - Register of Toxic Effect of chemical Substances	·	
ACETONITRILE	The material may produce severe irritation to the eye causing pronounced inflammation conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may proceed and thickening of the skin. Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The liquid or vidoses, death can occur quickly from respiratory failure. Lower doses cause typical sym	n. Repeated or prolonged exposure to irritants may produce produce on contact skin redness, swelling, the production of vesicle apour is irritating to the skin, eyes, and airways. At high enough uptoms of cyanide poisoning such as salivation, nausea, vomiting,	
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ACETONITRILE	The material may produce severe irritation to the eye causing pronounced inflammation conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may poscaling and thickening of the skin. Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The liquid or vidoses, death can occur quickly from respiratory failure. Lower doses cause typical symanxiety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, and con Reports suggest an association between the use of anticonvulsant drugs by women with to these women. However, whether the abnormalities are caused by the maternal epile unsubstantiated by study till date. Exposure in utero has lead to high frequency of "antic hypoplasia of the mid face and fingers. As such, pregnant patients with seizure disordianticonvulsant therapy. No significant acute toxicological data identified in literature search. Exposure to the material for prolonged periods may cause physical defects in the dever	n. Repeated or prolonged exposure to irritants may produce produce on contact skin redness, swelling, the production of vesicl repour is irritating to the skin, eyes, and airways. At high enough aptoms of cyanide poisoning such as salivation, nausea, vomiting, vulsions. the epilepsy and an elevated incidence of birth defects in children be psy itself or by exposure to anticonvulsant drugs is unclear and convulsant embryopathy" characterised by growth retardation, and ers should be carefully considered before administrating	
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ACETONITRILE 7-AMINOCLONAZEPAM Acute Toxicity Skin Irritation/Corrosion	The material may produce severe irritation to the eye causing pronounced inflammation conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may proceed and thickening of the skin. Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The liquid or vidoses, death can occur quickly from respiratory failure. Lower doses cause typical symmaniety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, and confusion, rapid and addifficult breathing, rapid pulse, unconsciousness, and confusion. Reports suggest an association between the use of anticonvulsant drugs by women with to these women. However, whether the abnormalities are caused by the maternal epile unsubstantiated by study till date. Exposure in utero has lead to high frequency of "antic hypoplasia of the mid face and fingers. As such, pregnant patients with seizure disord anticonvulsant therapy. No significant acute toxicological data identified in literature search. Exposure to the material for prolonged periods may cause physical defects in the deve	n. Repeated or prolonged exposure to irritants may produce or contact skin redness, swelling, the production of vesicl rapour is irritating to the skin, eyes, and airways. At high enough pitoms of cyanide poisoning such as salivation, nausea, vomiting, vulsions. the epilepsy and an elevated incidence of birth defects in children be posy itself or by exposure to anticonvulsant drugs is unclear and convulsant embryopathy" characterised by growth retardation, and ers should be carefully considered before administrating eloping embryo (teratogenesis).	
ACETONITRILE 7-AMINOCLONAZEPAM Acute Toxicity	The material may produce severe irritation to the eye causing pronounced inflammation conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may poscaling and thickening of the skin. Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The liquid or vocases, death can occur quickly from respiratory failure. Lower doses cause typical symanxiety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, and con Reports suggest an association between the use of anticonvulsant drugs by women with to these women. However, whether the abnormalities are caused by the maternal epile unsubstantiated by study till date. Exposure in utero has lead to high frequency of "antic hypoplasia of the mid face and fingers. As such, pregnant patients with seizure disordianticonvulsant therapy. No significant acute toxicological data identified in literature search. Exposure to the material for prolonged periods may cause physical defects in the deve	n. Repeated or prolonged exposure to irritants may produce produce on contact skin redness, swelling, the production of vesicle apour is irritating to the skin, eyes, and airways. At high enough aptoms of cyanide poisoning such as salivation, nausea, vomiting, vulsions. the epilepsy and an elevated incidence of birth defects in children be pay itself or by exposure to anticonvulsant drugs is unclear and convulsant embryopathy" characterised by growth retardation, and ers should be carefully considered before administrating eloping embryo (teratogenesis).	

Legend:

X − Data available but does not fill the criteria for classification
 V − Data available to make classification

Data available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

ENDPOINT	TEST DURATION (HR)	SPE	ECIES	VALUE	SOURCE
Not Available	Not Available	Not	Available	Not Available	Not Available
ENDPOINT	TEST DURATION (HR)		SPECIES	VALUE	SOURCE
LC50	96		Fish	>100mg/L	4
NOEC	24		Crustacea	0.00001mg/L	4
ENDPOINT	TEST DURATION (HR)	SPE	ECIES	VALUE	SOURCE
Not Available	Not Available	Not	Available	Not Available	Not Available
	Not Available ENDPOINT LC50 NOEC ENDPOINT	Not Available Not Available ENDPOINT TEST DURATION (HR) LC50 96 NOEC 24 ENDPOINT TEST DURATION (HR)	Not Available Not Available Not ENDPOINT TEST DURATION (HR) LC50 96 NOEC 24 ENDPOINT TEST DURATION (HR) SPI	Not Available Not Available Not Available ENDPOINT TEST DURATION (HR) SPECIES LC50 96 Fish NOEC 24 Crustacea ENDPOINT TEST DURATION (HR) SPECIES	Not Available Not Available Not Available Not Available ENDPOINT TEST DURATION (HR) SPECIES VALUE LC50 96 Fish >100mg/L NOEC 24 Crustacea 0.00001mg/L ENDPOINT TEST DURATION (HR) SPECIES VALUE

Legend:

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

Soil Guidelines: Dutch Criteria: free cyanide: 1 mg/kg (target) 20 mg/kg (intervention)

complex cyanide (pH 5): 5 mg/kg (target)

50 mg/kg (intervention)

Air Quality Standards: no safe guidelines recommended due to carcinogenic properties.

On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and /or delayed, to the structure and/ or functioning of natural ecosystems.

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7-Aminoclonazepam

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Abiotic Effects: Acetonitrile is a volatile organic compound (VOC) substance, thus it is a contributor to the formation of photochemical smog in the presence of other VOCs.

Transport: Acetonitrile is primarily removed by volatilization and leaching into groundwater. It has low adsorption potential to soils. Air - Acetonitrile may persist in the troposphere and can be transported over long distances.

DO NOT discharge into sewer or waterways

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
acetonitrile	HIGH (Half-life = 360 days)	HIGH (Half-life = 541.29 days)
7-aminoclonazepam	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
acetonitrile	LOW (BCF = 0.4)
7-aminoclonazepam	LOW (LogKOW = 3.5063)

Mobility in soil

Ingredient	Mobility
acetonitrile	LOW (KOC = 4.5)
7-aminoclonazepam	LOW (KOC = 14630)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal

- ► Containers may still present a chemical hazard/ danger when empty.
- ▶ Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- ▶ Reduction
- ▶ Reuse
- ▶ Recycling
- ► Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.

- ► DO NOT allow wash water from cleaning or process equipment to enter drains
- It may be necessary to collect all wash water for treatment before disposal.
- ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- ▶ Where in doubt contact the responsible authority.
- ► Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- ▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material).
- Decontaminate empty containers.

SECTION 14 TRANSPORT INFORMATION

Labels Required



Land transport (ADG)

UN number	1648
UN proper shipping name	ACETONITRILE
Transport hazard class(es)	Class 3 Subrisk Not Applicable
Packing group	II
Environmental hazard	Not Applicable

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Special precautions for user

Special provisions	Not Applicable	
Limited quantity	1 L	

Air transport (ICAO-IATA / DGR)

UN number	1648	
UN proper shipping name	Acetonitrile	
Transport hazard class(es)	ICAO/IATA Class 3 ICAO / IATA Subrisk Not Applicable	
	ERG Code 3L	
Packing group	П	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Cargo Only Packing Instructions	364
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	353
	Passenger and Cargo Maximum Qty / Pack	5L
	Passenger and Cargo Limited Quantity Packing Instruct	ons Y341
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1648
UN proper shipping name	ACETONITRILE
Transport hazard class(es)	IMDG Class 3 IMDG Subrisk Not Applicable
Packing group	II .
Environmental hazard	Not Applicable
Special precautions for user	EMS Number F-E , S-D Special provisions Not Applicable Limited Quantities 1 L

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

${\bf Safety,\,health\,and\,environmental\,regulations\,/\,legislation\,specific\,for\,the\,substance\,or\,mixture}$

\parallel ACETONITRILE(75-05-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

\parallel 7-AMINOCLONAZEPAM(4959-17-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Not Applicable

National Inventory	Status
Australia - AICS	N (7-aminoclonazepam)
Canada - DSL	N (7-aminoclonazepam)
Canada - NDSL	N (acetonitrile; 7-aminoclonazepam)
China - IECSC	N (7-aminoclonazepam)
Europe - EINEC / ELINCS / NLP	N (7-aminoclonazepam)
Japan - ENCS	N (7-aminoclonazepam)
Korea - KECI	N (7-aminoclonazepam)
New Zealand - NZIoC	Υ
Philippines - PICCS	N (7-aminoclonazepam)
USA - TSCA	N (7-aminoclonazepam)

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Legend:

Y = All ingredients are on the inventory

N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Other information

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

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

Definitions and abbreviations

PC – TWA: Permissible Concentration-Time Weighted Average

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL: No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value LOD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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