



COMPILE REPORT OF MSDS

No: UTS14070143CR3

Report Date: 2014/08/20

Applicant :

Address :

The following sample was submitted and identified by/on behalf of the applicant as:

Product Name : Lead-acid Battery

Receiving Date : Jul. 16, 2014

Compiling Period : Jul. 16, 2014 – Aug. 20, 2014

Compile Requested : MSDS report of products.

Compile Results : Please refer to appurtenance pages 1-14.

Signed for and on behalf of UTS

Jeffery Chou, General Manager

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MSDS (Material Safety Data Sheet)

1 CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Product Name	: Lead-acid Battery
Product Type	: 12V 17AH, 12V 12AH, 12V 10AH, 12V 7AH
Manufacturer/Supplier	
Address	
Contact Person	
Tel	
Emergency contact person	
Tel	
Fax	
E-mail	

2 Composition / Information on ingredients

Ingredient	CAS No.	Weight in Percent (%)	Notes
Lead	7439-92-1	57	
Lead Oxide	1309-60-0	22	
Electrolyte	7664-93-9	14	
ABS	---	7	

3 HAZARDS IDENTIFICATION

GHS CLASSIFICATION HAZARD CATEGORY

Flammability	Min/Nil=0
Toxicity	Moderate=2
Body Contact	Moderate=2
Reactive	Low=1
Chronic	High=3

Signal word: warning

Symbol



HAZARD

DANGER

Harmful if swallowed

Harmful if inhaled

Suspected of causing cancer

May damage the unborn child

Suspected of damaging fertility

May cause damage to organs through prolonged or repeated exposure.

May be corrosive to metals

Causes severe skin burns and eye damage

Very toxic to aquatic life

Very toxic to aquatic life with long lasting effects

Causes serious eye damage

PRECAUTIONARY STATEMENTS

Prevention

Obtain special instructions before use.

Do not handle until all safety precautions have been read and understood.

Keep away from heat/sparks/open flames/hot surfaces. - No smoking.

Keep/Store away from clothing and other combustible materials.

Take any precaution to avoid mixing with combustibles.

Do not breathe dust/fume/gas/mist/vapours/spray.

Avoid breathing dust/fume/gas/mist/vapours/spray.

Wash thoroughly after handling.

Do not eat, drink or smoke when using this product.

Use only outdoors or in a well-ventilated area.

Avoid release to the environment.

Wear protective gloves/protective clothing/eye protection/face protection.

Use personal protective equipment as required.

Response

IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.

IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

IF exposed or concerned: Get medical advice/ attention.

Call a POISON CENTER or doctor/physician if you feel unwell.

Get medical advice/attention if you feel unwell.

Rinse mouth.

If skin irritation occurs: Get medical advice/ attention.

If eye irritation persists: Get medical advice/attention.

Collect spillage.

Storage

Store in a well-ventilated place. Keep container tightly closed.

Store locked up.

4 First aid measures

SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- 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.
- Transport to hospital or doctor without delay.

For advice, contact a Poisons Information Centre or a doctor.

EYE

» 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

» If skin or hair contact occurs:

- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

INHALED

- 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.

NOTES TO PHYSICIAN

» For acute or short term repeated exposures to strong acids:

- Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling.
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
- Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- Charcoal has no place in acid management.
- Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

- Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
- Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

- Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjunctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.
- Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
- Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

5 Fire fighting measures

EXTINGUISHING MEDIA

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- Do not approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Non combustible.
- Not considered to be a significant fire risk.
- Acids may react with metals to produce hydrogen, a highly flammable and explosive gas.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- May emit corrosive, poisonous fumes. May emit acrid smoke.

Decomposition may produce toxic fumes of sulfur oxides (SO_x).

FIRE INCOMPATIBILITY

» Dangerous goods of other classes.

6 Accidental release measures

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid breathing vapours/ aerosols or dusts and avoid contact with skin and eyes.
- Place in a suitable, labelled container for waste disposal.

MAJOR SPILLS

- Clean up all spills immediately.
- Wear protective clothing, safety glasses, dust mask, gloves.
- Secure load if safe to do so. Bundle/collect recoverable product.
- Use dry clean up procedures and avoid generating dust.
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Water may be used to prevent dusting.
- Collect remaining material in containers with covers for disposal.
- Flush spill area with water.

PROTECTIVE ACTIONS FOR SPILL

From IERG (Canada/Australia)

Isolation Distance 25 metres

Downwind Protection Distance 250 metres

IERG Number 37

FOOTNOTES

1. PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone

assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.

2. PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.

3. INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to lifethreatening concentrations of the material.

4. SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills".

LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.

5. Guide 154 is taken from the US DOT emergency response guide book.

6. IERG information is derived from CANUTEC - Transport Canada.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is: sulfuric acid 30mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is: sulfuric acid 10mg/m³

other than mild, transient adverse effects without perceiving a clearly defined odour is: sulfuric acid 2mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+) $\geq 0.1\%$ Toxic (T) $\geq 3.0\%$

R50 $\geq 0.25\%$ Corrosive (C) $\geq 5.0\%$

R51 $\geq 2.5\%$

else $\geq 10\%$

where percentage is percentage of ingredient found in the mixture

7 HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.

- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

STORAGE REQUIREMENTS

DO NOT boil the pack or place in boiling water.

DO NOT heat in the microwave.

Care should be taken when using hot water.

Keep away from children.

If discomfort results or condition persists, discontinue use and consult your physician.

Pack should not be used by persons with conditions which cause skin insensitivity.

USE CONDITION

FOR COLD USE

Place pack in the refrigerator for a minimum of one hour, or in the freezer for a minimum of 3 mins

When ready to use, remove from the refrigerator or freezer. The beads are pliable when frozen.

CAUTION: Ensure the pack is at a suitable temperature before applying to the skin to prevent the possibility of burning.

Fit comfortably around the head, placing the tempeutic gel portion on the temples and forehead. Adjust the straps as required for best fit. Do not over-tighten straps.

Once removed from the refrigerator or freezer, the pack will stay cold for a maximum of one hour.

Repeat steps 1-3 as needed.

FOR HOT USE

Soak the pack in hot tap water for 10 mins or until it reaches a comfortable therapeutic temperature.

CAUTION: Ensure the pack is at a suitable temperature before applying to the skin to prevent the possibility of burning.

Fit comfortably around the head, placing the therapeutic gel portion on the temples and forehead. Adjust the straps as required for best fit. Do not over-tighten straps.

Repeat steps 1 and 2 as needed.

8 Exposure controls / personal protection

EXPOSURE CONTROLS

The following materials had no OELs on our records

- lead: CAS:7439- 92- 1
- sulfuric acid: CAS:7664- 93- 9
- lead dioxide: CAS:1309- 60- 0

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
lead	100	
sulfuric acid	15	
lead dioxide	100	

MATERIAL DATA

» Not available. Refer to individual constituents.

INGREDIENT DATA

LEAD:

Not available

SULFURIC ACID:

» Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat.

Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect levels (NOEL) are used to determine these limits where human results

are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

NOTE: Detector tubes for sulfuric acid, measuring in excess of 1 mg/m³, are commercially available.

Based on controlled inhalation studies the TLV-TWA is thought to be protective against the significant risk of pulmonary irritation and incorporates a margin of safety so as to prevent injury to the skin and teeth seen in battery workers acclimatised to workplace concentrations of 16 mg/m³. Experimental evidence in normal unacclimated humans indicates the recognition, by all subjects, of odour, taste or irritation at 3 mg/m³ or 5 mg/m³. All subjects reported these levels to be objectionable but to varying degrees.

LEAD DIOXIDE:

» The lead concentration in air is to be maintained so that the lead concentration in workers' blood remains below 0.060 mg/100 g of whole blood. The recommended TLV-TWA has been derived following a review of reports of adverse effects on reproduction, blood-pressure and other end-points of toxicity. A particular focus was an assessment of pre-natal blood lead (PbB) levels and post-natal cognitive levels. The fact that lead is a cumulative toxicant which can produce subtle, persistent and apparently permanent effects in the off-spring of lead exposed women is of particular concern. A current view holds that the identification of the PbB levels, that are protective during a working lifetime, is a necessary prerequisite in the recommendation of the TLV because PbB values, rather than workplace air lead concentrations, are more clearly related to adverse health effects.

(see Biological Exposure Index - BEI - in "Advice to Doctor".).

PERSONAL PROTECTION



EYE

- Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure
- Chemical goggles, whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.
- Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.
- Alternatively a gas mask may replace splash goggles and face shields.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy

document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

HANDS/FEET

- » Wear safety footwear.
- Elbow length PVC gloves.

OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

RESPIRATOR

» 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.

ENGINEERING CONTROLS

» Unless written procedures, specific to the workplace are available, the following is intended as a guide:

- 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. When handling: Quantities of up to 25 grams, an approved respirator with HEPA filters or cartridges should be considered; Quantities of 25 grams to 1 kilogram, a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. Quantities in excess of 1 kilogram, a full face negative pressure, helmet type air purifying, or supplied air respirator should be considered.

Written procedures, specific to a particular work-place, may replace these recommendations

* For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added. Laminar flow cabinets do not provide sufficient protection when handling these materials unless especially designed to do so. Pilot Plant and Production

- Wear appropriate gloves; lab coat, nylon coveralls or disposable Tyvek suit; safety glasses, safety shoes, and disposable booties. Use good manufacturing practices (i.e., cGMPs).
- Protective garment (coveralls, Tyvek, lab coat) is not to be worn outside the work area.
- Clean/dirty/decontamination areas are to be established.
- Negative/positive air pressure relationships and buffer zones required (i.e., ante-room/degowning room/airlock).
- Area access is to be restricted.
- High-energy operations such as milling, particle sizing, spraying or fluidising should be done within an approved emission control or containment system.

- Develop cleaning procedures and techniques that limit potential exposure.

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

9 PHYSICAL AND CHEMICAL PROPERTIES

Relative Density (water=1): Not applicable.	Solubility: Not applicable.
Molecular Weight: Not applicable.	Boiling Range (°C): Not applicable.
Melting Range (°C): Not applicable.	Specific Gravity (water=1): Not applicable.
Solubility in water (g/L): Not applicable.	pH (as supplied): Not applicable.
pH (1% solution): Not applicable.	Vapour Pressure (kPa): Not applicable.
Volatile Component (%vol): Not applicable.	Evaporation Rate: Not applicable.
Relative Vapour Density (air=1): Not applicable.	Flash Point (°C): Not applicable.
Lower Explosive Limit (%): Not applicable.	Explosive Limit (%): Not applicable.
Autoignition Temp (°C): Not applicable.	Decomposition Temp (°C): Not applicable.
Color: Green	Freezing Point (°C): Not applicable.
State: Solidity	Odor: No odor

10 STABILITY AND REACTIVITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Contact with alkaline material liberates heat.
- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

For incompatible materials - refer to Section 7 - Handling and Storage.

11 TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- » The material can produce severe chemical burns within the oral cavity and gastrointestinal tract following ingestion.
- » Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.
- » Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths

may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal.

EYE

» The material can produce severe chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

» When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twentyfour hours or more after instillation.

» Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness.

» The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

SKIN

» The material can produce severe chemical burns following direct contact with the skin.

» Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue.

» Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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.

» The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

INHALED

» Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects.

» Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

» Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema.

» Exposure to high concentrations causes bronchitis and is characterised by the onset of haemorrhagic pulmonary oedema.

» The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation. Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence). The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary

function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.

CHRONIC HEALTH EFFECTS

» On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.

» There is sufficient evidence to establish a causal relationship between human exposure to the material and subsequent developmental toxic effects in the off-spring.

» Repeated or prolonged exposure to acids may result in the erosion of teeth, swelling and/or ulceration of mouth lining. Irritation of airways to lung, with cough, and inflammation of lung tissue often occurs.

Chronic exposure may inflame the skin or conjunctiva.

Substance accumulation, in the human body, is likely and may cause some concern following repeated or longterm occupational exposure.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

Lead, in large amounts, can affect the blood, nervous system, heart, glands, immune system and digestive system. Anaemia may occur. If untreated muscles may become paralysed, and there may be brain damage. Symptoms include joint and muscle pain, weakness in the back of the forearm and wrist and in the shin muscles, headaches, dizziness, abdominal pain, diarrhoea or constipation, nausea, vomiting, blue line on gums, sleep disturbance and a metallic taste in the mouth. The pressure in the brain may increase with high doses, and cause brain damage, coma, and death. Early signs include loss of appetite and weight, constipation, tiredness and irritability, headache, weakness. Later there may be vomiting, nervousness, and muscle pains in the arms and legs. Serious cases cause severe vomiting, inco-ordination, stupor, permanent eye damage, high blood pressure, multiple nerve disorders of the head resulting in paralysis and loss of reflexes, delirium, convulsions and coma. The kidneys may become irreversibly damaged, and the nervous system may become affected causing mental retardation, cerebral palsy, and jerks and seizures.

Lead can cross the placenta, and cause miscarriage, stillbirths and birth defects. Exposure before birth can cause mental retardation, behavioural disorders and infant death. Lead can also cause reduced sex drive, impotence, sterility and damage the sperm of males, increasing the potential for birth defects. Periods in women can also be affected.

TOXICITY AND IRRITATION

» Not available. Refer to individual constituents.

LEAD:

» unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY

Oral (woman) TDLo: 450 mg/kg/6 years

Inhalation (human) TClO: 0.01 mg/m³

IRRITATION

Nil Reported

WARNING: Lead is a cumulative poison and has the potential to cause abortion and intellectual impairment to unborn children of pregnant workers.

SULFURIC ACID:

» unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY

Oral (rat) LD50: 2140 mg/kg

Inhalation (rat) LC50: 510 mg/m³/2h

Inhalation (human) TCl₀: 3 mg/m³/24w

IRRITATION

Eye (rabbit): 1.38 mg SEVERE

Eye (rabbit): 5 mg/30sec SEVERE

» Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

WARNING: For inhalation exposure ONLY: This substance has been classified by the IARC as Group 1:

CARCINOGENIC TO HUMANS.

Occupational exposures to strong inorganic acid mists of sulfuric acid:

LEAD DIOXIDE:

» unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY

Intraperitoneal (Mouse)

Intraperitoneal (Guinea pig)

IRRITATION

LD50: 291 mg/kg

LD50: 220 mg/kg

12 Ecological Information

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

Refer to data for ingredients, which follows:

LEAD:

Hazardous Air Pollutant: Yes

SULFURIC ACID:

» Prevent, by any means available, spillage from entering drains or water courses.

» Sulfuric acid is soluble in water and remains indefinitely in the environment as sulfate.

Large discharges may contribute to the acidification of water and be fatal to aquatic life and soil microorganisms.

Large discharges may also contribute to the acidification of effluent treatment systems and injure sewage treatment organisms.

In water, sulfuric acid dissociates, and the sulfate anion may combine with other cations. In soil, the ions from sulfuric acid can adsorb to soil particles or leach into surface water and groundwater. Sulfates can be taken up by plants and be incorporated into the parenchyma of the plant.

The ions (sulfate, hydrogen) can adsorb to soil particles or be converted to gases. Anaerobic bacteria in sediments and soil can reduce sulfate to sulfur and hydrogen sulfide.

Sulfates, including sulfuric acid, are removed from the air by both dry and wet deposition processes. Wet deposition processes including rain-out (a process that occurs within the clouds) and washout (removal by precipitation below the clouds) contribute to the removal of sulfate from the atmosphere. In the stratosphere,

sulfuric acid aerosols have lifetimes of about 14 and 2.4 days at altitudes of 15 and 20 km, respectively. At cloud level, the residence time is about 6 days, with shorter residence times in surface air.

Sulfuric acid is soluble in water and remains indefinitely in the environment as sulfate.

Large discharges may contribute to the acidification of water and be fatal to aquatic life and soil microorganisms.

Large discharges may contribute to the acidification of effluent treatment systems and injure sewage treatment organisms.

LEAD DIOXIDE:

» Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

» Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

» Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. Environmental processes (such as oxidation and the presence of acids or bases) may transform insoluble metals to more soluble ionic forms. Microbiological processes may also transform insoluble metals to more soluble forms. Such ionic species may bind to dissolved ligands or sorb to solid particles in aquatic or aqueous media. A significant proportion of dissolved/ sorbed metals will end up in sediments through the settling of suspended particles. The remaining metal ions can then be taken up by aquatic organisms.

When released to dry soil most metals will exhibit limited mobility and remain in the upper layer; some will leach locally into ground water and/ or surface water ecosystems when soaked by rain or melt ice.

Environmental processes may also be important in changing solubilities.

Even though many metals show few toxic effects at physiological pHs, transformation may introduce new or magnified effects.

A metal ion is considered infinitely persistent because it cannot degrade further.

The current state of science does not allow for an unambiguous interpretation of various measures of bioaccumulation.

The counter-ion may also create health and environmental concerns once isolated from the metal. Under normal physiological conditions the counter-ion may be essentially insoluble and may not be bioavailable.

Environmental processes may enhance bioavailability.

» Lead is primarily an atmospheric pollutant that enters soil and water as fallout, a process determined by physical form and particle size. Lead in the form of alkyls has been introduced to the environment primarily from leaded petrol. These are converted to water-soluble lead compounds of high toxicity and availability to plants. Such compounds easily leach from soil to contaminate water sources close to highways. Lead that has entered the aquatic system from run-off or as fallout of insoluble precipitates is found in sediments. The biological methylation of inorganic lead by lake sediment micro-organisms has been demonstrated although its significance is not entirely clear. Other forms of soluble or insoluble lead may also enter the environment and undergo bioaccumulation through a series of biological incidents.

13 DISPOSAL CONSIDERATIONS

Recycle wherever possible.

- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Treat and neutralise at an approved treatment plant. Treatment should involve: Mixing or slurring in water; Neutralisation followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

- 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 MSDS and observe all notices pertaining to the product.

14 TRANSPORTATION INFORMATION

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: ADR, IATA, IMDG, ADN R

15 REGULATORY INFORMATION

None data of this material

16 OTHER INFORMATION

The (M)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.

SAMPLE PHOTO

