



VINTESENTIAL[®]
LABORATORIES

1% Phenolphthalein Solution (Vintessential 1% Phenolphthalein Solution)

Vintessential Laboratories

Chemwatch Hazard Alert Code: 3

Chemwatch: 5318-40

Version No: 3.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Issue Date: 08/31/2018

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

Product Identifier

Product name	1% Phenolphthalein Solution (Vintessential 1% Phenolphthalein Solution)
Synonyms	formerly Meadow Lea, phenolphthalein indicator pH measurement solution laboratory reagent
Proper shipping name	ETHANOL (ETHYL ALCOHOL) or ETHANOL SOLUTION (ETHYL ALCOHOL SOLUTION)
Other means of identification	Not Available

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

Relevant identified uses	General laboratory reagent.
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Details of the supplier of the safety data sheet

Registered company name	Vintessential Laboratories
Address	4 Warwick St Hobart Tasmania 7000 Australia
Telephone	+61 362 347 681
Fax	Not Available
Website	Not Available
Email	lab-tas@vintessential.com.au

Emergency telephone number

Association / Organisation	Annie Baldwin
Emergency telephone numbers	+61 422 927 129 (24 Hours)
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Flammable Liquid Category 2, Eye Irritation Category 2A, Germ cell mutagenicity Category 2, Carcinogenicity Category 1B, Specific target organ toxicity - single exposure Category 3 (narcotic effects)
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

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Label elements

Hazard pictogram(s)	
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SIGNAL WORD	DANGER
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Hazard statement(s)

H225	Highly flammable liquid and vapour.
H319	Causes serious eye irritation.
H341	Suspected of causing genetic defects.
H350	May cause cancer.
H336	May cause drowsiness or dizziness.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P271	Use only outdoors or in a well-ventilated area.
P281	Use personal protective equipment as required.
P240	Ground/bond container and receiving equipment.
P241	Use explosion-proof electrical/ventilating/lighting/intrinsically safe equipment.
P242	Use only non-sparking tools.
P243	Take precautionary measures against static discharge.
P261	Avoid breathing mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.
P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam for extinction.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER or doctor/physician if you feel unwell.
P337+P313	If eye irritation persists: Get medical advice/attention.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

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.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
64-17-5	>60	<u>ethanol</u>
77-09-8	1	<u>phenolphthalein</u>

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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"> ▶ Wash out immediately with fresh 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. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
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.
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.

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.

For acute or short term repeated exposures to ethanol:

- ▶ Acute ingestion in non-tolerant patients usually responds to supportive care with special attention to prevention of aspiration, replacement of fluid and correction of nutritional deficiencies (magnesium, thiamine pyridoxine, Vitamins C and K).
- ▶ Give 50% dextrose (50-100 ml) IV to obtunded patients following blood draw for glucose determination.
- ▶ Comatose patients should be treated with initial attention to airway, breathing, circulation and drugs of immediate importance (glucose, thiamine).
- ▶ Decontamination is probably unnecessary more than 1 hour after a single observed ingestion. Cathartics and charcoal may be given but are probably not effective in single ingestions.
- ▶ Fructose administration is contra-indicated due to side effects.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- ▶ Alcohol stable foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.
- ▶ Water spray or fog - Large fires only.

Special hazards arising from the substrate or mixture

Fire Incompatibility	<ul style="list-style-type: none"> ▶ 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. ▶ May be violently or explosively reactive. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Consider evacuation (or protect in place). ▶ Fight fire from a safe distance, with adequate cover. ▶ If safe, switch off electrical equipment until vapour fire hazard removed. ▶ Use water delivered as a fine spray to control the fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools.
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	<ul style="list-style-type: none"> ▶ 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.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Liquid and vapour are highly flammable. ▶ Severe fire hazard when exposed to heat, flame and/or oxidisers. ▶ Vapour may travel a considerable distance to source of ignition. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). <p>Combustion products include: carbon dioxide (CO₂) other pyrolysis products typical of burning organic material.</p>
HAZCHEM	•2YE

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<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. ▶ Contain and absorb small quantities with vermiculite or other absorbent material. ▶ Wipe up. ▶ Collect residues in a flammable waste container.
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 breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Consider evacuation (or protect in place). ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Water spray or fog may be used to disperse /absorb vapour. ▶ Contain spill with sand, earth or vermiculite. ▶ Use only spark-free shovels and explosion proof equipment. ▶ Collect recoverable product into labelled containers for recycling. ▶ Absorb remaining product with sand, earth or vermiculite. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ If contamination of drains or waterways occurs, advise emergency services.

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"> ▶ Containers, even those that have been emptied, may contain explosive vapours. ▶ Do NOT cut, drill, grind, weld or perform similar operations on or near containers. ▶ DO NOT allow clothing wet with material to stay in contact with skin ▶ 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 enter confined spaces until atmosphere has been checked. ▶ Avoid smoking, naked lights, heat or ignition sources. ▶ When handling, DO NOT eat, drink or smoke. ▶ Vapour may ignite on pumping or pouring due to static electricity. ▶ DO NOT use plastic buckets. ▶ Earth and secure metal containers when dispensing or pouring product. ▶ Use spark-free tools when handling.
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	<ul style="list-style-type: none"> ▶ Avoid contact with incompatible materials. ▶ Keep containers securely sealed. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers in approved flame-proof area. ▶ No smoking, naked lights, heat or ignition sources. ▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped. ▶ Keep containers securely sealed. ▶ Store away from incompatible materials in a cool, dry well ventilated area. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ DO NOT use aluminium or galvanised containers ▶ Packing as supplied by manufacturer. ▶ Plastic containers may only be used if approved for flammable liquid. ▶ Check that containers are clearly labelled and free from leaks. ▶ For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : 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) ▶ For manufactured product having a viscosity of at least 250 cSt. (23 deg. C) ▶ Manufactured product that requires stirring before use and having a viscosity of at least 20 cSt (25 deg. C): (i) Removable head packaging; (ii) Cans with friction closures and (iii) low pressure tubes and cartridges may be used. ▶ Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages ▶ In addition, where inner packagings are glass and contain liquids of packing group I there must be sufficient inert absorbent to absorb any spillage, unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid oxidising agents, acids, acid chlorides, acid anhydrides, chloroformates.

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	ethanol	Ethyl alcohol	1000 ppm / 1880 mg/m3	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
ethanol	Ethyl alcohol; (Ethanol)	Not Available	Not Available	15000 ppm
phenolphthalein	Phenolphthalein	1.6 mg/m3	18 mg/m3	200 mg/m3

Ingredient	Original IDLH	Revised IDLH
ethanol	3,300 ppm	Not Available
phenolphthalein	Not Available	Not Available

MATERIAL DATA

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p>
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	<p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <ul style="list-style-type: none"> ▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area. ▶ Work should be undertaken in an isolated system such as a "glove-box" . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system. ▶ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within. ▶ Open-vessel systems are prohibited. ▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation. ▶ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system. ▶ For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. ▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas). ▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air. ▶ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.
<p>Personal protection</p>	
<p>Eye and face protection</p>	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. 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], [AS/NZS 1336 or national equivalent]
<p>Skin protection</p>	<p>See Hand protection below</p>
<p>Hands/feet protection</p>	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <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. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> - frequency and duration of contact, - chemical resistance of glove material, - glove thickness and - dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> - When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. - Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> - Excellent when breakthrough time > 480 min - Good when breakthrough time > 20 min - Fair when breakthrough time < 20 min

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- Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material.

Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.

Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.
- Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

Body protection

See Other protection below

Other protection

- ▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]
- ▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent]
- ▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.
- ▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.
- ▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.
- ▶ Overalls.
- ▶ PVC Apron.
- ▶ PVC protective suit may be required if exposure severe.
- ▶ Eyewash unit.
- ▶ Ensure there is ready access to a safety shower.
- ▶ Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity.
- ▶ For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets).
- ▶ Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot and shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds. Electrical resistance must range between 0 to 500,000 ohms. Conductive shoes should be stored in lockers close to the room in which they are worn. Personnel who have been issued conductive footwear should not wear them from their place of work to their homes and return.

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
NEOPRENE	A
NITRILE	A
PVC	B
BUTYL	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NITRILE+PVC	C
PE/EVAL/PE	C

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 5 x ES	Air-line*	A-2	A-PAPR-2 ^
up to 10 x ES	-	A-3	-
10+ x ES	-	Air-line**	-

* - Continuous Flow; ** - Continuous-flow or positive pressure demand

^ - Full-face

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid

* 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.

gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO₂), G = Agricultural chemicals, K = Ammonia(NH₃), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Colourless highly flammable liquid with a characteristic odour; mixes with water		
Physical state	Liquid	Relative density (Water = 1)	0.8
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	365
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	-117.3	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	78.3	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	13	Taste	Not Available
Evaporation rate	2.53 BuAC = 1	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available
Upper Explosive Limit (%)	19	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	3.3	Volatile Component (%vol)	100
Vapour pressure (kPa)	5.8	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	1.9	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> 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

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Information on toxicological effects

<p>Inhaled</p>	<p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant 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.</p> <p>The most common signs of inhalation overexposure to ethanol, in animals, include ataxia, incoordination and drowsiness for those surviving narcosis. The narcotic dose for rats, after 2 hours of exposure, is 19260 ppm.</p> <p>Exposure to aliphatic alcohols with more than 3 carbons may produce central nervous system effects such as headache, dizziness, drowsiness, muscle weakness, delirium, CNS depression, coma, seizure, and neurobehavioural changes. Symptoms are more acute with higher alcohols. Respiratory tract involvement may produce irritation of the mucosa, respiratory insufficiency, respiratory depression secondary to CNS depression, pulmonary oedema, chemical pneumonitis and bronchitis. Cardiovascular involvement may result in arrhythmias and hypotension. Gastrointestinal effects may include nausea and vomiting. Kidney and liver damage may result following massive exposures. The alcohols are potential irritants being, generally, stronger irritants than similar organic structures that lack functional groups (e.g. alkanes) but are much less irritating than the corresponding amines, aldehydes or ketones. Alcohols and glycols (diols) rarely represent serious hazards in the workplace, because their vapour concentrations are usually less than the levels which produce significant irritation which, in turn, produce significant central nervous system effects as well.</p> <p>Acute effects from inhalation of high concentrations of vapour are pulmonary irritation, including coughing, with nausea; central nervous system depression - characterised by headache and dizziness, increased reaction time, fatigue and loss of co-ordination</p>								
<p>Ingestion</p>	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Effects on the nervous system characterise over-exposure to higher aliphatic alcohols. These include headache, muscle weakness, giddiness, ataxia, (loss of muscle coordination), confusion, delirium and coma. Gastrointestinal effects may include nausea, vomiting and diarrhoea. In the absence of effective treatment, respiratory arrest is the most common cause of death in animals acutely poisoned by the higher alcohols. Aspiration of liquid alcohols produces an especially toxic response as they are able to penetrate deeply in the lung where they are absorbed and may produce pulmonary injury. Those possessing lower viscosity elicit a greater response. The result is a high blood level and prompt death at doses otherwise tolerated by ingestion without aspiration. In general the secondary alcohols are less toxic than the corresponding primary isomers. As a general observation, alcohols are more powerful central nervous system depressants than their aliphatic analogues. In sequence of decreasing depressant potential, tertiary alcohols with multiple substituent OH groups are more potent than secondary alcohols, which, in turn, are more potent than primary alcohols. The potential for overall systemic toxicity increases with molecular weight (up to C7), principally because the water solubility is diminished and lipophilicity is increased.</p> <p>Within the homologous series of aliphatic alcohols, narcotic potency may increase even faster than lethality</p> <p>Only scanty toxicity information is available about higher homologues of the aliphatic alcohol series (greater than C7) but animal data establish that lethality does not continue to increase with increasing chain length. Aliphatic alcohols with 8 carbons are less toxic than those immediately preceding them in the series. 10 -Carbon n-decyl alcohol has low toxicity as do the solid fatty alcohols (e.g. lauryl, myristyl, cetyl and stearyl). However the rat aspiration test suggests that decyl and melted dodecyl (lauryl) alcohols are dangerous if they enter the trachea. In the rat even a small quantity (0.2 ml) of these behaves like a hydrocarbon solvent in causing death from pulmonary oedema.</p> <p>Primary alcohols are metabolised to corresponding aldehydes and acids; a significant metabolic acidosis may occur. Secondary alcohols are converted to ketones, which are also central nervous system depressants and which, in the case of the higher homologues persist in the blood for many hours. Tertiary alcohols are metabolised slowly and incompletely so their toxic effects are generally persistent.</p> <p>Ingestion of ethanol may produce nausea, vomiting, gastrointestinal bleeding, abdominal pain and diarrhoea. Systemic effects:</p> <table border="1" data-bbox="389 1697 1487 2157"> <thead> <tr> <th data-bbox="389 1697 555 1765">Blood concentration:</th> <th data-bbox="555 1697 1487 1765">Effects:</th> </tr> </thead> <tbody> <tr> <td data-bbox="389 1765 555 1805"><1.5 g/l</td> <td data-bbox="555 1765 1487 1805">Mild: Impaired visual acuity, coordination and reaction time, emotional lability</td> </tr> <tr> <td data-bbox="389 1805 555 2007">1.5-3.0 g/l</td> <td data-bbox="555 1805 1487 2007">Moderate: Slurred speech, confusion, ataxia, emotional lability, perceptual and sensation disturbances possible blackout spells, and incoordination with impaired objective performance in standardised tests. Possible diplopia, flushing, tachycardia, sweating and incontinence. Bradypnoea may occur early and tachypnoea may develop in cases of metabolic acidosis, hypoglycaemia and hypokalaemia. CNS depression may progress to coma.</td> </tr> <tr> <td data-bbox="389 2007 555 2157">3-5 g/l</td> <td data-bbox="555 2007 1487 2157">Severe: Cold clammy skin, hypothermia and hypotension. Atrial fibrillation and atrioventricular block have been reported. Respiratory depression may occur, respiratory failure may follow serious intoxication, aspiration of vomitus may result in pneumonitis and pulmonary oedema. Convulsions due to severe hypoglycaemia may also occur</td> </tr> </tbody> </table>	Blood concentration:	Effects:	<1.5 g/l	Mild: Impaired visual acuity, coordination and reaction time, emotional lability	1.5-3.0 g/l	Moderate: Slurred speech, confusion, ataxia, emotional lability, perceptual and sensation disturbances possible blackout spells, and incoordination with impaired objective performance in standardised tests. 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1% Phenolphthalein Solution (Vintessential 1% Phenolphthalein Solution)

	Acute hepatitis may develop.
Skin Contact	<p>Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. The material may produce moderate skin irritation; limited evidence or practical experience suggests, that the material either:</p> <ul style="list-style-type: none"> ▸ produces moderate inflammation of the skin in a substantial number of individuals following direct contact and/or ▸ produces significant, but moderate, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period. <p>Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>Most liquid alcohols appear to act as primary skin irritants in humans. Significant percutaneous absorption occurs in rabbits but not apparently in man.</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, 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.</p>
Eye	<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. Foreign-body type discomfort may persist for up to 2 days but healing is usually spontaneous and complete.</p> <p>Evidence exists, or practical experience predicts, that the material may cause severe eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Eye contact may cause significant inflammation with pain. Corneal injury may occur; permanent impairment of vision may result unless treatment is prompt and adequate. Repeated or prolonged exposure to irritants may cause inflammation characterised by a temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>
Chronic	<p>Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.</p> <p>On the basis, primarily, of animal experiments, the material may be regarded as carcinogenic to humans. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in cancer on the basis of:</p> <ul style="list-style-type: none"> - appropriate long-term animal studies - other relevant information <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.</p> <p>There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.</p> <p>Long-term exposure to ethanol may result in progressive liver damage with fibrosis or may exacerbate liver injury caused by other agents.</p> <p>Repeated ingestion of ethanol by pregnant women may adversely affect the central nervous system of the developing foetus, producing effects collectively described as foetal alcohol syndrome. These include mental and physical retardation, learning disturbances, motor and language deficiency, behavioural disorders and reduced head size.</p> <p>Consumption of ethanol (in alcoholic beverages) may be linked to the development of Type I hypersensitivities in a small number of individuals. Symptoms, which may appear immediately after consumption, include conjunctivitis, angioedema, dyspnoea, and urticarial rashes. The causative agent may be acetic acid, a metabolite (1).</p> <p>(1) Boehncke W.H., & H.Gall, Clinical & Experimental Allergy, 26, 1089-1091, 1996</p>

1% Phenolphthalein Solution (Vintessential 1% Phenolphthalein Solution)	TOXICITY	IRRITATION
	Not Available	Not Available
ethanol	TOXICITY	IRRITATION
	Inhalation (rat) LC50: 124.7 mg/l/4H ^[2]	Eye (rabbit): 500 mg SEVERE
	Oral (rat) LD50: >7-692 mg/kg ^[1]	Eye (rabbit):100mg/24hr-moderate
		Skin (rabbit):20 mg/24hr-moderate
		Skin (rabbit):400 mg (open)-mild
phenolphthalein	TOXICITY	IRRITATION
	Not Available	Not Available

1% Phenolphthalein Solution (Vintessential 1% Phenolphthalein Solution)

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

ETHANOL

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 the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

For phenolphthalein

Phenolphthalein is absorbed in the small bowel and is conjugated in the liver to form phenolphthalein glucuronide, which is eliminated in the bile. As it passes through the small intestine, it is partially deconjugated and reabsorbed. Phenolphthalein and its glucuronide enhance oxygen radical production and cause oxidative damage *in vitro*. Phenolphthalein has also been shown to have low oestrogenic activity in some model systems. Phenolphthalein induced micronucleated erythrocytes in mice given multiple but not single treatments by gavage or in feed. Abnormal spermatozoa were induced in male mice but not male rats treated with phenolphthalein in the feed for 13 weeks. The malignant thymic lymphomas induced by phenolphthalein in female heterozygous *p53*-deficient mice showed loss of the normal *p53* allele. Phenolphthalein induced chromosomal aberrations, *Hprt* gene mutations and morphological transformation but not aneuploidy or ouabain-resistant mutations or sister chromatid exchange in cultured mammalian cells. It did not induce gene mutations in bacteria.

The main target organ for the toxic effects of phenolphthalein is reported to be the intestine. Indiscriminate use of phenolphthalein results in chronic constipation and laxative dependence, loss of normal bowel function and bowel irritation. Habitual use for several years may cause a "cathartic colon", i.e. a poorly functioning colon with atonic dilatation, especially on the right side, resulting in extensive retention of the bowel contents. The clinical condition, which resembles chronic ulcerative colitis both radiologically and pathologically, involves thinning of the intestinal wall and loss of the normal mucosal pattern of the terminal ileum .

Anecdotal cases of long-term use or overdose of phenolphthalein have been associated with abdominal pain, diarrhoea, vomiting, electrolyte imbalance (hypokalaemia, hypocalcaemia and/or metabolic acidosis or alkalosis), dehydration, malabsorption, protein-losing gastroenteropathy, steatorrhoea, anorexia, weight loss, polydipsia, polyuria, cardiac arrhythmia, muscle weakness, prostration and histopathological lesions . Kidney, muscle and central nervous system disturbances are thought to be due to electrolyte imbalance. Loss of intestinal sodium and water stimulates compensatory renin production and secondary aldosteronism, leading to sodium conservation and potassium loss by the kidney. The hypokalaemia contributes to renal insufficiency and is sometimes associated with rhabdomyolysis.

Abuse of phenolphthalein-containing laxatives has been associated with gastrointestinal bleeding, iron-deficient anaemia, acute pancreatitis and multiple organ damage in cases of massive overdose, including fulminant hepatic failure and disseminated intravascular coagulation

Allergy to phenolphthalein is often manifested as cutaneous inflammatory reactions or fixed drug eruptions, i.e. solitary or multiple, well-defined, erythematous macules that may progress to vesicles and/or bullae. These lesions characteristically recur in the same location with each subsequent dose of phenolphthalein and generally leave residual hyperpigmentation that increases in intensity with each exposure; numerous melanin-containing dermal macrophages have been found in pigmented areas . In extreme cases, recurrences have involved progressively more severe lesions characterised as bullous erythema multiforme, with focal haemorrhage and necrosis and perivascular lymphocytic infiltration and, in one case report, toxic epidermal necrolysis

A review of 204 cases of phenolphthalein ingestion in children aged five years and younger reported to the Pittsburgh Poison Center (USA) over a 30-month period indicated that ingestion of < 1 g was associated with a minimal risk of developing dehydration due to excessive diarrhoea and resulting fluid loss

Despite the profile of low acute toxicity documented in this study, cases of fatal poisoning of children have been reported; symptoms of pulmonary and cerebral oedema, multiple organ effects and encephalitis were attributed to hypersensitivity reactions. Repeated administration of phenolphthalein-containing laxatives to children has led to serious illness and multiple hospitalisations

Analogy with related biphenolic compounds suggests that phenolphthalein has oestrogenic activity; however, studies with MCF-7 human breast cancer cells in tissue culture and in rat uterus *in vivo* suggested only a weak oestrogenic response. Phenolphthalein is a partial oestrogen in immature rat uteri. Doses of 1-10 mg given subcutaneously twice daily for two days to female Wistar rats weighing 35-40 g induced a dose-related increase in uterine weight, but the maximum increase was only about half of that induced by oestradiol. Phenolphthalein was shown to bind to the oestrogen receptor and was a competitive antagonist to oestradiol.

In a study reported in an abstract, exposure of female B6C3F1 mice to 1895 mg/kg bw phenolphthalein orally [method not stated] daily for 30 or 60 days caused no changes in weight gain, oestrous cycles or the numbers of oocyte-containing follicles of any class (primordial, primary, growing or antral), or any detectable pathological change in ovarian cells. In a 1997 study there was no evidence of reproductive toxicity in female B6C3F1 mice or male or female Fischer 344/N rats. Lower epididymal weights and lower sperm density (number of sperm/g of crude epididymal tissue) were observed in male mice at 12 000, 25 000 and 50 000 mg/kg

Studies have shown that phenolphthalein, at high dose levels, is carcinogenic in mice and has a weak genotoxic (clastogenic) activity *in vivo*. With respect to the carcinogenicity study, the US FDA has stated that " the systemic exposures in rodents were approximately 40 to 70 fold and 60 to 100 fold the human exposure for rats and mice, respectively

Phenolphthalein is *reasonably anticipated to be a human carcinogen* based on sufficient evidence of increased incidence

1% Phenolphthalein Solution (Vintessential 1% Phenolphthalein Solution)

of malignant and/or combination of malignant and benign tumors in multiple tissue sites and in multiple species (IARC 2000). In a two-year B6C3F1 mouse carcinogenicity study, NTP (1996) concluded that phenolphthalein, administered in feed, induced significant increases in the incidence of histiocytic sarcoma and lymphomas of thymic origin in males and females and malignant lymphoma (all types) and benign ovarian sex cord stromal tumors in females. In the corresponding Fischer 344 rat dietary carcinogenicity study, phenolphthalein induced significant increases in the incidence of benign pheochromocytoma of the adrenal medulla in males and females and renal tubule adenoma in males (NTP 1996). In a 6-month dietary study with female heterozygous *p53*-deficient transgenic mice, phenolphthalein induced a significant increase in the incidence of malignant lymphoma of thymic origin.

A few epidemiological studies have investigated the association between the use of phenolphthalein-containing laxatives and colon cancer or adenomatous colorectal polyps. No consistent association was found.

Phenolphthalein has been identified as a multisite carcinogen in rodents, but the molecular species responsible for the carcinogenicity is not known. A catechol metabolite hydroxyphenolphthalein, was recently identified and may be the molecular species responsible for at least part of the toxicity/carcinogenicity. The metabolite is an extremely potent mixed-type inhibitor of the O-methylation of the catechol estrogens. It has been suggested that chronic administration of phenolphthalein may enhance metabolic redox cycling of both the metabolite and the catechol estrogens and this, in turn, may contribute to hydroxyphenolphthalein-induced tumorigenesis.

Toxicol Appl. Pharmacol Vol 162(2) pp 124-131 2000

Although negative for mutagenicity and DNA damage in bacteria, phenolphthalein exhibits genetic activity in several in vitro and in vivo mammalian assays. Phenolphthalein was positive for the induction of chromosomal aberrations in cultured Chinese hamster ovary cells in the presence of metabolic activation and induced *hprt* gene mutations, chromosomal aberrations, and morphological transformation in Syrian hamster embryo cells. Phenolphthalein was also positive for the induction of micronucleated erythrocytes in mice following multiple, but not single, treatments administered by gavage or dosed feed.

Phenolphthalein also induced micronuclei in female heterozygous *p53*-deficient transgenic mice exposed via dosed feed for 26 weeks.

Phenolphthalein was negative for Na/K ATPase gene mutations and aneuploidy in Syrian hamster embryo cells

Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen
[National Toxicology Program: U.S. Dep. of Health & Human Services 2002]

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.
Oral (rat) TDLo: 324000 mg/kg/13W-C

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 available but does not fill the criteria for classification
✓ – Data available to make classification
☐ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

1% Phenolphthalein Solution (Vintessential 1% Phenolphthalein Solution)	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
ethanol	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	15-400mg/L	2
	EC50	48	Crustacea	2mg/L	4
	EC50	96	Algae or other aquatic plants	17.921mg/L	4
NOEC	2016	Fish	0.000375mg/L	4	
phenolphthalein	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	10.397mg/L	3
	EC50	96	Algae or other aquatic plants	1.081mg/L	3
NOEC	72	Algae or other aquatic plants	>0.32mg/L	2	

Continued...

1% Phenolphthalein Solution (Vintessential 1% Phenolphthalein Solution)

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethanol	LOW (Half-life = 2.17 days)	LOW (Half-life = 5.08 days)
phenolphthalein	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
ethanol	LOW (LogKOW = -0.31)
phenolphthalein	LOW (LogKOW = 3.0584)

Mobility in soil

Ingredient	Mobility
ethanol	HIGH (KOC = 1)
phenolphthalein	LOW (KOC = 307100)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible. ▶ 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. ▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material). ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
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SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO Not Applicable
HAZCHEM	•2YE

Land transport (ADG)

UN number	1170
UN proper shipping name	ETHANOL (ETHYL ALCOHOL) or ETHANOL SOLUTION (ETHYL ALCOHOL SOLUTION)
Transport hazard class(es)	Class : 3 Subrisk : Not Applicable
Packing group	II
Environmental hazard	Not Applicable

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Special precautions for user	Special provisions	144
	Limited quantity	1 L

Air transport (ICAO-IATA / DGR)

UN number	1170	
UN proper shipping name	Ethanol or Ethanol. Solution	
Transport hazard class(es)	ICAO/IATA Class	3
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	3L
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	A3 A58 A180
	Cargo Only Packing Instructions	364
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	353
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y341
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1170	
UN proper shipping name	ETHANOL (ETHYL ALCOHOL) or ETHANOL SOLUTION (ETHYL ALCOHOL SOLUTION)	
Transport hazard class(es)	IMDG Class	3
	IMDG Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	EMS Number	F-E , S-D
	Special provisions	144
	Limited Quantities	1 L

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

Not Applicable

SECTION 15 REGULATORY INFORMATION

Safety, health and environmental regulations / legislation specific for the substance or mixture

ETHANOL(64-17-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix B (Part 3)
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix F (Part 3)
Australia Inventory of Chemical Substances (AICS)	Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

PHENOLPHTHALEIN(77-09-8) 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 4
Australia Inventory of Chemical Substances (AICS)	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

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National Inventory Status

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (ethanol; phenolphthalein)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
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	08/31/2018
Initial Date	08/06/2018

SDS Version Summary

Version	Issue Date	Sections Updated
3.1.1.1	08/31/2018	Acute Health (eye), Acute Health (inhaled), Acute Health (skin), Acute Health (swallowed), Advice to Doctor, Chronic Health, Classification, Disposal, Engineering Control, Environmental, Exposure Standard, First Aid (eye), First Aid (inhaled), First Aid (skin), First Aid (swallowed), Personal Protection (other), Personal Protection (eye), Personal Protection (hands/feet), Spills (major), Storage (storage incompatibility), Toxicity and Irritation (Other), Name

Other information

Ingredients with multiple cas numbers

Name	CAS No
ethanol	64-17-5, 2348-46-1

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
 PC—STEL: Permissible Concentration-Short Term Exposure Limit
 IARC: International Agency for Research on Cancer
 ACGIH: American Conference of Governmental Industrial Hygienists
 STEL: Short Term Exposure Limit
 TEEL: Temporary Emergency Exposure Limit.
 IDLH: Immediately Dangerous to Life or Health Concentrations
 OSF: Odour Safety Factor
 NOAEL :No Observed Adverse Effect Level
 LOAEL: Lowest Observed Adverse Effect Level
 TLV: Threshold Limit Value
 LOD: Limit Of Detection
 OTV: Odour Threshold Value
 BCF: BioConcentration Factors
 BEI: Biological Exposure Index

1% Phenolphthalein Solution (Vintessential 1% Phenolphthalein Solution)

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