

# 7-Aminoclonazepam

**Novachem Pty Ltd** 

Version No. 1.6 Safety Data Sheet according to WHS and ADG requirements

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-916
Proper shipping name	ACETONITRILE
Other means of identification	Not Available
CAS number	4959-17-5*

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

Relevant identified uses Laboratory certified chemical reference material

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

ovachem Pty Ltd
5 Crissane Road, Heidelberg West Victoria 3081 Australia
61384151255
61386250088
ww.novachem.com.au
ovachem@novachem.com.au
5 C 61: 61: ww

## 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 <sup>[1]</sup>	Flammable 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

#### 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	n 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	99.9	acetonitrile
4959-17-5	0.1	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	<ul> <li>If furnes 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.</li> </ul>
Ingestion	<ul> <li>If SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.</li> <li>For advice, contact a Poisons Information Centre or a doctor.</li> <li>Urgent hospital treatment is likely to be needed.</li> <li>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.</li> <li>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.</li> <li>If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.</li> <li>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</li> <li>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</li> </ul>

# 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 perles (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.
- Figure 1 ftreating 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 cvanide ions (CN) from tissue and binds with them to become cvanmethaemoglobin (CNMHB), Sodium thiosulfate (Na2S2O3) converts cvanmethaemoglobin to thiocvanate (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).

#### 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	<ul> <li>May be violently or explosively reactive.</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 course.</li> </ul>
	▶ Liquid and vanour 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** 

### **SECTION 6 ACCIDENTAL RELEASE MEASURES**

#### Personal precautions, protective equipment and emergency procedures

See section 8

#### **Environmental precautions**

#### Methods and material for containment and cleaning up

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

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

## **SECTION 7 HANDLING AND STORAGE**

Precautions for safe handling		
Safe handling	<ul> <li>Containers, even those that have been emptied, may contain explosive vapours.</li> <li>Do NOT cut, drill, grind, weld or perform similar operations on or near containers.</li> <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> </ul>	
Other information	<ul> <li>Store in original containers in approved flame-proof area.</li> <li>No smoking, naked lights, heat or ignition sources.</li> <li>DO NOT store in pits, depressions, basements or areas where vapours may be trapped.</li> <li>Keep containers securely sealed.</li> </ul>	

	► Keep containers securely sealed.
Conditions for safe storage,	including any incompatibilities
Suitable container	<ul> <li>Glass container is suitable for laboratory quantities</li> <li>Packing as supplied by manufacturer.</li> <li>Plastic containers may only be used if approved for flammable liquid.</li> <li>Check that containers are clearly labelled and free from leaks.</li> <li>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.</li> <li>For materials with a viscosity of at least 2680 cSt. (23 deg. C)</li> <li>For manufactured product having a viscosity of at least 250 cSt.</li> </ul>
Storage incompatibility	Acetonitrile  • forms cyanide gas on contact with steam  • reacts violently with oxidisers such as chlorine, bromine, fluorine; with chlorosulfonic acid, oleum or sulfuric acid  • is 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  • attacks most rubber and plastics  • may accumulate electrical charges, causing ignition of vapours  • Contact with acids produces toxic fumes  • Nitriles may polymerise in the presence of metals and some metal compounds.  • They are incompatible with acids; mixing nitriles with strong oxidising acids can lead to extremely violent reactions.  • 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  WARNING:  May decompose violently or explosively on contact with other substances.  • This substance, or one of its compounds, 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.

# SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Avoid reaction with oxidising agents

# **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

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

Many but not all endothermic compounds have been involved in decompositions, reactions and explosions and, in general, compounds with significantly

## 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

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

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

#### 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 computergenerated selection:

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

<sup>\*</sup> CPI - Chemwatch Performance Index

A: Best Selection

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**

<sup>\* -</sup> 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)

B: Satisfactory; may degrade after 4 hours continuous immersion

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

<sup>\*\* -</sup> 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			
<b>-</b>		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	IRRITATION	
7-Aminoclonazepam	Not Available	Not Available	
	TOXICITY	IRRITATIO	N
	Dermal (rabbit) LD50: 980 mg/kg <sup>[2]</sup>	Eye (rabbit	):20 mg (open)-SEVERE
acetonitrile	Inhalation (rat) LC50: 17080.4889 mg/l4 h <sup>[1]</sup>	Skin (rabbi	t):500 mg (open)-mild
	Oral (rat) LD50: <2000 mg/kg> <sup>[1]</sup>		
7	TOXICITY	IRRITATION	
7-aminoclonazepam	Not Available	Not Available	
Legend:	Nalue obtained from Europe ECHA Registered Substances - Acute toxicity a data extracted from RTECS - Register of Toxic Effect of chemical Substances	.* Value obtained	from manufacturer's SDS. Unless otherwise specified
	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.  The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.  Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The liquid or vapour is irritating to the skin, eyes, and airways. At high enough doses, death can occur quickly from respiratory failure. Lower doses cause typical symptoms of cyanide poisoning such as salivation, nausea, vomiting, anxiety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, and convulsions.		
ACETONITRILE	conjunctivitis.  The material may cause skin irritation after prolonged or repeated exposure an scaling and thickening of the skin.  Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The lic doses, death can occur quickly from respiratory failure. Lower doses cause typ	d may produce on uid or vapour is irr cal symptoms of c	contact skin redness, swelling, the production of vesicles, tating to the skin, eyes, and airways. At high enough
ACETONITRILE 7-AMINOCLONAZEPAM	conjunctivitis.  The material may cause skin irritation after prolonged or repeated exposure an scaling and thickening of the skin.  Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The lic doses, death can occur quickly from respiratory failure. Lower doses cause typ	d may produce on uid or vapour is irr cal symptoms of cand convulsions. men with epilepsy al epilepsy itself or of "anticonvulsant of disorders should the	contact skin redness, swelling, the production of vesicles, itating to the skin, eyes, and airways. At high enough vanide poisoning such as salivation, nausea, vomiting, and an elevated incidence of birth defects in children born by exposure to anticonvulsant drugs is unclear and embryopathy" characterised by growth retardation, and one carefully considered before administrating
	conjunctivitis.  The material may cause skin irritation after prolonged or repeated exposure an scaling and thickening of the skin.  Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The lic doses, death can occur quickly from respiratory failure. Lower doses cause typ anxiety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, and the suggest an association between the use of anticonvulsant drugs by we to these women. However, whether the abnormalities are caused by the materrunsubstantiated by study till date. Exposure in utero has lead to high frequency hypoplasia of the mid face and fingers. As such, pregnant patients with seizure anticonvulsant therapy.  No significant acute toxicological data identified in literature search. Exposure to the material for prolonged periods may cause physical defects in the scaling of the state	d may produce on uid or vapour is irr cal symptoms of cand convulsions. men with epilepsy al epilepsy itself or of "anticonvulsant of disorders should the	contact skin redness, swelling, the production of vesicles, itating to the skin, eyes, and airways. At high enough vanide poisoning such as salivation, nausea, vomiting, and an elevated incidence of birth defects in children born by exposure to anticonvulsant drugs is unclear and embryopathy" characterised by growth retardation, and one carefully considered before administrating
7-AMINOCLONAZEPAM	conjunctivitis.  The material may cause skin irritation after prolonged or repeated exposure an scaling and thickening of the skin.  Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The lic doses, death can occur quickly from respiratory failure. Lower doses cause typ anxiety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, is Reports suggest an association between the use of anticonvulsant drugs by we to these women. However, whether the abnormalities are caused by the materr unsubstantiated by study till date. Exposure in utero has lead to high frequency hypoplasia of the mid face and fingers. As such, pregnant patients with seizure anticonvulsant therapy.  No significant acute toxicological data identified in literature search.  Exposure to the material for prolonged periods may cause physical defects in the search of the material for prolonged periods may cause physical defects in the search of the s	d may produce on uid or vapour is irr cal symptoms of cound convulsions. men with epilepsy itself or of "anticonvulsant disorders should land developing emb	contact skin redness, swelling, the production of vesicles, itating to the skin, eyes, and airways. At high enough vanide poisoning such as salivation, nausea, vomiting, and an elevated incidence of birth defects in children born by exposure to anticonvulsant drugs is unclear and embryopathy" characterised by growth retardation, and one carefully considered before administrating ryo (teratogenesis).
7-AMINOCLONAZEPAM  Acute Toxicity	conjunctivitis.  The material may cause skin irritation after prolonged or repeated exposure an scaling and thickening of the skin.  Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The lic doses, death can occur quickly from respiratory failure. Lower doses cause typ anxiety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, and the second state of anticonvulsant drugs by we to these women. However, whether the abnormalities are caused by the mater unsubstantiated by study till date. Exposure in utero has lead to high frequency hypoplasia of the mid face and fingers. As such, pregnant patients with seizure anticonvulsant therapy.  No significant acute toxicological data identified in literature search. Exposure to the material for prolonged periods may cause physical defects in the second	d may produce on uid or vapour is irr cal symptoms of cand convulsions.  men with epilepsy all epilepsy itself or of "anticonvulsant disorders should he developing embarcing entities".	contact skin redness, swelling, the production of vesicles, itating to the skin, eyes, and airways. At high enough vanide poisoning such as salivation, nausea, vomiting, and an elevated incidence of birth defects in children born by exposure to anticonvulsant drugs is unclear and embryopathy" characterised by growth retardation, and be carefully considered before administrating ryo (teratogenesis).
7-AMINOCLONAZEPAM  Acute Toxicity  Skin Irritation/Corrosion	conjunctivitis.  The material may cause skin irritation after prolonged or repeated exposure an scaling and thickening of the skin.  Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The lic doses, death can occur quickly from respiratory failure. Lower doses cause typ anxiety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, and the second states are caused by the mater unsubstantiated by study till date. Exposure in utero has lead to high frequency hypoplasia of the mid face and fingers. As such, pregnant patients with seizure anticonvulsant therapy.  No significant acute toxicological data identified in literature search.  Exposure to the material for prolonged periods may cause physical defects in the state of the material for prolonged periods may cause physical defects in the state of the search.	d may produce on uid or vapour is irr cal symptoms of conditions.  If a may produce on the call symptoms of conditions of conditions of conditions of cancer of conditions of cancer of conditions of cancer o	contact skin redness, swelling, the production of vesicles, itating to the skin, eyes, and airways. At high enough vanide poisoning such as salivation, nausea, vomiting, and an elevated incidence of birth defects in children born by exposure to anticonvulsant drugs is unclear and embryopathy" characterised by growth retardation, and be carefully considered before administrating anyo (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

7-Aminoclonazepam	ENDPOINT	TEST DURATION (HR)	SP	ECIES	VALUE	SOURCE
	Not Available	Not Available	No	t Available	Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)		SPECIES	VALUE	SOURCE
acetonitrile	LC50	96		Fish	>100mg/L	4
	NOEC	24		Crustacea	0.00001mg/L	4
	ENDPOINT	TEST DURATION (HR)	SP	ECIES	VALUE	SOURCE
7-aminoclonazepam	Not Available	Not Available	Not	t Available	Not Available	Not Available

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

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



Marine Pollutant	NO
HAZCHEM	•2YE

# Land transport (ADG)

UN number	1648
UN proper shipping name	ACETONITRILE
Transport hazard class(es)	Class 3 Subrisk Not Applicable
Packing group	
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  Cargo Only Packing Instructions  Cargo Only Maximum Qty / Pack  Passenger and Cargo Packing Instructions  Passenger and Cargo Maximum Qty / Pack	Not Applicable 364 60 L 353 5 L
	Passenger and Cargo Limited Quantity Packing Instructions	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**

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

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

Australia Inventory of Chemical Substances (AICS) Australia Exposure Standards

Australia Hazardous Substances Information System - Consolidated Lists

## 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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7-Aminoclonazepam

Y = All ingredients are on the inventory Legend:

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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