

Lorazepam Acetate ((3RS)-7-Chloro-5-(2-chlorophenyl)-2-oxo-2,3- dihydro-1H-1,4-benzodiazepin-3-yl Acetate) 0.1 mg/ml in Acetonitrile

Novachem Pty Ltd

Chemwatch Hazard Alert Code: 4

Version No: 1.1

Safety Data Sheet according to WHS and ADG requirements

Issue Date: 01/09/2020

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S.GHS.AUS.EN

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Lorazepam Acetate ((3RS)-7-Chloro-5-(2-chlorophenyl)-2-oxo-2,3- dihydro-1H-1,4-benzodiazepin-3-yl Acetate) 0.1 mg/ml in Acetonitrile
Synonyms	Not Available
Proper shipping name	ACETONITRILE
Other means of identification	LGCAMP0071.07-12

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

Relevant identified uses	Reference material for laboratory use only
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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


HAZARDOUS CHEMICAL. DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

ChemWatch Hazard Ratings

	Min	Max	
Flammability	3	3	0 = Minimum 1 = Low 2 = Moderate 3 = High 4 = Extreme
Toxicity	4	4	
Body Contact	3	3	
Reactivity	0	0	
Chronic	4	4	

Poisons Schedule	Not Applicable
Classification [1]	Eye Irritation Category 2A, Acute Toxicity (Dermal) Category 4, Flammable Liquid Category 2, Acute Toxicity (Inhalation) Category 4, Acute Toxicity (Oral) Category 4
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

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Hazard statement(s)

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

Precautionary statement(s) Prevention

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

Precautionary statement(s) Response

P322	Specific measures (see advice on this label).
P363	Wash contaminated clothing 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.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
75-05-8	99.99	<u>acetonitrile</u>
2848-96-6	0.01	<u>lorazepam acetate</u>

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 or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.
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	<ul style="list-style-type: none"> ▶ 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. <p>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</p> <ul style="list-style-type: none"> ▶ INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down

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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

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

Dialysis is of no value. [Martindale]

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

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

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

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

- Notes on the use of amyl nitrite:-

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

ADDITIONAL NOTES:

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

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

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

SECTION 5 Firefighting measures

Extinguishing media

- ▶ 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
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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 in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Liquid and vapour are highly flammable. ▶ Severe fire hazard when exposed to heat, flame and/or oxidisers. ▶ Vapour may travel a considerable distance to source of ignition. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. <p>Combustion products include: carbon dioxide (CO₂) nitrogen oxides (NO_x) other pyrolysis products typical of burning organic material. May emit poisonous fumes.</p>
HAZCHEM	*2YE

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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	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ 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	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ DO NOT touch the spill material <p>For alkyl nitriles:</p> <p>For residue:</p> <ul style="list-style-type: none"> ▶ Add alkaline hypochlorite solution to spill to produce cyanate. ▶ Neutralise liquid, and absorb with sawdust. ▶ Collect solid residues and seal in drums for disposal. ▶ Wash spill area with large quantities of water.

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.
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"> ▶ 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>
Storage incompatibility	<p>Acetonitrile</p> <ul style="list-style-type: none"> ▶ forms cyanide gas on contact with steam ▶ reacts violently with oxidisers such as chlorine, bromine, fluorine; with chlorosulfonic acid, oleum or sulfuric acid ▶ is incompatible with water (especially if acid or alkaline), acids, caustics, nitrating agents, indium, nitrogen tetroxide, sulfur trioxide, iron(III) salts of perchlorate, nitrogen fluoride compounds ▶ attacks most rubber and plastics ▶ may accumulate electrical charges, causing ignition of vapours ▶ Contact with acids produces toxic fumes ▶ Nitriles may polymerise in the presence of metals and some metal compounds. ▶ They are incompatible with acids; mixing nitriles with strong oxidising acids can lead to extremely violent reactions. ▶ Nitriles are generally incompatible with other oxidising agents such as peroxides and epoxides. ▶ The combination of bases and nitriles can produce hydrogen cyanide. ▶ The covalent cyano group is endothermic and many organic nitriles are reactive under certain conditions; N-cyano derivatives are reactive or unstable. ▶ The majority of endothermic compounds are thermodynamically unstable and may decompose explosively under various circumstances of initiation. ▶ Many but not all endothermic compounds have been involved in decompositions, reactions and explosions and, in general, compounds with significantly positive values of standard heats of formation, may be considered suspect on stability grounds. <p>BREThERICK L.: Handbook of Reactive Chemical Hazards</p> <p>WARNING:</p> <p>May decompose violently or explosively on contact with other substances.</p> <ul style="list-style-type: none"> ▶ This substance, or one of its components, is one of the relatively few compounds which are described as "endothermic" i.e. heat is absorbed into the compound, rather than released from it, during its formation. ▶ The majority of endothermic compounds are thermodynamically unstable and may decompose explosively under various circumstances of initiation. ▶ Many but not all endothermic compounds have been involved in decompositions, reactions and explosions and, in general, compounds with

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- significantly positive values of standard heats of formation, may be considered suspect on stability grounds.
- ▶ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	acetonitrile	Acetonitrile	40 ppm / 67 mg/m ³	101 mg/m ³ / 60 ppm	Not Available	Not Available

Emergency Limits

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


Ingredient	Original IDLH	Revised IDLH
acetonitrile	500 ppm	137 ppm
lorazepam acetate	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
lorazepam acetate	E	≤ 0.01 mg/m ³

Notes: Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

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> <p>for acetonitrile: Butyl rubber, PVAL, Teflon, Saranex, Silvershield, Viton/ chlorobutyl are all highly resistant to permeation</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ Eyewash unit. ▶ Barrier cream. ▶ Skin cleansing cream.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	CPI
BUTYL	A
BUTYL/NEOPRENE	A

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 5 x ES	A-AUS / Class 1	-	A-PAPR-AUS / Class 1
up to 25 x ES	Air-line*	A-2	A-PAPR-2

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CPE	A
PE/EVAL/PE	A
PVA	A
SARANEX-23	A
NEOPRENE	B
TEFLON	B
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NITRILE	C
VITON/NEOPRENE	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

up to 50 x ES	-	A-3	-
50+ x ES	-	Air-line**	-

^ - Full-face

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.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Not Available		
Physical state	Liquid	Relative density (Water = 1)	0.78227
Odour	Fragrant	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	525
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	-46	Viscosity (cSt)	0.499
Initial boiling point and boiling range (°C)	81	Molecular weight (g/mol)	Not Available
Flash point (°C)	5	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available
Upper Explosive Limit (%)	16	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	4.4	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	9.70	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Presence of elevated temperatures. ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs.
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	<p>The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (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 and that suitable control measures be used in an occupational setting.</p> <p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects. The smell of acetonitrile does not give enough warning of exposure. The gas is highly toxic, and inhaling it can cause loss of consciousness.</p>
Ingestion	<p>There is strong evidence to suggest that this material can cause, if swallowed once, very serious, irreversible damage of organs. GABA agonists increase the action at the GABA receptor, producing sedative effects, and may also reduce anxiety and relax muscle. Nitrile poisoning exhibits similar symptoms to poisoning due to hydrogen cyanide. The substances irritate the eyes and skin, and are absorbed quickly and completely through the skin.</p> <p>Benzodiazepine overdose is frequent, but serious poisonings are uncommon, sometimes even in high doses. The most common side-effects are drowsiness, dizziness and inco-ordination.</p> <p>Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result. (ICSC13733)</p> <p>Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>Cyanide poisoning can cause increased saliva output, nausea without vomiting, anxiety, confusion, vertigo, dizziness, stiffness of the lower jaw, convulsions, spasm, paralysis, coma and irregular heartbeat, and stimulation of breathing followed by failure. Often the skin becomes cyanosed (blue-grey), and this is often delayed.</p>
Skin Contact	<p>Skin contact with the material may produce toxic effects; systemic effects may result following absorption.</p> <p>There is strong evidence to suggest that this material, on a single contact with skin, can cause very serious, irreversible damage of organs. The material is not thought to be a skin irritant (as classified by EC Directives using animal models). Temporary discomfort, however, may result from prolonged dermal exposures.</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>
Eye	<p>There is evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Severe inflammation may be expected with pain.</p>
Chronic	<p>Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure. Chronic exposure to cyanides and certain nitriles may result in interference to iodine uptake by thyroid gland and its consequent enlargement. This occurs following metabolic conversion of the cyanide moiety to thiocyanate.</p> <p>Prolonged use of benzodiazepines can lead to alcoholism-like dependence. Tolerance and withdrawal symptoms are seen in long-term treatment in high doses.</p>

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	Not Available	Not Available
acetonitrile	TOXICITY	IRRITATION
	=300 mg/kg ^[2]	Eye (rabbit):20 mg (open)-SEVERE
	160 mg/kg ^[2]	Skin (rabbit):500 mg (open)-mild
	1680 mg/kg ^[2]	
	175-521 mg/kg ^[2]	
	250 mg/kg ^[2]	
	3890-5620 mg/kg ^[2]	
	500 mg/kg ^[2]	
	570 mg/kg ^[2]	
	600-700 mg/kg ^[2]	
	64 mg/kg ^[2]	
	850-7960 mg/kg ^[2]	
	Inhalation (rabbit) LC50: 2824.773252 mg/l/4h ^[2]	
	Inhalation (rat) LC50: 7551 mg/l ^[2]	
	Oral (mouse) LD50: 269 mg/kg ^[2]	
Oral (rabbit) LD50: 50 mg/kg ^[2]		
Oral (rat) LD50: 1327-6762 mg/kg ^[2]		
lorazepam acetate	TOXICITY	IRRITATION
	Not Available	Not Available

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

Lorazepam Acetate ((3RS)-7-Chloro-5-(2-chlorophenyl)-2-oxo-2,3-dihydro-1H-1,4-benzodiazepin-3-yl Acetate) 0.1 mg/ml in Acetonitrile	<p>Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation.</p> <p>GABA agonists increase the action at the GABA receptor, producing sedative effects, and may also reduce anxiety and relax muscle. When the 5-HT₃ receptor is activated to open the ion channel by agonists, the following effects are observed:</p>
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Lorazepam Acetate ((3RS)-7-Chloro-5-(2-chlorophenyl)-2-oxo-2,3-dihydro-1H-1,4-benzodiazepin-3-yl Acetate) 0.1 mg/ml in Acetonitrile

	<ul style="list-style-type: none"> ▶ CNS: nausea and vomiting center in brain stem, anxiety, seizure propensity ▶ PNS: neuronal excitation (in autonomic, nociceptive neurons), emesis <p>The 5-HT3 receptor is a member of the superfamily of ligand-gated ion channels, a superfamily that also includes the neuronal nicotinic acetylcholine receptors (nAChRs), and the inhibitory neurotransmitter receptors for GABA (both GABAA and GABAA-a receptors) and glycine. The 5-HT3 receptor is most closely related by homology to the nicotinic acetylcholine receptor. The 5-HT3 receptor plays a prominent role in chemotherapy- and radiotherapy-induced vomiting, and the concomitant development of selective 5-HT3 receptor antagonists to suppress these side effects aroused intense interest from the pharmaceutical industry.</p>
ACETONITRILE	<p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.</p>
LORAZEPAM ACETATE	<p>Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).</p> <p>* USP SDS Effects on newborn, specific developmental abnormalities (musculoskeletal), hallucinations, ataxia, aplastic anaemia, bone marrow changes, somnolence, altering of classical conditioning behaviour recorded. Oesophageal dilation occurred in rats treated with lorazepam for more than one year at 6 mg/kg/day. The no-effect dose was 1.25 mg/kg/day (approximately 6 times the maximum human therapeutic dose of 10 mg per day). The effect was reversible only when the treatment was withdrawn within two months of first observation of the phenomenon. No evidence of carcinogenic potential emerged in rats during an 18-month study with Ativan (lorazepam). No studies regarding mutagenesis have been performed. Pregnancy Reproductive studies in animals were performed in mice, rats, and two strains of rabbits. Occasional anomalies (reduction of tarsals, tibia, metatarsals, malrotated limbs, gastroschisis, malformed skull, and microphthalmia) were seen in drug-treated rabbits without relationship to dosage. Although all of these anomalies were not present in the concurrent control group, they have been reported to occur randomly in historical controls. At doses of 40 mg/kg and higher, there was evidence of fetal resorption and increased fetal loss in rabbits which was not seen at lower doses. The clinical significance of the above findings is not known. However, an increased risk of congenital malformations associated with the use of minor tranquilizers (chlordiazepoxide, diazepam, and meprobamate) during the first trimester of pregnancy has been suggested in several studies. Because the use of these drugs is rarely a matter of urgency, the use of lorazepam during this period should be avoided. The possibility that a woman of childbearing potential may be pregnant at the time of institution of therapy should be considered. In humans, blood levels obtained from umbilical cord blood indicate placental transfer of lorazepam and lorazepam glucuronide. Infants of mothers who ingested benzodiazepines for several weeks or more preceding delivery have been reported to have withdrawal symptoms during the postnatal period. Symptoms such as hypoactivity, hypotonia, hypothermia, respiratory depression, apnea, feeding problems, and impaired metabolic response to cold stress have been reported in neonates born of mothers who have received benzodiazepines during the late phase of pregnancy or at delivery.</p>
Lorazepam Acetate ((3RS)-7-Chloro-5-(2-chlorophenyl)-2-oxo-2,3-dihydro-1H-1,4-benzodiazepin-3-yl Acetate) 0.1 mg/ml in Acetonitrile & ACETONITRILE	<p>Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The liquid or vapour is irritating to the skin, eyes, and airways. At high enough doses, death can occur quickly from respiratory failure. Lower doses cause typical symptoms of cyanide poisoning such as salivation, nausea, vomiting, anxiety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, and convulsions.</p>

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 either not available or does not fill the criteria for classification
✔ – Data available to make classification

SECTION 12 Ecological information

Toxicity

Lorazepam Acetate ((3RS)-7-Chloro-5-(2-chlorophenyl)-2-oxo-2,3-dihydro-1H-1,4-benzodiazepin-3-yl Acetate) 0.1 mg/ml in Acetonitrile	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
acetonitrile	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	1-640mg/L	2
	EC50	48	Crustacea	>1-mg/L	2
	EC50	72	Algae or other aquatic plants	>1-mg/L	2
	NOEC	72	Algae or other aquatic plants	>1-mg/L	2
lorazepam acetate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48	Crustacea	>4.5mg/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

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

Soil Guidelines: Dutch Criteria:

free cyanide: 1 mg/kg (target)

20 mg/kg (intervention)

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

50 mg/kg (intervention)

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

Lorazepam Acetate ((3RS)-7-Chloro-5-(2-chlorophenyl)-2-oxo-2,3-dihydro-1H-1,4-benzodiazepin-3-yl Acetate) 0.1 mg/ml in Acetonitrile

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

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

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

Bioaccumulative potential

Ingredient	Bioaccumulation
acetonitrile	LOW (BCF = 0.4)

Mobility in soil

Ingredient	Mobility
acetonitrile	LOW (KOC = 4.5)

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.
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SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	*2YE

Land transport (ADG)

UN number	1648	
UN proper shipping name	ACETONITRILE	
Transport hazard class(es)	Class	3
	Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Limited quantity	1 L

Air transport (ICAO-IATA / DGR)

UN number	1648
UN proper shipping name	Acetonitrile

Lorazepam Acetate ((3RS)-7-Chloro-5-(2-chlorophenyl)-2-oxo-2,3-dihydro-1H-1,4-benzodiazepin-3-yl Acetate) 0.1 mg/ml in Acetonitrile

Transport hazard class(es)	ICAO/IATA Class	3
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	3L
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Cargo Only Packing Instructions	364
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	353
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y341
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

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

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

Not Applicable

SECTION 15 Regulatory information**Safety, health and environmental regulations / legislation specific for the substance or mixture****acetonitrile is found on the following regulatory lists**

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
 Australian Inventory of Industrial Chemicals (AIIC)

lorazepam acetate is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

National Inventory Status

National Inventory	Status
Australia - AIIC	No (lorazepam acetate)
Australia Non-Industrial Use	No (acetonitrile; lorazepam acetate)
Canada - DSL	No (lorazepam acetate)
Canada - NDSL	No (acetonitrile; lorazepam acetate)
China - IECSC	No (lorazepam acetate)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (lorazepam acetate)
Korea - KECI	No (lorazepam acetate)
New Zealand - NZIoC	No (lorazepam acetate)
Philippines - PICCS	No (lorazepam acetate)
USA - TSCA	No (lorazepam acetate)
Taiwan - TCSI	Yes
Mexico - INSQ	No (lorazepam acetate)
Vietnam - NCI	No (lorazepam acetate)
Russia - ARIPS	No (lorazepam acetate)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing (see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	01/09/2020
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Continued...

Lorazepam Acetate ((3RS)-7-Chloro-5-(2-chlorophenyl)-2-oxo-2,3-dihydro-1H-1,4-benzodiazepin-3-yl Acetate) 0.1 mg/ml in Acetonitrile**Initial Date** | 01/09/2020**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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