



Pseudoephedrine-D3 HCL

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	Pseudoephedrine-D3 HCL
Chemical Name	pseudoephedrine-d3 hydrochloride
Synonyms	P-056
Proper shipping name	METHANOL
Other means of identification	P-056
CAS number	284665-25-4*

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	S6
Classification [1]	Flammable Liquids Category 2, Acute Toxicity (Oral) Category 3, Acute Toxicity (Dermal) Category 3, Serious Eye Damage/Eye Irritation Category 2A, Acute Toxicity (Inhalation) Category 3, Reproductive Toxicity Category 1B, Specific Target Organ Toxicity - Single Exposure Category 1, Specific Target Organ Toxicity - Repeated Exposure Category 2
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)

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

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H319	Causes serious eye irritation.
H331	Toxic if inhaled.
H360D	May damage the unborn child.
H370	Causes damage to organs.
H373	May cause damage to organs through prolonged or repeated exposure.

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

CAS No	%[weight]	Name
67-56-1	99.99	methanol
284665-25-4	0.01	pseudoephedrine-d3 hydrochloride

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

Mixtures

See section above for composition of Substances

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin 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.

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Indication of any immediate medical attention and special treatment needed

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

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 benztropine 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

Continued...

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See section 8

Environmental precautions

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

Continued...

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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

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
pseudoephedrine-d3 hydrochloride	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
pseudoephedrine-d3 hydrochloride	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>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. [AS/NZS 1337.1, EN166 or national equivalent] 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

Respiratory protection

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

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

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator

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BUTYL/NEOPRENE	A
PE/EVAL/PE	A
PVDC/PE/PVDC	A
SARANEX-23 2-PLY	A
SARANEX-23	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.

up to 10	1000	AX-AUS / Class1	-
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 ** - Continuous-flow or positive pressure demand

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

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

A(All classes) = Organic vapours, B AUS or B1 = Acid gases, 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 deg C)

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 (°C)	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

Continued...

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Vapour pressure (kPa)	12.26 @ 20 C	Gas group	Not Available
Solubility in water	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	<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. 60-200 ml of methanol is a fatal dose for most adults with as little as 10 ml producing blindness. In massive overdose, liver, kidney, heart and muscle injury have been described.</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.</p> <p>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>

Pseudoephedrine-D3 HCL

Pseudoephedrine-D3 HCL	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
	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]
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.
PSEUDOEPHEDRINE-D3 HYDROCHLORIDE	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia.</p> <p>Phenylpropranolamine (PPA) acts primarily as a selective norepinephrine releasing agent. It also acts as a dopamine releasing agent with around 10-fold lower potency. The stereoisomers of the drug have only weak or negligible affinity for alpha- and beta-adrenergic receptors. Many sympathetic hormones and neurotransmitters are based on the phenethylamine skeleton, and function generally in "fight or flight" type responses, such as increasing heart rate, blood pressure, dilating the pupils, increased energy, drying of mucous membranes, increased sweating, and a significant number of additional effects.</p> <p>FDA has issued a public health advisory concerning the risk of haemorrhagic stroke, or bleeding into the brain, associated with phenylpropranolamine hydrochloride.</p> <p>An association between phenylpropranolamine use and stroke in women has been found. The increased risk of haemorrhagic stroke was detected among women using the drug for weight control, and for nasal decongestion, in the 3 days after starting use of the medication.</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

Pseudoephedrine-D3 HCL	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
	EC50	48h	Crustacea	>10000mg/l	2
	EC50	96h	Algae or other aquatic plants	14.11-20.623mg/l	4
	LC50	96h	Fish	290mg/l	2
	NOEC(ECx)	720h	Fish	0.007mg/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

Bioaccumulative potential

Ingredient	Bioaccumulation
methanol	LOW (BCF = 10)

Pseudoephedrine-D3 HCL

Mobility in soil

Ingredient	Mobility
methanol	HIGH (KOC = 1)



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	
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

Pseudoephedrine-D3 HCL

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
pseudoephedrine-d3 hydrochloride	Not Available

Transport in bulk in accordance with the IGC Code

Product name	Ship Type
methanol	Not Available
pseudoephedrine-d3 hydrochloride	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

pseudoephedrine-d3 hydrochloride is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 3

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

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (pseudoephedrine-d3 hydrochloride)
Canada - DSL	No (pseudoephedrine-d3 hydrochloride)
Canada - NDLS	No (methanol; pseudoephedrine-d3 hydrochloride)
China - IECSC	No (pseudoephedrine-d3 hydrochloride)
Europe - EINEC / ELINCS / NLP	No (pseudoephedrine-d3 hydrochloride)
Japan - ENCS	No (pseudoephedrine-d3 hydrochloride)
Korea - KECI	No (pseudoephedrine-d3 hydrochloride)
New Zealand - NZIoC	No (pseudoephedrine-d3 hydrochloride)
Philippines - PICCS	No (pseudoephedrine-d3 hydrochloride)
USA - TSCA	No (pseudoephedrine-d3 hydrochloride)
Taiwan - TCSI	No (pseudoephedrine-d3 hydrochloride)
Mexico - INSQ	No (pseudoephedrine-d3 hydrochloride)
Vietnam - NCI	No (pseudoephedrine-d3 hydrochloride)
Russia - FBEPH	No (pseudoephedrine-d3 hydrochloride)
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

Pseudoephedrine-D3 HCL

Revision Date	07/07/2023
Initial Date	20/10/2017

SDS Version Summary

Version	Date of Update	Sections Updated
2.3	07/07/2023	Toxicological information - Acute Health (eye), Toxicological information - Acute Health (inhaled), Toxicological information - Acute Health (skin), Toxicological information - Acute Health (swallowed), First Aid measures - Advice to Doctor, Toxicological information - Chronic Health, Hazards identification - Classification, Disposal considerations - Disposal, Exposure controls / personal protection - Engineering Control, Exposure controls / personal protection - Exposure Standard, First Aid measures - First Aid (swallowed), Handling and storage - Handling Procedure, Exposure controls / personal protection - Personal Protection (other), Exposure controls / personal protection - Personal Protection (Respirator), Exposure controls / personal protection - Personal Protection (eye), Exposure controls / personal protection - Personal Protection (hands/feet), Handling and storage - Storage (suitable container), Transport information - Transport

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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