

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil

Novachem Pty Ltd

Chemwatch Hazard Alert Code: 3

Version No: 1.1

Issue Date: 13/08/2018

Safety Data Sheet according to WHS and ADG requirements

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	Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil
Chemical Name	chloroform-D
Synonyms	DLM-7TB
Proper shipping name	CHLOROFORM
Chemical formula	C-Cl ₃ -D
Other means of identification	Not Available
CAS number	865-49-6*

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

Relevant identified uses	For research purposes
--------------------------	-----------------------

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	S2
Classification [1]	Acute Toxicity (Oral) Category 4, Acute Toxicity (Inhalation) Category 3, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Carcinogenicity Category 1B, Reproductive Toxicity Category 2, Specific target organ toxicity - repeated exposure 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	DANGER
-------------	--------

Hazard statement(s)

H302	Harmful if swallowed.
H331	Toxic if inhaled.
H315	Causes skin irritation.
H319	Causes serious eye irritation.

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil

H350	May cause cancer.
H361	Suspected of damaging fertility or the unborn child.
H372	Causes 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 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.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

Precautionary statement(s) Storage

P403+P233	Store in a well-ventilated place. Keep container tightly closed.
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
865-49-6	99.95	chloroform-D
75-76-3*	0.05	Tetramethylsilane (TMS) 99.9%

Mixtures

See section above for composition of Substances

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with 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. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ 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 style="list-style-type: none"> ▶ 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	<p>If poisoning occurs, contact a doctor or Poisons Information Centre.</p> <ul style="list-style-type: none"> ▶ Avoid giving milk or oils. ▶ Avoid giving alcohol. ▶ If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus. ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Any material aspirated during vomiting may produce lung injury. Therefore emesis should not be induced mechanically or pharmacologically. Mechanical means should be used if it is considered necessary to evacuate the stomach contents; these include gastric lavage after endotracheal intubation. If spontaneous vomiting has occurred after ingestion, the patient should be monitored for difficult breathing, as adverse effects of aspiration into the lungs may be delayed up to 48 hours.

Treat symptomatically.

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil

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 microg/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.
- ▶ Ingestion; (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.
- ▶ 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

Dermal Management:

Remove any remaining contaminated clothing, place in double, sealed, clear bags and label; store in a secure area away from patients and staff.

Irrigate with copious amounts of water.

Eye Management:

Irrigate thoroughly with water or saline for 15 minutes. Stain with fluorescein and refer to an ophthalmologist if there is any uptake of stain.

Inhalation Management: Maintain a clear airway; give humidified oxygen and ventilate if necessary. If respiratory irritation occurs, assess respiratory function and, if necessary, perform chest X-rays to check for chemical pneumonitis. Consider the use of steroids to reduce inflammation response. Treat pulmonary oedema with PEEP or CPAP ventilation. Symptomatic and supportive care.

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.
- ▶ 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

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	<ul style="list-style-type: none"> ▶ 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	<p>carbon dioxide (CO2) hydrogen chloride phosgene other pyrolysis products typical of burning organic material. May emit poisonous fumes.</p> <ul style="list-style-type: none"> ▶ 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

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil

	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by all 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ DO NOT use aluminium or galvanised containers ▶ Glass container is suitable for laboratory quantities ▶ Lined metal can, lined metal pail/ can. ▶ Plastic pail. ▶ Polyliner drum. ▶ Packing as recommended by manufacturer. <p>For low viscosity materials</p> <ul style="list-style-type: none"> ▶ 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. <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> ▶ Removable head packaging; ▶ Cans with friction closures and ▶ low pressure tubes and cartridges <p>may be used.</p> <p>All inner and sole packagings for substances that have been assigned to Packaging Groups I or II on the basis of inhalation toxicity criteria, must be hermetically sealed.</p>
Storage incompatibility	<p>Chloroform</p> <ul style="list-style-type: none"> ▶ decomposes in the presence of excess water, high temperature, including hot surfaces, evolving phosgene and hydrogen chloride ▶ on contact with warm water may form hydrogen chloride ▶ decomposes at ordinary temperatures in sunlight, in the absence of air, and in the dark in the presence of air ▶ may form explosive materials when mixed with strong bases, alkali metals, lithium, sodium, potassium, sodium-potassium alloys; these may be heat-, friction-, and/or impact sensitive ▶ reacts violently with light metals, aluminium, magnesium or titanium powder, disilane, potassium tert-butoxide, methylates (methoxides), potassium acetylene-1,2-dioxide, sodium amide, uranium(III) hydride ▶ reacts violently with (acetone + a base), (perchloric acid + phosphorous pentoxide), (KOH + methanol) and (NaOH + methanol). ▶ is incompatible with acetone, beryllium, decaborane, methanol, nitrogen tetroxide, strong oxidisers, fluorine, oxygen, potassium, sodium, strong mineral acids, triisopropylphosphine, chemically active metals (Li, NaK alloy), zinc ▶ attacks many plastics and rubber ▶ attacks iron and other metals in the presence of moisture and elevated temperatures ▶ may generate electrostatic charges due to low conductivity <p>Haloalkanes:</p> <ul style="list-style-type: none"> ▶ are highly reactive:some of the more lightly substituted lower members are highly flammable; the more highly substituted may be used as fire suppressants, not always with the anticipated results. ▶ may react with the lighter divalent metals to produce more reactive compounds analogous to Grignard reagents. ▶ may produce explosive compounds following prolonged contact with metallic or other azides ▶ may react on contact with potassium or its alloys - although apparently stable on contact with a wide range of halocarbons, reaction products may be shock-sensitive and may explode with great violence on light impact; severity generally increases with the degree of halocarbon substitution and potassium-sodium alloys give extremely sensitive mixtures . <p>BREITHERICK L.: Handbook of Reactive Chemical Hazards</p> <ul style="list-style-type: none"> ▶ react with metal halides and active metals, eg. sodium (Na), potassium (K), lithium (Li),calcium (Ca), zinc (Zn), powdered aluminium (Al) and aluminium

▶ alloys, magnesium (Mg) and magnesium alloys.

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
chloroform-D	Chloroform-d; (Deuterated chloroform)	2 ppm	64 ppm	3,200 ppm
Tetramethylsilane (TMS) 99.9%	Tetramethylsilane	280 ppm	360 ppm	740 ppm

Ingredient	Original IDLH	Revised IDLH
chloroform-D	Not Available	Not Available
Tetramethylsilane (TMS) 99.9%	Not Available	Not Available

Exposure controls

Appropriate engineering controls	<p>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.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>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.</p> <p>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.</p> <p>Personal hygiene is a key element of effective hand care.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent] ▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent] ▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely. ▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. ▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.

Respiratory protection

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

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 A-AUS / Class1	Full-Face Respirator
up to 10	1000	-	-
up to 50	1000	-	A-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	A-2
up to 100	10000	-	A-3
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

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)	1.489 @ 20 C
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	-63	Viscosity (cSt)	0.56, 20 C
Initial boiling point and boiling range (°C)	60.5-61.5	Molecular weight (g/mol)	120.38
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	100
Vapour pressure (kPa)	21.2 @ 20 C	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	4.13	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ 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	<p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects. 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.</p> <p>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.</p> <p>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)</p>
Ingestion	<p>Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result. (ICSC13733)</p> <p>The material is not thought to produce adverse health effects following ingestion (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum.</p> <p>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.</p>
Skin Contact	<p>The material may accentuate any pre-existing dermatitis condition</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>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.</p> <p>The material may cause mild but significant 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.</p>
Eye	<p>There is some evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure.</p>
Chronic	<p>There is ample evidence that this material can be regarded as being able to cause cancer in humans based on experiments and other information.</p> <p>Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed.</p> <p>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.</p> <p>Ample evidence from experiments exists that there is a suspicion this material directly reduces fertility.</p>

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil

Based on experience with animal studies, exposure to the material may result in toxic effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother.

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil	TOXICITY	IRRITATION
	Not Available	Not Available

chloroform-D	TOXICITY	IRRITATION
	Not Available	Not Available

Tetramethylsilane (TMS) 99.9%	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Not Available
	Oral (rat) LD50: >2000 mg/kg ^[1]	

Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil	Disinfection byproducts (DBPs) are formed when disinfectants such as chlorine, chloramines and ozone react with organic and inorganic matter in water. Animal studies have shown that some DBPs cause cancer. To date, several hundred DBPs have been identified. Numerous haloalkanes and haloalkenes have been tested for cancer-causing and mutation-causing activities.
	CHLOROFORM-D

Acute Toxicity	✓	Carcinogenicity	✓
Skin Irritation/Corrosion	✓	Reproductivity	✓
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	⊘
Respiratory or Skin sensitisation	⊘	STOT - Repeated Exposure	✓
Mutagenicity	⊘	Aspiration Hazard	⊘

Legend: ✗ - Data 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

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

chloroform-D	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

Tetramethylsilane (TMS) 99.9%	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	EC50	48	Crustacea	>2.8mg/L	2
	EC50	72	Algae or other aquatic plants	>0.0079mg/L	2
	NOEC	72	Algae or other aquatic plants	>=0.0079mg/L	2

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

For Haloalkanes:

Atmospheric Fate: Fully, or partially, fluorinated haloalkanes released to the air can restrict heat loss from the Earth's atmosphere by absorbing infrared emissions from the surface. The major fate of haloalkanes in the atmosphere is via breakdown by hydroxyl radicals. These substances react with atmospheric ozone and nitrates, which also causes them to change, (transform).

Chlorofluorocarbons, (CFC), haloalkanes can break down into chlorine atoms in the air, which also contribute to ozone destruction.

For Chloroform:

log Kow: 1.97; Koc: 34; Half-life (hr) air: 1920; Half-life (hr) H₂O surface water: 28 744; Henry's atm m³/mol: 4.35E-03; BOD 5: 0.02; ThOD: 0.33,1.346; BCF: 1.9-10.35. Drinking Water Standard - Hydrocarbon total: 10 ug/l (UK max.); Chloroform: 200 ug/l (WHO guideline); Soil Guidelines - Dutch criteria: 0.001 mg/kg.

Atmospheric Fate: Chloroform will generally evaporate to atmosphere; however, transportation may occur over long distances and photo-oxidation will occur (half-life 80 days). Chloroform is expected to exist almost entirely in the vapor phase in the atmosphere.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
chloroform-D	HIGH	HIGH

Continued...

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil

Tetramethylsilane (TMS) 99.9%	HIGH	HIGH
-------------------------------	------	------

Bioaccumulative potential

Ingredient	Bioaccumulation
chloroform-D	LOW (LogKOW = 1.521)
Tetramethylsilane (TMS) 99.9%	LOW (LogKOW = 3.24)

Mobility in soil

Ingredient	Mobility
chloroform-D	LOW (KOC = 35.04)
Tetramethylsilane (TMS) 99.9%	LOW (KOC = 48.64)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ 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. <p>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.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.</p> <ul style="list-style-type: none"> ▶ 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	NO
HAZCHEM	Z2

Land transport (ADG)

UN number	1888				
UN proper shipping name	CHLOROFORM				
Transport hazard class(es)	<table border="0"> <tr> <td>Class</td> <td>6.1</td> </tr> <tr> <td>Subrisk</td> <td>Not Applicable</td> </tr> </table>	Class	6.1	Subrisk	Not Applicable
Class	6.1				
Subrisk	Not Applicable				
Packing group	III				
Environmental hazard	Not Applicable				
Special precautions for user	<table border="0"> <tr> <td>Special provisions</td> <td>Not Applicable</td> </tr> <tr> <td>Limited quantity</td> <td>5 L</td> </tr> </table>	Special provisions	Not Applicable	Limited quantity	5 L
Special provisions	Not Applicable				
Limited quantity	5 L				

Air transport (ICAO-IATA / DGR)

UN number	1888						
UN proper shipping name	Chloroform						
Transport hazard class(es)	<table border="0"> <tr> <td>ICAO/IATA Class</td> <td>6.1</td> </tr> <tr> <td>ICAO / IATA Subrisk</td> <td>Not Applicable</td> </tr> <tr> <td>ERG Code</td> <td>6A</td> </tr> </table>	ICAO/IATA Class	6.1	ICAO / IATA Subrisk	Not Applicable	ERG Code	6A
ICAO/IATA Class	6.1						
ICAO / IATA Subrisk	Not Applicable						
ERG Code	6A						

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil

Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Cargo Only Packing Instructions	680
	Cargo Only Maximum Qty / Pack	220 L
	Passenger and Cargo Packing Instructions	680
	Passenger and Cargo Maximum Qty / Pack	60 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y680
	Passenger and Cargo Limited Maximum Qty / Pack	2 L

Sea transport (IMDG-Code / GGVSee)

UN number	1888	
UN proper shipping name	CHLOROFORM	
Transport hazard class(es)	IMDG Class	6.1
	IMDG Subrisk	Not Applicable
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	EMS Number	F-A , S-A
	Special provisions	Not Applicable
	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

CHLOROFORM-D(865-49-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix F (Part 3)	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

TETRAMETHYLSILANE (TMS) 99.9%(75-76-3*) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

National Inventory Status

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (chloroform-D; Tetramethylsilane (TMS) 99.9%)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (chloroform-D)
Korea - KECI	N (chloroform-D)
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	N (chloroform-D)
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

Chloroform-D (D, 99.8%) +0.05% v/v TMS + Silver Foil

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

Powered by AuthorITe, from Chemwatch.