



(±)-Methamphetamine

Novachem Pty Ltd

Version No: 3.3

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 4

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S.GHS.AUS.EN

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

Product Identifier

Product name	(±)-Methamphetamine
Synonyms	M-009-1ML
Proper shipping name	METHANOL
Other means of identification	M-009

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

Relevant identified uses	Laboratory chemicals, Synthesis of substances
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	Novachem Pty Ltd	Novachem Pty Ltd
Address	25 Crissane Road, Heidelberg West Victoria 3081 Australia	25 Crissane Road, Heidelberg West Victoria 3081 Australia
Telephone	+61384151255	+61384151255
Fax	+61386250088	+61386250088
Website	www.novachem.com.au	www.novachem.com.au
Email	novachem@novachem.com.au	novachem@novachem.com.au

Emergency telephone number

Association / Organisation	Victorian Poisons Information Centre	Victorian Poisons Information Centre
Emergency telephone numbers	13 11 26	13 11 26
Other emergency telephone numbers	Not Available	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Acute Toxicity (Dermal) Category 3, Specific Target Organ Toxicity - Single Exposure Category 1, Specific Target Organ Toxicity - Repeated Exposure Category 2, Flammable Liquids Category 2, Acute Toxicity (Inhalation) Category 3, Reproductive Toxicity Category 1B, Serious Eye Damage/Eye Irritation Category 2B, Acute Toxicity (Oral) Category 3
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

Hazard statement(s)

H311	Toxic in contact with skin.
H370	Causes damage to organs.
H373	May cause damage to organs through prolonged or repeated exposure.
H225	Highly flammable liquid and vapour.
H331	Toxic if inhaled.

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H360D	May damage the unborn child.
H320	Causes eye irritation.
H301	Toxic if swallowed.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P308+P311	IF exposed or concerned: Call a POISON CENTER/doctor/physician/first aider.
P330	Rinse mouth.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container 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
67-56-1	99.9	<u>methanol</u>
537-46-2	0.1	<u>methamphetamine</u>
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available	

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"> ▶ Quickly but gently, wipe material off skin with a dry, clean cloth. ▶ Immediately 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 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. ▶ 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.

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

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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.

The management of overdose with amphetamines generally involves supportive and symptomatic therapy. Sedation is usually sufficient. Forced acid diuresis has been advocated to increase amphetamine excretion but should only be considered in severely poisoned patients and requires close supervision and monitoring. MARTINDALE: The Extra Pharmacopoeia, 27th Ed.

Amphetamines may be monoamine oxidase inhibitors (MAOIs). Monoamine oxidase inhibitors produce postural hypotension, dizziness, drowsiness, weakness and fatigue, dryness of the mouth, constipation and other gastrointestinal disturbances (including nausea and vomiting) and oedema. Other symptoms may include agitation and tremors, insomnia and restless sleep, blurred vision, difficulty in urinating, convulsions, skin rashes, leucopenia, sexual disturbances and weight gain with inappropriate appetite. Psychotic episodes may be characterised by hypomanic behavior, confusion and hallucinations. Jaundice has been reported and infrequently this may lead to fatal progressive hepatocellular necrosis.

Treatment of overdose of oral sympathomimetics should be symptomatic and supportive and may include the following:

1. Consider gastric lavage within one hour of ingestion. Induced vomiting may not be advisable because of the potential for seizures and worsening hypertension.
2. Administer activated charcoal slurry.
3. Monitor EKG, ECG, serum electrolytes, blood sugar, blood pressure, urinary output, and renal function. Pharmacological action is required only in severely symptomatic patients.
4. For pulmonary edema (noncardiogenic) - Maintain ventilation and oxygenation with close arterial blood gas monitoring.
5. For seizures or severe agitation - Administer benzodiazepines.
6. For dystonic reactions - Administer benzotropine or diphenhydramine.
7. For ventricular tachycardia - Administer lidocaine.
8. For severe hypertension - Nitroprusside, labetalol, or phentolamine may be necessary.
9. For hypotension - Infuse patient with isotonic solution; if condition persists, administer dopamine or norepinephrine.
10. For rhabdomyolysis - Administer sufficient 0.9% saline to maintain urine output of 2 to 3 l/kg/hour. Diuretics may be necessary; urinary alkalization is NOT routinely recommended.
11. For hyperthermia - Manage with external cooling; avoid phenothiazines. [Meditext 2006]

For acute and short term repeated exposures to methanol:

- Toxicity results from accumulation of formaldehyde/formic acid.
- Clinical signs are usually limited to CNS, eyes and GI tract. Severe metabolic acidosis may produce dyspnea and profound systemic effects which may become intractable. All symptomatic patients should have arterial pH measured. Evaluate airway, breathing and circulation.
- Stabilise obtunded patients by giving naloxone, glucose and thiamine.
- Decontaminate with ipecac or lavage for patients presenting 2 hours post-ingestion. Charcoal does not absorb well; the usefulness of cathartic is not established.
- Forced diuresis is not effective; haemodialysis is recommended where peak methanol levels exceed 50 mg/dL (this correlates with serum bicarbonate levels below 18 mEq/L).
- Ethanol, maintained at levels between 100 and 150 mg/dL, inhibits formation of toxic metabolites and may be indicated when peak methanol levels exceed 20 mg/dL. An intravenous solution of ethanol in D5W is optimal.
- Folate, as leucovorin, may increase the oxidative removal of formic acid. 4-methylpyrazole may be an effective adjunct in the treatment. 8-Phenytoin may be preferable to diazepam for controlling seizure.

[Ellenhorn Barceloux: Medical Toxicology]

Methanol poisoning can be treated with fomepizole, or if unavailable, ethanol. Both drugs act to reduce the action of alcohol dehydrogenase on methanol by means of competitive inhibition. Ethanol, the active ingredient in alcoholic beverages, acts as a competitive inhibitor by more effectively binding and saturating the alcohol dehydrogenase enzyme in the liver, thus blocking the binding of methanol. Methanol is excreted by the kidneys without being converted into the very toxic metabolites formaldehyde and formic acid. Alcohol dehydrogenase instead enzymatically converts ethanol to acetaldehyde, a much less toxic organic molecule. Additional treatment may include sodium bicarbonate for metabolic acidosis, and hemodialysis or hemodiafiltration to remove methanol and formate from the blood. Folinic acid or folic acid is also administered to enhance the metabolism of formate.

BIOLOGICAL EXPOSURE INDEX - BEI

Determinant	Index	Sampling Time	Comment
1. Methanol in urine	15 mg/l	End of shift	B, NS
2. Formic acid in urine	80 mg/gm creatinine	Before the shift at end of workweek	B, NS

B: Background levels occur in specimens collected from subjects **NOT** exposed.

NS: Non-specific determinant - observed following exposure to other materials.

SECTION 5 Firefighting measures

Extinguishing media

Water may be an ineffective extinguishing media for methanol fires; static explosions are reported for aqueous solutions as dilute as 30%. Water may be used to cool containers.

- ▶ Alcohol stable foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.

Special hazards arising from the substrate or mixture

Fire Incompatibility	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	<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"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). <p>Combustion products include: carbon dioxide (CO₂) formaldehyde other pyrolysis products typical of burning organic material. May emit poisonous fumes.</p>
HAZCHEM	*2WE

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

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See section 12

Methods and material for containment and cleaning up

Minor Spills	<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	<ul style="list-style-type: none"> Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. May be violently or explosively reactive. Wear full body protective clothing with breathing apparatus.

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	<p>NOTE: Special security requirements may be mandated under Federal/State Regulation(s).</p> <ul style="list-style-type: none"> Store in original containers. Store in vault fitted with warning devices or detectors recommended by various Federal/State authorities. Store in vault used only for the purpose of storage of drugs of addiction.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> Packaging as recommended by manufacturer. Check that containers are clearly labelled. Tamper-proof containers. Polyethylene or polypropylene containers. Glass container is suitable for laboratory quantities <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>Methanol:</p> <ul style="list-style-type: none"> reacts violently with strong oxidisers, acetyl bromide, alkyl aluminium salts, beryllium dihydride, bromine, chromic acid, 1-chloro-3,3-difluoro-2-methoxycyclopropene, cyanuric chloride, diethylzinc, isophthaloyl chloride, nitric acid, perchloric acid, potassium-tert-butoxide, potassium sulfur diimide, Raney nickel catalysts, 2,4,6-trichlorotriazine, triethylaluminium, 1,3,3-trifluoro-2-methoxycyclopropene is incompatible with strong acids, strong caustics, alkaline earth and alkali metals, aliphatic amines, acetaldehyde, benzoyl peroxide, 1,3-bis(di-n-cyclopentadienyl iron)-2-propen-1-one, calcium carbide, chloroform, chromic anhydride, chromium trioxide, dialkylzinc, dichlorine oxide, dichloromethane, ethylene oxide, hypochlorous acid, isocyanates, isopropyl chlorocarbonate, lithium tetrahydroaluminate, magnesium, methyl azide, nitrogen dioxide, palladium, pentafluoroguanidine, perchloryl fluoride, phosphorus pentasulfide, phosphorus trioxide, potassium, tangerine oil, triisobutylaluminium mixtures with lead perchlorate, sodium hypochlorite are explosive may react with metallic aluminium at high temperatures slowly corrodes lead and aluminium may generate electrostatic charges, due to low conductivity, on flow or agitation attacks some plastics, rubber and coatings. <p>Static induced flash fires have happened when filling plastic containers with methanol / water solutions with as low as 30% methanol content</p> <p>Alcohols</p> <ul style="list-style-type: none"> are incompatible with strong acids, acid chlorides, acid anhydrides, oxidising and reducing agents. reacts, possibly violently, with alkaline metals and alkaline earth metals to produce hydrogen react with strong acids, strong caustics, aliphatic amines, isocyanates, acetaldehyde, benzoyl peroxide, chromic acid, chromium oxide, dialkylzinc, dichlorine oxide, ethylene oxide, hypochlorous acid, isopropyl chlorocarbonate, lithium tetrahydroaluminate, nitrogen dioxide, pentafluoroguanidine, phosphorus halides, phosphorus pentasulfide, tangerine oil, triethylaluminium, triisobutylaluminium should not be heated above 49 deg. C. when in contact with aluminium equipment Avoid storage with reducing 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	methanol	Methyl alcohol	200 ppm / 262 mg/m3	328 mg/m3 / 250 ppm	Not Available	Not Available

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Emergency Limits			
Ingredient	TEEL-1	TEEL-2	TEEL-3
methanol	Not Available	Not Available	Not Available
Ingredient	Original IDLH		Revised IDLH
methanol	6,000 ppm		Not Available
methamphetamine	Not Available		Not Available
Occupational Exposure Banding			
Ingredient	Occupational Exposure Band Rating		Occupational Exposure Band Limit
methamphetamine	D		> 0.1 to ≤ 1 ppm
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>For potent pharmacological agents:</p> <p>Solutions Handling:</p> <ul style="list-style-type: none">Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area.Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation.In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. <p>Unless written procedures, specific to the workplace are available, the following is intended as a guide:</p> <ul style="list-style-type: none">For Laboratory-scale handling of Substances assessed to be toxic by inhalation. Quantities of up to 25 grams may be handled in Class II biological safety cabinets *; Quantities of 25 grams to 1 kilogram may be handled in Class II biological safety cabinets* or equivalent containment systems; Quantities exceeding 1 kg may be handled either using specific containment, a hood or Class II biological safety cabinet*,HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated. Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul style="list-style-type: none">Chemical protective goggles with full seal.Shielded mask (gas-type).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	<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> <ul style="list-style-type: none">Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.Double gloving should be considered.PVC gloves.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none">For quantities up to 500 grams a laboratory coat may be suitable.For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.

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
PE/EVAL/PE	A
PVDC/PE/PVDC	A
SARANEX-23	A

Respiratory protection

Type AX 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	AX-AUS / Class 1	-	AX-PAPR-AUS / Class 1
up to 25 x ES	Air-line*	AX-2	AX-PAPR-2
up to 50 x ES	-	AX-3	-

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SARANEX-23 2-PLY	A
TEFLON	A
VITON/NEOPRENE	A
NEOPRENE	B
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
PVA	C
PVC	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.

50+ x ES	-	Air-line**	-
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* - Continuous-flow; ** - Continuous-flow or positive pressure demand

^ - 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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AX-AUS / Class 1	-
up to 50	1000	-	AX-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	AX-2
up to 100	10000	-	AX-3
100+		-	Airline**

** - Continuous-flow or positive pressure demand.

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SECTION 9 Physical and chemical properties**Information on basic physical and chemical properties**

Appearance	Not Available		
Physical state	Liquid	Relative density (Water = 1)	0.791
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Non Standard
pH (as supplied)	Not Applicable	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	64-65	Molecular weight (g/mol)	149.24
Flash point (°C)	9.7	Taste	Not Available
Evaporation rate	Not Available BuAC = 1	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available
Upper Explosive Limit (%)	36	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	6	Volatile Component (%vol)	Non Standard
Vapour pressure (kPa)	Non Standard	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (1%)	Neutral
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▸ Static induced flash fires have happened when filling plastic containers with methanol / water solutions with as low as 30% methanol content. ▸ 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. 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.</p> <p>Minor but regular methanol exposures may effect the central nervous system, optic nerves and retinae. Symptoms may be delayed, with headache, fatigue, nausea, blurring of vision and double vision. Continued or severe exposures may cause damage to optic nerves, which may become severe with permanent visual impairment even blindness resulting.</p> <p>WARNING: Methanol is only slowly eliminated from the body and should be regarded as a cumulative poison which cannot be made non-harmful [CCINFO]</p>
Ingestion	<p>Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>Methanol may produce a burning or painful sensation in the mouth, throat, chest, and stomach. This may be accompanied by nausea, vomiting, headache, dizziness, shortness of breath, weakness, fatigue, leg cramps, restlessness, confusion, drunken behaviour, visual disturbance, drowsiness, coma and death.</p> <p>Phenethylamines are structurally similar to amphetamines.</p> <p>Side effects of amphetamine treatment are associated with overstimulation of the central nervous system and include sleeplessness, nervousness, restlessness, irritability and a feeling of well-being, followed by fatigue and depression. There may be dry mouth, poor appetite, abdominal cramps and other gastrointestinal disturbances, headache, dizziness, tremor, sweating, fast heartbeat, palpitations, increased blood pressure, difficulty urinating, altered sex drive and impotence. Psychotic reactions and muscle damage (associated with kidney complications) have also occurred.</p> <p>Phenethylamines produce effects similar to amphetamines. They excite the nervous system, causing shortness of breath, cough, narrowing of the airways and throat spasms.</p> <p>Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result. (ICSC13733)</p>
Skin Contact	<p>Skin contact with the material may produce toxic effects; systemic effects may result following absorption.</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>There is strong evidence to suggest that this material, on a single contact with skin, can cause serious, irreversible damage of organs.</p> <p>There is some evidence to suggest that the material may cause moderate 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>Methanol is a mild to moderate eye irritant. High vapor concentration or liquid contact with eyes causes irritation, tearing, and burning.</p> <p>Direct contact of the eye with ethanol may cause immediate stinging and burning with reflex closure of the lid and tearing, transient injury of the corneal epithelium and hyperaemia of the conjunctiva.</p> <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>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 exists, from results in experimentation, that developmental disorders are directly caused by human exposure to the material. Long-term use of amphetamines can lead to tolerance developing to some of its effects, leading to an urge to increase dose and habituation. However, amphetamines generally do not cause physical dependence.</p> <p>Long-term exposure to methanol vapour, at concentrations exceeding 3000 ppm, may produce cumulative effects characterised by gastrointestinal disturbances (nausea, vomiting), headache, ringing in the ears, insomnia, trembling, unsteady gait, vertigo, conjunctivitis and clouded or double vision. Liver and/or kidney injury may also result.</p> <p>Chronic exposure to phenethylamines excite the central nervous system and induce tolerance; in extreme cases they produce amphetamine-like responses including personality changes, compulsive and stereotyped behaviour and may induce psychosis with auditory and visual hallucinations and paranoid delusions.</p>

(±)-Methamphetamine	TOXICITY	IRRITATION
	Not Available	Not Available
methanol	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 15800 mg/kg ^[2]	Eye (rabbit): 100 mg/24h-moderate
	Inhalation(Rat) LC50: 64000 ppm4h ^[2]	Eye (rabbit): 40 mg-moderate

(±)-Methamphetamine

	Oral (Rat) LD50: 5628 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin (rabbit): 20 mg/24 h-moderate
		Skin: no adverse effect observed (not irritating) ^[1]
methamphetamine	TOXICITY	IRRITATION
	Oral (Mouse) LD50: 34 mg/kg ^[2]	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		

METHANOL	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.
METHAMPHETAMINE	<p>alpha-Adrenergic receptors have actions in common, but also individual effects. Common (or still receptor unspecified) actions include:</p> <ul style="list-style-type: none"> · vasoconstriction · decreased motility of smooth muscle in gastrointestinal tract <p>Subtype unspecific alpha agonists can be used to treat rhinitis (they decrease mucus secretion). Subtype unspecific alpha antagonists can be used to treat pheochromocytoma (they decrease vasoconstriction caused by norepinephrine).</p> <p>Alpha-agonist toxicity may occur accidentally or intentionally. Toxicity is often due to intentional overdose and accidental pediatric ingestion.</p> <p>For beta adrenoceptor agonists</p> <p>A major side effect of beta-agonists is cardiac arrhythmia. Because these drugs increase myocardial oxygen demand, they can precipitate angina in patients with coronary artery disease. Headache and tremor are also common.</p> <p>Beta-adrenoceptor agonists (beta-agonists) bind to beta-receptors on cardiac and smooth muscle tissues. They also have important actions in other tissues, especially bronchial smooth muscle (relaxation), the liver (stimulate glycogenolysis) and kidneys (stimulate renin release).</p> <p>The substance exhibits effects on the adrenergic receptors</p> <p>The adverse effects seen with adrenergic drugs are broad. The most common side effects are changes in heart rate and blood pressure.</p> <p>Non-selective binding to the adrenergic receptors can cause different side effects that vary based on the specific agent as well as the dosage.</p> <p>The common non-selective agonists are norepinephrine, epinephrine, and isoproterenol (isoprenaline). Intramuscular (monkey) TDLo: 14 mg/kg/7d-l Degenerative changes of the brain, monoamine oxidase changes, effects on mitochondrial function recorded.</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**

(±)-Methamphetamine	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
methanol	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	720h	Fish	0.007mg/L	4
	LC50	96h	Fish	290mg/l	2
	EC50	96h	Algae or other aquatic plants	14.11-20.623mg/l	4
methamphetamine	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	840h	Fish	0.0013mg/l	4
Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 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 Methanol: Log Kow: -0.82 to -0.66; Koc: 1; Henry's Law Constant: 4.55x10⁻⁶ atm-cu m/mole; Vapor Pressure: 127 mm Hg; BCF: < 10.

Atmospheric Fate: Methanol is expected to exist solely as a vapor in the ambient atmosphere. Vapor-phase methanol is broken down in the atmosphere by reactions with hydroxyl radicals; the half-life for this reaction in air is estimated to be 17 days.

Terrestrial Fate: Methanol is expected to have very high mobility in soil.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
methanol	LOW	LOW
methamphetamine	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
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Continued...

(±)-Methamphetamine

Ingredient	Bioaccumulation
methanol	LOW (BCF = 10)
methamphetamine	LOW (LogKOW = 2.07)


Mobility in soil

Ingredient	Mobility
methanol	HIGH (KOC = 1)
methamphetamine	LOW (KOC = 1610)

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>Valuable substance, hold all residues for recovery. Disposal of the material must be carried out in accordance with the requirements of the relevant Federal/State Act(s) or Code(s) regulating the disposal of Drugs of Addiction.</p> <ul style="list-style-type: none"> Consult manufacturer/supplier for recycling options. Decontaminate empty containers with water; incinerate plastic bags. <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.
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SECTION 14 Transport information**Labels Required**

	 
Marine Pollutant	NO
HAZCHEM	*2WE

Land transport (ADG)

UN number or ID number	1230	
UN proper shipping name	METHANOL	
Transport hazard class(es)	Class	3
	Subsidiary risk	6.1
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	279
	Limited quantity	1 L

Air transport (ICAO-IATA / DGR)

UN number	1230	
UN proper shipping name	Methanol	
Transport hazard class(es)	ICAO/IATA Class	3
	ICAO / IATA Subrisk	6.1
	ERG Code	3L
Packing group	II	
Environmental hazard	Not Applicable	

(±)-Methamphetamine

Special precautions for user	Special provisions	A113
	Cargo Only Packing Instructions	364
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	352
	Passenger and Cargo Maximum Qty / Pack	1 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	1230		
UN proper shipping name	METHANOL		
Transport hazard class(es)	IMDG Class	3	
	IMDG Subrisk	6.1	
Packing group	II		
Environmental hazard	Not Applicable		
Special precautions for user	EMS Number	F-E, S-D	
	Special provisions	279	
	Limited Quantities	1 L	

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

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
methanol	Not Available
methamphetamine	Not Available

Transport in bulk in accordance with the IGC Code

Product name	Ship Type
methanol	Not Available
methamphetamine	Not Available

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

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
 Australian Inventory of Industrial Chemicals (AIIC)
 Chemical Footprint Project - Chemicals of High Concern List

methamphetamine is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 8

Chemical Footprint Project - Chemicals of High Concern List
 FEI Equine Prohibited Substances List - Banned Substances
 FEI Equine Prohibited Substances List (EPSL)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (methamphetamine)
Canada - DSL	No (methamphetamine)
Canada - NDSL	No (methanol; methamphetamine)
China - IECSC	No (methamphetamine)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (methamphetamine)
Korea - KECI	No (methamphetamine)
New Zealand - NZIoC	No (methamphetamine)
Philippines - PICCS	No (methamphetamine)
USA - TSCA	No (methamphetamine)

Continued...

(±)-Methamphetamine

National Inventory	Status
Taiwan - TCSI	Yes
Mexico - INSQ	No (methamphetamine)
Vietnam - NCI	No (methamphetamine)
Russia - FBEPH	No (methamphetamine)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	28/05/2023
Initial Date	15/02/2018

SDS Version Summary

Version	Date of Update	Sections Updated
2.3	28/05/2023	Identification of the substance / mixture and of the company / undertaking - Synonyms

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
ES: Exposure Standard
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
AIIC: Australian Inventory of Industrial Chemicals
DSL: Domestic Substances List
NDSL: Non-Domestic Substances List
IECSC: Inventory of Existing Chemical Substance in China
EINECS: European INventory of Existing Commercial chemical Substances
ELINCS: European List of Notified Chemical Substances
NLP: No-Longer Polymers
ENCs: Existing and New Chemical Substances Inventory
KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances
TSCA: Toxic Substances Control Act
TCSI: Taiwan Chemical Substance Inventory
INSQ: Inventario Nacional de Sustancias Químicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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