

1,2-Dichlorobenzene-D4

Novachem Pty Ltd

Version No: **1.1**Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 2

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

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

Product Identifier

Product name	1,2-Dichlorobenzene-D4
Chemical Name	1,2-dichlorobenzene-D4
Synonyms	DLM-158
Proper shipping name	o-DICHLOROBENZENE
Chemical formula	C6-Cl2-D4
Other means of identification	Not Available
CAS number	2199-69-1*

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

Relevant identified uses For professional use only

Details of the supplier of the safety data sheet

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

COMBUSTIBLE LIQUID, regulated for storage purposes only

Poisons Schedule	S6	
Classification ^[1]	Flammable Liquid Category 4, Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Acute Aquatic Hazard Category 1, Chronic Aquatic Hazard Category 1	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI	

Label elements

Hazard pictogram(s)





SIGNAL WORD WARNING

Hazard statement(s)

H227	Combustible liquid.
H302	Harmful if swallowed.
H315	Causes skin irritation.

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H319	Causes serious eye irritation.
H335	May cause respiratory irritation.
H410	Very toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P210	Keep away from heat/sparks/open flames/hot surfaces No smoking.
P271	Use only outdoors or in a well-ventilated area.
P261	Avoid breathing mist/vapours/spray.
P270	Do not eat, drink or smoke when using this product.

Precautionary statement(s) Response

P362	Take off contaminated clothing and wash before reuse.	
P370+P378	In case of fire: Use alcohol resistant foam or fine spray/water 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.
P405	Store locked up.

Precautionary statement(s) Disposal

P501 Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

CAS No	%[weight]	Name
2199-69-1	100	1,2-dichlorobenzene-D4

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 lid • 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, without delay. 		
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 possible) to maintain open airway and prevent aspiration. NOTE: Wear a protective glove when inducing vomiting by mechanical means. 		

Indication of any immediate medical attention and special treatment needed

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

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For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- ▶ Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema.
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- ► Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- ▶ Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

Treat symptomatically.

Chlorobenzenes are readily adsorbed from the gastrointestinal tract; they are distributed into highly perfused tissues and accumulate in lipid tissues. Lipid accumulation is greatest for the more highly chlorinated chlorobenzene compounds. Chlorobenzenes are metabolised by microsomal oxidation to form arene oxide intermediates and then further to their corresponding chlorophenols which are excreted in the urine as mercapturic acids after conjugation with glutathione or as glucuronic acid or sulfate conjugates. A small percentage are eliminated unchanged in expired air or faeces.

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
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Advice for firefighters

Fire Fighting Prevent, by any means available, spillage from entering drains or water courses. Use fire fighting procedures suitable for surrounding area. Combustible. Slight fire hazard when exposed to heat or flame. Heating may cause expansion or decomposition leading to violent rupture of containers. On combustion, may emit toxic fumes of carbon monoxide (CO). Combustion products include: carbon dioxide (CO2) hydrogen chloride phosgene other pyrolysis products typical of burning organic material. May emit poisonous fumes. Pare Fighting Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Combustion procedures suitable for surrounding area. Provent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses. Prevent, by any means available, spillage from entering drains or water courses.					
Fire/Explosion Hazard Fire/Explosion H	Fire Fighting	 Wear breathing apparatus plus protective gloves. Prevent, by any means available, spillage from entering drains or water courses. 			
HAZCHEM 2Z	Fire/Explosion Hazard	 Slight fire hazard when exposed to heat or flame. Heating may cause expansion or decomposition leading to violent rupture of containers. On combustion, may emit toxic fumes of carbon monoxide (CO). Combustion products include: carbon dioxide (CO2) hydrogen chloride phosgene other pyrolysis products typical of burning organic material. 			
	HAZCHEM	2Z			

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	 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	 Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves. Prevent, by any means available, spillage from entering drains or water courses.

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling

- ► 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.
- ▶ DO NOT allow clothing wet with material to stay in contact with skin

Other information

- Store in original containers.
- Keep containers securely sealed.
- ► Store in a cool, dry, well-ventilated area.
- ► Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Avoid contact with aluminium and its alloys (including storage containers). Formation of aluminium chloride may catalyse further self-accelerating attack on the metal (Friedel-Crafts reaction) leading to violent explosion.

- ▶ Lined metal can, lined metal pail/ can.
- ▶ Plastic pail.
- Polvliner drum.
- ▶ Packing as recommended by manufacturer.

Suitable container

- For low viscosity materials

 Drums and ierricans must be of the non-removable head type.
- ▶ Where a can is to be used as an inner package, the can must have a screwed enclosure.

For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
- ► Cans with friction closures and
- low pressure tubes and cartridges

may be used.

Storage incompatibility

Haloaryl compounds (halogenated aromatics), though normally not very reactive, may be sufficiently activated by other substituents or by a few specific reaction conditions, to undergo violent reactions.

BRETHERICK L.: Handbook of Reactive Chemical Hazards

- Avoid contact with aluminium and its alloys (including storage containers). Formation of aluminium chloride may catalyse further self-accelerating attack
 on the metal (Friedel-Crafts reaction) leading to violent explosion.
- Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
1,2-Dichlorobenzene-D4	Not Available	Not Available	Not Available	Not Available
Ingredient	Original IDLH		Revised IDLH	
1,2-dichlorobenzene-D4	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









- ► Safety glasses with side shields
- Eye and face protection
 - 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.

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	► Neoprene rubber gloves
Body protection	See Other protection below
Other protection	Overalls. Eyewash unit. Barrier cream. Skin cleansing cream.

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.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Not Available		
Physical state	Liquid	Relative density (Water = 1)	1.305 @ 20 C
r nysicai state	Liquid	Relative defisity (water = 1)	1.303 @ 20 C
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	648
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	-17	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	178 - 180	Molecular weight (g/mol)	151
Flash point (°C)	66 (CC)	Taste	Not Available
Evaporation rate	< 1 Not Available	Explosive properties	Not Available
Flammability	Combustible.	Oxidising properties	Not Available
Upper Explosive Limit (%)	9.2	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	2.2	Volatile Component (%vol)	100 approx.
Vapour pressure (kPa)	0.133 @ 20 C	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	5.07	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	 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

information on toxicological	enects
Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual. Intoxication, depression of the central nervous system and death can occur at high concentrations. Individuals exposed to higher concentrations may show anaemia, weakness, dizziness, weight loss, vomiting, liver and kidney damage. Long term inhalational exposure causes lung damage and painful irritation of the nose and eyes at higher doses. There may be tremors, eye cataracts and distortion of smell.
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. Inhalation and oral exposure to dichlorobenzene causes increase in liver weight at low levels and severe liver degeneration, tremors, central nervous system depression and death at higher levels. • It is readily absorbed through the gut and airways. Absorption through the skin is unknown. Repeated and long term use may cause blurred vision, kidney damage, poor development of the bone marrow, damage to the lining of the nose and small bowel, as well as deposits in the heart and skeletal muscle.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition 1,2-dichlorobenzene (DCB) can be irritating when applied to the skin. Skin inflammation has been noted after a follow-up patch test. Skin lesions may be characterised by a burning sensation and diffuse redness of the treated area which progresses to a darker red colour and blisters within 24 hours and a brown pigment after 3 months. Open cuts, abraded or irritated skin should not be exposed to this material

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	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.		
Еуе	This material can cause eye irritation and damage in some persons. Undiluted 1,2-dichlorobenzene (DCB) applied to the eye may cause pain and slight eye irritation which may clear within 5 days without residual injury. Vapours from heated 1,4-DCB may cause mild comeal damage. Solid particles in the eye are reported to be very painful. However, a workplace study showed no evidence of adverse effects in workers with particular reference to eye lesions including cataracts though painful irritation of eyes and nose were recorded.		
Chronic	Long-term exposure to respiratory irritants may result in airways disease, involving difficulty bre There has been some concern that this material can cause cancer or mutations but there is not Substance accumulation, in the human body, may occur and may cause some concern followin. Long term inhalation of dichlorobenzenes may cause cancerous changes to liver, kidney, thyroi exposure and blood cancer (leukaemia). Workers exposed to the vapour experienced nose and systemic targets.	enough data to make an assessment. repeated or long-term occupational exposure. I gland and blood. Some evidence suggests a link between	
	TOXICITY IRRITATION		
1,2-Dichlorobenzene-D4	Not Available Not Available		
	TOXICITY IRRITATION		
1,2-dichlorobenzene-D4	Not Available Not Available		
Legend:	Nalue obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained data extracted from RTECS - Register of Toxic Effect of chemical Substances	d from manufacturer's SDS. Unless otherwise specified	
1,2-Dichlorobenzene-D4	Chlorobenzenes produce several clinical symptoms including eye and airway irritation, blood of toxic to the mother. They are well absorbed in the stomach, gut and airways, and well metabolis breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and br	d and excreted in the urine. Lethal doses may produce	
1,2-Dichlorobenzene-D4 1,2-Dichlorobenzene-D4 & 1,2-DICHLOROBENZENE-D4	toxic to the mother. They are well absorbed in the stomach, gut and airways, and well metabolis	d and excreted in the urine. Lethal doses may produce hin. Is. This may be due to a non-allergic condition known as of highly irritating compound. Main criteria for diagnosing onset of persistent asthma-like symptoms within minutes to eversible airflow pattern on lung function tests, moderate to phocytic inflammation, without eosinophilia. Diratory tract. Dermal absorption is believed to be very low.	
1,2-Dichlorobenzene-D4 &	toxic to the mother. They are well absorbed in the stomach, gut and airways, and well metabolis breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breactive airways dysfunction syndrome (RADS) which can occur after exposure to the material en reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels RADS include the absence of previous airways disease in a non-atopic individual, with sudden hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lym 1,2-DCB is quickly and extensively absorbed through both the gastrointestinal tract and the res	d and excreted in the urine. Lethal doses may produce ain. Is. This may be due to a non-allergic condition known as of highly irritating compound. Main criteria for diagnosing onset of persistent asthma-like symptoms within minutes to eversible airflow pattern on lung function tests, moderate to shocytic inflammation, without eosinophilia. Diratory tract. Dermal absorption is believed to be very low. e fat, kidney, and liver.	
1,2-Dichlorobenzene-D4 & 1,2-DICHLOROBENZENE-D4	toxic to the mother. They are well absorbed in the stomach, gut and airways, and well metabolis breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breathing failure are exposure to the material en reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels RADS include the absence of previous airways disease in a non-atopic individual, with sudden hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lym 1,2-DCB is quickly and extensively absorbed through both the gastrointestinal tract and the rest Following absorption, it is distributed throughout the body. Greatest levels have been found in the	d and excreted in the urine. Lethal doses may produce hin. ds. This may be due to a non-allergic condition known as of highly irritating compound. Main criteria for diagnosing onset of persistent asthma-like symptoms within minutes to eversible airflow pattern on lung function tests, moderate to chocytic inflammation, without eosinophilia. oiratory tract. Dermal absorption is believed to be very low. e fat, kidney, and liver.	
1,2-Dichlorobenzene-D4 & 1,2-DICHLOROBENZENE-D4 Acute Toxicity	toxic to the mother. They are well absorbed in the stomach, gut and airways, and well metabolis breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breathing failure and damage to the material en reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels RADS include the absence of previous airways disease in a non-atopic individual, with sudden hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lym 1,2-DCB is quickly and extensively absorbed through both the gastrointestinal tract and the rest Following absorption, it is distributed throughout the body. Greatest levels have been found in the Carcinogenicity	d and excreted in the urine. Lethal doses may produce bin. ds. This may be due to a non-allergic condition known as of highly irritating compound. Main criteria for diagnosing onset of persistent asthma-like symptoms within minutes to eversible airflow pattern on lung function tests, moderate to ohocytic inflammation, without eosinophilia. Dermal absorption is believed to be very low. e fat, kidney, and liver.	
1,2-Dichlorobenzene-D4 & 1,2-DICHLOROBENZENE-D4 Acute Toxicity Skin Irritation/Corrosion	toxic to the mother. They are well absorbed in the stomach, gut and airways, and well metabolis breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breathing failure and damage to the liver, kidneys, adrenal glands, mucous membranes, and breathing failure and damage to the material en reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels RADS include the absence of previous airways disease in a non-atopic individual, with sudden hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lym 1,2-DCB is quickly and extensively absorbed through both the gastrointestinal tract and the rest Following absorption, it is distributed throughout the body. Greatest levels have been found in the Carcinogenicity. Carcinogenicity Reproductivity	d and excreted in the urine. Lethal doses may produce ain. ds. This may be due to a non-allergic condition known as of highly irritating compound. Main criteria for diagnosing onset of persistent asthma-like symptoms within minutes to eversible airflow pattern on lung function tests, moderate to shocytic inflammation, without eosinophilia. piratory tract. Dermal absorption is believed to be very low. e fat, kidney, and liver.	

Legend:

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

O – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

1,2-Dichlorobenzene-D4	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
1,2-dichlorobenzene-D4	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not 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

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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.

For Chlorobenzines

Environmental Fate: Chlorobenzenes are removed from the environment principally by biological mechanisms; however, they are considered moderately persistent in water, air, and sediments. Residence times of 1 day in rivers and over 100 days in ground water have been reported.

Atmospheric Fate: Chemical and photolytic reactions are presumed to be the predominant pathways for chlorobenzene degradation, with residence times in the range of 13-116 days

Aquatic Fate: Many microorganisms from sediments and sewage sludge have been shown to degrade chlorobenzenes; however, higher chlorinated compounds are less readily degraded and such degradation occurs only under aerobic conditions.

Whereas 1.2- and 1.3-dichlorobenzene (DCB) are liquids at room temperature. 1.4-DCB is a solid that sublimes readily. Sublimation rates of 1.4-DCB from consumer products were measured at 1.6x10-3 to 4.6x10-3 g/minute at temperatures ranging from 21 to 24 °C during a 19-day test period. DCBs tend to volatilise to the atmosphere from soil and water at a relatively rapid rate.

Volatilisation from surface soil may be an important transport mechanism for DCBs but adsorption to soil particulates may inhibit volatilisation.

DO NOT discharge into sewer or waterways

Persistence and degradability Persistence: Water/Soil Persistence: Air Ingredient 1,2-dichlorobenzene-D4 HIGH HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
1,2-dichlorobenzene-D4	LOW (LogKOW = 3.282)

Mobility in soil

Ingredient	Mobility
1,2-dichlorobenzene-D4	LOW (KOC = 443.1)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

- ► 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

Product / Packaging disposal

- 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 or consult manufacturer for recycling options.
- Consult State Land Waste Authority for disposal.
- Bury or incinerate residue at an approved site.
- ▶ Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 TRANSPORT INFORMATION

Labels Required



Marine Pollutant



HAZCHEM

27

Land transport (ADG)

UN number	1591
UN proper shipping name	o-DICHLOROBENZENE

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1,2-Dichlorobenzene-D4

Issue Date: **08/08/2018** Print Date: **08/08/2018**

Transport hazard class(es)	Class 6.1 Subrisk Not Applicable		
Packing group	III		
Environmental hazard	Environmentally hazardous		
Special precautions for user	Special provisions 279 Limited quantity 5 L		

Air transport (ICAO-IATA / DGR)

i					
UN number	1591				
UN proper shipping name	o-Dichlorobenzene				
Transport hazard class(es)	ICAO/IATA Class	6.1			
		<u> </u>			
	ICAO / IATA Subrisk	Not Applicable			
	ERG Code	6L			
Packing group	III				
Environmental hazard	Environmentally hazardous				
Special precautions for user			1		
	Special provisions		A113		
	Cargo Only Packing Instructions		663		
	Cargo Only Maximum Qty / Pack		220 L		
	Passenger and Cargo Packing Instructions		655		
	Passenger and Cargo Maximum Qty / Pack		60 L		
	Passenger and Cargo Limited Quantity Packing Instructions		Y642		
	Passenger and Cargo Limited Maximum Qty / Pack		2L		

Sea transport (IMDG-Code / GGVSee)

UN number	1591		
UN proper shipping name	o-DICHLOROBENZENE		
Transport hazard class(es)	IMDG Class 6.1 IMDG Subrisk Not Applicable		
Packing group			
Environmental hazard	Marine Pollutant		
Special precautions for user	EMS Number F-A , S-A Special provisions 279 Limited Quantities 5 L		

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

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

 \parallel 1,2-DICHLOROBENZENE-D4(2199-69-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Not Applicable

National Inventory Status

national inventory otatas		
National Inventory	Status	
Australia - AICS	N (1,2-dichlorobenzene-D4)	
Canada - DSL	N (1,2-dichlorobenzene-D4)	
Canada - NDSL	N (1,2-dichlorobenzene-D4)	
China - IECSC	N (1,2-dichlorobenzene-D4)	
Europe - EINEC / ELINCS / NLP	Υ	
Japan - ENCS	Υ	
Korea - KECI	N (1,2-dichlorobenzene-D4)	
New Zealand - NZIoC	Υ	
Philippines - PICCS	N (1,2-dichlorobenzene-D4)	
USA - TSCA	N (1,2-dichlorobenzene-D4)	

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1,2-Dichlorobenzene-D4

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

Revision Date	08/08/2018
Initial Date	08/08/2018

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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