

LIQUID CHLORINE 10-13%

POPS Group (The POPS Group Pty Ltd as Trustee for The Pool Shop Trust)

Chemwatch: **63-4453** Version No: **4.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: **18/08/2016**Print Date: **14/11/2017**L.GHS.AUS.EN

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

Product	Identifier

Product name	LIQUID CHLORINE
Proper shipping name	HYPOCHLORITE SOLUTION
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. Sanitising Agent.
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Details of the supplier of the safety data sheet

POPS Group (The POPS Group Pty Ltd as Trustee for The Pool Shops Trust)
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https://www.poolpro.com.au/
office@poolpro.com.au

Emergency telephone number

Association / Organisation	n IXOM
Emergency telephone number	+61 3 9663 2130 (international) 24 hours
Other emergency telepho number	

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

HAZARDOUS CHEMICAL. DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

Poisons Schedule	S5	
Classification [1]	Metal Corrosion Category 1, Skin Corrosion/Irritation Category 1A, Serious Eye Damage Category 1, Acute Aquatic Hazard Category 1	
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
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Hazard statement(s)

nazaru statement(s)	
H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H400	Very toxic to aquatic life.
AUH031	Contact with acid liberates toxic gas

Supplementary statement(s)

Not Applicable

Precautionary statement(s) Prevention

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

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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.

Precautionary statement(s) Storage

P405 Store locked up.

Precautionary statement(s) Disposal

P501

Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7681-52-9	10-30	sodium hypochlorite
1310-73-2	<1	sodium hydroxide
7732-18-5	>60	<u>water</u>

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: Immediately hold eyelids apart and flush the eye continuously with running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. Transport to hospital or doctor without delay. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: Immediately flush body and clothes with large amounts of water, using safety shower if available. Quickly remove all contaminated clothing, including footwear. Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. Transport to hospital, or doctor.
Inhalation	 If furnes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor. Inhalation of vapours or aerosols (mists, furnes) 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. This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)
Ingestion	 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 vorniting. 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 acute or repeated exposures to hypochlorite solutions:

- Release of small amounts of hypochlorous acid and acid gases from the stomach following ingestion, is usually too low to cause damage but may be irritating to mucous membranes. Buffering with antacid may be helpful if discomfort is evident.
- Evaluate as potential caustic exposure.
- ▶ Decontaminate skin and eyes with copious saline irrigation. Check exposed eyes for corneal abrasions with fluorescein staining.
- Emesis or lavage and catharsis may be indicated for mild caustic exposure.
- Chlorine exposures require evaluation of acid/base and respiratory status.
- Inhalation of vapours or mists may result in pulmonary oedema.

ELLENHORN and BARCELOUX: Medical Toxicology.

Excellent warning properties force rapid escape of personnel from chlorine vapour thus most inhalations are mild to moderate. If escape is not possible, exposure to high concentrations for a very short time can result in dyspnea, haemophysis and cyanosis with later complications being tracheobroncho-pneumonitis and pulmonary oedema. Oxygen, intermittent positive pressure breathing apparatus and aerosolysed bronchodilators are of therapeutic value where chlorine inhalation has been light to moderate. Severe inhalation should result in hospitalisation and treatment for a respiratory emergency.

Any chlorine inhalation in an individual with compromised pulmonary function (COPD) should be regarded as a severe inhalation and a respiratory emergency. [CCINFO, Dow 1988]

Effects from exposure to chlorine gas include pulmonary oedema which may be delayed. Observation in hospital for 48 hours is recommended

Diagnosed asthmatics and those people suffering from certain types of chronic bronchitis should receive medical approval before being employed in occupations involving chlorine exposure.

If burn is present, treat as any thermal burn, after decontamination.

for corrosives:

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BASIC TREATMENT

Establish a patent airway with suction where necessary.

- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- ▶ Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.
- Where eyes have been exposed, flush immediately with water and continue to irrigate with normal saline during transport to hospital.
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- ▶ Skin burns should be covered with dry, sterile bandages, following decontamination.
- DO NOT attempt neutralisation as exothermic reaction may occur.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary gedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

EMERGENCY DEPARTMENT

- Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime.
- Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Consider endoscopy to evaluate oral injury.
- Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L. EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- Water spray or fog.
- ▶ Foam

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
Advice for firefighters	
Fire Fighting	 Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus.
Fire/Explosion Hazard	 Non combustible. Not considered a significant fire risk, however containers may burn. Decomposition may produce toxic furnes of: hydrogen chloride May emit corrosive furnes. May evolve toxic gases (chlorine) when heated to decomposition.
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	 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.
Major Spills	 Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling

▶ Avoid all personal contact, including inhalation.

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 Wear protective clothing when risk of exposure occurs. Store in original containers. Other information ► Keep containers securely sealed. Conditions for safe storage, including any incompatibilities ▶ Lined metal can, lined metal pail/ can. ▶ Plastic pail. Suitable container For low viscosity materials Drums and ierricans 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. ▶ Contact with acids produces toxic fumes Contact with acids produces toxic fumes of chlorine Storage incompatibility ▶ Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous [Contact with acids, organics, reducing agents (eg. amines), metallic powders and heat sources produces toxic fumes of chlorine. May be decomposed by hot water releasing chlorine fumes.

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 hypochlorite	Sodium hypochlorite pentahydrate	13 mg/m3	140 mg/m3	290 mg/m3
sodium hypochlorite	Sodium hypochlorite	2 mg/m3	54 mg/m3	630 mg/m3
sodium hydroxide	Sodium hydroxide	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
sodium hypochlorite	Not Available	Not Available
sodium hydroxide	10 mg/m3	Not Available
water	Not Available	Not Available

MATERIAL DATA

Exposure controls

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.
Personal protection	
Eye and face protection	 Chemical goggles. Full face shield may be required for supplementary but never for primary protection of eyes.
Skin protection	See Hand protection below
Hands/feet protection	 Wear chemical protective gloves, e.g. PVC. Wear safety footwear or safety gumboots, e.g. Rubber When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.
Body protection	See Other protection below
Other protection	► Overalls. ► PVC Apron.
Thermal hazards	Not Available

Respiratory protection

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

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Coogee Chemicals Sodium Hypochlorite

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Information on basic physical and chemical properties

Appearance	Clear yellow coloured alkaline liquid with chlorine odour; miscible with water.		
Physical state	Liquid	Relative density (Water = 1)	1.17-1.22
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	>11.5	Decomposition temperature	Not Available
Melting point / freezing point (°C)	-25	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	>100	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)	80-95
Vapour pressure (kPa)	2.3	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 Applicable

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable.
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	Chlorine vapour is extremely irritating to the upper respiratory tract and lungs Symptoms of exposure to chlorine include coughing, choking, breathing difficulty, chest pain, headache, vomiting, pulmonary oedema. Inhalation may cause lung congestion, bronchitis and loss of consciousness.				
Ingestion	The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. Accidental ingestion of the material may be damaging to the health of the individual.				
Skin Contact	the material can produce chemical burns following direct contact with the skin. Skin contact will result in rapid drying, bleaching, leading to chemical burns on prolonged contact resulting in permanent injury.				
Eye	The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.				
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. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Reduced respiratory capacity may result from chronic low level exposure to chlorine gas. Chronic poisoning may result in coughing, severe chest pains, sore throat and haemoptysis (bloody sputum).				
Coogee Chemicals Sodium Hypochlorite	TOXICITY Not Available	IRRITATION Not Available			

Coogee Chemicals Sodium Hypochlorite	TOXICITY	IRRITATION
пуростопе	Not Available	Not Available
	TOXICITY	IRRITATION
sodium hypochlorite	Oral (rat) LD50: >237 mg/kg ^[1]	Eye (rabbit): 10 mg - moderate
30didiii ilypooliionte		Eye (rabbit): 100 mg - moderate
		Skin (rabbit): 500 mg/24h-moderate
	TOXICITY	IRRITATION
	Not Available	Eye (rabbit): 0.05 mg/24h SEVERE
sodium hydroxide		Eye (rabbit):1 mg/24h SEVERE
		Eye (rabbit):1 mg/30s rinsed-SEVERE
		Skin (rabbit): 500 mg/24h SEVERE

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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

Hypochlorite salts are classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. SODIUM HYPOCHLORITE Most of the data for toxicity of hypochlorites by the oral route are from studies performed with sodium hypochlorite or chlorine gas. In biological systems, characterised by pH values in the range of 6-8, the most abundant active chemical species is (hypochlorous acid) HOCl, in equilibrium with hyochlorite anion (CIO-). as sodium hypochlorite pentahydrate The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce SODIUM HYDROXIDE conjunctivitis 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. WATER No significant acute toxicological data identified in literature search. **SODIUM HYPOCHLORITE &** 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 SODIUM HYDROXIDE reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Carcinogenicity **Acute Toxicity** 0 0 Skin Irritation/Corrosion Reproductivity 0 0 Serious Eye Damage/Irritation STOT - Single Exposure Respiratory or Skin 0 STOT - Repeated Exposure 0 sensitisation

Aspiration Hazard

- Data available but does not fill the criteria for classification
- Data available to make classification

0

O - Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Mutagenicity

0

Toxicity

Coogee Chemicals Sodium Hypochlorite	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	0.032mg/L	4
sodium hypochlorite	EC50	48	Crustacea	0.026mg/L	2
	EC50	72	Algae or other aquatic plants	0.0183mg/L	2
	NOEC	72	Algae or other aquatic plants	0.0054mg/L	2
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURC
sodium hydroxide	LC50	96	Fish	125mg/L	4
	NOEC	96	Fish	56mg/L	4
water	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURC
	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

Prevent, by any means available, spillage from entering drains or water courses. **DO NOT** discharge into sewer or waterway

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
sodium hydroxide	LOW	LOW
water	LOW	LOW

Bioaccumulative potential

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

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Mobility in soil

Ingredient	Mobility
sodium hydroxide	LOW (KOC = 14.3)
water	LOW (KOC = 14.3)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal

- ► Containers may still present a chemical hazard/ danger when empty.
- ▶ Return to supplier for reuse/ recycling if possible.
- ► 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.

SECTION 14 TRANSPORT INFORMATION

Labels Required



Marine Pollutant



HAZCHEM 2X

Land transport (ADG)

UN number	1791		
UN proper shipping name	HYPOCHLORITE SOLUTION		
Transport hazard class(es)	Class 8 Subrisk Not Applicable		
Packing group			
Environmental hazard	Environmentally hazardous		
Special precautions for user	Special provisions 223 Limited quantity 5 L		

Air transport (ICAO-IATA / DGR)

All transport (ICAO-IAIA / DGK)			
UN number	1791		
UN proper shipping name	Hypochlorite solution		
Transport hazard class(es)	ICAO/IATA Class 8 ICAO / IATA Subrisk Not Applicable ERG Code 8L		
Packing group			
Environmental hazard	Environmentally hazardous		
Special precautions for user	Special provisions Cargo Only Packing Instructions Cargo Only Maximum Qty / Pack Passenger and Cargo Packing Instructions Passenger and Cargo Maximum Qty / Pack Passenger and Cargo Limited Quantity Packing Instructions Passenger and Cargo Limited Maximum Qty / Pack	A3 A803 856 60 L 852 5 L Y841 1 L	

Sea transport (IMDG-Code / GGVSee)

UN number	1791
UN proper shipping name	HYPOCHLORITE SOLUTION

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	,		
Transport hazard class(es)	IMDG Class	8	
	IMDG Subrisk	Not Applicable	
Packing group	III		
Environmental hazard	Marine Pollutant		
	EMS Number	F-A , S-B	
Special precautions for user	Special provisions	223	
	Limited Quantities	5 L	

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

S	Source	Product name	Pollution Category	Ship Type
١	MO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk	Sodium hypochlorite solution (15% or less)	Υ	2

SECTION 15 REGULATORY INFORMATION

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

SODIUM HYPOCHLORITE(7681-52-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists
Australia Inventory of Chemical Substances (AICS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

SODIUM HYDROXIDE(1310-73-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

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

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status	
Australia - AICS	Υ	
Canada - DSL	Y	
Canada - NDSL	N (water; sodium hypochlorite; sodium hydroxide)	
China - IECSC	Υ	
Europe - EINEC / ELINCS / NLP	Y	
Japan - ENCS	Y	
Korea - KECI	Υ	
New Zealand - NZIoC	Y	
Philippines - PICCS	Υ	
USA - TSCA	Υ	
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 hypochlorite	7681-52-9, 10022-70-5
sodium hydroxide	1310-73-2, 12200-64-5

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.

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

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LOD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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