

Novachem Pty Ltd

Version No: 1.2

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: **11/09/2018** Print Date: **11/09/2018** S.GHS.AUS.EN

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

Product Identifier

Product name	R,R(-)-Pseudoephedrine
Chemical Name	pseudoephedrine
Synonyms	P-036
Proper shipping name	METHANOL
Chemical formula	C10-H15-N-O
Other means of identification	Not Available
CAS number	321-97-1*

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

Relevant identified uses	Laboratory chemicals, Synthesis of substances

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	S6
Classification ^[1]	Flammable Liquid Category 2, Acute Toxicity (Oral) Category 3, Acute Toxicity (Dermal) Category 3, Acute Toxicity (Inhalation) Category 3, Specific target organ toxicity - single 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)

H225	Highly flammable liquid and vapour.
H301	Toxic if swallowed.
H311	Toxic in contact with skin.
H331	Toxic if inhaled.

H370 Causes damage to organs.

Precautionary statement(s) Prevention

, , , , , , , , , , , , , , , , , , , ,			
P210	Keep away from heat/sparks/open flames/hot surfaces No smoking.		
P260	Do not breathe dust/fume/gas/mist/vapours/spray.		
P270	Do not eat, drink or smoke when using this product.		
P271	Use only outdoors or in a well-ventilated area.		

Precautionary statement(s) Response

, , , , , , , , , , , , , , , , , , , ,			
P301+P310	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.		
P307+P311	IF exposed: Call a POISON CENTER or doctor/physician.		
P330	Rinse mouth.		
P363	Wash contaminated clothing before reuse.		

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

P501

Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

CAS No	%[weight]	Name
67-56-1	99.9	methanol
321-97-1	0.1	pseudoephedrine

Mixtures

See section above for composition of Substances

SECTION 4 FIRST AID MEASURES

Description	of	first	aid	measures
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Eye Contact	If this product comes in contact with the eyes: 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	 If skin or hair contact occurs: 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	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay.
Ingestion	 IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. For advice, contact a Poisons Information Centre or a doctor. Urgent hospital treatment is likely to be needed. In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise: INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear a protective glove when inducing vomiting by mechanical means. If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

Issue Date: 11/09/2018 Print Date: 11/09/2018

R,R(-)-Pseudoephedrine

Indication of any immediate medical attention and special treatment needed

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.

for ephedrine (phenylpropanolamine) intoxication: Overdose management usually involves supportive and symptomatic therapy. In severe overdose the stomach should be emptied by aspiration and lavage. Diazepam may be given to control CNS stimulation and convulsions. For marked excitement or hallucination, chlorpromazine may be necessary and, in addition, its alpha-adrenoreceptor blocking properties may be useful in the management of hypertension. Severe hypertension may require phentolamine. A beta-receptor blocking agent such as propranolol may be required to control cardiac arrhythmias. MARTINDALE: The Extra Pharmacopoeia, 27th Ed.

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 rhabdomyolosis - Administer sufficient 0.9% saline to maintain urine output of 2 to 3 *lkg/hour*. Diuretics may be necessary; urinary alkalinization 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]

BIOLOGICAL EXPOSURE INDEX - BEI

DeterminantIndexSampling TimeComment1. Methanol in urine15 mg/lEnd of shiftB, NS2. Formic acid in urine80 mg/gm creatinineBefore the shift at end of workweekB, 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
Advice for firefighters	
Fire Fighting	 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	 Combustible. Slight fire hazard when exposed to heat or flame. Heating may cause expansion or decomposition leading to violent rupture of containers. On combustion, may emit toxic fumes of carbon monoxide (CO). Combustion products include: carbon dioxide (CO2) formaldehyde other pyrolysis products typical of burning organic material. May emit poisonous fumes.
HAZCHEM	•2WE

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	 Remove all ignition sources. Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment.
Major Spills	 Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. 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	 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	 NOTE: Special security requirements may be mandated under Federal/State Regulation(s). 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

	 Glass container is suitable for laboratory quantities Lined metal can, lined metal pail/ can.
Suitable container	 Plastic pail. Polyliner drum. Packing as recommended by manufacturer. For low viscosity materials Drums and jerricans must be of the non-removable head type. Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.): Removable head packaging; Cans with friction closures and low pressure tubes and cartridges may be used.
Storage incompatibility	 Methanol: 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-cyclopentaclienyl 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 generate electrostatic charges, due to low conductivity, on flow or agitation attack some plastics, rubber and coatings. Static induced flash fires have happened when filling plastic containers with methanol / water solutions with as low as 30% methanol content Alcohols 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 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, dialkylzincs, dichlorine oxide, ethylene oxide, hypochlorous acid, isopropyl chlorocarbonate, lithium tetrahydroaluminate, nitrogen dioxide, pentafluorogua

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/m	3 / 250 ppm	Not Availa	ble	Not Available
EMERGENCY LIMITS									
Ingredient	Material name			TEEL-1		TEEL-2		TEEL-3	
methanol	Methyl alcohol; (Methanol)		Not Available		Not Available		Not Ava	ilable	

Version No: 1.2

R,R(-)-Pseudoephedrine

Ingredient	Original IDLH	Revised IDLH
methanol	6,000 ppm	Not Available
pseudoephedrine	Not Available	Not Available

Exposure controls

Appropriate engineering controls	 For potent pharmacological agents: Solutions Handling: 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. 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. Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation. HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours. Barrier protection or laminar flow cabinets should be considered for laboratory scale handling. A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.
Personal protection	
Eye and face protection	 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	The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. 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	 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:

R,R(-)-Pseudoephedrine

Material	CPI
BUTYL	A
BUTYL/NEOPRENE	А
PE/EVAL/PE	A
PVDC/PE/PVDC	A
SARANEX-23 2-PLY	A
SARANEX-23	A
TEFLON	А
VITON/NEOPRENE	A
NEOPRENE	В
NAT+NEOPR+NITRILE	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE/NATURAL	С
NITRILE	С
PVA	C
PVC	С

* 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. -

Respiratory protection

Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content. The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.

* 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.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Not Available		
Physical state	Liquid	Relative density (Water = 1)	0.79 @ 20 C
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	385- (464 ICI)
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	-97.8	Viscosity (cSt)	0.59
Initial boiling point and boiling range (°C)	64-65	Molecular weight (g/mol)	32.04
Flash point (°C)	11-12(16.1 OC)	Taste	Not Available
Evaporation rate	2.1 BuAc=1 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)	ca 100 @ 20 C
Vapour pressure (kPa)	12.26 @ 20 C	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Neutral
Vapour density (Air = 1)	1.1	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	 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	There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs. 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. 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. WARNING : Methanol is only slowly eliminated from the body and should be regarded as a cumulative poison which cannot be made non-harmful [<i>CCINFO</i>] Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects.
Ingestion	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. Ephedrine (phenylpropanolamine) and its derivatives mimic adrenaline, and may produce severe high blood pressure if ingested. Large doses may cause giddiness, headache, nausea, vomiting, sweating, thirst, rapid heart beat, itchiness, pain in the front of the chest, palpitations, difficulty in urinating, muscle weakness and tremors, restlessness and difficulty sleeping. Phenethylamines are structurally similar to amphetamines. Side effects of amphetamine treatment are associated with overstimulation of the central nervous system and include sleeplessness, nervousness, restlessness, inritability 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. Phenethylamines produce effects similar to amphetamines. They excite the nervous system, causing shortness of breath, cough, narrowing of the airways and throat spasms. Swallowing of the liquid may cause aspiration into the lungs with the risk of chemical pneumonitis; serious consequences may result. (ICSC13733) 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.

Skin Contact	Skin contact with the material may produce toxic effects; systemic effects may result following absorption. 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. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected. There is strong evidence to suggest that this material, on a single contact with skin, can cause serious, irreversible damage of organs.
Eye	Although the liquid is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn). 510meth
Chronic	Long-term exposure to the product is not thought to produce chronic effects adverse to the health (as classified by EC Directives using animal models); nevertheless exposure by all routes should be minimised as a matter of course. 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. Prolonged administration of ephedrine and its derivatives is not thought to produce cumulative effects, although tolerance with dependence may occur. Individuals chronically exposed to ephedrine may experience difficulty sleeping, tension, anxiety and jerky/irregular involuntary movements. 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.

R,R(-)-Pseudoephedrine	TOXICITY Not Available	IRRITATION Not Available	
methanol	TOXICITY Dermal (rabbit) LD50: 15800 mg/kg ^[2] Inhalation (rat) LC50: 63926.976 mg/l/4h ^[2] Oral (rat) LD50: 5600 mg/kg ^[2]	Eye (rabbit): 40 n	mg/24h-moderate
pseudoephedrine	TOXICITY Oral (rat) LD50: 500 mg/kg ^[2]		IRRITATION Not Available
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity data extracted from RTECS - Register of Toxic Effect of chemical Substances		nanufacturer's SDS. Unless otherwise specified

METHANOL	The material may cause skin irritation after prolonged or r scaling and thickening of the skin.	epeated exposure and may produce on contact skin redness, swelling, the production of vesicles,
PSEUDOEPHEDRINE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnos RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minut hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, mode severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. For (CAS RN) 321-97-1 [: - pseudoephedrine] Intraperitoneal (mouse) LD50: 248 mg/kg Nil reported Tremor, convulsions recorded	
		Caroinagenioity

Acute Toxicity	×	Carcinogenicity	\otimes
Skin Irritation/Corrosion	\odot	Reproductivity	0
Serious Eye Damage/Irritation	\otimes	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	\otimes	STOT - Repeated Exposure	0
Mutagenicity	\otimes	Aspiration Hazard	\otimes

Legend: X – Da

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

S – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

R,R(-)-Pseudoephedrine Not Available Not Available Not Available Not Available	ity							
Not Available Not Ava		ENDPOINT	TEST DURATION (HR)		SPECIES	VALUE		SOURCE
Image: LC50 96 Fish >100mg/L 4 EC50 48 Crustacea >1000mg/L 4 EC50 96 Algae or other aquatic plants <1000mg/L	R,R(-)-Pseudoephedrine	Not Available	Not Available		Not Available	Not Avail	Not Available Not A	
EC0 168 Algae or other aquatic plants =530mg/L 1	methanol	LC50 EC50 EC50 BCF	96 48 96 24	Fish Crustac Algae o Algae o	xea r other aquatic plants r other aquatic plants		>100mg/L >10000mg/L <10000mg/L 0.05mg/L	4

	NOEC	72	Crustacea		0.1mg/L	4
pseudoephedrine	ENDPOINT Not Available	TEST DURATION (HR) Not Available	SPECIES Not Available	VALUE Not Avail		JRCE Available
Legend:	(QSAR) - Aquatic Toxi	ID Toxicity Data 2. Europe ECHA Registe city Data (Estimated) 4. US EPA, Ecotox tion Data 7. METI (Japan) - Bioconcentra	latabase - Aquatic Toxicity Data 5.		, ,	

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

Bioaccumulative potential

Ingredient	Bioaccumulation
methanol	LOW (BCF = 10)

Mobility in soil

Ingredient	Mobility
methanol	HIGH (KOC = 1)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

	Containers may still present a chemical hazard/ danger when empty.
	Return to supplier for reuse/ recycling if possible.
	Otherwise:
	If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then
	puncture containers, to prevent re-use, and bury at an authorised landfill.
	Where possible retain label warnings and SDS and observe all notices pertaining to the product.
	Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In
	some areas, certain wastes must be tracked.
	A Hierarchy of Controls seems to be common - the user should investigate:
	▶ Reduction
Product / Packaging disposal	▶ Reuse
Froduct / Fackaging disposal	▶ Recycling
	Disposal (if all else fails)
	This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.
	DO NOT allow wash water from cleaning or process equipment to enter drains.
	It may be necessary to collect all wash water for treatment before disposal.
	In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
	Where in doubt contact the responsible authority.
	 Recycle wherever possible or consult manufacturer for recycling options.
	Consult State Land Waste Authority for disposal.
	 Bury or incinerate residue at an approved site.
	Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	•2WE

Land transport (ADG)

UN number	1230
UN proper shipping name	METHANOL
Transport hazard class(es)	Class 3 Subrisk 6.1

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	Ш	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions Cargo Only Packing Instructions Cargo Only Maximum Qty / Pack Passenger and Cargo Packing Instructions Passenger and Cargo Maximum Qty / Pack Passenger and Cargo Limited Quantity Packing Instructions Passenger and Cargo Limited Maximum Qty / Pack	A113 364 60 L 352 1 L Y341 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 NumberF-E , S-DSpecial provisions279Limited Quantities1 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

METHANOL(67-56-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix	
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	F (Part 3)	
Australia Inventory of Chemical Substances (AICS)	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule	
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix	5	
E (Part 2)	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule	
	6	
PSEUDOEPHEDRINE(321-97-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS		

Australia Inventory of Chemical Substances (AICS) Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix D

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 $\ensuremath{\mathbf{3}}$

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule ${\bf 4}$

National Inventory Status

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

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	11/09/2018
Initial Date	20/10/2017

Other information

Ingredients with multiple cas numbers

Name	CAS No
pseudoephedrine	90-82-4, 321-97-1, 304-87-0, 30987-59-8, 37577-31-4

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chernwatch 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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