

NV Chemicals Pure Magic

NV Chemicals Australia

Chemwatch: 4789-84
 Version No: 2.1.1.1
 Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

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 S.GHS.AUS.EN

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

Product Identifier

Product name	NV Chemicals Pure Magic
Synonyms	Not Available
Proper shipping name	CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S. (contains sodium hydroxide)
Other means of identification	Not Available

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

Relevant identified uses	Use according to manufacturer's directions.
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Details of the supplier of the safety data sheet

Registered company name	NV Chemicals Australia
Address	24 Lisa Place Coolaroo VIC 3048 Australia
Telephone	+61 3 9351 1100
Fax	+61 3 9351 1077
Website	https://www.nvchemicals.com.au/
Email	info@nvchemicals.com.au

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	Not Available
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	S5
Classification ^[1]	Metal Corrosion Category 1, Skin Corrosion/Irritation Category 1A, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Acute Aquatic Hazard Category 2, Chronic Aquatic Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
SIGNAL WORD	DANGER

Hazard statement(s)

H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

P234	Keep only in original container.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER or doctor/physician.

Precautionary statement(s) Storage

P405	Store locked up.
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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
1310-73-2	1-10	<u>sodium hydroxide</u>
119-36-8	1-10	<u>methyl salicylate</u>
92879-30-6	1-10	<u>(C8-10)alkyl D-glycopyranoside</u>
7732-18-5	>60	<u>water</u>

SECTION 4 FIRST AID MEASURES**Description of first aid measures**

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.
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. ▶ Prosthesis 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. ▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▶ 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. ▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. <p>This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)</p>
Ingestion	<ul style="list-style-type: none"> ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

for salicylate intoxication:

- ▶ Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. **Do not give ipecac after charcoal.**
- ▶ Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- ▶ Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- ▶ Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- ▶ In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.

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- ▶ Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- ▶ Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- ▶ Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- ▶ Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- ▶ For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

- ▶ Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[GOSSELLIN, et.al.: *Clinical Toxicology of Commercial Products*]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

HyperTox 3.0 <https://www.ozemail.com.au/-ouad/SALI0001.HTA>

Treat symptomatically.

For acute or short-term repeated exposures to highly alkaline materials:

- ▶ Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- ▶ Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- ▶ Oxygen is given as indicated.
- ▶ The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- ▶ Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- ▶ Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used.

Supportive care involves the following:

- ▶ Withhold oral feedings initially.
- ▶ If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- ▶ Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- ▶ Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- ▶ Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.

Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.

In such an event consider:

- ▶ foam.

Special hazards arising from the substrate or mixture

Fire Incompatibility

None known.

Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ The material is not readily combustible under normal conditions. ▶ However, it will break down under fire conditions and the organic component may burn. ▶ Not considered to be a significant fire risk. ▶ Heat may cause expansion or decomposition with violent rupture of containers. <p>Decomposes on heating and produces toxic fumes of:</p> <ul style="list-style-type: none"> , carbon dioxide (CO2) , other pyrolysis products typical of burning organic material.

	May emit corrosive fumes.
HAZCHEM	2X

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"> ▶ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. ▶ Check regularly for spills and leaks. ▶ 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 spill with sand, earth, inert material or vermiculite.
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. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course.

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"> ▶ 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. ▶ WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ DO NOT store near acids, or oxidising agents ▶ No smoking, naked lights, heat or ignition sources.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Lined metal can, lined metal pail/ can. ▶ Plastic pail. ▶ Polyliner drum. ▶ Packing as recommended by manufacturer. <p>For low viscosity materials</p> <ul style="list-style-type: none"> ▶ Drums and jerricans must be of the non-removable head type. ▶ Where a can is to be used as an inner package, the can must have a screwed enclosure. <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> ▶ Removable head packaging; ▶ Cans with friction closures and ▶ low pressure tubes and cartridges <p>may be used.</p>
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ Avoid contact with copper, aluminium and their alloys.

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	sodium hydroxide	Sodium hydroxide	Not Available	Not Available	2 mg/m3	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
sodium hydroxide	Sodium hydroxide	Not Available	Not Available	Not Available
methyl salicylate	Methyl salicylate	2.3 ppm	25 ppm	150 ppm

Ingredient	Original IDLH	Revised IDLH
sodium hydroxide	10 mg/m3	Not Available
methyl salicylate	Not Available	Not Available
(C8-10)alkyl D-glycopyranoside	Not Available	Not Available

water	Not Available	Not Available
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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.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure. ▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted. ▶ Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection. ▶ Alternatively a gas mask may replace splash goggles and face shields.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Elbow length PVC gloves ▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. <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.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ PVC Apron. ▶ PVC protective suit may be required if exposure severe. ▶ Eyewash unit.
Thermal hazards	Not Available

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:

NV Chemicals Pure Magic

Material	CPI
BUTYL	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE	C
PE/EVAL/PE	C
PVA	C
PVC	C
SARANEX-23	C
SARANEX-23 2-PLY	C
TEFLON	C
VITON	C
VITON/CHLOROBUTYL	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

Respiratory protection

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

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

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class1 P2	-
up to 50	1000	-	A-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	A-2 P2
up to 100	10000	-	A-3 P2
100+			Airline**

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

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

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

* 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	Dark brown highly alkaline liquid; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	>12	Decomposition temperature	Not Applicable
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
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 Applicable
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	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

Information on toxicological effects

Inhaled	Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane.				
Ingestion	Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow. High oral doses of salicylates, such as aspirin, may cause a mild burning pain in the throat and stomach, causing vomiting. This is followed (within hours) by deep, rapid breathing, tiredness, nausea and further vomiting, thirst and diarrhoea.				
Skin Contact	The material can produce severe chemical burns following direct contact with the skin. Skin contact with alkaline corrosives may produce severe pain and burns; brownish stains may develop. The corroded area may be soft, gelatinous and necrotic; tissue destruction may be deep. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.				
Eye	If applied to the eyes, this material causes severe eye damage. Direct eye contact with corrosive bases can cause pain and burns. There may be swelling, epithelium destruction, clouding of the cornea and inflammation of the iris. Mild cases often resolve; severe cases can be prolonged with complications such as persistent swelling, scarring, permanent cloudiness, bulging of the eye, cataracts, eyelids glued to the eyeball and blindness.				
Chronic	Repeated or prolonged exposure to corrosives 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. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk.				
NV Chemicals Pure Magic	<table border="1" style="width: 100%;"> <tr> <td>TOXICITY</td> <td>IRRITATION</td> </tr> <tr> <td>Not Available</td> <td>Not Available</td> </tr> </table>	TOXICITY	IRRITATION	Not Available	Not Available
TOXICITY	IRRITATION				
Not Available	Not Available				

sodium hydroxide	TOXICITY	IRRITATION
	Not Available	Eye (rabbit): 0.05 mg/24h SEVERE
		Eye (rabbit): 1 mg/24h SEVERE
		Eye (rabbit): 1 mg/30s rinsed-SEVERE
		Skin (rabbit): 500 mg/24h SEVERE
methyl salicylate	TOXICITY	IRRITATION
	dermal (rat) LD50: >=2500 mg/kg ^[1]	Eye (rabbit): 500 mg/24 h - mild
	Oral (rat) LD50: 887 mg/kg ^[2]	Skin (rabbit): 500 mg/24 h - moderate
(C8-10)alkyl D-glycopyranoside	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[2]	Not Available
	Oral (rat) LD50: >5000 mg/kg ^[2]	
water	TOXICITY	IRRITATION
	Not Available	Not Available
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	

NV Chemicals Pure Magic	Not available.
METHYL SALICYLATE	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.</p> <p>Adverse reactions to fragrances in perfumes and fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, sensitivity to light, immediate contact reactions, and pigmented contact dermatitis. Airborne and connubial contact dermatitis occurs. Contact allergy is a lifelong condition, so symptoms may occur on re-exposure. Allergic contact dermatitis can be severe and widespread, with significant impairment of quality of life and potential consequences for fitness for work.</p> <p>Fragrance allergens act as haptens, low molecular weight chemicals that cause an immune response only when attached to a carrier protein. However, not all sensitizing fragrance chemicals are directly reactive, but require previous activation. A prohaptens is a chemical that itself causes little or no sensitization, but is transformed into a hapten in the skin (bioactivation), usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prohaptens or a haptens , or both.</p> <p>For certain benzyl derivatives:</p> <p>The members of this group are rapidly absorbed through the gastrointestinal tract, metabolised primarily in the liver, and excreted primarily in the urine either unchanged or as conjugates of benzoic acid derivatives. At high dose levels, gut micro-organisms may act to produce minor amounts of breakdown products. However, no adverse effects have been reported even at repeated high doses. Similarly, no effects were observed on reproduction, foetal development and tumour potential.</p> <p>A member or analogue of a group of hydroxy and alkoxy-substituted benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances.</p> <p>All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals.</p> <p>The salicylates are well absorbed by mouth, and oral bioavailability is assumed to be total. In humans, absorption through skin is more limited. The salicylates are expected to be broken down to salicylic acid, mostly in the liver, and then conjugated with glycine or glucuronide and excreted in the urine. The expected metabolism of the salicylates do not present toxicological concerns.</p> <p>Not irritating to human skin at concentrations of 8% in mineral oil* Not sensitising to human skin at concentrations of 8% in mineral oil* Not sensitising to guinea pig (Magnusson and Kilgman method) * Not irritating to rabbits on ocular application * Ames test: negative * Rhodia MSDS</p>
(C8-10)ALKYL D-GLYCOPYRANOSIDE	At very high concentrations, alkyl glycosides are considered irritant, with the risk of serious damage to the eyes. However, it does not irritate the skin. The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. for (C9-11)alkyl D-glycopyranoside
SODIUM HYDROXIDE & METHYL SALICYLATE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
SODIUM HYDROXIDE & METHYL SALICYLATE	The material may cause severe skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. Repeated exposures may produce severe ulceration.
SODIUM HYDROXIDE & METHYL SALICYLATE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia.
(C8-10)ALKYL D-GLYCOPYRANOSIDE & 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	☒

NV Chemicals Pure Magic

Legend:  - Data available but does not meet the criteria for classification
 - Data available to make classification
 - Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

NV Chemicals Pure Magic	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

sodium hydroxide	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	125mg/L	4
	NOEC	96	Fish	56mg/L	4

methyl salicylate	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	19.8mg/L	2
	EC50	48	Crustacea	28mg/L	2
	EC50	72	Algae or other aquatic plants	1.1mg/L	2
	NOEC	72	Algae or other aquatic plants	0.79mg/L	2

(C8-10)alkyl D-glycopyranoside	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

water	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

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

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

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
sodium hydroxide	LOW	LOW
methyl salicylate	LOW	LOW
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
sodium hydroxide	LOW (LogKOW = -3.8796)
methyl salicylate	LOW (LogKOW = 2.55)
water	LOW (LogKOW = -1.38)

Mobility in soil

Ingredient	Mobility
sodium hydroxide	LOW (KOC = 14.3)
methyl salicylate	LOW (KOC = 128.2)
water	LOW (KOC = 14.3)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains.
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Continued...

NV Chemicals Pure Magic

- ▶ 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.
- ▶ Treat and neutralise at an approved treatment plant.
- ▶ Treatment should involve: Neutralisation with suitable dilute acid followed 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).

SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	
HAZCHEM	2X

Land transport (ADG)

UN number	3266
UN proper shipping name	CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S. (contains sodium hydroxide)
Transport hazard class(es)	Class : 8 Subrisk : Not Applicable
Packing group	II
Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions : 274 Limited quantity : 1 L

Air transport (ICAO-IATA / DGR)

UN number	3266
UN proper shipping name	Corrosive liquid, basic, inorganic, n.o.s. * (contains sodium hydroxide)
Transport hazard class(es)	ICAO/IATA Class : 8 ICAO / IATA Subrisk : Not Applicable ERG Code : 8L
Packing group	II
Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions : A3 A803 Cargo Only Packing Instructions : 855 Cargo Only Maximum Qty / Pack : 30 L Passenger and Cargo Packing Instructions : 851 Passenger and Cargo Maximum Qty / Pack : 1 L Passenger and Cargo Limited Quantity Packing Instructions : Y840 Passenger and Cargo Limited Maximum Qty / Pack : 0.5 L

Sea transport (IMDG-Code / GGVSee)

UN number	3266
UN proper shipping name	CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S. (contains sodium hydroxide)
Transport hazard class(es)	IMDG Class : 8 IMDG Subrisk : Not Applicable
Packing group	II
Environmental hazard	Marine Pollutant
Special precautions for user	EMS Number : F-A , S-B Special provisions : 274 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****SODIUM HYDROXIDE(1310-73-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Exposure Standards

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

METHYL SALICYLATE(119-36-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

(C8-10)ALKYL D-GLYCOPYRANOSIDE(92879-30-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

WATER(7732-18-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	N ((C8-10)alkyl D-glycopyranoside)
Canada - NDSL	N (methyl salicylate; (C8-10)alkyl D-glycopyranoside; water; sodium hydroxide)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (methyl salicylate; (C8-10)alkyl D-glycopyranoside)
Korea - KECI	N ((C8-10)alkyl D-glycopyranoside)
New Zealand - NZIoC	Y
Philippines - PICCS	N ((C8-10)alkyl D-glycopyranoside)
USA - TSCA	N ((C8-10)alkyl D-glycopyranoside)
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**Other information****Ingredients with multiple cas numbers**

Name	CAS No
sodium hydroxide	1310-73-2, 12200-64-5
methyl salicylate	119-36-8, 8024-54-2, 9041-28-5
(C8-10)alkyl D-glycopyranoside	92879-30-6, 161074-97-1

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

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