

Novachem Pty Ltd

Version No: 1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: **13/08/2018** Print Date: **13/08/2018** S.GHS.AUS.EN

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

Product Identifier

Product name	Methylene Chloride-D2
Chemical Name	methylene chloride-D2
Synonyms	DLM-55
Proper shipping name	DICHLOROMETHANE
Chemical formula	C-Cl2-D2
Other means of identification	Not Available
CAS number	1665-00-5*

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

Poisons Schedule	\$5,\$3	
Classification ^[1]	Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Carcinogenicity Category 2, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - single exposure Category 3 (narcotic effects), Specific target organ toxicity - repeated exposure Category 2	
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)

H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H315	Causes skin irritation.

Causes serious eye irritation.	
Suspected of causing cancer.	
May cause respiratory irritation.	
May cause drowsiness or dizziness.	
May cause damage to organs through prolonged or repeated exposure.	

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P281	Use personal protective equipment as required.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.	
P362	Take off contaminated clothing and wash before reuse.	
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

P405	Store locked up.	
P403+P233	Store in a well-ventilated place. Keep container tightly closed.	

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
1665-00-5	100	methylene chloride-D2

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 fumes 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. Avoid giving milk or oils. Avoid giving alcohol.

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).

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. Þ
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications. Þ
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eve irrigation.

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

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

Treat symptomatically.

for intoxication due to Freons/ Halons:

A: Emergency and Supportive Measures

- Maintain an open airway and assist ventilation if necessary
- Treat coma and arrhythmias if they occur. Avoid (adrenaline) epinephrine or other sympathomimetic amines that may precipitate ventricular arrhythmias. Tachyarrhythmias caused by increased myocardial sensitisation may be treated with propranolol, 1-2 mg IV or esmolol 25-100 microgm/kg/min IV.
- Monitor the ECG for 4-6 hours

B: Specific drugs and antidotes:

There is no specific antidote

C: Decontamination

- Inhalation; remove victim from exposure, and give supplemental oxygen if available.
- Indestion: (a) Prehospital: Administer activated charcoal, if available. DO NOT induce vomiting because of rapid absorption and the risk of abrupt onset CNS depression. (b) Hospital: Administer activated charcoal, although the efficacy of charcoal is unknown. Perform gastric lavage only if the ingestion was very large and recent (less than 30 minutes)

D: Enhanced elimination:

There is no documented efficacy for diuresis, haemodialysis, haemoperfusion, or repeat-dose charcoal.

POISONING and DRUG OVERDOSE, Californian Poison Control System Ed. Kent R Olson; 3rd Edition

- Do not administer sympathomimetic drugs unless absolutely necessary as material may increase myocardial irritability.
- No specific antidote. ٠
- Because rapid absorption may occur through lungs if aspirated and cause systematic effects, the decision of whether to induce vomiting or not should be made by an attending physician.
- If lavage is performed, suggest endotracheal and/or esophageal control.
- Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach.
- Treatment based on judgment of the physician in response to reactions of the patient

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- Water spray or fog.
- 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	 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. Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	 carbon dioxide (CO2) hydrogen chloride phosgene other pyrolysis products typical of burning organic material. Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions. May emit poisonous fumes. Non flammable liquid. However vapour will burn when in contact with high temperature flame. Ignition ceases on removal of flame. May form a flammable / explosive mixture in an oxygen enriched atmosphere Heating may cause expansion/vapourisation with violent rupture of containers Decomposes on heating and produces corrosive fumes of hydrochloric acid, carbon monoxide and small amounts of toxic phosgene.
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	 Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Contain and absorb spill with sand, earth, inert material or vermiculite.
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.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	 Contains low boiling substance: Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately. Check for bulging containers. Vent periodically Always release caps or seals slowly to ensure slow dissipation of vapours 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

Suitable container	 Glass container is suitable for laboratory quantities DO NOT use aluminium or galvanised containers Lined metal can, lined metal pail/ can. Plastic pail. Polyliner drum. Packing as recommended by manufacturer. For low viscosity materials Drums and jerricans 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 Iow pressure tubes and cartridges may be used.
Storage incompatibility	 Methylene chloride is a combustible liquid under certain circumstances even though there is no measurable flash point and it is difficult to ignite its is flammable in ambient air in the range 12-23%; increased oxygen content can greatly enhance fire and explosion potential contact with hot surfaces and elevated temperatures can form fumes of hydrogen chloride and phosgene reacts violently with active metals, aluminium, lithium, methanol,, peroxydisulfuryl difluoride, potassium, potassium tert-butoxide, sodium forms explosive mixtures with nitric acid is incompatible with strong oxidisers, strong caustics, alkaline earths and alkali metals attacks some plastics, coatings and rubber may generate electrostatic charge due to low conductivity Segregate from: powdered metals such as aluminium, zinc and alkali metals such as sodium, potassium and lithium. May attack, soften or dissolve rubber, many plastics, paints and coatings Segregate from alcohol, water.

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
methylene chloride-D2	Dichloromethane-d2	200 ppm	560 ppm	6,900 ppm

Ingredient	Original IDLH	Revised IDLH
methylene chloride-D2	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
Hands/feet protection	 Wear chemical protective gloves, e.g. PVC. Wear safety footwear or safety gumboots, e.g. Rubber 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.
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)	1.33 @ 20 C.
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	556
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	-97	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	39.8	Molecular weight (g/mol)	86.94
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	>1 BuAc=1 Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	19	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	12	Volatile Component (%vol)	100
Vapour pressure (kPa)	50.66 @ 22 C.	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	2.93	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		

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 may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo. Inhalation hazard is increased at higher temperatures. Acute intoxication by halogenated aliphatic hydrocarbons appears to take place over two stages. Signs of a reversible narcosis are evident in the first stage and in the second stage signs of injury to organs may become evident, a single organ alone is (almost) never involved. Depression of the central nervous system is the most outstanding effect of most halogenated aliphatic hydrocarbons. Inebriation and excitation, passing into narcosis, is a typical reaction. In severe acute exposures there is always a danger of death from respiratory failure or cardiac arrest due to a tendency to make the heart more susceptible to catecholamines (adrenalin) Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure. The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. At high concentrations, most of the absorbed methylene chloride (dichloromethane) is breathed out unchanged; the remainder is metabolized to carbon monoxide, carbon dioxide and inorganic chloride. Inhalation may produce fatigue, weakness, sleepiness, light-headedness, chills, nausea, diarrhea and abdominal pain. The lowest published lethal dose is 20000 parts per million (2%) for 20 hours. Angina, heart attacks, heart rhythm disturbances and stoppage of the heart have been reported, although the cardiovascular system is generally not a target for methylene ch			
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.			
Skin Contact	Skin contact with the material may be harmful; systemic effects may result following absorption. The material may accentuate any pre-existing dermatitis condition 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 may cause severe inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.			
Eye	There is some evidence that material may produce eye in inflammation may be expected with redness; conjunctivitis		e damage 24 hours or more after instillation. Moderate	
Chronic	There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment. Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Harmful: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. Dichloromethane exposures cause liver and kidney damage in animals and this justifies consideration before exposing persons with a history of impaired liver function and/or renal disorders.			
	TOVICITY	IDDITATION		
Methylene Chloride-D2	TOXICITY Not Available	IRRITATION Not Available		
	ΤΟΧΙΟΙΤΥ	IRRITATION		
methylene chloride-D2	Not Available	Not Available		
Legend:	 Value obtained from Europe ECHA Registered Substa data extracted from RTECS - Register of Toxic Effect of of 	-	from manufacturer's SDS. Unless otherwise specified	
	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia.			
Methylene Chloride-D2	reactive airways dysfunction syndrome (RADS) which ca RADS include the absence of previous airways disease in hours of a documented exposure to the irritant. Other crit	an occur after exposure to high levels of n a non-atopic individual, with sudden on teria for diagnosis of RADS include a re-	highly irritating compound. Main criteria for diagnosing set of persistent asthma-like symptoms within minutes to versible airflow pattern on lung function tests, moderate to	
Methylene Chloride-D2	reactive airways dysfunction syndrome (RADS) which ca RADS include the absence of previous airways disease in hours of a documented exposure to the irritant. Other crit	an occur after exposure to high levels of n a non-atopic individual, with sudden on eria for diagnosis of RADS include a re- ge testing, and the lack of minimal lymph to inflammation. Repeated or prolonge- ged or repeated exposure and may proc	highly irritating compound. Main criteria for diagnosing set of persistent asthma-like symptoms within minutes to versible airflow pattern on lung function tests, moderate to ocytic inflammation, without eosinophilia.	
	reactive airways dysfunction syndrome (RADS) which ca RADS include the absence of previous airways disease in hours of a documented exposure to the irritant. Other crit severe bronchial hyperreactivity on methacholine challeng The material may produce moderate eye irritation leading The material may cause severe skin irritation after prolong	an occur after exposure to high levels of n a non-atopic individual, with sudden on eria for diagnosis of RADS include a re- ge testing, and the lack of minimal lymph to inflammation. Repeated or prolonge- ged or repeated exposure and may proc	highly irritating compound. Main criteria for diagnosing set of persistent asthma-like symptoms within minutes to versible airflow pattern on lung function tests, moderate to ocytic inflammation, without eosinophilia.	
METHYLENE CHLORIDE-D2	reactive airways dysfunction syndrome (RADS) which ca RADS include the absence of previous airways disease in hours of a documented exposure to the irritant. Other crit severe bronchial hyperreactivity on methacholine challeng The material may produce moderate eye irritation leading The material may cause severe skin irritation after prolong vesicles, scaling and thickening of the skin. Repeated exp	an occur after exposure to high levels of n a non-atopic individual, with sudden on reria for diagnosis of RADS include a re- ge testing, and the lack of minimal lymph to inflammation. Repeated or prolonge- ged or repeated exposure and may proc posures may produce severe ulceration.	highly irritating compound. Main criteria for diagnosing set of persistent asthma-like symptoms within minutes to versible airflow pattern on lung function tests, moderate to ocytic inflammation, without eosinophilia. d exposure to irritants may produce conjunctivitis. uce on contact skin redness, swelling, the production of	

Respiratory or Skin sensitisation	\otimes	STOT - Repeated Exposure	*
Mutagenicity	\otimes	Aspiration Hazard	0
		✓ - I	Data available but does not fill the criteria for classification Data available to make classification Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Methylene Chloride-D2	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
	ENDPOINT		SPECIES	VALUE	SOURCE
methylene chloride-D2	Not Available	TEST DURATION (HR) Not Available	Not Available	Not Available	Not Available
Legend:	Extracted from 1. IUC	LID Toxicity Data 2. Europe ECHA Regist	ered Substances - Ecotoxicolog	ical Information - Aquatic	Toxicity 3. EPIWIN Suite
Legend:		LID Toxicity Data 2. Europe ECHA Regist icity Data (Estimated) 4. US EPA, Ecotox	0	· · · ·	-

For Methylene Chloride: Log Kow: 1.25; Log Koc: 1.68; Log Kom: 1.44; Henry's atm m3 /mol: 2.68E-03; Henry \diamond s Law Constant: 0.002 atm/m3/mol; BCF: 5. Atmospheric Fate: Methylene chloride is a volatile liquid that tends to evaporate to the atmosphere from water and soil. The main degradation pathway for methylene chloride in air is via reactions with hydroxyl radicals \diamond the average atmospheric lifetime is estimated to be 130 days. Because this degradation pathway is relatively slow, methylene chloride may become widely dispersed but, is not likely to accumulate in the atmosphere.

The UK Department of Environment have established that methylene chloride is not a greenhouse gas and the Organisation for Economic Cooperation and Development (OECD) in a Monograph have affirmed that there was no single international view that risk reduction measures are required for the solvent. The Monograph suggests that alternatives may pose a greater risk to the environment.

In the atmosphere methylene chloride degrades by reaction with photochemically produced hydroxy radicals (half-life 6 months). Methylene chloride rapidly volatilises from water and soil to the atmosphere (estimated half-life for volatilisation from water 3-5.6 hours). **DO NOT** discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
methylene chloride-D2	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
methylene chloride-D2	LOW (LogKOW = 1.3405)

Mobility in soil

Ingredient	Mobility
methylene chloride-D2	LOW (KOC = 23.74)

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.

Labels Required

	6
Marine Pollutant	NO
HAZCHEM	2Z

Land transport (ADG)

UN number	93		
UN proper shipping name	DICHLOROMETHANE		
Transport hazard class(es)	Class 6.1 Subrisk Not Applicable		
Packing group	HI CONTRACTOR OF CONT		
Environmental hazard	Not Applicable		
Special precautions for user	Special provisions Not Applicable Limited quantity 5 L		

Air transport (ICAO-IATA / DGR)

UN number	1593	1593		
UN proper shipping name	Dichloromethane			
Transport hazard class(es)	ICAO/IATA Class ICAO / IATA Subrisk ERG Code	6.1 Not Applicable 6L		
Packing group	Ш			
Environmental hazard	Not Applicable			
Special precautions for user		Qty / Pack Packing Instructions	Not Applicable 663 220 L 655 60 L Y642 2 L	

Sea transport (IMDG-Code / GGVSee)

UN number	1593
UN proper shipping name	DICHLOROMETHANE
Transport hazard class(es)	IMDG Class 6.1 IMDG Subrisk Not Applicable
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	EMS NumberF-A, S-ASpecial provisionsNot ApplicableLimited Quantities5 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

METHYLENE CHLORIDE-D2(1665-00-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS Not Applicable

National Inventory	Status
Australia - AICS	N (methylene chloride-D2)
Canada - DSL	N (methylene chloride-D2)
Canada - NDSL	N (methylene chloride-D2)
China - IECSC	N (methylene chloride-D2)
Europe - EINEC / ELINCS / NLP	Υ
Japan - ENCS	N (methylene chloride-D2)
Korea - KECI	N (methylene chloride-D2)
New Zealand - NZIoC	Y
Philippines - PICCS	N (methylene chloride-D2)
USA - TSCA	N (methylene chloride-D2)
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

Revision Date	13/08/2018
Initial Date	13/08/2018

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 LOAEL: Lowest Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level COD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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