

# Vintessential Laboratories

Chemwatch: 5158-74 Version No: 3.1.1.1 Safety Data Sheet according to WHS and ADG requirements Chemwatch Hazard Alert Code: 3

lssue Date: 11/01/2019 Print Date: 12/09/2019 L.GHS.AUS.EN

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

## **Product Identifier**

Product name	Vintessential Phosphoric Acid 25%
Synonyms	Not Available
Proper shipping name	PHOSPHORIC ACID, SOLUTION
Other means of identification	Not Available
Relevant identified uses of the substance or mixture and uses advised against	

Relevant identified uses Laboratory chemical.

### Details of the supplier of the safety data sheet

Registered company name	Vintessential Laboratories
Address	32 BRASSER AVENUE DROMANA VIC 3936 Australia
Telephone	+61 3 5987 2242
Fax	+61 3 5987 3303
Website	Not Available
Email	Not Available

### Emergency telephone number

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

## **SECTION 2 HAZARDS IDENTIFICATION**

Classification of the substance or mixture		
Poisons Schedule	S5	
Classification <sup>[1]</sup>	Metal Corrosion Category 1, Acute Toxicity (Oral) Category 4, Acute Toxicity (Inhalation) Category 1, Skin Corrosion/Irritation Category 1B, Serious Eye Damage Category 1, Chronic Aquatic Hazard Category 4	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI	
Label elements		
Hazard pictogram(s)		
SIGNAL WORD	DANGER	
Hazard statement(s)		
H290	May be corrosive to metals.	
H302	Harmful if swallowed.	

H330	Fatal if inhaled.
H314	Causes severe skin burns and eye damage.
H413	May cause long lasting harmful effects to aquatic life.
Precautionary statement(s) Prevention	
P260	Do not breathe mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P234	Keep only in original container.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P284	Wear respiratory protection.

## Precautionary statement(s) Response

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
IF INHALED: Remove victim 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.
Immediately call a POISON CENTER or doctor/physician.
Specific treatment is urgent (see advice on this label).
Wash contaminated clothing before reuse.
Absorb spillage to prevent material damage.
IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.

## Precautionary statement(s) Storage

P403+P233	Store in a well-ventilated place. Keep container tightly closed.
P405	Store locked up.

## Precautionary statement(s) Disposal

Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

## SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

P501

## Substances

See section below for composition of Mixtures

### Mixtures

CAS No	%[weight]	Name
7664-38-2	36	phosphoric acid
7732-18-5	>60	water

## **SECTION 4 FIRST AID MEASURES**

## Description of first aid measures

Eye Contact	<ul> <li>If this product comes in contact with the eyes:</li> <li>Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>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.</li> <li>Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>Transport to hospital or doctor without delay.</li> <li>Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
Skin Contact	<ul> <li>If skin contact occurs:</li> <li>Immediately remove all contaminated clothing, including footwear.</li> <li>Flush skin and hair with running water (and soap if available).</li> <li>Seek medical attention in event of irritation.</li> </ul>
Inhalation	<ul> <li>If fumes or combustion products are inhaled remove from contaminated area.</li> <li>Lay patient down. Keep warm and rested.</li> <li>Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>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.</li> <li>Transport to hospital, or doctor, without delay.</li> <li>Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.</li> <li>Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).</li> <li>As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested.</li> <li>Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.</li> <li>This must definitely be left to a doctor or person authorised by him/her.</li> </ul>

	(ICSC13719)
Ingestion	<ul> <li>For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>Urgent hospital treatment is likely to be needed.</li> <li>If swallowed do NOT induce vomiting.</li> <li>If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>Observe the patient carefully.</li> <li>Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>Transport to hospital or doctor without delay.</li> </ul>

### Indication of any immediate medical attention and special treatment needed

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 conjuctival 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).

[Ellenhorn and Barceloux: Medical Toxicology]

## **SECTION 5 FIREFIGHTING MEASURES**

### Extinguishing media

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

#### Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
Advice for firefighters	
Fire Fighting	<ul> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear full body protective clothing with breathing apparatus.</li> <li>Prevent, by any means available, spillage from entering drains or water course.</li> <li>Use fire fighting procedures suitable for surrounding area.</li> <li>Do not approach containers suspected to be hot.</li> <li>Cool fire exposed containers with water spray from a protected location.</li> <li>If safe to do so, remove containers from path of fire.</li> <li>Equipment should be thoroughly decontaminated after use.</li> </ul>
Fire/Explosion Hazard	<ul> <li>Non combustible.</li> <li>Not considered to be a significant fire risk.</li> <li>Acids may react with metals to produce hydrogen, a highly flammable and explosive gas.</li> <li>Heating may cause expansion or decomposition leading to violent rupture of containers.</li> <li>May emit corrosive, poisonous fumes. May emit acrid smoke.</li> <li>Decomposition may produce toxic fumes of: phosphorus oxides (POx)</li> </ul>
HAZCHEM	2R

## 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> <li>Clean up all spills immediately.</li> <li>Avoid breathing vapours and contact with skin and eyes.</li> <li>Control personal contact with the substance, by using protective equipment.</li> <li>Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>Wipe up.</li> </ul>
	Place in a suitable, labelled container for waste disposal.

Major Spills	<ul> <li>Clear area of personnel and move upwind.</li> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear full body protective clothing with breathing apparatus.</li> <li>Prevent, by any means available, spillage from entering drains or water course.</li> <li>Stop leak if safe to do so.</li> <li>Contain spill with sand, earth or vermiculite.</li> <li>Collect recoverable product into labelled containers for recycling.</li> <li>Neutralise/decontaminate residue (see Section 13 for specific agent).</li> <li>Collect solid residues and seal in labelled drums for disposal.</li> <li>Wash area and prevent runoff into drains.</li> <li>After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.</li> <li>If contamination of drains or waterways occurs, advise emergency services.</li> </ul>
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Personal Protective Equipment advice is contained in Section 8 of the SDS.

## SECTION 7 HANDLING AND STORAGE

Safe handling	<ul> <li>DO NOT allow clothing wet with material to stay in contact with skin</li> <li>Limit all unnecessary personal contact.</li> <li>Wear protective clothing when risk of exposure occurs.</li> <li>Use in a well-ventilated area.</li> <li>Avoid contact with incompatible materials.</li> <li>When handling, DO NOT eat, drink or smoke.</li> <li>Keep containers securely sealed when not in use.</li> <li>Avoid physical damage to containers.</li> <li>Always wash hands with scap and water after handling.</li> <li>Work clothes should be laundered separately.</li> <li>Use good occupational work practice.</li> <li>Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
Other information	<ul> <li>Store in original containers.</li> <li>Keep containers securely sealed.</li> <li>Store in a cool, dry, well-ventilated area.</li> <li>Store away from incompatible materials and foodstuff containers.</li> <li>Protect containers against physical damage and check regularly for leaks.</li> <li>Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul>

Suitable container	<ul> <li>Glass container is suitable for laboratory quantities</li> <li>DO NOT use aluminium or galvanised containers</li> <li>Polyethylene or polypropylene container</li> <li>Polylined drum</li> </ul>
Storage incompatibility	<ul> <li>Segregate from alkalies, oxidising agents and chemicals readily decomposed by acids, i.e. cyanides, sulfides, carbonates.</li> <li>Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.</li> </ul>

# 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	phosphoric acid	Phosphoric acid	1 mg/m3	3 mg/m3	Not Available	Not Available
EMERGENCY LIMITS						

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
phosphoric acid	Phosphoric acid	Not Available	Not Available	Not Available
Ingredient	Original IDLH		Revised IDLH	
phosphoric acid	1,000 mg/m3		Not Available	
water	Not Available		Not Available	

## MATERIAL DATA

The saturated vapour concentration of phosphoric acid exceeds the TLV. The TLV-TWA is based by analogy from comparable experience and data for sulfuric acid. Exposure at or below this limit is thought to prevent throat irritation amongst unacclimatised workers.

Fumes of phosphorus pentoxide at concentrations between 0.8 and 5.4 mg/m3 were reported to be noticeable but not uncomfortable whilst concentrations between 3.6 and 11.3 mg/m3 produced coughing in unacclimatised workers but were tolerable. Concentrations of 100 mg/m3 were unbearable except in inured workers.

#### Exposure controls

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Appropriate engineering controls	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. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. 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. Employers may need to use multiple types of controls to prevent employee overexposure.

General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

solvent, vapours, degreasing etc., evaporating from tank (in still air). aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation) direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	0.25-0.5 m/s (50-100 f/min) 0.5-1 m/s (100-200
drift, plating acid fumes, pickling (released at low velocity into zone of active generation) direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active	0.5.1 m/c (100.200)
	f/min.)
	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

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.

	more when extraction systems are installed or used.		
Personal protection			
Eye and face protection	<ul> <li>Chemical goggles.</li> <li>Full face shield may be required for supplementary but never for primary protection of eyes.</li> <li>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]</li> </ul>		
Skin protection	See Hand protection below		
Hands/feet protection	<ul> <li>Wear of the micel protective gloves, e.g. PVC.</li> <li>Wear safety footwear or safety gumboots, e.g. Rubber</li> <li>When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.</li> <li>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.</li> <li>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.</li> <li>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-perfurmed moisturiser is recommended.</li> <li>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:         <ul> <li>chemical resistance of glove material,</li> <li>glove thickness and</li> <li>dexterity</li> </ul> </li> <li>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</li> <li>When prolonged or frequenty sepated 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 2161.1.0 or national equivalent) is recommended.</li> <li>When nonlonged or frequenty forestard contact may encurred in a protection class of 5 or higher (breakthrough time y and y 4, AS/NZS 161.1.0 or national equivalent) is recommended.</li> <li>Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.</li> <li>Contaminated gloves s</li></ul>		

	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	<ul> <li>Overalls.</li> <li>PVC Apron.</li> <li>PVC protective suit may be required if exposure severe.</li> <li>Eyewash unit.</li> <li>Ensure there is ready access to a safety shower.</li> </ul>

### 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:

Vintessential Phosphoric Acid 25%

Material	СРІ
NEOPRENE	A
BUTYL	С
NAT+NEOPR+NITRILE	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	C
NEOPRENE/NATURAL	С
NITRILE	С
NITRILE+PVC	С
PE	С
PVA	С
PVC	С
SARANEX-23	C
VITON	С

#### \* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

**NOTE:** As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

\* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

### SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

### Information on basic physical and chemical properties

Appearance	Clear, odourless acidic liquid; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	1.20
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	1.0	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

## SECTION 10 STABILITY AND REACTIVITY

### Respiratory protection

Type B-P 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 10 x ES	B-AUS P2	-	B-PAPR-AUS / Class 1 P2
up to 50 x ES	-	B-AUS / Class 1 P2	-
up to 100 x ES	-	B-2 P2	B-PAPR-2 P2 ^

### ^ - Full-face

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

Reactivity	See section 7
Chemical stability	<ul> <li>Contact with alkaline material liberates heat</li> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

# Information on toxicological effects

Acids corresponduce respiratory tract initiation with coughing, choking and muccus membrane damage. Symptoms of exposure may include damages, headdace, natures and waters in most event exposures, purnovary operation in the initiation of the population of prophysical and major parameters in mage asset backs, due to another, may cause back in the population of prophysical and major parameters and major parameters in mage asset backs, due to another, may cause backs, may cause backs, may cause backs, and the material and major parameters in the population of prophysical and another prophysical and major parameters in the population of prophysical and another prophysical and	25%	Not Available	Not Available
Addic conserves produce respiratory tract initiation with coupling, choking and mucous membrane damage. Symptoms of exposure may include dzizies, headache, nause and weakhes. In more severe exposures, purnous y oxidem any the explores, fouring systum and quickes. Exploring the tract initiation and quickes. Exploring the tract initiation and quickes. Exploring the tract initiation of the produce of the produce initiation any tractices in the check systems. The initiation of the produce of the quickes in the check systems and dzizies. Prolonged or repeated initiation of upport of the tractices in the check systems and dzizies. Prolonged or repeated initiation of upport of the number of the produce series of the produce series of the produce series of the motivate of the produce series of the produce series of the motivate.           Initiation of upport of the number of the produce of the produce series of the motivate of the produce series of the motivate.         Explore of the motivate of the produce of the produce of the motivate of the series of the motivate of the motivat	Vintessential Phosphoric Acid		
Index         Acidic corresives produce respiratory tract infisition with coupling, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headscher, rausea and weakness. In more severe exposures, pulmonary ocdem include a sightness in the chest, dyspones, frothy sputum and cyoness. Examination may reveal hypotension, a veak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary ocdem include a sightness in the chest, dyspones, frothy sputum and cyoness. Examination may reveal hypotension, a veak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary ocdem include a sightness in the chest, dyspones, frothy sputum and cyoness.           Inhelation of prosphoric acid vapour or mist may cause pulmorary ocdem inclung damage) and cyanosis         Inhelation of account or mist may cause pulmorary ocdem inclung damage) and cyanosis           Inhelation of accide corrosives may produce serious damage to the health of the individual.         Resource to high concentrations causes bronchits and is characterised by the onset of haemorrhagic pulmonary ocdema.           Accidentia ingestion of acide corrosives may produce circumoral burs with a distinct discolourizon of the mouth, moral and company acids the vector.         Negetion of acide corrosives may produce circumoral burs with a distinct discolourizon of the mouth may produce a verificate and possibly asphytica, Nausea, vomiling, diarthosa and a pronuced thist may occur. More severe exposures may produce a verificate in advectory and haspe hang may also be oviden.           Ingestion of acide corrosives may produce circumoral burs may be adapted for sharboard and rapid pulse, sharboar respiratory distres and possibly, asphytius, Nausea, vomiling, dinthosa and a pronucord thist	Chronic	biochemical systems. Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis. The impact of inhaled acidic agents on the respiratory tract depends upon a number of interrelated factors. These include physicochemical characteristics, e.g., gas versus aerosol; particle size (small particles can penetrate deeper into the lung); water solubility (more soluble agents are more likely to be removed in the nose and mouth). Given the general lack of information on the particle size of aerosols involved in occupational exposures to acids, it is difficult to identify their principal deposition site within the respiratory tract. Acid mists containing particles with a diameter of up to a few micrometers will be deposited in both the upper and lower airways. They are irritating to mucous epithelia, they cause dental erosion, and they produce acute effects in the lungs (symptoms and changes in pulmonary function). AsthmatIcs appear to be at	
Acidic corresives produce respiratory tract irritation with coupling, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nauses and weakness. In more severe exposures, pullomary ordema may be vident either immediately or after a latent period of 572 Hours. Symptoms of pullomary ordema include a tipheness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist reles. Death, due to anoxia, may occur several hours after onsel of the pulmonary ordema. Inhalation of vapour or mist may cause choking, coupling, headacate, weakness and dizziness. Prolonged or repeated inhalation of vapour or mist may cause pulmonary ordema (lung damage) and cyanosis         Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce serious damage to the health of the individual.        Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce aerious damage to the health of the individual.       In mediate pain and difficulties in swallowing and speaking may also be evident. Centure at the explosites in produce serious damage to the health of the individual.       In gestion of acidic corrosives may produce circumoral burns with the oral cavity and gastrointestinal tract following ingestion.       Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the explosites may be dayled bit the explosites and nopotice synthesis or dawing be synthematic of the explosite may include separatory distress and possity, aphytoxis. Nausea, vonting, inducativa could be reading may also be evident. Centual track following ingestion.       Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the explosite may include explosite man	Eye	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	
Acdic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizainess, 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, dyspnoes, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anxis, may occur several hours after onset of the pulmonary oedema. Inhalation of phosphoric acid vapour or mist may cause choking, coughing, headache, weakness and dizziness. Prolonged or repeated inhalation of vapour or mist may cause pulmonary oedema (lung damage) and cyanosis inhalation of or one or mist may cause pulmonary oedema (lung damage) and cyanosis inhalation of phosphoric acid vapour or mist may cause be choking, coughing, headache, weakness and dizziness. Prolonged or repeated inhalation of vapour or mist may cause pulmonary oedema (lung damage) and cyanosis inhalation of phosphoric acid vapour or mist may cause bronchiis and is characterised by the onset of haemorrhagic pulmonary oedema. 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. The material can produce chemical burns with a distinct discolouration of the mucous membranes of the mouth, throat and osesphagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Codema of the epidottis may produce respiratory distress and possibly, ashyria. Nausea, vomiting, diarrhose and apronunced thirst may occur. More severe exposures may produce a somitas, or may be deves or may be deves of ry ears. Death may be rapid and often results from asphysia, circulatory collapse or aspiratory occur as within several weeks or may be deves to pretoriator, with paeteriation and adominal rigidity. Stricture of the ec	Skin Contact	Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Open cuts, abraded or irritated skin should not be exposed to this material 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.	
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.         Inhaled       Inhalation of phosphoric acid vapour or mist may cause choking, coughing, headache, weakness and dizziness. Prolonged or repeated inhalation of vapour or mist may cause pulmonary oedema (lung damage) and cyanosis         Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce serious damage to the health of the individual.         Exposure to high concentrations causes bronchitis and is characterised by the onset of haemorrhagic pulmonary oedema.         Incidental 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.         The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.         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 epiglotis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce respiratory distress	Ingestion	occur as within several weeks or may be delayed for years. De of even minute amounts. Delayed deaths may be due to perito Phosphates are slowly and incompletely absorbed from the ga effects which occur when introduced by other routes. Such effe cyanosis, carpal spasm, coma and tetany. These effects result Ingestion of large amounts of phosphate salts (over 1 gm for a abdominal cramp. Large doses (4-8 gm) will almost certainly p in the faeces of healthy individuals without producing systemic Ingestion of large quantity of phosphoric acid may cause sever shock and death. Although less hazardous than nitric and sulfuric acid, phosphori after ingestion of phosphoric acid was due to recurrent internal	ath may be rapid and often results from asphyxia, circulatory collapse or aspiration nitis, severe nephritis or pneumonia. Coma and convulsions may be terminal. strointestinal tract and are unlikely (other than in abuse) to produce the systemic icts include vomiting, lethargy, fever, diarrhoea, falls in blood pressure, slow pulse, following sequestration of blood calcium. In adult) may produce osmotic catharsis resulting in diarrhoea and probably, roduce these effects in most individuals. Most of the ingested salt will be excreted toxicity. Doses in excess of 10 gm may produce systemic toxicity. e abdominal pains, thirst, acidaemia, difficult breathing, convulsions, collapse, ric acid has equal corrosive action upon ingestion. Death of an individual 19 days
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. Inhalation of phosphoric acid vapour or mist may cause choking, coughing, headache, weakness and dizziness. Prolonged or repeated inhalation of vapour or mist may cause pulmonary oedema (lung damage) and cyanosis Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce serious damage to the health of the individual.		produce serious damage to the health of the individual. The material can produce chemical burns within the oral cavity Ingestion of acidic corrosives may produce circumoral burns w oesophagus. Immediate pain and difficulties in swallowing and distress and possibly, asphyxia. Nausea, vomiting, diarrhoea a containing fresh or dark blood and large shreds of mucosa. Sh clammy skin may be symptomatic of the exposure. Circulatory	and gastrointestinal tract following ingestion. ith a distinct discolouration of the mucous membranes of the mouth, throat and speaking may also be evident. Oedema of the epiglottis may produce respiratory nd a pronounced thirst may occur. More severe exposures may produce a vomitus ock, with marked hypotension, weak and rapid pulse, shallow respiration and collapse may, if left untreated, result in renal failure. Severe cases may show
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		inhalation of vapour or mist may cause pulmonary oedema (lur Inhalation of aerosols (mists, fumes), generated by the materia of the individual.	g damage) and cyanosis I during the course of normal handling, may produce serious damage to the health
Not normally a hazard due to non-volatile nature of product	Inhaled	Acidic corrosives produce respiratory tract irritation with cough dizziness, headache, nausea and weakness. In more severe e period of 5-72 hours. Symptoms of pulmonary oedema include reveal hypotension, a weak and rapid pulse and moist rates. D	xposures, pulmonary oedema may be evident either immediately or after a latent a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may

	τοχιζιτγ	IRRITATION	
	Dermal (rabbit) LD50: >1260 mg/kg <sup>[2]</sup>	Eye (rabbit): 119 mg - SEVERE	
phosphoric acid	Inhalation (rat) LC50: 0.0255 mg/l/4h <sup>[2]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>	
	Oral (rat) LD50: 1250 mg/kg <sup>[2]</sup>	Skin (rabbit):595 mg/24h - SEVERE	
		Skin: adverse effect observed (corrosive) <sup>[1]</sup>	
	ΤΟΧΙΟΙΤΥ	IRRITATION	
water	Oral (rat) LD50: >90000 mg/kg <sup>[2]</sup>	Not Available	
Legend:	<ol> <li>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</li> </ol>		
	Cells from the respiratory tract have not been examined in exposure to inhaled acidic mists, just as mucous plays an acid. In considering whether pH itself induces genotoxic ev stomach, in which gastric juice may be at pH 1-2 under fas urine can range from <5 to > 7 and normally averages 6.2.	t eukaryotic cells are susceptible to genetic damage when the pH falls to about 6.5. this respect. Mucous secretion may protect the cells of the airways from direct important role in protecting the gastric epithelium from its auto-secreted hydrochloric rents in vivo in the respiratory system, comparison should be made with the human sting or nocturnal conditions, and with the human urinary bladder, in which the pH of Furthermore, exposures to low pH in vivo differ from exposures <i>in vitro</i> in that, <i>in vivo</i> e conditions, so that perturbation of intracellular homeostasis may be maintained more	

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

**PHOSPHORIC ACID** The material may produce severe 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) thickening of the epidermis.

Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.

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.

## PHOSPHORIC ACID & WATER No significant acute toxicological data identified in literature search.

Acute Toxicity	×	Carcinogenicity	×
Skin Irritation/Corrosion	×	Reproductivity	×
Serious Eye Damage/Irritation	×	STOT - Single Exposure	×
Respiratory or Skin sensitisation	×	STOT - Repeated Exposure	×
Mutagenicity	×	Aspiration Hazard	×
			t available or does not fill the criteria for classification to make classification

### **SECTION 12 ECOLOGICAL INFORMATION**

### Toxicity

Vintessential Phosphoric Acid 25%	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCI
	Not Available	Not Available	Not Available	Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCI
	LC50	96	Fish	75.1mg/L	2
phosphoric acid	EC50	48	Crustacea	>5.62mg/L	2
	EC50	72	Algae or other aquatic plants	15.29mg/L	2
	EC10	72	Algae or other aquatic plants	37.7mg/L	2
	NOEC	72	Algae or other aquatic plants	3.71mg/L	2
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCI
water	LC50	96	Fish	897.520mg/L	3
	EC50	96	Algae or other aquatic plants	8768.874mg/L	3
Legend:	Extracted from	1. IUCLID Toxicity Data 2. Europe ECF	A Registered Substances - Ecotoxicological Inform IS EPA, Ecotox database - Aquatic Toxicity Data 5.	ation - Aquatic Toxicity 3.	EPIN

Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and /or delayed, to the structure and/ or functioning of natural ecosystems.

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.

### Ecotoxicity:

The tolerance of water organisms towards pH margin and variation is diverse. Recommended pH values for test species listed in OECD guidelines are between 6.0 and almost 9. Acute testing with fish showed 96h-LC50 at about pH 3.5

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

DO NOT discharge into sewer or waterways.

### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
phosphoric acid	HIGH	HIGH
water	LOW	LOW

### **Bioaccumulative potential**

Ingredient	Bioaccumulation
phosphoric acid	LOW (LogKOW = -0.7699)
water	LOW (LogKOW = -1.38)

## Mobility in soil

Ingredient	Mobility
phosphoric acid	HIGH (KOC = 1)
water	LOW (KOC = 14.3)

## SECTION 13 DISPOSAL CONSIDERATIONS

### Waste treatment methods

Product / Packaging disposal	<ul> <li>Recycle wherever possible or consult manufacturer for recycling options.</li> <li>Consult State Land Waste Management Authority for disposal.</li> <li>Treat and neutralise at an effluent treatment plant.</li> <li>Use soda ash or slaked lime to neutralise.</li> <li>Recycle containers, otherwise dispose of in an authorised landfill.</li> </ul>
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## **SECTION 14 TRANSPORT INFORMATION**

## Labels Required

Marine Pollutant	NO
HAZCHEM	2R

## Land transport (ADG)

UN number	1805	
UN proper shipping name	PHOSPHORIC ACID, SOLUTION	
Transport hazard class(es)	Class     8       Subrisk     Not Applicable	
Packing group	III	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions     223       Limited quantity     5 L	

## Air transport (ICAO-IATA / DGR)

UN number	1805					
UN proper shipping name	Phosphoric acid, solution					
Transport hazard class(es)	ICAO/IATA Class	8				
	ICAO / IATA Subrisk	Not Applicable				
	ERG Code	8L				

Packing group	III.					
Environmental hazard	Not Applicable					
	Special provisions	A3 A803				
	Cargo Only Packing Instructions	856				
	Cargo Only Maximum Qty / Pack	60 L				
Special precautions for user	Passenger and Cargo Packing Instructions	852				
	Passenger and Cargo Maximum Qty / Pack	5 L				
	Passenger and Cargo Limited Quantity Packing Instructions	Y841				
	Passenger and Cargo Limited Maximum Qty / Pack	1 L				

### Sea transport (IMDG-Code / GGVSee)

UN number	1805				
UN proper shipping name	PHOSPHORIC ACID SOLUTION				
Transport hazard class(es)	IMDG Class     8       IMDG Subrisk     Not Applicable				
Packing group	III				
Environmental hazard	Not Applicable				
Special precautions for user	EMS NumberF-A , S-BSpecial provisions223Limited Quantities5 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

### PHOSPHORIC ACID IS FOUND ON THE FOLLOWING REGULATORY LISTS

- Australia Dangerous Goods Code (ADG Code) Dangerous Goods List
- Australia Dangerous Goods Code (ADG Code) List of Emergency Action Codes
- Australia Exposure Standards
- Australia Hazardous Chemical Information System (HCIS) Hazardous Chemicals Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5  $\,$ 

## WATER IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

GESAMP/EHS Composite List - GESAMP Hazard Profiles
IMO IBC Code Chapter 17: Summary of minimum requirements
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk
International Air Transport Association (IATA) Dangerous Goods Regulations
International Maritime Dangerous Goods Requirements (IMDG Code)
United Nations Recommendations on the Transport of Dangerous Goods Model
Regulations

IMO IBC Code Chapter 18: List of products to which the Code does not apply

### **National Inventory Status**

National Inventory	Status			
Australia - AICS	Yes			
Canada - DSL	Yes			
Canada - NDSL	No (phosphoric acid; water)			
China - IECSC	Yes			
Europe - EINEC / ELINCS / NLP	Yes			
Japan - ENCS	Yes			
Korea - KECI	Yes			
New Zealand - NZIoC	Yes			
Philippines - PICCS	Yes			
USA - TSCA	Yes			
Taiwan - TCSI	Yes			
Mexico - INSQ	Yes			
Vietnam - NCI	Yes			
Russia - ARIPS	Yes			
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)			

## **SECTION 16 OTHER INFORMATION**

Revision Date 11/01/2019

Initial Date 12/08/2014

## SDS Version Summary

Version	Issue Date	Sections Updated	
2.1.1.1	12/08/2014	Acute Health (eye), Advice to Doctor, Chronic Health, Disposal, Engineering Control, First Aid (skin), Handling Procedure, Instability Condition, Spills (major), Spills (minor), Storage (storage incompatibility), Storage (suitable container)	
3.1.1.1	11/01/2019	One-off system update. NOTE: This may or may not change the GHS classification	

### Other information

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

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

#### Definitions and abbreviations

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

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